

# LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, 21 April, 1980

Time — 8:00 p.m.

## CONCURRENT COMMITTEES OF SUPPLY SUPPLY — CONSUMER AND CORPORATE AFFAIRS AND ENVIRONMENT

**MR. CHAIRMAN, Morris MacGregor (Virden):** Call the Committee to order. We're on Resolution 35, 2.(a)(1). The Member for Churchill.

**MR. JAY COWAN:** Yes, thank you, Mr. Chairperson. Before the break we were, of course, discussing a number of items and one of course was the problems with the hamburger meat contamination by pork and the Minister made one very intriguing statement right at the end of the afternoons' deliberations when he said that it was his belief and a belief that, by the way, I do share with the Minister, that many of the companies, many of the retail outlets are quite concerned about the publicity that would arise because of some expose of them selling contaminated hamburger meat, by that I mean, meat contaminated with pork. And that was a fairly effective means of ensuring that they complied with the regulations once they were caught. In other words, once it had come to the attention of the department that such was the case, that they were, in fact, presenting to the public ground beef that was contaminated, either with too much fat or was contaminated with pork or did not meet the standards fully; that if the government said to them at that point, we are going to make this a public case, in other words, we are going to inform the public as to your transgressions, then they would be very quick to seek ways and means of ensuring that information was not made public, let me put it that way.

I agree with the Minister, that is an effective means of dealing with such problems, but it's not only effective after the fact, in other words, after the outlet, or the company, or the retailer, or the individual has been caught selling meat that does not meet the requirements, but it's also effective to prevent them from doing that in the first place. Now, I understand that sometimes it's done inadvertently, or sometimes it may be done inadvertently, let me phrase it that way. But the fact is, that the companies have a responsibility, even if it is an inadvertent admission of a quality check on their part, they still have the responsibility to ensure that those omissions don't reoccur or don't occur on a constant or a semi-constant basis; in other words, one could suggest that maybe one transgression was entirely inadvertent, but if it happened a number of times, one would have to question whether or not it was actually an omission or if it might be, in fact, a policy, or planned.

So what the Minister says is that by threatening to make their names public we have a wedge to use against them. But the fact is the Minister, at some times, has indicated that he is reluctant to make public information of this nature. There is an article from the Free Press on March 13, 1980, where the Minister is quoted as saying, and he may wish to correct the quote, I'm not certain, but he's quoted as saying, There's no need to publicly name finance companies and other lenders

found to using illegal loan agreements, Consumer Affairs Minister Warner Jorgenson said commenting on the refusal of provincial officials to identify a financial institution found in a government audit to have illegal contracts showing retail purchases on time, Jorgenson said, he saw no reason to change The Consumer Protection Act. Section 73 of the Act says the names of offending companies or details of violations do not be made public unless they are prosecuted. So it would seem that the Minister on one hand is saying that the public disclosure is a very effective means and on the other hand is saying that they do not feel comfortable using that means at all times, and I would like the Minister to comment on what is an apparent contradiction, the fact that he is saying that he will take the less effective means of dealing with these problems from time to time depending on the case, that is by not making names public.

**HON. WARNER H. JORGENSEN (Morris):** The contradiction seems more apparent than real but when I was referring to the loan companies I was referring to a situation where the head office of the company may not even be aware of the errors or the transgressions of a branch manager who might have been guilty of violation of the law, and it would seem to me manifestly unfair to blame the company over a mistake made by one of its branch managers, a branch manager who, I presume, in the light of the loss that would be sustained by the company, would no longer have his job anyway. So that is the context in which I made the observation with respect to the loan companies. This is a somewhat different situation where a company is in violation of a food regulation, knows about it, and it is drawn to his attention, and it does not have to be drawn to their attention by the government. In one instance that I recall last year it was the newspapers themselves who took it upon themselves to carry out an investigation and the resulting publicity, I can assure you, is very embarrassing to the company, and that was the sort of reference that I was making with respect to violations of the Act.

**MR. COWAN:** So then, Mr. Chairperson, if I understand the Minister correctly, if they came across a retail outlet that was selling meat that was not up to standards, there would be no hesitancy on the part of the department to make that information public.

**MR. JORGENSEN:** Well I think it would depend on the circumstances. If it was a minor infraction that the company promised to correct, it would seem unnecessary to be making it public. But if it were a continued infraction, a repeated infraction, then I would think that the government or the inspectors would be within their rights to lay charges or to refer the matters to the Attorney-General's Department for charges to be laid.

**MR. COWAN:** Thank you, Mr. Chairperson. There are two terms there that I would believe would need some clarification; one is if it was a minor problem, I would ask the Minister to indicate what he would consider to

be minor, and the other is if it occurred on a repeated basis then he would feel that there would be justification for making names public. What would the Minister consider to be repeated occurrences of the violation? How many times?

**MR. JORGENSEN:** I would leave up to those who are doing the inspecting. I would think that they would be in a better position to determine whether or not a case had sufficient evidence to warrant a prosecution.

**MR. COWAN:** Thank you, Mr. Chairperson. Then there is no policy emanating from the Minister to his department in regard to the public disclosure of firms found to be violating the standards?

**MR. JORGENSEN:** Mr. Chairman, I have already stated that the inspectors, who I presume are competent people doing their job and have some experience in it, would make a determination as to whether or not there was sufficient evidence to lay charges, or whether it was the kind of a charge that a warning would suffice. I would think that the inspector would be back inspecting again just to insure that there were no further violations. I don't think that all problems can be solved by hauling people into court. I think that there are other ways that are perhaps more effective of dealing with these things. The Inspection Branch are well versed in the manner in which they can make sure that the regulations are adhered to.

**MR. COWAN:** I have to at least partially agree, Mr. Chairperson, with the Minister. I don't believe that calling a person into court is always the most effective way to deal with some situations. On the other hand, I believe that the opposite may be true, that not calling them into court at times may be a very inefficient way to deal with certain circumstances.

**MR. JORGENSEN:** These are judgement calls.

**MR. COWAN:** The Minister indicates that they are judgement calls, Mr. Chairperson, and I agree with him, I couldn't agree with him more. What I am trying to do, at this point, find out is, who makes the judgement? Is it up to the inspector to make that judgement in the vacuum of policy? In other words, is it up to the inspector on an ad hoc basis, on an individual isolated case by case basis, to make that decision, or is that inspector guided by some policy? The Minister did say, if I can just clarify something that I heard or believe I have heard from the Minister, he did say that if charges weren't laid then it would not be public, but if charges were laid then it would become public. Is that the policy in which these inspectors are operating within, Mr. Chairperson?

**MR. JORGENSEN:** If the charges were laid it would be pretty difficult not to make them public.

**MR. COWAN:** The Minister indicates if charges were laid it would be pretty difficult, are his words, not to make it public, and I agree with him. At the same time, would there be any hesitancy on his department's part, in that case, to lay charges because it may become public. In other words, what I am trying to do, and I don't mean to be picayune about it, but I am trying to sort out at which point the inspector believes that it is

incumbent upon them if they have a responsibility to make certain that the public is forewarned of problems they may face.

**MR. JORGENSEN:** The inspectors, as a result of their inspections, gather the evidence. It is then turned over to the Attorney-General's Department. The Attorney-General's Department determine whether sufficient evidence is gathered in order to warrant the laying of charges. It is the Attorney-General's Department that actually lays the charges, not the inspectors.

**MR. COWAN:** Maybe just a general question then to the Minister, Mr. Chairperson. Does he believe that the public disclosure of these firms in any way aids the public, that is the shopping public in this case, to be able to make better informed decisions as to what firms they should shop with and what firms they should not? Does he feel that sort of public disclosure plays a vital role in that decision-making process?

**MR. JORGENSEN:** I don't know to what extent that sort of a disclosure plays in making up a consumer's mind as to where he should or should not shop. I think there are many factors that enter into making that decision and that could be one of them, and it may weigh more heavily with some shoppers than others. But I would hesitate to suggest that was going to be this whole criteria by which people are going to make judgement as to where they are going to shop.

**MR. COWAN:** Mr. Chairperson, we have classic examples that that is not, in fact, the sole criteria by which people make those decisions. On the other hand, it should be a part and parcel of the process of that decision-making. I would hope, therefore, that the Minister would follow a policy in this regard of insuring that the public are as fully informed as they can be. I realize that the Minister, from time to time, must make judgemental calls, and that the inspector, from time to time, must make judgemental calls, and would not wish to confine them strictly so that they could not exercise what they consider to be their own best wisdom from time to time. At the same time, I would hope that there is an inclination to make certain that this sort of information is freely available and that this sort of information is accessible so that the public can, when shopping, make the best informed decisions possible, using that as one of many criteria. I would only encourage the Minister in that regard. I know there are others who wish to talk to this general subject, so therefore would yield the floor in hope that I would come back later on a different subject, Mr. Chairperson.

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

**MR. SAUL M. CHERNIACK:** Thank you, Mr. Chairperson. I have a problem here in deciding whether or not I agree that an inspector has a right not to lay charges when he knows that, in his opinion, an offence has been committed. I believe that when an inspector believes, sees or believes that an offence has been committed, that it is his duty not to exercise judgement but rather to report it to the Attorney-General's Department. Is the Minister suggesting that he can use his discretion in deciding the extent to which the criminal act should be prosecuted or not?

**MR. CHAIRMAN:** The Honourable Minister.

**MR. JORGENSEN:** As I said earlier, the decision as to whether prosecution will proceed rests in the hands of the Attorney-General's Department. They make the decisions.

**MR. CHERNIACK:** Then does the Minister deny his inspector the right to decide whether or not there should be a prosecution?

**MR. JORGENSEN:** No.

**MR. CHERNIACK:** So what the Minister is saying is, if there has been an offence, it has to be reported to the Attorney-General and there is no discretion on the part of the inspector?

**MR. JORGENSEN:** He will report his findings to the Attorney-General's Department and determination as to whether or not charges will be laid will be left with that department, on the basis of the evidence submitted.

**MR. CHERNIACK:** Mr. Chairman, that's not the way I understood the Minister, I thought he said that the inspector has the discretion to decide whether or not there ought to be a charge laid, depending on the extent to which this offense has been repeated, or how great it is. But if the Minister is saying that whenever he believes there is an offense it shall be reported and that he denies him the discretion then I go along with that; I'd like to know if that is the way his department operates.

**MR. JORGENSEN:** Well I certainly don't encourage anyone to withhold evidence that is contrary to regulations.

**MR. CHERNIACK:** Well I appreciate the Minister saying that. I'm looking at a News Service release of October 19th of '79, where the Minister has challenged business and industry to devise effective systems of self-regulation and self-policing as an alternative to greater government intervention and regulation in the marketplace. I want to ask the Minister to what extent he feels that he has succeeded in this challenge?

**MR. JORGENSEN:** Well, to a fairly — I'm not sure if it is a result of that challenge — but to a fairly large extent there are a number of organizations that are now applying for self-regulation; a number of nurses groups.

**MR. CHERNIACK:** What groups?

**MR. JORGENSEN:** A number of nurses groups.

**MR. CHERNIACK:** Nurses! Mr. Chairman, I'm not quite sure that I understand the reference to . . .

**MR. JORGENSEN:** Well there are several nurses groups, organizations, that are now applying for legislation which will effectively give themselves regulation, in much the same way that a lot of professional organizations.

**MR. CHERNIACK:** Mr. Chairman, we're into a new field which I can discuss at great length and I never thought it applied to this section of the Estimates, but

if the Minister is saying that by giving self-regulating powers to certain groups, that may or may not be professionals, relieves the government of that obligation to supervise and regulate the role that they play in the marketplace, I'm prepared to debate it, but not at this stage. I'm really talking about people who are entering into the marketplace and dealing with consumer goods, such as we talked about, meat processing; and to know whether or not there has been a greater deal of self-regulation than there was before. I don't know how the Minister can measure it, but does he believe that there has been a greater assumption of responsibility in that field?

**MR. JORGENSEN:** Well I think my honourable friend should recognize, first of all, what I meant by self-regulation. Certainly I think the statement that I made indicated that there will always be regulation, there will be a need for regulation, and in the areas of meat inspection and things like that, certainly it will be government regulation that will control that type of transaction.

When I spoke of self-regulation, I meant a number of professional organizations that could very well become organized by self-regulation. As a result of that there have been a number of groups which do not come under my jurisdiction, but nonetheless, a number of groups have taken up that challenge. But I emphasize that I don't expect Safeways or Loblaws, or people like that, are going to be self-regulating; there will always be government regulation governing their activities and always have to be.

**MR. CHERNIACK:** Well again, Mr. Chairman, I'm referring to this news release which quotes the Minister as saying, if self-regulation is to be a viable option for specific areas of economic endeavour it must be perceived to serve the public interest as well as the interest of business and industry. I skip a section. It's time that business took over some of its own responsibilities instead of counting on government to arbitrate between it and society. I am concerned about the fact that the Minister, I think, packaged this with the thought that inspections can be subjective. Now I think that he backed away from that this evening and said, no, no, they have to report every transgression to the Attorney-General's department, but I am concerned whether the Minister's declared attitude — I think that's a fair statement — declared attitude of faith in business to self-regulate itself, does not in any way derogate from the responsibilities of his department to make sure that business is, in effect and actually, regulating its own transgressions.

**MR. JORGENSEN:** Not in any way. This department will carry on its responsibilities as, indeed, it has in the past. The idea of self-regulation in no way is going to detract from the responsibilities of this department in ensuring that regulations governing trade, etc. are carried out to the letter.

**MR. CHERNIACK:** Mr. Chairman, that means to me that the Minister, although hopeful and, you know, I don't blame him for making this kind of a speech — it was a nice speech to make. I happen to have the news report, that I didn't know was available to us, on the same speech which sounded good, about the self-policing of business is not relying on their doing it, but

was rather saying that we will continue to regulate and to inspect — that's my word, not his word — to see what's going on. And I think, therefore, what he said, was that it would be nice if business would self-regulate, but he's not prepared to accept that it is doing so. And I'm saying that and sort of challenging him to give us some sort of instance where he can show that there has been that kind of self-regulation where the inspections have been reduced, the need for them have been reduced, where he has confidence that business will indeed look after his department's work to the extent that he can actually cut down on the involvement, or on the staff man years, or the cost of the government to regulate business in that sense.

**MR. JORGENSEN:** Up to a certain extent that may be true. In the Electrical Appliance Dealers Association, for example, they have set up a complaint department of their own which effectively handles a large number of complaints that come in to the appliance dealers. There are a certain number of people who would prefer to have their complaints settled with a dealer himself, for those people the industry is providing that opportunity; there are certain number of people who would prefer to go to the Consumers Association to register complaints; and there are others who would prefer to come to the Consumers Affairs Department. There are a variety of different ways in which people would like to register their complaints. The Appliance Dealers Association provides just one more alternative for them to get satisfaction on goods that they had purchased. No way, at least there isn't any notice of a reduction in the amount of work that our Consumer Affairs Branch has to do. In fact the workload, on the contrary, is going up.

**MR. CHERNIACK:** Well, that sort of confirms my impression that there's an important role that continues to be needed to be played by the Consumer Affairs Department and that it must continue to supervise, inspect and regulate business, because business, in my opinion, cannot be relied upon to concern itself with the consumer interests other than to maintain its opportunity to serve the public and make sales. In other words, their objective is to make a buck and that's an legitimate objective which I would not challenge. I think once they are in private enterprise they have a right to make as much money as they can.

The Minister referred to the electrical appliance industry and I am really thinking about consumable goods like the meat processing that we had discussed, Canada Safeway, Dominion Stores, and also beer about which I have a lesser concern, but the report that we had the news report on, Food and Drug Act Regulations, and I want to know the extent to which the Minister has applied himself to the Supreme Court judgement saying that this is a provincial matter rather than a federal matter, and the undertaking which I think the Minister gave us some month or more ago that he would look into the question of the provincial responsibility as compared with federal, in the light of the Supreme Court case that I am sure he knows about.

**MR. JORGENSEN:** Well, that matter was pretty well gone through this afternoon but for the benefit of the Member for St. Johns I can just simply tell him that the federal Justice Department is examining the decision of the Supreme Court with a view to determining to

what extent it does affect the overall supervision of The Food and Drug Act and the provincial level. Until we have some decision on the part of the federal Justice Department it is very difficult for us to know just in what areas we should be moving and so we are awaiting a decision by the Justice Department as to the interpretation of the Supreme Court ruling.

**MR. CHERNIACK:** Mr. Chairman, it is obviously by sheer coincidence that today is the April 21st and my note tells me that on March 21st the Minister responded to the Member for Kildonan, on page 1364 of Hansard, dealing with this very question. I have to ask the Minister, who is quoted in the news report I have before me which is not dated but is obviously more than a month old, where he said that provincial regulation — regulation, not legislation, as I read it, but regulation — may have to fill the gap left by the Supreme Court ruling negating food and drug regulations in these various fields. Why is the Minister waiting? Why does he have to wait for the federal department or the Solicitor-General to come to a conclusion when the Supreme Court has indicated that provincial legislation could correct that situation? Why wait around? Why not fill the gap that is referred to here and pass regulations which would make it possible to continue the charges that were laid against Safeway and Dominion and which were dropped because of the Supreme Court issue? Why stall around?

**MR. JORGENSEN:** As I indicated to my honourable friend, we are not sure that there is a gap yet. We are not sure the extent of it, if there is. We are not sure of the areas in which it would be necessary for us to move in. It would seem to me a little bit premature to be moving in that area until we have determined just exactly what it would be necessary for us to do. Our own department, the Attorney-General's Department, are also working on this particular case and just as soon as we have some clear direction as to the areas in which we should move, we will be moving.

In the meantime, there is no great void because many of the areas that might have been under the jurisdiction of the Federal Food and Drug authority can be dealt with under the Health Department regulations and, if there are cases that require attention, they can be referred to our health authorities.

**MR. CHERNIACK:** Mr. Chairman, for over a month there have been no charges laid, according to this report, against stores which have been infringing against the legal limits for fat in hamburger in connection with these two items. The news report I am reading from deals with Safeway as at September 12th, and Dominion as at December 12th. So we take the September charge against Safeway — October, November, December, January, February, March, April — Mr. Chairman, I had to use my fingers to count seven months since there was an infringement alleged against Safeway and the proceedings were stayed because of failure of the the Crown Attorney — and apparently this is a federal Crown Attorney — to have the authority with which to proceed. How long do we have to wait for lawyers to sit down and make a decision when it appears from the Supreme Court decision that a regulation passed by this provincial government could have made it possible to go after these retailers? Is it possible that for the last seven months, or it least the

last over a month, they have been able to flout the law, be it provincial or federal, and do as they like because lawyers have not yet agreed as to whether it should be a federal or provincial legislation or regulation?

**MR. JORGENSEN:** I am sure that my honourable friend is aware that it is a federal regulation that is affected.

**MR. CHERNIACK:** Mr. Chairman, the Minister surprises me because I believe that he is a forthright person and now he is saying it's a federal regulation. The reason it is not a provincial regulation is that the Minister and his Cabinet have not done what apparently the Supreme Court said they ought to do and that is to have provincial regulation to fill the gap and to proceed. So don't say it's federal; it is the lack of the provincial government for doing what the Supreme Court thinks should have been done in order to make it possible to prosecute these firms.

**MR. JORGENSEN:** I don't know that I have anything further to add to what I've already said.

**MR. CHERNIACK:** Mr. Chairman, I do believe the Minister has nothing further to add and I credit him for his honesty in not trying to respond to what I think is self-apparent from this news item I am reading and, unfortunately, I don't have the date of it except that I know it precedes March 21st, where it says that the Supreme Court ruled that the beer regulation was invalid because it did not deal with the matter under federal jurisdiction and Manitoba's Consumer Affairs Minister, Warner Jorgenson, said this month that provincial regulation may have to fill the gap left by the Supreme Court ruling negating food and drug relations affecting food additives, beer, alcohol content, fat content in some meat and foods ranging from coffee to dairy products. Mr. Kramer, Peter Kramer, who is a Crown Attorney, stayed charges because the federal government has not yet established its position on the legislation.

I don't wonder that this Minister is unable to comment on what I said, because it seems to me, from the news release and from the fact that nothing has been done provincially, that they are sitting back and twiddling their thumbs whilst waiting for a legal opinion. The worst that could have happened in my legal opinion is that the provincial government could have passed regulation which may have become redundant. But if the Crown Attorney says I cannot proceed under federal regulation because the Supreme Court says it's provincial, surely regulation by the provincial government, which would just mirror, not mirror but reflect the federal regulations which were found to be unconstitutional, surely passing that the day after he learned of it would have made it possible to bring these people into line. I have to say that this neglect on the part of the provincial government, regardless of legal opinion, is leaving the consumer of Manitoba at the mercy of either unscrupulous, which is a strong word, or careless, which is a mild word, distributors of food products in such a way as to misrepresent the products they sell and to damage the consumer legislation and the principle of consumer legislation which this Minister is charged with having to supervise and to regulate. I have to say, Mr. Chairman, I wish the Minister would rise to react to my suggestion that he is neglectful and neg-

ligent to what he is going, because I think that he believes that the marketplace is the safest way or the best way in which to permit such regulation, and that government intervention plays no role. I think I am quoting the Minister in other aspects, but I think I am sort of describing his attitude and his philosophy which, in all honesty and integrity, I believe is different from mine, and which I respect. I believe he has a right to believe that the marketplace is the best judge of what is right; and I don't believe that.

I would like to become involved in a discussion with him on philosophy rather than on his dereliction of duty so that we can start seeing the difference between us in terms of what we believe is the role of government. I believe the role of this government, or of any government, should have been, when faced with that decision of the Supreme Court, not to wait for lawyers to sit around and talk and deliberate and come out with opinions, but to act. I am faulting this Minister and his government for not acting and I think it is a difference in approach. I do believe, it is obvious, I have tried to challenge the Minister to respond on the philosophic basis as to why he is a Minister and I am not a Minister and why we differ in our approach to the role that he should be playing or that I think he should be playing in his Cabinet appointment.

**MR. CHAIRMAN:** 2.(a)(1)—pass — the Member for St. Vital.

**MR. WALDING:** Thank you, Mr. Chairman, I expect to be brief. I would like to ask whether the Minister gave the Committee an explanation of why he is requesting an additional 4.15 staff man years for this section for this year?

**MR. JORGENSEN:** I believe that is just simply as a result of an increase in workload. The question was really answered this afternoon. There is one additional analyst in Program Support; an additional officer in the Consumers Bureau; one additional officer and one half-clerical staff man year in the Rentalsman Office.

**MR. WALDING:** That's three and one-half, Mr. Chairman.

**MR. JORGENSEN:** There is a full-time librarian required due to the transfer of the Environmental Management Library to the Department. That provides .41 staff man weeks in Communications.

**MR. WALDING:** Thank you, Mr. Chairman. I would like to ask the Minister now about the department labelled Program and Policy Support. What does this section do, what sort of policies are they supporting?

**MR. JORGENSEN:** The function of this branch, as the name may suggest, is to provide support service to the Consumers Affairs section of the department. The branch carries out its function through a variety of means ranging from formal research to informal discussions. In an attempt to maintain as broad a perspective as possible regarding particular issues the branch maintains liaison with consumer-oriented groups, representatives of the business sector, and with interdepartmental and intergovernmental officials.

**MR. WALDING:** Thank you, Mr. Chairman. I would then like to ask the Minister, from the definition that he has given us, whether he sees a need for more liaison with different groups, or could it be that there are more groups and other departments to liaise with? On the other hand, is it a matter that the department is now producing more policy that they require one extra person to help with?

I would say, Mr. Chairman, I had not been too conscious that this particular department really had any policies, other than the policy of less government is better government. Can the Minister give us an explanation of what this additional person is needed for in Program and Policy Support?

**MR. JORGENSEN:** The Support Program has been with the department since its inception and, in my opinion, performed a very useful function in the area which I have described. I am not going to suggest that it may even be necessary to increase the number of people there, we can always use additional people, but I think we are functioning reasonably well with the staff that we have and they are performing the kind of role that they were set out to do.

**MR. WALDING:** Mr. Chairman, the Minister has answered me in very general terms. He really hasn't addressed a matter of programs within the departments, no policy within the department. He hasn't explained to us how the members of this particular section were under particular strain and were not able to fully do the work last year and because of that need additional help. Is the Minister suggesting that the work was underdone in the last year or is he suggesting that the workload of this particular section will be so expanded in the new year as to need an increase of some 25 percent over the last year? If so, what in fact will the people in this section be doing, is there to be an increase in programs, or is there to be an increase in some policy direction from Consumer Affairs?

**MR. JORGENSEN:** Mr. Chairman, the branches requested, from time to time, to provide information, to make comment on a variety of subjects. The question of disposable bottles is — my honourable friend, may or may not be aware — is becoming a problem that needs to be dealt with. They do research and investigate into these particular problems. Tariffs and fluctuating exchange rates always pose problems that we have to look into. The question of insulation was a problem at one time and probably still is, and a variety of other matters that have to be investigated prior to formulating decisions as to changes in legislation or new legislation.

**MR. WALDING:** Thank you, Mr. Chairman. I thank the Minister for giving me some indication of what this particular branch has been doing or is presently working on. I'd like to ask the Minister whether there are any other particular programs or policies that he has referred to this branch to have them do research on?

**MR. JORGENSEN:** Now, I am advised that there are three particular areas that they are involved in right now. One is the task force on warranty law; the second one is work on consumer credit legislation; and the third area is the competition policy, the competition bill that was introduced by the federal government over a

year ago and we expect will probably be introduced again. It has some implications for the provinces and we are anxious to get as much information on that particular subject as we can.

**MR. WALDING:** Yes, I thank the Minister for that information, Mr. Chairman, and I'd like to know one further question. Does this research material come about at the initiation of the branch itself, or does the Minister indicate to Program and Policy Support the areas that he wants to have research done in or is it some mixture of the two?

**MR. JORGENSEN:** No, it's a mixture, it's a mixture of both. There are occasions when I refer matters to the branch and there are other occasions when they initiate them themselves in areas where they feel it's necessary.

**MR. CHAIRMAN:** The Member for Churchill.

**MR. COWAN:** Thank you, Mr. Chairperson. Earlier the Minister was discussing with the Member for St. Johns some of the problems involved with regulation and legislation and the different philosophies between the two parties that are represented around this table at the moment and the Member for St. Johns indicates that it was a one-way conversation; it did appear to be that way towards the end. But I do believe that there is more that needs to be said on this and I do believe that the Minister has a responsibility to clarify some statements that he made earlier. In specific, I refer to a press release that the Member for St. Johns referred to, but I refer to a different part of that press release. I refer to the part where the Minister is quoted as saying the government is looking for ways to deregulate. You see, there is a difference between not bringing forth regulations and just not having new ones come on the books. And there is also a difference between that and deregulating, so I would ask the Minister in which ways they are seeking to, and I use his word, deregulate?

**MR. JORGENSEN:** In many areas there is a duplication of regulation. In many areas there is a conflict of regulation between the federal and provincial levels of government and we have attempted to define those areas. There has been a fairly extensive study made of those areas in which there is duplication and there will be an effort, of course, to attempt to simplify the regulation and to ensure that no more than one level of government is applying regulations. I think my honourable friend might even concede that may be a desirable course of action.

**MR. COWAN:** Thank you, Mr. Chairperson. Not even might even; I would wholeheartedly agree with the Minister that from time to time it is necessary to examine existing regulations in legislation to ensure that there is not a built-in conflict, or a conflict between different jurisdictions, or duplication. And there is always a need to simplify, because the simplest language that a regulation is in the more effective it is, because more people understand it and then more people can use it. What we're trying to do, of course, is get people to use the regulations. So therefore, I agree with what he said now before the House. I'd like to go back to the article and before I do that I would just ask the Minister, is he willing to share this fairly extensive study that was

done on deregulation with the members on this side so that we may have the opportunity to peruse it and comment upon it?

**MR. JORGENSEN:** Yes, well, all that I have is that part of the investigation that was conducted within my own department which we forwarded on to the federal government. I think that I should point out that it was the previous administration that initiated it, but they are no longer in power. I have no idea just exactly how far this thing is going to go, or whether it will go anywhere. So we'll have to find out whether or not the present administration in Ottawa will continue on this course or whether they are just going to drop it; I hope not, I hope they continue to see it to its conclusion because I think it was a desirable objective.

**MR. COWAN:** Well, in the meantime, Mr. Chairperson, would the Minister be willing to share the province's part of this report with members of this side?

**MR. JORGENSEN:** I don't even have the province's part, all I have is my own particular department's response.

**MR. COWAN:** Would you share that?

**MR. JORGENSEN:** My deputy tells me that one example is the case of bedding and upholstery. The feds examine the outside and we examine the inside, which seems to be the kind of duplication that is unnecessary. But I'll have to think about that, whether or not I — it is not my study to with as I choose. It was initiated by the federal government and I'll have to ask them just exactly what they propose to do with the results of that study. I would like to see them made public; that's a personal view.

**MR. COWAN:** I'd like to see them made public too, Mr. Chairperson, so I would hope that the Minister would, as soon as possible, check and see. I can't now, from my vantage point, which is a limited vantage point at times, can't see any reason why the federal government would not want that information be public either. I would hope that we could see it because that will give us a better idea of some of the things of which the Minister speaks in regard to de-regulation. In the article, the Minister is quoted as saying . . . And again, he may wish to disassociate himself from this quote because I know from time to time that what appears in print is not as complete and accurate a reflection as what was actually said, as could be, because the printed medium is not as an effective medium as the verbal medium, all due deference to my friends from the printed media. But the fact is, in this article of Wednesday, October 10th, the lead is, Manitoba is looking for ways to deregulate the market place and allow businesses to police themselves, Consumer Affairs Minister Warner Jorgenson said yesterday. That is different; that is a different process than the process with which the Minister explained to us a few moments ago. He explained to us a process whereby they were attempting to avoid duplication; they were attempting to clear out conflicts between federal and provincial jurisdictions and they were attempting to simplify, I would imagine, to simplify the wording and also some of the procedures, which are all very valuable pursuits and I would support the Minister in those en-

deavours wholeheartedly. On the other hand, we have what appears to be a statement in the media that what he is actually looking to do is to de-regulate the market place and allow the businesses to police themselves or to take greater control over their own affairs, and I would ask the Minister if that is in accurate reflection of his remarks that evening a number of months ago.

**MR. JORGENSEN:** The statement is partly correct but I think I should emphasize that I pointed out at the same time that there always be government regulation, there are areas in which the government simply has to regulate and I don't think that any business would expect otherwise. There are other areas where I think it may be preferable if certain groups could regulate themselves, rather than depending upon the government to do so, and there are other areas where perhaps a combination of both government and industry could perform an effective job. I don't want to particularly identify those areas at the present time but I think they are well known to everyone. In the manner of health regulations, there is no way that the government could retract from regulating in that particular area, but there are areas where I think private industry could regulate their own businesses and I am thinking now of the travel industry, as a particular example, where I believe that they could regulate their own industry without the government having to provide regulations for them. Now by that I mean that legislation would be passed and it would be passed by the Legislature and they would be bound by that legislation but they would be the ones that would administer it, rather than government officials.

**MR. COWAN:** Number one, the Minister anticipated my question, so early into the estimates I've become so predictable that he can do so. I was going to ask him to identify some of the areas in which he felt it was possible to deregulate. The Minister mentioned the travel . . .

**MR. JORGENSEN:** That would not de-regulate; there is no regulation there at the present time.

**MR. COWAN:** But there are other areas where the Minister believes deregulation would be possible. Am I correct in that assumption in regard to business per se?

**MR. JORGENSEN:** There is one area in which I could identify and that is the embalmers and funeral directors. They now come under provincial jurisdiction. I feel that they should be able to manage their own affairs by a set of regulations.

**MR. COWAN:** I have to admit, Mr. Chairperson, he's got me on that one. I wish the Member for St. Boniface was here to talk about it but unfortunately I'm not going to enter into that area because I would imagine, just by the fact that the Minister mentioned that he is more well versed in it than I am . . . The Member for St. Johns says he's not. That means the Member for St. Johns thinks that I must know something about it. — (Interjection)— Oh, I see.

I'd like to go back to the travel industry example which the Minister gave us because I'm a bit interested in the process which he outlined and, in this case, I only wish the Member for Transcona was here because he has

dealt with some of the problems that have occurred in that industry over the past couple of years and is, again, better versed in it than I am. But I recollect that there were a number of problems. Perhaps the Member for St. Johns would know better and I don't doubt that he would have a better recollection of those problems. But the Minister indicates in this instance that this is an area where the government would write legislation, because no legislation exists currently, but would allow the travel industry itself to enforce the legislation. Am I correct in that analysis of what the Minister said?

**MR. JORGENSEN:** I think I should emphasize that although the industry would regulate itself, there would still be accountability to the government by virtue of the legislation that would be passed.

**MR. COWAN:** We are going to dance with this a bit, not because I want to trap the Minister but just because I want to get in my own mind a little better picture of what he's saying. He is saying in this instance that legislation is better than regulation. That's what I hear him saying because what he is telling me is that they are not going to regulate the industry but they are going to legislate the industry and that legislation will determine certain actions that the industry may and may not take in that it will be up to the industry to ensure that those actions are or are not taken. But the fact is that legislation will be in fact the same as regulations only it will be legislation instead of regulations. Am I missing something in what the Minister is explaining to us now?

**MR. JORGENSEN:** The difference, of course, is that the responsibility for administration falls on the shoulders of the industry itself rather than departmental officials; they would police the legislation rather than the government but they would be accountable to ensure that they were policing it properly.

**MR. COWAN:** I hate to continue on, Mr. Chairman, and confirm my ignorance but I am just wondering now, and I don't know too much about the Cattle Producer's bill, but it seemed to me in what I heard in the House last year, that what you did was gave an organization responsibility to police itself. Is that correct in that? This will be the same sort of process that we're talking about now, Mr. Chairperson? Is that a proper analogy to draw?

**MR. JORGENSEN:** Yes, that would be an analogy.

**MR. COWAN:** I know that the Member for St. Johns will continue on with this in a much better fashion than I can, but before he does that I will leave this particular item and hope that the Member for St. Johns carries on with it.

We will go to another couple of statements which I heard the Minister say, which I would like some clarification on, and that is when he talked about the insulation problem, which was a major problem a number of months ago. Let me phrase that differently because it may still be a major problem today; it was a problem of major public significance a number of months ago, at which time we had it capturing much media attention. The Minister indicated in his remarks tonight that insulation was a problem at one time and then went on to add and probably still is. Those are his exact words, because I took the trouble to write them down. Can the

Minister indicate how the problem today continues in the field of insulation application?

**MR. JORGENSEN:** One of the difficulties in the application of insulation in older buildings is the difficulty of insuring that the insulation is properly applied. If it is foam insulation that is being put in the building it is very difficult to determine whether or not it's the effective kind of insulation that one would expect to be done, short of tearing the walls off and inspecting it, and that is a rather expensive way of determining. One has to depend on the ability of the company that is doing the insulating, that they know what they are doing, they know exactly the type of building they are working in, and they know how to apply the insulation. What we attempted to do was to determine whether or not it would be possible to have a set of regulations that would cover that particular area and whether or not, having developed a set of regulations, whether they could be applied. It was found to be extremely difficult to do so.

**MR. COWAN:** So what now, Mr. Chairperson?

**MR. JORGENSEN:** The best assurance that anyone has of insuring that his insulation is properly applied is by making sure that he gets quotations from several people and he gets quotations from reputable people, that he is there when the insulation is being applied and that he has some knowledge of the kind of work that is necessary to do a proper job. That is still the best insurance that a person can have.

**MR. COWAN:** Mr. Chairperson, now we are back to the buyer beware; in other words, it's the responsibility of the buyer to determine whether or not they are dealing with a reputable firm or not and that the buyer should follow a process which has been outlined by the Minister. It sounds like a fairly logical sequence of events. One should get several quotes. One should always get several quotes when dealing in areas of this nature. The Member from Elmwood mentioned three quotes, and that's probably a minimum, and one should always try to deal with reputable firms. That stands to reason and is self-evident. One should be present at the time of application and place of application. That again is self-evident and one should try to insure that they are dealing with a firm that know's what they are doing. But that is very difficult in many instances for the consumer to do.

It is not difficult if you have some knowledge and you are versed somewhat in the area of insulation; I'm not, and I wouldn't know a reputable firm from an irreputable firm in this instance. I wouldn't know whether a quotation in this particular instance is a good quotation or a bad quotation. I am not speaking in monetary terms here but I am speaking of whether or not that firm is going to do a good job or not. I could be present and watch everything they were doing and, as the Minister says, unless I went later and tore down the walls, and then I wouldn't even know what to look for, I'd have very little chance of being able to determine whether or not that in fact was the proper insulation, whether or not that in fact was the proper way to apply it. Therefore, even if I did follow the steps of the Minister I would be little better off, other than I would have a greater degree of self-assurance that I knew what had happened. I don't know whether it was good or bad

but I knew what did transpire. I knew they actually put it in the walls and that's about as far as I could go. I knew I had the lowest bid possible and that's about as far as I could go in that area. So it would be an area where the steps that the Minister outlined would do me very little good unless I had some support somewhere along the line. If I had a list of approved insulation firms, that would be support which would enable me to make a better judgement. If I had a list of unapproved insulation firms, that would not mean that the firm I am dealing with was approved but it would certainly mean that I could avoid dealing with firms that were known to be less than reputable or less than satisfactory in their efforts.

So that would be one type of support mechanism that could be put in place. The other type of support mechanism, if I had a booklet that said for a person who is about to insulate the house, this is what must be done; here are the specific items to watch out for; here are dangers. This process could be outlined and expanded upon and that could be made available to individuals who wanted to insulate their houses. That's another way to go about it. But I believe the best way to go about it is to draw up some very stringent regulations to regulate an industry which has shown that it had difficulties in the past regulating itself, for whatever reason, to regulate it so that I do know that government is in a certain respect, protecting my best interest in a way which I cannot do as an individual, because that, in the broader philosophical sense, is what government should be doing; it should be protecting the interests of the citizen where that citizen may have difficulties in protecting their own interests, either because of lack of knowledge or because of lack of power or because of lack of the mechanisms with which to make their decisions effective. So I would hope that in this area the Minister would look at regulations.

I agree with him, it's going to be difficult to determine what sort of regulations will be most effective but that has always been a difficulty in the past and it's been a difficulty and a challenge that governments must face and have faced. I think here we have a classic example of where regulation can be of benefit to the average citizen, and I include myself in that group, in regard to making certain that they have behind them the power of the total population of the province, the people of the province, to ensure that they are not being — to use a colloquial term — to ensure that they are not being ripped off in this instance. We know they have been in the past and we know that the industry in the past has not been above it — I shouldn't say the whole industry because that's an unfair generalization. What I should say, that certain specific firms within the industry have not been above that, and we've had problems. So I would only encourage the Minister in this respect to look at regulations.

He's absolutely right when he says there are some areas where regulations are not necessary and can, in time, be self-defeating, but I do not believe this to be one of the areas. I think this is one of the areas where a problem has been proven and where action is needed and it is incumbent upon the Minister to provide us with that action. Even although it may not fit entirely with his philosophical background, I am certain that the Minister has the best interest of the citizens at heart. I think he would agree that too many of them have fallen prey to unscrupulous — and that is a strong term but I think it fits — to some unscrupulous firms in this

regard. So I would ask the Minister to comment upon that.

I don't accept the fact that because regulation is difficult to draw up and difficult to enforce that it is impossible. I do believe that this is an instance where we could apply the power of the government to benefit the typical citizen, of which I am one. I mean, I have some idea about construction, consider myself an amateur handy person — that's the first time I've used that word, handy person. The Member for St. Vital makes one of his typical faces when I use those terminologies. He believes that I am, in some respects — (Interjection) — a word butcher, that's it exactly. Perhaps there should be regulations on the use of the word person, I don't know, but that's an aside. But the fact is that there are far more out there — and I'm thinking of individual people who live alone who may not have the benefit of having developed any skills in this area — that would even be a greater risk than I am. So I'd ask the Minister if he's prepared to look into a need for regulation in this area and ultimately to bring forth some sort of regulation to help this industry correct what has become a very negative public image.

**MR. JORGENSON:** Well, Mr. Chairman, as I have indicated and my honourable friend has indicated there, it's a very difficult area to legislate in or to regulate in and that has been demonstrated by the fact that under MHRC there was a fairly substantial inspection and still there were mistakes made in insulation. But I'm not dogmatic about what my honourable friend calls my philosophical position; I don't know that my philosophical position was that well identified in this particular area. I'm quite happy to take my friend's suggestion and to give them some consideration. And incidentally, just before I forget, my honourable friend asked me a question before the dinner hour. He wanted the names of the three stores that were using universal product code in Winnipeg. As I indicated, there is the Loblaw's on Charleswood Road, that's at the end of Grant Avenue; and Loblaw's at McPhillips, and I believe that I was correct when I said that was Garden City Shopping Centre; and the other one is the Food Box on Pembina Highway, it's a small store on Pembina. I don't have the precise number but it's in one of those small shopping centres.

**MR. COWAN:** Well, previous to my last comments, the Minister indicated a series of steps that one would follow in dealing with an insulation firm. Have those steps been put in any sort of concise and usable form for the consumer?

**MR. JORGENSON:** Yes, as a matter of fact they have. They were developed by the Winnipeg Construction Industry and we were instrumental in having them distributed, to the extent that we were able to do so. They were placed in practically all of the lumber and hardware stores in the city and various other places, in order to draw the attention of the consumer to the fact that there were steps that should be taken to ensure that proper insulation work was done if they were contemplating insulation. I don't know the extent to which they were picked up by the consumers but I imagine they were because the pamphlets were moving.

**MR. COWAN:** Yes, I would hope that the Minister, not tonight of course but perhaps tomorrow or the next

day, could make a copy of one of those pamphlets available to us.

**MR. JORGENSEN:** I believe I have one or two in my office.

**MR. COWAN:** Even a Xerox copy would suffice. I am more interested in the wording than in the graphics, if there are any. I have not seen one, so I would appreciate being able to peruse one, and would ask the Minister if, by the fact that they were instrumental, as he says, in ensuring that these were distributed, is that de facto approval of what has been said in the pamphlets themselves? In other words, does the department officially approve of the content of the pamphlets?

**MR. JORGENSEN:** Yes, I would suggest that it gives approval because I don't think there's anything in that pamphlet that would do otherwise but to help the consumer.

**MR. COWAN:** Are there any other educational programs — and I consider this to be an educational program even though it was initiated by the industry itself. I believe that the government has played a vital role in it as it should in making certain that educational materials become available to the public. Are there any other sorts of programs ongoing in this particular section of the Minister's department?

**MR. JORGENSEN:** Well, if my honourable friend will wait till we get down to Consumer Communications we can deal with that particular subject then.

**MR. COWAN:** Certainly. I look forward to discussing it under that section. I'm not certain that we've entirely sorted out all that we would want to in regard to the differences in opinions as to regulation and de-regulation and what can be done and what should be done but I believe that the Member for St. Johns will carry the ball a bit further once he gets the opportunity. So, before turning the floor over to him, I would just ask the Minister if he could very briefly comment on the investigation that the Consumer Bureau carried out in regard to Lexington Andrews Limited, Distributor of Merit Student Encyclopedia, if the Minister has more background.

**MR. JORGENSEN:** The complaint has been lodged with the department and an investigation is proceeding but there has been no report on this situation up to this point.

**MR. COWAN:** So there has been an official complaint lodged against the Lexington Andrews Limited, Distributor of Merit Student Encyclopedia. Could the Minister indicate what that specific complaint is?

**MR. JORGENSEN:** I'm advised that it deals with the sales method and the treatment of sales staff.

**MR. COWAN:** Well, would that be a complaint that would be lodged from the Minister's department in that case, or from the Labour Department?

**MR. JORGENSEN:** No, it would be lodged with us because we control the sales licences.

**MR. COWAN:** So then, Mr. Chairperson, it is in actuality a complaint regarding licensing and, as a part of that complaint, it deals with treatment of the individuals that were selling those encyclopedias under the firm's direction. I believe there's a whole list of complaints. I would ask the Minister if he can indicate when one would expect to see a conclusion to this process that has been started, at least at this point in regard to dealing with those complaints.

**MR. JORGENSEN:** I wouldn't want to hazard a guess at this stage, Mr. Chairman. These investigations depend on so many circumstances and I'm not sure just the areas that have to be investigated in order to file a report in this particular matter. So I would hope that my honourable friend would bear with me until . . . If I can give him some idea after checking further I will do so.

**MR. COWAN:** I'd appreciate that information from the Minister, Mr. Chairperson. I'd ask the Minister in his own experience, or the collective experience of his department, is this a fairly widespread common problem, or is this an isolated incident of which we would not expect to see many other similar occurrences?

**MR. JORGENSEN:** Well, to the best of my knowledge, it is not a widespread problem but one never knows where problems arise.

**MR. COWAN:** I think that's an important statement that the Minister has said in closing; that is, that one never knows where problems arise. If I recollect correctly, and I will accept the Minister's recollection as being sharper on this than myself because he has been more involved with this matter than I have and I have had to rely on media reports, but if I recollect correctly this matter was brought forward as a complaint from one of the students — I'm not even certain it was a student — at least one of the sales people involved in selling encyclopedias. It may not have been a student, at any rate it was brought forward on that basis. I would ask the Minister if there is any effort on his department to seek out similar other experiences that might be occurring in the province. Might be, I emphasize that, because I don't want to imply that there are.

**MR. JORGENSEN:** No. The department acts upon complaints from consumers who approach us. We do not actively go out and seek and investigate unless there is a complaint filed with the department and then we respond to those requests.

**MR. COWAN:** Is the Minister then responsible, or his department responsible, Mr. Chairperson, for providing the companies with the licensing in regard to being able to go out and legally sell and distribute these products?

**MR. JORGENSEN:** On a door-to-door basis, yes. We do licence door-to-door salesmen.

**MR. COWAN:** Then I'd ask the Minister, Mr. Chairperson, if there is any investigation that is done in regard to a firm that makes application for such a licence?

**MR. JORGENSEN:** Yes, I believe there is an investigation that is carried on to ensure that the licensee meets certain criteria.

**MR. COWAN:** Would the Minister be able to indicate what criteria a licensee or an applicant for a licence would have to meet in this regard?

**MR. JORGENSON:** I didn't get the question.

**MR. COWAN:** What I'd asked the Minister, Mr. Chairperson, is what criteria are we talking about, in specific, that an applicant would have to meet?

**MR. JORGENSON:** Well, the information that is supplied on the basis of the application as to whether or not the person is capable of carrying on the kind of . . . I'm advised that the criteria is set out in the Act so that we just follow the Act in applying it.

**MR. COWAN:** I'd ask another favour of the Minister and that is if he could, at some time in the near future, supply us with a blank application or a sample application form so that we can peruse that. I believe that would probably be the most effective way of getting a hold of one of those.

I'd ask the Minister then if he believes — and I believe it is an area, again, where we're going to very briefly discuss different philosophical approaches to a problem — that it is a proper approach to sit back and wait for complaints to come in, rather than to, what I would call, develop an outreach program, where one goes out to inform consumers of their rights very specifically and to try to encourage complaints that come forward because that is the manner in which the industries can be most directly affected and cleaned up eventually.

**MR. JORGENSON:** To respond to my honourable friend, I'd say that if we have a series of complaints in one particular area, then we will initiate a full-scale investigation on our own. But prior to that, in dealing with the matter that you raised about whether or not the department should initiate investigations, I'd just point out to him that in a sense we do, in our communications program. The number of pamphlets that we put out, the number of brochures that we put out, advising people of the type of legislation that we have, their rights under various pieces of legislation, is a means of encouraging that kind of participation but, in the final analysis, it is only when a person actually comes to us that we are aware of irregularities that must be looked into. And in the final analysis, I believe it is the proper way to involve people and to make sure that they do participate and that they do take some initiative on their own.

Sometimes, as my honourable friend has pointed out, it's difficult for people to do that, but we endeavour to do that through a high school education program, through our communications officer having lectures in various areas of the province, in various fields and on various subjects. We endeavour to stimulate an interest in the consumer in ensuring that he knows what his rights are and that he's taking steps to protect them.

**MR. COWAN:** Yes, thank you, Mr. Chairperson. I'd ask the Minister if he would attempt to provide us with, by the time we reach that particular section in Communications Branch, an outline of the activities of the officer over the past year?

**MR. JORGENSON:** I hope my honourable friend doesn't confuse the two communications; there is Con-

sumer Communications and then there's Communications. The one that I'm dealing with is Consumer Communications; that's the one that we're on right now. It's perfectly all right to discuss it at this point.

**MR. COWAN:** Well then perhaps I'd ask the Minister, if he doesn't have it available, if perhaps in a day or two he could provide with an outline of the activities in a rather specific term so we can judge as to how effective that communications officer is being used.

I have a personal experience in the union movement as a steward and, from time to time, a steward has to deal with grievances that are brought forward by individual members. The reason I point that out is I believe a proper analogy can be drawn between a union steward, in a certain sense, without wanting to carry it too far, and a person that would be involved under the Consumers Bureau. In other words, often a steward provides the individual worker with information as to their rights under the contract under legislation and it is up to the individual worker to come back and to file a grievance as to what they might perceive to be a breach of those rights. The union steward then carries that grievance forward, but it is initiated, in fact, by the individual.

On the other hand, from time to time it is necessary for a union to put forward, what is called a union grievance, or a grievance that is put forward on behalf of the union without an individual's name assigned to it, because that individual won't come forward, because they're fearful, unjustifiably so, in most instances, but it's hard to describe to them why they should not be fearful if they are indeed sincerely afraid. Or it may be an issue of such paramount importance that the union believes that it must be brought forward on a wider scale. The analogy, of course, would be if the Minister saw that there was an area in which widespread abuse was occurring that they would conduct a widespread investigation and that would be similar, of course, to the union grievance.

So I would ask the Minister, knowing that from time to time within the union movement it is important to bring forward a union grievance, can the Minister indicate what widespread investigations and, in specific, what areas they have been directed towards, have been initiated under his administration?

**MR. JORGENSON:** It's difficult to put my finger on something dealing specifically with consumer law. We depend a great deal on the — well, I shouldn't say a great deal, but we do get a considerable amount of co-operation from the Consumers' Association if there are widespread problems, one that deals with a subject that is of interest to the community at large. And we're always in fairly close contact with the Consumers' Association and they're not afraid to make their views known on various subjects, so they are of some help to us. But primarily, if there are repeated complaints coming in on one particular subject then we are compelled to launch an investigation of our own to find out just where the problem is. I don't know whether I can put my finger on any particular one in the last year or so.

I'm advised that we're just in the process now of putting out a news release on mail order complaints, and we've had a number of those, to attempt to warn consumers of the particular problem that we see.

**MR. COWAN:** Then I'd ask the Minister if this is part of the widespread investigation or if this a combination of a widespread investigation. In other words, the Minister says that there is a news release that is going out to deal with a particular problem they see in regards to mail order businesses, yet he doesn't indicate as to whether that was as a result of many complaints coming forward, if it was a result of a union complaint coming forward from the Consumers' Association, or an association complaint, or if it was a result of a widespread investigation by the Minister's own department. So I'd ask him to clarify . . .

**MR. JORGENSEN:** It was a result of complaints that were coming to the department and there were sufficient numbers of them to cause us to investigate and issue a news release, warning consumers of this particular problem.

**MR. COWAN:** I'd ask the Minister if that's the extent of the actions that the department is taking, then, and that is a news release to warn the consumer.

**MR. JORGENSEN:** That is one way; there are many ways. We felt that this was the best way, because there is no regulation that covers it. But we felt that by warning the consumers would be the best way. You don't respond in the same way to every particular problem; you have to deal with them as you see them.

**MR. COWAN:** I'd ask the Minister if this would be an area where there might be a need then, for regulation.

**MR. JORGENSEN:** As my honourable friend would probably suspect, mail order deals with all of the provinces and it would be pretty difficult for us to impose it on another province. So we feel that this is the only way that we could handle this particular situation.

**MR. COWAN:** Perhaps then I'd ask the Minister if he's made representation to the federal government in regard to a problem that they find is localized in Manitoba, that may well, in fact, be spread throughout the country and encouraging them to make regulations that would deal with such a problem.

**MR. JORGENSEN:** I'm advised that we have brought it to the federal government's attention.

**MR. COWAN:** I'd ask the Minister then if he, at the same time, made such encouragements to the federal government?

**MR. JORGENSEN:** Well, if anything is done, it will have to be done by the federal government, since it does cover all of Canada. I'm not sure that we have suggested regulation; we've brought the matter to their attention. I presume that if the federal government is going to deal with it, it will probably have to be dealt with by regulation.

**MR. COWAN:** So we do, in fact, Mr. Chairperson, have another area where regulation is necessary. I don't point that out in any sort of a snide way because I believe that the Minister agrees that there are areas and I'm not contradicting him when I say that there are areas where regulation is necessary and this is, perhaps, or appears actually to be one such area. Are there any other such areas that the Minister knows of

right now that may need regulation, whether it be federal or provincial, where widespread complaints have come into the department and they believe that there is not an existing regulation or legislation applicable and that one should be developed?

**MR. JORGENSEN:** No, not that I can think of. The areas that you get your normal complaints would be in the automotive industry and that would be largely dealing with dissatisfaction with a particular sale and something that's very difficult to regulate, just something that you try to work out between the dealer and the customer. In many cases we're successful in working out satisfactory arrangements; I would say in most cases we are.

**MR. COWAN:** Thank you, Mr. Chairperson. Well, having bought a few lemons in my day, I may, at one time or another in the future, have to partake of the services of the department. I'd wonder exactly, in that regard, what those services would include.

**MR. JORGENSEN:** We would hope that you have made some effort yourself to solve your problem. If it persists and it looks as though there is no possibility of a reconciliation, then we will intervene; we'll have a consumer officer talk to both parties and try to bring them together and to try to arrange a settlement that is satisfactory to both.

**MR. COWAN:** And if that consumer also can't arrange that satisfaction because of one or more of the parties are balking at the efforts, what would occur then?

**MR. JORGENSEN:** We would try to use a little bit of leverage to effect a settlement and, if that fails, then it could go to court.

**MR. COWAN:** I'm sorry, I missed the last part.

**MR. JORGENSEN:** Then it could go to court.

**MR. COWAN:** But it would be up to the individual to bring it to court, not the department to bring it to court. So the department then plays a role as sort of a bridge between the initial efforts of the individual buying the car to deal with the individual selling the car and the act of the individual buying the car or the individual selling the car taking the other person to court. The Minister has indicated in the affirmative, that is indeed the case and the Minister has indicated previously that it would be difficult to regulate this area. Is that the reason why we have no regulations? I would be more specific in that question by asking the Minister has there been an effort on this jurisdiction — and I'm not talking about a particular administration but I'm talking in a historical sense — or any other jurisdiction to make regulations that would deal with these sorts of problems and, if so, have they been successful or have they been, for the most part, failures or ineffective?

**MR. JORGENSEN:** Well a variety of problems, some of them dealing with failures of the particular product; some of them dealing with poor service and products; some of them dealing with financing and others with a failure of the application of the warranty. They don't fall into one particular category; there are a variety of them that have to be dealt with.

**MR. COWAN:** I'd ask the Minister then if safety considerations would also be an area. I will repeat for the Minister, if safety considerations would also be an area where the Consumers Bureau would be involved?

**MR. JORGENSEN:** No, it is the Highway Traffic.

**MR. CHAIRMAN:** The Member for Elmwood.

**MR. RUSSELL DOERN:** Mr. Chairman, I just had a couple of questions here, one general one that I wanted the Minister to comment on because I want to debate with him on this later, not now. He said that there were some industries that should regulate themselves.

**MR. JORGENSEN:** We have just gone through that.

**MR. DOERN:** Okay, then I will relieve you of going through that again, because I have to consider your mental well-being. I want to ask you about the travel industry. A year ago in the Throne Speech you promised legislation to regulate the travel industry, especially in relation, I think, to bonding agencies because of a number of problems that were encountered by people who, in good faith, gave deposits, etc., etc., and then discovered, much to their horror, that these companies had gone belly up and that they were left holding the bag. I want to know if the Minister is going to introduce such legislation and I would also like to know why it wasn't done last year when it was promised or indicated in the Throne Speech?

**MR. JORGENSEN:** Mr. Chairman, we are working with the travel industry in an effort to provide legislation that will effectively deal with the particular problem that we find from time to time in the travel industry. I might say that we are working very closely with the government of Saskatchewan on this particular piece of legislation because they initiated their legislation some time before we thought about it, and they are still having some difficulty in bringing in the kind of legislation that they feel will effectively regulate the industry. It is in conjunction with the province of Saskatchewan that we are working with the industry in an effort to bring in a piece of legislation that can bring about the regulation that my honourable friend is seeking. It is not one of the easier industries to regulate since so many of the head offices are not located in the province of Manitoba.

**MR. DOERN:** I just wondered if the Minister could be a little more precise. Presumably he was working on this a year ago and this session has another couple of months to go, can we expect the introduction of such legislation this session or is it another year away?

**MR. JORGENSEN:** It seems unlikely that it will be ready for this session.

**MR. DOERN:** Again, the Minister mentioned Saskatchewan, is there a similar legislation or the kind of legislation we might follow, in effect, anywhere in Canada or in any of the United States?

**MR. JORGENSEN:** There are three provinces in Canada that have legislation and those, as you might suspect, are the three provinces that have the bulk of the industry located in them — British Columbia, Ontario and Quebec. The three prairie provinces, however,

don't intend to follow the same route that Ontario, Quebec and British Columbia have followed. Theirs is a full-scale bureaucracy that is set up to regulate the industry. The three prairie provinces would prefer to have something considerably more modest than a full-fledged department regulating that industry. Saskatchewan has developed a bill, which we have been looking at very carefully, which operates in conjunction with — and it isn't effective yet because they haven't passed it — which plans to operate, I should say, in conjunction with their insurance corporation, to provide the initial insurance that will be required to get the legislation off the ground.

We hope that we can work in co-operation with the three prairie provinces in developing similar legislation that would more adequately meet the conditions that we have here in the prairie provinces, rather than following the route of the other three provinces.

**MR. DOERN:** Mr. Chairman, to become — I don't know really what these are, these travel agencies which are often branch offices of national corporations and so on . . .

**MR. JORGENSEN:** Most of the head offices are located in Ontario.

**MR. DOERN:** Let's say that somebody wanted to start an agency in Winnipeg. Then this is simply what, you establish a corporation and you're in business?

**MR. JORGENSEN:** Well, it is not quite as simple as that. They have to apply to the airlines for approval and the railways. I am advised that they just don't get ticketing privileges without approval from the carriers, so that is a very important part of setting up in the travel business.

**MR. DOERN:** For example, can the Minister give any indication of say how many — I am just asking for a ballpark figures rather than precise figures — what percentage of the travel agencies in Manitoba are wholly Manitoba owned and operated, and what percentage might be national?

**MR. JORGENSEN:** I don't think I could give my honourable friend that information, I have no idea. Part of the legislation that would be developed to provide for a registration so that we would have some idea who was operating in the province. At the present time we don't know.

**MR. DOERN:** A final question here, Mr. Chairman. Is part of the problem, the Minister has obviously indicated this, namely, that you have an national corporation or a corporation with branches, but do we just sort of accept provincial off-shoots of national corporations or do they have to meet similar requirements to Manitoba owned and operated corporations?

**MR. JORGENSEN:** The province of Manitoba does not have any criteria for the operation of travel agencies in this province and it was with that in mind that we were contemplating legislation, but I would like to suggest that the type of legislation that we feel is suitable for the province of Manitoba is not the same as they have in the other three provinces that I have mentioned,

that is far too elaborate a setup for us, we prefer the Saskatchewan model.

**MR. DOERN:** Then it is reasonable to expect that such legislation will be introduced next session, you intend, fully intend, to follow through?

**MR. JORGENSON:** We hope to be able to introduce legislation of that kind.

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

**MR. CHERNIACK:** Thank you, Mr. Chairperson. There are several issues that were raised, mainly by the Minister. One was this reference to the travel industry and I am not sure the extent to which he can rely on the fact that the airlines or the railways or any other travel media controls the agents, because I think all they are concerned about is that when they give them blank tickets they are going to get paid for them. Maybe they need bonding, maybe need a deposit, I don't know the extent of the security they need. The financial integrity is not really, I believe, a concern of the travel companies and the problem that has evidenced itself, and which the Minister seems to be aware of, is not being met at all by this government. It is waiting around, waiting to see what Saskatchewan will do. I should think that the Minister by now ought to know what Saskatchewan is thinking of doing and regardless of what it does it should have a pretty good idea of what it wants to do.

I tried, Mr. Chairman, to involve the Minister into a discussion on the philosophy which he has on the role of government in the protection of the consumer and I failed. He referred to the travel industry and I wonder just what he means by that? Does he really care to protect that person who in good faith pays a substantial deposit or full payment to a travel agency for a plan for travel, and then loses because the agency is bankrupt; does he really care to get involved, and if so, why is he stalling? What is the reason to wait another year as apparently he plans to do? Or does he feel that it is up to the consumer or customer to protect himself? I want to remind the Minister that he was a backbencher for that government which in the late '60s changed the phrase of caveat emptor to let the seller beware, because that change, for which I think the NDP took some credit, was actually brought in by the Conservatives. Now I am thinking that sort of maybe there is a switch around which is legitimate if it is admitted. Why is there the delay involved in dealing with the travel industry if it needs dealing with? If it doesn't need dealing with, then say so, but why wait another year. It has been a year already, and another year to go, and the Minister apparently is not prepared to enter into that problem. If he is prepared to say that it is up to the buyer to protect himself, I wish he would say that, but not to say that we think it needs looking into but we are waiting for Saskatchewan to do something, that is a problem.

I would like the Minister to be able to clarify whether he thinks that there is a problem which should be dealt with and, if so, why does he have to wait a whole year?

**MR. JORGENSON:** Mr. Chairman, I don't think that the problem is so great that it can't wait until we can be sure of the direction that we are going. There has only been one instance so far that I know of where

there has been a loss to a customer, and that was due to a bankruptcy. It seems hardly the stage that one would expect to find to introduce legislation in a hurry. I admit that it has taken time, but it has taken some time because you don't carry on these negotiations as quickly as one would like to have them carried on. Secondly, when you see a sister province developing a plan that you think meets your requirements then you would like to work in co-operation with them to develop something similar, so that we can have parallel legislation which suits our particular needs on the prairies. I hesitate to introduce, and I could, introduce legislation where the government would assume complete responsibility, and all of the costs, and one would expect that the costs would be considerable if you were to set up the kind of a bureaucracy that exists in the three provinces that I mentioned. I am not anxious to do that. I would much prefer to proceed with something a lot more modest and which would involve the industry themselves.

**MR. CHERNIACK:** Mr. Chairman, that is fine, and I don't even know that I disagree with the Minister, expect that it took a while to get him to say what he said. I am not sure, if there is only one instance then why should we be passing laws or regulations to cover a whole industry? My goodness I'm in trouble, Mr. Chairman, I'm getting support from the Member for Wolseley, so I must reconsider what I said, Mr. Chairman. There is a certain amount of double talk going on and I'm not accusing the Minister alone, although I'm not excluding him from that. If we feel there is a problem, we should deal with it. I believe that the best way to deal with problems of this nature, short of regulation, is to make sure that the consumer is aware. Let the consumer be knowledgeable.

Now the Minister said earlier in another connection, we assume or we want the consumer to know his rights and to take steps to protect them, and I believe that the government has been faulty in not making a strong effort to make the consumer aware. I have a vague recollection that this was raised in the House of the current Session when we talked about the - I believe it was discussed - that the government is not setting aside more money for publicity to be given to the consumer to make the consumer aware.

**MR. CHAIRMAN:** The Honourable Minister.

**MR. CHERNIACK:** I wasn't through, Mr. Chairman.

**MR. CHAIRMAN:** Oh, I'm sorry, Mr. Cherniack.

**MR. CHERNIACK:** I was just waiting for the member on my left to settle down. I think that if there is to be regulation in the travel industry, and I think it is important, I think it's important that a person should be cautioned . . .

**MR. CHAIRMAN:** Just one speaker at a time please.

**MR. CHERNIACK:** I think a person should be cautioned not to give a substantial payment to somebody without being ensured that investment is a safe and secure one, that once cautioned then it's up to him to be responsible to protect himself. But I think government either must regulate or government must be sure that the purchaser is cautioned. You know, caveat emp-

tor; let you beware, as a purchaser, that you are getting involved. And too much the trend today in the whole industry, the consumer industry, is believe the guy who advertises that he is going to give you a good deal. I think government has to oppose that.  
Mr. Chairman, I'm not going to have too much patience with the member on my left.

**MR. CHAIRMAN:** We'll have one speaker at a time please.

**MR. CHERNIACK:** So then, Mr. Chairman, on the travel industry, I would like to more about what is being proposed in Saskatchewan. If they presented legislation, do we want to wait a year to find out what the legislation was or can we deal with it now, if it's worth dealing with? Maybe it isn't.

I'm inclined to agree with the Minister. If there was only one occasion, and I think we all know that occasion, if that's the only one, then I don't know that you should just go blithely passing laws to protect the next one, which may be ten years from now. But there should be some budgetary provision for making the consumer aware of the risks he takes, and I'm not sure whether they shouldn't be a clear-cut statement regarding all - in this case travel agencies - that the fact that you pay a substantial deposit doesn't mean that that agency is necessarily financially secure enough to produce the contract that they are going to do.

Most consumers in our consumer oriented society are trained to think that you put your buck down and you're going to get what is promised on the other side, and the bankruptcies that are taking place —(Interjection)— Well that's it you see. —(Interjections)— The Member for Elmwood said what is sort of accepted by a lot of cynical people, you pays your dollar, you pays your money and you takes your chances. Well if that were the case then we wasted more than a decade of legislation where we were trying to protect the consumer and the department that the Minister is head of would not exist if that philosophy were carried forward. Mr. Chairman, not having succeeded in having the Minister indicate his philosophy or his beliefs in regard to the attitude of his department in the specific relations to — well we were talking about food and drug and the role of government and I couldn't get him to respond to that. I want now to ask him, in connection with that very same issue that has been raised about the conflict apparently between federal and provincial constitutional authority to pass regulations and the Minister's refusal to deal with it until he gets some sort of a legal opinion, how long the Minister is going to wait for that legal opinion before he acts?

I do believe that regulation can be passed even after the Legislature is out of Session, but is he setting a deadline? Are we faced with a fact, and I state it as a fact and I want to be contradicted if I am wrong, the fact that at the present time and for at least the last month and longer than that there has been no restraint on the producers of food to comply with the federal food and drug provisions because there is no provincial nor federal legislation which is being enforced? If that's the fact, and I think the Minister is shaking his head . . . Well if the Minister says it's not so, I wish he'd clarify it. I invite him now to clarify whether or not that's a fact because the reports I'm reading is that the prosecutions were stayed.

**MR. JORGENSON:** The prosecutions have been stayed but that does not mean that there is a void. The inspections are continuing by the federal inspectors. If it is felt that there is an area that prosecutions can be laid by the provincial Health Department, whose regulations somewhat overlap, then it can be referred to the Health Department for action so that there is the possibility of taking that kind of action. There is also The Combines Investigation Act in the case of misleading advertising that can be brought into play if it becomes necessary.

So the void that my honourable friend is decrying does not exist in fact and, until such time as the matter is clarified, we can operate fairly well under the present system that we are operating under. And when the matter is clarified then we'll know just in what areas that we must operate or whether indeed the federal authorities can continue to operate in the manner that they have.

**MR. CHERNIACK:** Mr. Chairman, I'm not going to let the Minister take me into combines investigations. I'm just talking about the simple thing of some retail store grinding meat, putting in fat content —(Interjection)— Mr. Chairman, I am trying my best to ignore the Member for Wolseley but I will not continue to suffer his interruptions.

**MR. CHAIRMAN:** We will have one speaker at a time. —(Interjection)— I am asking you to restrain yourself. The Member for St. Johns.

**MR. CHERNIACK:** Thank you, Mr. Chairman. The clipping I have here, which is dated March 1st, 1980, quotes the Minister as saying, A Supreme Court ruling which may wipe out the bulk of federally-set food standards could lead to provincial legislation to fill the gap. I have another one which is dated March 18th, 1980, saying, The charges against Safeway and Dominion stores have been stayed because the federal regulation may be invalid.

Mr. Chairman, I again say I am prepared to honour the parliamentary courtesy that is normally given to other members regardless of the way they behave but I am not prepared to continue to suffer the interruptions by the member on my left, whom I may name if necessary, and I find it very difficult to continue to carry on a discussion with the member without having to bear his interruptions.

**MR. CHAIRMAN:** On a point of order, the Member for Logan.

**MR. WILLIAM JENKINS:** Mr. Chairman, the Member for St. Johns is entirely correct. He's been trying here to carry on a debate as the estimates proceed. If we are going to carry on the way they were doing, I'm going to move that committee rise because nothing is being accomplished here. In fact I think I will, Mr. Chairman. I move that committee rise.

**MR. WALDING:** Mr. Chairman, I don't intend to debate it on a point of order. A member is not permitted to rise and be recognized on a point of order and then move a motion, which is what my colleague did.

**MR. CHERNIACK:** Mr. Chairman, if I still have the floor . . .

**MR. CHAIRMAN:** I will give the floor to the Member for St. Johns after the point.

To the Member for Wolseley, I'm going to read to you that when a member is speaking no member shall interrupt him except to raise a point of order or a matter of privilege, and I am asking you to adhere to that in this committee at this time.

**MR. WILSON:** I have a point of order.

**MR. CHAIRMAN:** And if you don't I'll ask committee rise.

**MR. WILSON:** No, I have a point of order. The member is speaking to 834,500.00. I wish he would he would commit himself to that particular item.

**MR. CHAIRMAN:** The Member for St. Johns has the floor.

**MR. CHERNIACK:** In view of the point made by the Member for Logan, and corrected by the Member for St. Vital, and since I have the floor, I move that committee rise in view of what is going on before us.

**MR. CHAIRMAN:** Committee Rise.

### SUPPLY — HEALTH

**MR. CHAIRMAN, Abe Kovnats (Radisson):** This Committee will come to order. I would direct the honourable members to Page 59 of the Main Estimates, Department of Health, Resolution No. 76, Clause 2. Operational and Support Services, Item (c) Institutional Mental Health Services, Item (1) Salaries—pass — the Honourable Member for St. Boniface.

**MR. LAURENT L. DESJARDINS:** Mr. Chairman, before we finish this, the Minister has given us a lot of information and I wonder if he could break down the total staff of 1092, between Brandon and Selkirk, and also the different disciplines, that is the medical nursing, psychology, and all that.

**MR. CHAIRMAN:** The Honourable Minister.

**HON. L.R. (Bud) SHERMAN (Fort Garry):** Yes, Mr. Chairman. The total for Brandon is 626 and breaks down as follows: medical, 19; nursing, 319; nursing education, 10; social services, 23; education, 1, that is a teacher; psychology, 10; physiotherapy and motivational therapy, 35; and resource services — dietary, laundry, housekeeping, etc., 176; contingency, 33; for a total of 626.

Selkirk, the total is 466 — medical is 16; nursing, 237; nursing education, 9; social services, 16; education, 1; psychology, 8; physiotherapy and motivational therapy, 20; resource services, that's dietary, laundry and housekeeping, etc., 145; contingency, 14; for a total of 466.

**MR. DESJARDINS:** Thank you, Mr. Chairman. The Minister stated that when he took over the department there were roughly 60-something positions that hadn't been filled and I think we acknowledged that and covered that before the dinner hour. This was a partial freeze for the end of the year, especially after the election was coming it was frozen, there were no new applications just rushed through because it wasn't in a normal year. The concern that I have now is that we

repeatedly over the past few years, it was felt that there was probably not enough staff to take care of these people. If anything the population of these institutions has increased, the in-patient and the out-patient even more, and the staff has gone down. That is the thing that is difficult to understand. We had a staff, for instance, in 1977-78 the staff was 1,195 and now after four years it is 1,092, 100 people less for these two institutions. The population has increased at Brandon — 568 to 571 the first year; it went down a bit the second year and now it is 574; Selkirk increased from 348 and now it is 391, and there are more out-patients also. You have had an increase of quite a bit of staff; you admit that there weren't too many staff; you remember the noise that was made by the members of the opposition on the day, especially when we were talking about the — this is now in another department, but there was Portage, that there wasn't enough staff there and enough staff at all these institutions.

I am not too concerned that the number or the population is increasing. I think that we admitted that we were going, like many of the other places, there are so many new policies or new ideas in this field that we try to reduce the population of these institutions as much as possible and try to have smaller facilities closer to the home. That was recognized as something that maybe should be done, but I mean the cost was prohibitive, and it was felt it was dreaming if we felt that we could empty these institutions, this could never be done. In certain areas they would receive as good treatment, if not better, if the situation was that they would stay in these institutions.

We had even cut down some of the staff in anticipation of closing down, not closing down but reducing the population of these institutions. We had transferred some of these people in the field. There weren't enough staff there and I think we must admit that it was a bit of a failure, it wasn't the success that we wanted because we weren't ready at the other end. It is okay to close an institution, but you have got to be ready, you have to be ready to receive these people. The thing is that you had the psychiatric wards of the general hospitals filled and you had people walking the streets that should have been receiving care. Having said that, having recognized that, and having said that we did not say that we abandon this policy, and I don't think this government is saying that, I think the intention is as much as possible to reduce the population, but that doesn't mean that we shouldn't take care of the people that are in there. We are faced with a situation where we are supposedly being short-staffed in these institutions, we repeated that the first year and the Minister kept saying that they weren't reducing the staff and we found out that they were, but then the Minister said, well, they now have carte blanche and they're given so many positions, staff man years.

But the fact is that with the population of 568 and 348 in the year that this Minister took office, and now with a population of 574 and 391, which is quite a few, and with the out-patient being doubled — it looks like they're practically doubled now since four years ago — we are still approximately 100 staff less and that, sir, is quite difficult to explain. The Minister should not tell us then that the restraint that they have is going to keep up the same service. If you break it down, you look at the components, you look at the information that the Minister gave us.

For instance, the nursing staff went from 347, and I think the first year that this Minister took over it was 336, and even though there was restraint then, it is now 319 at Brandon, with an increased population. Selkirk was 264 and went down to 261 and the Minister, tonight, gave us the figure of 237. This might be one of the reasons why we're having trouble getting nurses, as I mentioned earlier in this House, because of the working conditions also.

Now, Mr. Chairman, I think this is an area where I've heard it said that in cases where people can't help themselves where there is a need, a very conservative people, I've made the statement that I'm ready now to out-socialize any socialist. In other words, it's not a question; I think we agree in areas where the people cannot help themselves, through no fault of theirs, that the society, any kind of a decent society or a country such as ours, should take proper care of these people and I don't think this is the case in these areas. I'm not going to exaggerate and say that it's the worst that I've seen or enter in any way in this kind of debate. But the fact is that instead of improving, the services are going down and this is an area where the facts are there, Mr. Chairman. You increase the population and you reduce the staff, especially when you're short-staffed to start. That doesn't make for good service and this is what we're getting in these institutions, Mr. Chairman.

**MR. CHAIRMAN:** (c)(1) — the Honourable Minister.

**MR. SHERMAN:** Mr. Chairman, the population of both institutions has gone up somewhat in the manner in which I reported earlier. The staffing situations, however, today reflect very little difference in relative terms from those that we inherited when we came into government. The Honourable Member for St. Boniface has made reference to the reductions in the nursing complement at both Brandon and Selkirk, but in 1977-78 at the year-end there were 38 vacancies at Brandon and there were 37 vacancies at Selkirk.

We inherited a situation in which a restraint policy, staffing restraint, budgetary restraint policy, had been implemented by the previous government and a 10 percent vacancy rate was being aimed for; it was being aimed at, that was the target. There were some 70-plus positions, in fact, on the basis of 10 percent it ran close to 100 positions that were to be abolished; they were not going to be filled by the previous government because they were striving for that 10 percent vacancy rate. Those positions were vacant and we did not fill them, we abolished them. We did then revise the total number of reductions in SMYs between the two hospitals to 90 from 100, and that is the figure on which we have been operating since the end of 1978, with, as I reported earlier, the carte blanche for the institutions themselves to fill immediately on the occasion of a vacancy occurring.

Further to that, they do have a direct liaison to my office through the Assistant Deputy Minister, and I give my honourable friend the assurance that in cases of urgency or demonstrated need I will respond and my colleagues will respond. We have attempted to monitor it very closely. The increase in forensic patients gives us some concern but we are certainly looking at additional staffing in the Forensic Department at Selkirk.

**MR. DESJARDINS:** Mr. Chairman, the Minister I don't think satisfied us with the reason why this is being

done. I'll take his word that he said that there were reductions, vacancies of 37 and 38, which is 75. I explained the situation: this was a temporary thing; it was at the end of year; it wasn't a permanent situation. The next government administration did not fill this position and then they cut down further. Even if you give the Minister the benefit of the doubt and you say, alright, there was 75 positions that weren't filled out of 1,195, that is still leaves 1,120. This year we are given 1,092 and there are not as many vacancies, but I think there were 15 and 4, about 19, roughly 19, so it doesn't matter which way you look at it, this is a reduction of 40 staff. We are looking at the worst of the situations at those times, which was a temporary freeze until the end of year.

I want to make a correction, the Minister said that we were striving, there was a 10 percent vacancy, that was the whole government, but it was understood and there was no way that this was accepted by me at the time that that could be done, and it wasn't done in the Department of Health, when we look at the overall position. In fact, I won't bother explaining again. Let's say that it was a situation and give the Minister the benefit of the doubt, there was 75 positions, we still had 28 more; that is if they didn't have any vacancies at all, and they have vacancies, not 75, but they have vacancies. That is one side of the picture, and this was a situation where it was pretty well agreed that there was a shortage and I gave the reason why these positions weren't filled immediately; it was a question of just rushing and trying to fill a position before an election, which we chose not to do. Then the situation, as I said, that it is a different ball game there. The Minister recognized that himself, up to a certain point. There were different kind of people, people that need more help, that could be more dangerous to themselves and others, in many instances. It looks like they've at least doubled the out-patient and double is quite a bit; then there's still an increase in the population, so the service has to go down, that's all there is to it. If the Minister is saying that 50 roughly, or let's say even 40, let's go at the lowest possible number, that a reduction of staff of 40 doesn't mean much in these two institutions - I don't know why they criticize so much. They said that if we had a couple of physiotherapists and so on, at the mentally retarded facilities in Portage it would have changed everything. And I'm not necessarily aiming these remarks at the Minister, but certainly at his party, when we had the misfortune of having a serious fire and loss of life there, you know, everybody jumped on us at the time and it was a scandal —(Interjection)— Well, maybe you didn't, but you didn't do anything to tell them that maybe they weren't fair. Well, that might be asking a little over and above the call of duty, I'll accept that. I don't think that you have to fight our battles, but without exaggerating, sir, we're in a situation where there's an increase in population; there is a different ball game; it's a different type of people. If anything, for the same number of people, but the type of people that are there, some of the people that are there, there should be more help. We have a reduction of at least 40 between the two institutions and we've had an increase of both in and out-patients.

**MR. CHAIRMAN:** (c)(1)—pass; 2.—pass. The Honourable Member for Transcona.

**MR. WILSON PARASIUK:** I wanted to make a couple of comments on this item before we passed it. The Minister still doesn't appreciate the fact that if you have a 1.3 percent global increase for mental institutions, at a time when you have 10 percent inflation, there is a de facto decrease in funding of 8.7 percent and he's trying to labour under the illusion that there is some type of an increase in this particular area, there isn't; there's a de facto decrease, taking into account inflation. Now if you look at the increase in patient population in Selkirk, at the Selkirk Mental Institution, I think there is some cause for concern. The Minister indicated that this increase was primarily forensic patients and we've heard a discussion just now and just before 4:30, about staff complement, and we know the staff complement really hasn't increased. There's a three-person increase for 1,089 staff; there is a very tiny staff increase and yet there is at least a 12 percent increase in population at Selkirk Mental Institution and these are forensic patients. One then wonders what is the treatment for these forensic patients, who I assume are being referred to the Selkirk Mental Institution by the courts? Are they receiving any treatment; or are they merely, in a sense, being locked up, because there doesn't seem to be any corresponding change in the staff complement, program complement, for the institutions, despite the fact that they have this substantial increase in forensic patients.

Another point is that the Minister rejected totally statements by Professor Lambert, that old people were being dumped off into mental institutions. Well, you can't dismiss that charge as easily as the Minister is trying to do. I have spent some time over the weekend talking to Dr. Lambert, talking to other people working in mental institutions, and the problem is that old people are being inappropriately placed — or some old people are being inappropriately placed — into the mental health system and that includes the major mental institutions and the psychiatric wards of hospitals. That is because, when they get older and they are afflicted with other problems, chronic flu or some other problems, they may become somewhat confused; they may become somewhat disoriented; they may suffer from partial senility; but that surely isn't mental illness. And there are far too many people working in the institutions and working in the field who have argued that our geriatric care is such that too many people do get funnelled into the mental health system.

There may be a number of pressures at work in hospitals, in a sense, forcing administrators and doctors to free-up beds because older people are plugging up hospital beds. But the cure to that is to provide an expansion in the Home Care Program; the cure for that is to provide an expansion in the number of Personal Care Homes; the cure for that is not to use the stop-gap approach, which I think has been going on for some time, of squeezing those people, who may be a bit difficult to deal with, into the mental health system.

Professor Lambert talked about the overall mental health system. He wasn't talking about major mental institutions per se, he was talking about the mental health system including psychiatric wards. Dr. Skelton, who was the head of geriatrics at St. Boniface Hospital before he left to go to the University of Alberta in Edmonton because he felt that the government commitment to geriatric care in Manitoba had declined somewhat and he felt that there may be a bigger thrust occurring in Alberta, also made those comments before

he left. So I think that the Minister has to review this situation much more carefully than he has before he comes out with that type of a blanket statement.

The point is, is there a review taking place to ensure that people who may have, in fact, been disoriented because of physical disabilities, aren't being put into a mental institution and forgotten about? That's where it ties into, reviews of The Mental Health Act; and that is the concern that a number of people, professionals, in the field have and that concern can't be dismissed easily. There isn't a good system at work right now. I don't think the Minister would wish to equate partial senility with mental illness; I don't think the Minister would want to equate confusion and disorientation that occurs as people get older with mental illness.

There are problems in nursing homes with people who suffer from senility but I think it is possible to develop programs within nursing homes. I think it is possible even to develop programs in enriched senior citizens' homes, of which we have really none, to deal with these types of problems. I think that there is a tendency, according to the professionals working in the area, for people to take the path of least restraint and to move these people into the mental health system. I think that confusion of senility with mental illness has to be corrected and I think surely that this is something that must be a tremendous trauma for older people to find themselves in a mental institution or a psychiatric ward of a hospital. I would think the trauma must be such that once there, they probably don't come out very easily or quickly. That's a problem that I think has existed and it's one that seems to have accelerated and become exacerbated by the general shortage of nursing home beds.

We do not believe in an approach to mental illness that in practice relies too much on institutionalization. We aren't really discussing the community Mental Health Programs but the Minister is telling us that the institutes, in fact, are increasing their population. I think institutionalization is expensive. I don't know if the Minister can provide this right now, possibly he can't, but certainly by the time we come to the Manitoba Health Services Commission these types of comparative cost figures could be provided. Perhaps they exist in the fairly large package of data that the Health Services Commission publishes but I don't know if it comes in any kind of contact form, so I'll ask these questions to the Minister to see if his staff can provide them.

What is the cost per patient for mental institutions? There must be some type of average cost that has been calculated for that. There must be an average cost for nursing home care. Per diems are paid, that material must exist. There must be average costing for community group homes, and there must be average costing for acute hospital beds. Those are some benchmark indicators, when one starts looking at alternative modes of care, that I think would be useful to have. Now they may exist in some of the data that is submitted by the Manitoba Health Services Commission but I'm wondering if the Minister would indicate whether his staff could put together a package of this data by the time we discuss the Health Services Commission estimates.

We think that institutionalization is not only expensive but it's also counter-productive. Professionals in the field that use the term institutionalization itself and the term social breakdown syndrome to describe illnesses

that develop or accelerate because people are kept in the artificial milieu of mental institutions. So mental institutions aren't necessarily curative. They are indeed places where people are kept and where their condition may, indeed, deteriorate. If you look at the average length of stay figures for Brandon, which is over 16 years and Selkirk, which is over six years, then that would tend to reinforce the impression that institutionalization is really not rehabilitative, it really is a type of warehousing.

I think we need an approach that emphasizes the community rather than the institutions, that if that happens the supports in the community have to be sufficient. It's not enough just to say, well, we'll put people into community group homes. I believe that a number of people who could be in institutions have been put in some guest homes, group homes, but I think the Minister will acknowledge that there have been a great number of problems with that. A number of guest homes aren't up to scratch; their facilities aren't sufficient. I'm glad the Minister, after about a year of prodding, or his colleague at least, will bring in legislation which will allow for the licensing of guest homes where some people from the mental institutions have, in fact, been placed.

I think we need more counselling services, as well, in the community milieu. When we get to Community Services, these are questions that we will be asking the other Minister, to ensure that that in fact is happening. Again, we wonder whether in fact there's sufficient linkage between this Department of Health and the Department of Community Services with respect to this. One approach is emphasizing institutions; the other department is emphasizing community care. We wonder which department gets greater priority; we wonder which department has more muscle in the estimates process and those are questions that possibly this Minister can't answer but surely will have to be answered when we deal with the Department of Community Services.

I think there are concerns with respect to amendments to The Mental Health Act. I think that the comments of my colleague, the Member for Lac du Bonnet and my colleague, the Member for St. Boniface, posed the different types of problems that have to be faced by the department in looking at the type of legislation which will be best. There, I think, is a civil liberties approach which has probably been put forward by the Manitoba Law Reform Commission saying it's important that the civil liberties of mentally ill people aren't indeed undermined. At the same time, the professionals in the field argue that it's important to ensure that people do get the opportunity for treatment because they may not be in a position themselves to realize or understand that they do need treatment.

There is that dilemma that I think will provide a challenge to the people drafting the legislation. I think on that there is justification to both sides of the argument and we will look carefully to see how the department and Minister have resolved that dilemma in bringing forward the legislation.

But the problem is that when you start looking at statistics which indicate that the stays of patients are in the order of 16-1/2 years and 6-1/2 years, then you wonder whether in fact we've made very many advancements in the whole area of the treatment of mental illness. When we see that the population of these

institutions is increasing, then our concern increases as well.

**MR. CHAIRMAN:** (1)—pass — the Honourable Minister.

**MR. SHERMAN:** Mr. Chairman, I don't think that the fears or concerns expressed by the Honourable Member for Transcona, and perhaps shared by others not only in the committee but in the general public, should be allowed to remain as fears and concerns when they are, to a large degree, unjustified. I think that the references by Professor Lambert and others to length of stay have been either delivered out of context or reported out of context and I don't think that impression should be permitted to remain, to fester in the minds of members opposite or the public generally.

The truth of the matter is that the average length of stay in Brandon is approximately 80 days. The actual figure is 79.3. And the average length of stay of a patient in Selkirk is approximately 74 days; 74.1 is the exact figure. By comparison, the average length of stay in psychiatric wards in general hospitals is about 20 days. The figure that Professor Lambert was referring to was the average length of stay for those who have been there more than a year. He's obviously talking about people who suffer from a deep psychosis and who cannot function anywhere other than outside the institution. I invite my honourable friend — he's probably been there several times anyway — but I certainly invite my honourable friend to go with me to Selkirk and to Brandon the next time that I go and I am sure he would agree with me that regrettably there are people in our society who cannot function outside that kind of protective setting. Those are the ones whose average adds up to the figures that Professor Lambert or some other spokesman quoted, but they shouldn't be construed as the average for the institution's population as a whole.

Further to that, I don't think that the population figures bear out the charges that professor Lambert and others have made. The population increase in Brandon, as I have given it, is 13 from 1978 to 1979, from 561 to 574. That hardly represents a dumping ground for elderly persons. The same applies to Selkirk where the increase in the population for the year was 37 but, as I pointed out, it's primarily, almost certainly predominantly and almost entirely in the area of forensic cases. So the charge that they are becoming dumping grounds for elderly persons is just not borne out. Certainly there are elderly persons in mental institutions but I want to reassure the Honourable Member for Transcona that I certainly do not equate partial senility with mental illness. If he wants that reassurance I give it to him.

As for Dr. Skelton's situation, Dr. Skelton and St. Boniface General Hospital had differences of opinion on geriatric care and on a geriatric care spectrum. I'm not going to suggest which one was right but certainly the St. Boniface General Hospital has a formidable reputation for geriatric care and Dr. Skelton and personnel here came to a parting of the ways. Presumably each made the decision that they felt was right.

The other questions that the honourable member raises, I certainly will have my officials answer and develop answers to be made available when we look at the Health Services Commission.

**MR. CHAIRMAN:** The Honourable Member for Seven Oaks.

**MR. SAUL A. MILLER:** Mr. Chairman, I would like some clarification or get my own views straight. I've been listening to the Minister and looking at the annual report and if I remember correctly, I can't find the reference here, the Selkirk in particular, I think more than Brandon, operates the Outreach Program, not out-patient but what I call the Outreach Program, as people are placed in community residences; some of them, perhaps three or four in one unit or maybe even eight; some singly in someone's home. But it is my understanding when this program developed in order to thin out the population from the Selkirk facility itself, in order to make it possible for those people who no longer required institutionalization, that they could be brought out into the community, recognizing that in fact they did need support and that Selkirk does supply the support services. Am I right on that?

Oh, the Minister nods his head and says I'm right on that. And I gather as well that program has not necessarily accelerated but it has continued to grow over the years so that less people are kept in Selkirk than would otherwise have been the case, say 10, 15 years ago, where once they went in it was very seldom they got out. But now more and more they are —(Interjection)— Yes, now it has stabilized and that's it. Which brings me to the question of this whole staffing, because it seems to me it isn't just the in-patient population that counts any longer. When we look at salaries for Selkirk or for Brandon, what you are looking for is not just the staff for the in-patient or even the immediate out-patient, the day care, the facility that they operate, it is rather the support staff required, whether these people are living in Winnipeg or rural Manitoba or wherever or up in the NorMan region or Thompson or what have you; that in fact the staff which is shown under salaries in that line, isn't just the staff in the institution itself, rather the staff on the payroll of the institution, but actually a lot of their work is working in the field, back-up support for these people who have graduated, I'll use that word graduated, from the institution. So even though the in-patient population may have stabilized and even if it hasn't there have been some increases — I believe the Member for St. Boniface pointed out — there's been a growth of in-patient population, a growth in out-patient population and a natural growth in the people who live outside the institution but which still need the support services of the staff which is on the payroll of Selkirk. Some of them may not even be at Selkirk itself, they may not actually be based in Selkirk but based in Winnipeg.

So what is happening, I'm wondering about this, is a situation developing where in fact the staff for the number of people, whether they be in-patient, out-patient or residing outside the institution, whether the staff is really adequate. The fact that there's been a slight growth of three or four this year seems to me very negligible when you look at the totality of the responsibilities that Selkirk Mental Health Centre has to cope with. It is not just the institution in the old sense; it is now an institution which operates oversees and is a support service for many community-based people who are resident within communities. So I feel that this is an area where in fact there should have been a substantial increase in staff. It isn't that there is less people who are mentally ill these days. The pressure is such

that it occurs. What has happened in the last number of years in Manitoba is that we've been fortunate in recognizing there is no need to institutionalize them; you take them into Selkirk for some treatment and maybe 75 days or 100 days, or six months, what have you, they do get out. But they get out into the community and need resources in the community or they're going to crack up and go back. So it's the resources that I'm concerned about, if that is included in this global amount for salaries and I don't see where else it is. Then frankly I would say the staffing is just inadequate for the growing number of people in Manitoba who require the back-up support from staff at these various mental hospitals or health centres as they are called. So I would like a comment from the Minister on that.

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

**MR. DESJARDINS:** Before the Minister answers I want to make sure. I think that he agreed from his seat that the situation was as spelled out by my colleague, but I have doubts. I think my colleague said that even some that were not based at these hospitals were on the payroll of that hospital. I doubt it; I don't think so. They work in some areas but they are all based in that hospital. In other words, those working in mental health, for instance around here, far from Brandon and Selkirk, there are some other staff doing that here, or they should be. Now where could we find that staff? I can't find it anywhere.

**MR. SHERMAN:** Perhaps I can deal with both questions at the same time because they essentially point to the same concern, Mr. Chairman. The Honourable Member for Seven Oaks referred to the group home area. In the group home area there is a supplement of 17 community mental health workers in the Winnipeg region that work under the Winnipeg region. There are four Outreach nurses at Victoria General Hospital and two outreach nurses at Grace and the Sara Riel community residence operates as a community residence and community mental health facility in the community for St. Boniface General Hospital. There are approximately 100 of the staff man years at Selkirk, on the Selkirk complement, are health workers who work in the community, not merely at the hospital but who work at the community, but that situation is no different, give or take a half a dozen one way or the other, than has been the case at Selkirk for many years. There are also 62 mental health field staff, community health workers in the field staff, who come under the community services budget, so that the outreach work, the community work, the out-patient work, is —(Interjection)— That's the other department —(Interjection)— No, the field directorates and the field services and the regional field delivery system is under community services.

**MR. DESJARDINS:** In other words, there's no change.

**MR. SHERMAN:** There's no change.

**MR. CHAIRMAN:** (1)—pass; (2)—pass; (3)—pass; (4)—pass; (c)—pass. (d) Library, Films and Publication Services, 1. Salaries—pass; (2)—pass (d)—pass; (e) Medical Supplies and Home Care Equipment, (1) Salaries—pass — The Honourable Member for Transcona.

**MR. PARASIUK:** Yes, perhaps we could just get a bit of a description from the Minister of this particular item and what the increase constitutes.

**MR. SHERMAN:** The Medical Supplies and Home Care Equipment branch, Mr. Chairman, provides medical equipment to facilitate the care of patients in the home and the central purchase and distribution of certain other medical supplies, wheel chairs and a home oxygen delivery system. It includes general home care equipment, including things like mechanical speech aids and mechanical percussors for the treatment of cystic fibrosis, walkers, respiratory equipment for post-polio patients.

There's the wheelchair program, which includes provision of both standard and motorized wheelchairs with the necessary modifications and variations that are necessary for the physical needs of the patients served. There's the ostomy program for colostomy patients. The respiratory support system program: these are mechanical oxygen concentrators, which take room air and, through a filtering system, convert the air to approximately 90 percent pure oxygen. These are used by patients who require large amounts of oxygen, obviously, on a continuing basis. The intra-uterine device program: that was introduced in co-operation with the Manitoba Health Service Commission. And the warehousing delivery and general office aspect of the division itself.

The honourable member asked me about the increase. I could itemize that, sir. There's an increase in the appropriation that is described as Other Expenditures. There's an increase in Salaries from 233.8 thousand to 242.5 thousand; an increase of approximately 100,000 in other expenditures, from 585.8 thousand to 685.9 thousand and that covers the general medical equipment purchases; the standard wheelchairs; the motorized wheelchairs; the ostomy program, which is up by 40,000; the respiratory support systems; the intra-uterine device program and an increase in warehousing delivery and general office, for an overall increase from 585.8 thousand to 685.9 thousand.

**MR. CHAIRMAN:** 1—pass — the Honourable Member for Seven Oaks.

**MR. MILLER:** Mr. Chairman, this is a program that was started a few years ago and has proven extremely valuable because it's going out into the community and making it possible for people to live in the community and getting the support services, which otherwise they would either be hospitalized or couldn't get around at all. But I notice that this program, in 77-78, there was a budget of 900,000 and now, what is it, three years later we're at 928,000.00. In other words, there was a reduction of previous years and now finally getting back up to where it was in 77-78.

Mr. Chairman, I'm just wondering whether or not this is where we're being sort of pennywise and dollar-foolish. This is an area where, as I said, people can really learn to live outside of institutions, whether it be hospitals or rehab centres, that it makes it possible for people to function in the community, providing they get the kind of support as the Minister of Health detailed a moment ago. It's an extremely welcome program, as the Minister knows, it's highly thought of, but it seems to me that this is an area where we should be expanding, expanding very rapidly.

I notice in the Annual Report of 1979 the department itself says that the program experienced a high demand for these services and an increased number of clients in 1979. I'm pleased that this has come about. So it seems to me that, I'm sure, that this wasn't just 1979; I'm sure there's been a growth every year and yet here was a case where the government has cut it down and now gradually has come back to where it was three years ago.

I'm wondering whether the Minister really feels that this is meeting the need or whether we're still playing catch-up, and in fact, considering the inflation in the last few years, it's less than what was budgeted in 77-78, and whether, in his opinion — I hope he shares it with me — that this is one area where there should be greater effort. I notice they're hiring additional therapists and that's fine, but that's just a natural growth to provide this kind of service. But the kind of equipment, the kind of other services that this branch can, indeed, provide should be stepped-up, should be encouraged and, frankly, I would like to see a budget there not of 928,000 but probably closer to 1.25 million or 1.5 million, which I think would more adequately reflect the needs and maybe more adequately meet the needs, because there's no question the needs are there. We started it off gradually. I remember we got wheelchairs and then we got some motorized wheelchairs and some other equipment. I don't know if dialysis comes into this — (Interjection)— Dialysis comes into this, and the Ostomy Program, which we started, but — (Interjection)— The oxygen delivery, one which I know from personal knowledge, was a very, very important program to some people that I knew. It made the difference in keeping somebody at home and having to keep them in an institution and in the long run it saves money. If you get them out of an institutional bed, an acute care bed, certainly it saves 175.00 a day; but even if it's an extended care bed it still is less costly to provide oxygen, let's say, in a person's home where the family with very little training and assistance can keep it going; and the person lives in their own home, their own surroundings, their own family, it's better for them and I think it's less costly and more efficient for Manitoba generally.

So I'm wondering, is the Minister depending on outside agencies like Red Cross to do this or to cover off some of the costs that otherwise would accrue to the government? Are they trying to push it off to somebody else? And why isn't this particular service growing more rapidly so that it meets an obvious need. We know it's there; we started it; it grew. I remember that there was always a feeling it should have grown even faster and larger under our years but it grew to, as I say, 900,000 in '77-'78 and now three years later we're just going back to that same figure again. Remember inflation has hit in those three years so that the 900,000 we see here is probably considerably less, a few hundred thousand less. So, Mr. Chairman, I would like some comments from the Minister on this.

**MR. SHERMAN:** Mr. Chairman, I want to assure the honourable member that the medical supplies and home care equipment function of the department remains a very important priority and is being developed and delivered as broadly as needs can be identified. There has been no reduction whatsoever in our medical supplies and home care equipment commitments, in fact, the opposite is the case. We are now serving far

more patients than has been the case in the past; it has built up progressively every year in almost every category of patients and patient services.

The reason for the difference in the appropriation to which the Honourable Member for Seven Oaks refers, is largely because of the buildup in equipment purchases that was made necessary as the service itself was reaching its peak and reaching out to all the identifiable citizens in need, in these various categories, who could be maintained in their homes through this kind of service. The big expense was on electric wheelchairs, motorized wheelchairs and on respiratory equipment. And there was a major purchase, a major buildup of both those types of equipment, as well as some other equipment, that now is not necessary because it's there and it's available.

Indeed, with technological advances we will encounter periods like this again in the future, as new types of equipment are developed, where the province will then face the responsibility, probably, of some major new temporary budget obligations in order to acquire those newly developed types of equipment. But at the moment, technologically we have plateaued and we have in fact some 300 wheelchairs in stock in our warehouse; some 300 in our warehouse that are not being used; that are available for —(Interjection)— regular wheelchairs that are not being used and we have been building up the electric and motorized wheelchair complement.

There are several new initiatives, new purchases that are adding to the complement of contemporary technology in terms of the branch equipment this year. Our estimates this year allow for the purchase of 10 Roho wheelchair cushions for the prevention of pressure sores and 10 water-powered bath chairlifts. These are new items to be added to the home care equipment pool. But we have built up our necessary stock of wheelchairs and respiratory equipment and have plateaued to a certain extent there. So that explains the difference in the appropriation, Mr. Chairman.

As far as the services and the number of clients and patients being served is concerned, there has been and continues to be a substantial increase. In 1977 registered patients in the system totalled 6,661; in 1978 that figure was 6,772; and in 1979 it was 8,265. That included increases, for example, in the number of ostomy patients. —(Interjection)— Just a minute, let me correct that, Mr. Chairman, let me correct that. The total number of patients in 1977, I think I gave you the wrong information. The total number of pieces of equipment in 1977 was 6,661; in 1978, 6,772; and in 1979, 8,265. That was the equipment. The total number of patients for 1977 was 10,998; for 1978, 11,160; and for 1979, 13,262.

As one looks at the list of individual categories that increase is reflected in relevant terms in virtually every area. For example: ostomy patients in 1977, being served by medical supplies and home care equipment, totalled 7,316; and in 1978 they totalled 9,258; in 1979, 8,907. So there was a sharp rise and then it's dropped off a little bit on the number of ostomies.

Respiratory Support Systems went from 36 in 1977 to 54 in 1978 to 66 in 1979. That was a new program. Wheelchairs, standard, have gone from 3,228 in '77 to 3,283 in '78, to 3,434 in '79. And motorized wheelchairs have gone from 73 in 1977 to 80 in 1978 to 94 in 1979. So that the curve is up, Mr. Chairman.

**MR. CHAIRMAN:** (1)—pass — the Honourable Member for Flin Flon.

**MR. THOMAS BARROW:** Just a small thing on this part of the estimates, Mr. Chairman. It's very important to the person concerned. I spoke to the Minister in private about it and that's the use of elastic stockings. We have a man in my area who's only 56 years old; he suffers very badly from varicose veins. He's a man that has worked hard all his life, had both legs broken. Through a misdiagnosis, they operated, which was a mistake. The company was good enough to give him a job as a guard, or on security. He can't draw the Old Age Pension, and I doubt whether he can draw the Canada Pension Plan. So he's living simply on the pension which he gets from the company, which isn't too high. He can't afford to buy these stockings, Mr. Chairman; he just is not able to, they're 40.00 a pair. He does a lot of walking and with continuous use and washing every day, they don't last. Now, 40.00 a month, at the end of year is 480.00; he just can't afford to buy them. He makes it quite plain, if he doesn't use the stockings, he will end up in the hospital, which will be much more expensive than the stockings would be. I wonder if the Minister could clarify the thinking behind cutting this luxury off?

**MR. SHERMAN:** Mr. Chairman, the Honourable Member for Flin Flon raised this issue with me privately several days ago. All I can do is reassure him that I have looked into it. I have discussed it with my department officials and I am sure that we can provide the service that the honourable member enquires about. I have not been able to come back with a specific answer because I don't have a specific assurance yet. That's the reason why I have not responded to the Member for Flin Flon. But it wasn't all that long ago that we discussed it, and in the intervening four or five days, my Deputy Minister has taken it on as an assignment to pursue, and the impression and indication I have is that we will be able to provide those services for the person in question.

**MR. BARROW:** I thank the Minister for his answer. I have no objection to people who can afford this, to pay for it, but there are people who just can't afford the luxury of these extras. Thank you.

**MR. CHAIRMAN:** (1)—pass; (2)—pass — the Honourable Member for St. Boniface.

**MR. DESJARDINS:** Mr. Chairman, I'm practically finished. I was rather surprised, and maybe my memory doesn't serve me right, I thought that the intrauterine devices supplied to physicians on request — the Minister mentioned that today — I thought that had been done away with, this free service. What amount was that represented in — is it still given free to the physicians?

While they prepare that information, my colleague asked a question: Does the Red Cross still have certain equipment — I think the Red Cross at one time had crutches and things like that — are they limited, and is the service co-ordinated between the government and any other agencies that . . . ?

**MR. SHERMAN:** No, on the intruterine device program, Mr. Chairman, there is no significant change in practice. That program was introduced as a money-saving system in co-operation with the Manitoba Health Services Commission. The original system called for a fee paid to a physician for a fitting of the device and a subsequent fee, including the cost of the device, for insertion. Cost savings are the result of bulk purchasing of the device and only one fee paid to a physician for insertion.

The Red Cross does indeed have a considerable amount of medical supply and home care equipment. There is general liaison between both our Medical Supply and Home Care Equipment Branch and the Red Cross and, of course, between the Red Cross and individual hospitals, but they still operate their own equipment supply program.

**MR. DESJARDINS:** Mr. Chairman, was this also the program that a supply distribution of certain social allowances, health needs and family planning supplies, dental supplies, home care supplies and bulk purchasing for the Health Units, for venereal disease — can the Minister tell us a bit about that? I tell the Minister that I am more interested in the family planning. I know it's a very difficult thing, but I would sooner that we do a little bit more on this and worry less about abortions and so on. I wonder what is being done in family planning.

**MR. SHERMAN:** Yes, those social allowance programs are co-ordinated under this particular branch and its operation, Mr. Chairman, including family planning and venereal disease control. They are not budgeted here. They are budgeted under the Department of Community Services and Corrections, and because they are social allowance programs, they are cost-shared with the federal government. But the co-ordination and planning for them is included in the administrative planning and co-ordinating operations of this branch.

On family planning, I can reassure the Honourable Member for St. Boniface that this department continues to make a general purpose grant available to the Family Planning Association of Manitoba and through the Health Education Branch and the Publications and Library Services Branch. There is intensified effort made at acquainting young people — people in general, but particularly young people — with the biological facts of life and the biological facts having to do with their bodies and the desirability of avoiding either becoming pregnant or making somebody pregnant. Those efforts continue to be made and increased year by year, Mr. Chairman. They are efforts, like so many others in the health field, that require attitudinal changes, and I'm sure the Honourable Member for St. Boniface would agree that it's a long, slow battle.

**MR. DESJARDINS:** Am I right? I think that under this program here, some of the supplies were controlled or distributed by this committee, but some of them — it's not a cost-shared business — some of them came from the federal government. For instance, in family planning, I think that there were some pamphlets on that, and all of that was prepared by the federal government and was turned over to the province. I think there is no cost in purchasing them, but that the distribution

was under this department. This is the case, I believe that the Minister is saying.

Now, a concern that I have, and it's not an easy thing: The Minister inherited a mission or a study group that was going to study family planning. At the time, the reason why this was set up under the previous administration was that there were different people interested in family planning. I think everybody agrees, but the methods are not exactly the same. It was felt that this was a difficult situation and I'm sure the present Minister finds it at least as difficult as I did. The intent, what we were trying to do, was trying to have a consensus where the people of different religious beliefs, different beliefs, would be able to at least start with a minimum or agree on certain areas and I don't think that anything was implemented. I don't recall now what the recommendations were. Maybe this is not feasible; maybe they didn't come to a consensus. The Minister knows my position on abortion and some of these things. But because something is difficult it doesn't mean that we should quit the Minister; I think just express more of a concern than spelled-out actual program of what's being done. Let's not kid our ourselves. We did very little in the Family Planning and very little and not more is being done now. I wonder if there is an improvement, it's true — what the Minister said is true — it's a difficult situation and the religious belief enters into this. Many times it becomes an emotional issue but it's there, an effort, a continued effort, to get people to at least agree in certain lines. And where the government, instead of making a grant to a certain group which might preach or encourage something that is not acceptable to all Manitobans, that makes it difficult, is there trying to arrive at a common ground of at least a minimum of education or something could be done. It is their discussion with the Department of Education in this area where either programs or something should be done in schools to let the people really know what it's all about and see if we could do something, at least move in that direction. I think a move has to be done; we can't close our eyes and expect that the problem will go away.

**MR. CHAIRMAN:** (1)—pass — the Honourable Minister.

**MR. SHERMAN:** Well, I would have to confess to the Honourable Member for St. Boniface, Mr. Chairman, that not a great deal is being done. There was a task force report on Family Planning which was made available to this government. It was brought down shortly after we became government and it contained a number of very worthwhile recommendations. Certainly the people who devoted their time to it performed a valuable service for the province and hopefully it can serve as a basis for development of some action. But, thus far, because of the different perspectives and approaches and attitudes even including different biases and prejudices that we all share in one form or another, we haven't made a great deal of progress with it. The Cabinet Committee of Community Services is discussing and attempting to co-ordinate between the six departments represented on that committee some cohesive approach to family planning education, and the Department of Education, in concert with the Department of Community Services, is developing a new curriculum in family education for the schools which includes family planning advice and counsel. But be-

yond that and beyond encouraging our field staff, our public health nurses and our regional personnel generally and those in our Education Branch to continue to spread the message, I can't point to any very dramatic action, Mr. Chairman.

**MR. DESJARDINS:** I think that's quite candid and I first want to recognize the problems, but in my view interpret the comments of the Minister in saying that this is not being pigeon-holed, this is something that might take a while, but it's something that is continually looked at and there will be a movement in that direction with the co-operation of the public also. But this is not something that will be forgotten; it's something that the Cabinet or Committee of Cabinet is addressing itself to at this time.

**MR. SHERMAN:** That's right, Mr. Chairman. I can give the Honourable Member for St. Boniface that assurance. It's something that we're working on, that I'm working on, and I feel it's important that within the foreseeable future that we make some headway, we make some progress with new initiatives and we will continue to develop what we can in that area and I'd look for and invite advice on the subject from honourable members opposite.

**MR. CHAIRMAN:** The Honourable Member for Fort Rouge.

**MRS. JUNE WESTBURY:** Thank you, Mr. Chairman. I'm absolutely astounded, you know. I was looking through these estimates and trying to find where my areas of concern were and I've been sitting here waiting to talk about Family Planning and, for the life of me, I don't see how they fit under the description of what we're looking at now. I was going to talk about them under Community Health Directorate so . . . —(Interjection)— I see, well, maybe I could speak twice, but it is confusing. I'm sure everyone agrees with that. I was wondering if the Minister could tell us how many new family planning clinics have been opened in the past two or three years within the province and within the city. I doubt very much if there have been many opened. The Member for St. Boniface talked about the aversion to abortion — which I think most people have. I don't there is anyone in this world who considers that — any informed person — who feels that abortion is an acceptable form family planning. —(Interjection)— I know there are some, that's why I changed it to informed person. But until we get sufficient family planning clinics readily available to all of the men and women who want to avail themselves of the service at any time, I'm afraid that we're still going to be faced with an undue demand for legal abortion and too many backstreet abortions, Mr. Chairman. That is a very real concern and has been for a long time. When we're talking about abortion I think we have to face the reality of the backstreet, illegal abortion, and that is surely the most disgusting thing that society allows to continue. The Honourable Member for St. Boniface and the Minister were talking about educational programs in schools and I would like to suggest that any programs that have been offered in the schools have been aimed at girls in the schools. I think that not only families but also society has to emphasize to boys, to young men, that they have 50 percent of the responsibility for unwanted pregnancies. I hope that we will be getting into an area

where there are more educational programs offered to boys and to girls separately in the school systems. In this context we haven't talked about the maternal mortality rate, but Planned Parenthood have sent out a newsletter with an editorial by Dr. Deborah Mitton stating that the maternal mortality rate for 15 to 19-year old girls and women is 35 percent higher than for the average, and 60 percent higher for teenagers 14 and under, compared with women in their early 20s. This is tragic; we have to look at these figures. I'm afraid that every time we talk about family planning and opening of family planning facilities the first question anyone asks is, are we talking about abortion, and then that's all that gets talked about. That's the total subject — are they going to give abortion counselling — and the whole business of family planning availability gets lost in the furor over abortion. We've got to change our emphasis and change our priority. Mr. Chairman, I would like to hear what the Minister has to say about that, but beginning with how many new family planning clinics have been opened. I agree with the Member for St. Boniface that his government did not have a good record in the provision of family planning, I think that's what he said, and I don't think this government has been any better in that area, Mr. Chairman.

**MR. CHAIRMAN:** The Honourable Minister.

**MR. SHERMAN:** Mr. Chairman, I'm certainly prepared to answer the honourable member's questions or attempt to answer them and I suggest right now that my answers won't be satisfactory, but they will be straightforward. But whether we should be dealing with it under this item or the next item I leave to your judgement, Sir.

The whole question of family planning came up under this item legitimately because we were talking about the social allowances part of the Medical Supplies and Home Care Equipment Branch function, which includes distribution of family planning material that is printed and made available to us by the federal government. That's one of the services under Medical Supplies and Home Care Equipment and it is continuing. If you want to deal with family planning in total as a subject under this item rather than under the Community Health Centres item I am prepared to do it, Sir.

**MR. CHAIRMAN:** To the Honourable Minister, I think that we did start on family planning and if you would care to answer it under this item then it won't come up again under the other item, because I would imagine that all the members here this evening are the ones who are going to be asking questions on it, and by agreement, I think that it would be acceptable. The Honourable Member for Seven Oaks.

**MR. MILLER:** Did I hear the Minister right, did he say that family planning would come under Community Health Centres?

**MR. SHERMAN:** No, but it could be discussed under that. It really comes into Medical Public Health Services, but I expect that we talk about Community Health Centres, one of the functions that will be discussed under it will be family planning.

**MR. CHAIRMAN:** If the members would just await their time we'll pass this item and we'll be able to get on to family planning very shortly.  
The Honourable Member for Elmwood.

**MR. RUSSELL DOERN:** Mr. Chairman, I want to make a few remarks on a subject and I don't know whether this is the place or not, and that is on the subject of whether or not it's possible in Manitoba for people to give birth to their children in their homes. I just wondered if that item would fall here or whether that would be in another area. Because, if so, I would like to spend a couple of minutes on that.

**MR. CHAIRMAN:** I will have to ask the Honourable Minister whether, in fact, because I don't know.  
The Honourable Minister.

**MR. SHERMAN:** Well, Mr. Chairman, again — and I'm not trying to divert the question — but it seems to me that we should either be dealing with that under Medical Public Health Services, 3.(a), or more relevantly under the Manitoba Health Services Commission, under the medical program, under medicare.

**MR. CHAIRMAN:** Might I just suggest that the Honourable Member for Radisson would like to ask a question. The Honourable Member for Radisson.  
Thank you, Mr. Chairman. To the Honourable Minister, if I could just ask a question on the home oxygen delivery service or system, do we have a reciprocal agreement with other provinces for people travelling through the province to be supplied with oxygen, that those people that require oxygen on a pro tem basis, do we have a reciprocal agreement where the people coming through the province can obtain oxygen and the people from Manitoba who are travelling either on business or holidays or going into other provinces are able to receive oxygen through this home oxygen delivery system. In addition . . .

**MR. DESJARDINS:** Mr. Chairman, on a point of order, I would suggest that you sit where you are now but ask one of the members of this committee to take the Chair while you ask your question.

**MR. CHAIRMAN:** Because it is a question of some importance to me. Would you take the chair for a minute? All right, the Honourable Member for Rhineland has the Chair for a minute.  
If I can just continue to the Honourable Minister, do we have a reciprocal agreement with other provinces wherein we supply oxygen to people travelling to the province either on business or on holidays, and people from Manitoba who are on business or holidays in other provinces, are they able to receive this home oxygen service? In addition, do we have this kidney purification program for people who require it, who do get it in the province of Manitoba but when travelling to other provinces, is it available to them in other provinces? In addition, do we have an oxygen program rather than a home program where we supply oxygen to people at public functions, particularly the Winnipeg Arena where I happened to see somebody die in the arms of another person trying to give mouth-to-mouth resuscitation. Do we have a program where we supply this oxygen so that it is on a full-time basis to these people so that it is available in emergencies?

**MR. SHERMAN:** On the first question, Mr. Chairman, from the Honourable Member for Radisson, there is no written agreement but I am sure, and I am assured that a reciprocal arrangement for a person travelling, requiring oxygen, requiring this respiratory support system, could and would be arranged between provinces, we would certainly do it on request with any other province and I have no reason to believe that any other province would not do it with us upon request. But most people, I suggest, in those circumstances would be travelling on bottled oxygen and that would probably be sufficient. However, if that kind of situation arises I think the person concerned, or his or her family, should certainly contact the office of the Minister of Health or the Manitoba Health Services Commission well in advance to make the necessary inquiries to see whether that kind of facility is available in that other province, and if it is available then I would suggest, without fear of contradiction, that that reciprocal arrangement would be made — but it would be on an ad hoc basis, there's no written agreement.

On the question of dialysis equipment, that is of course very specialized and very expensive equipment and the first need, I think, we that have in Manitoba, beyond the dialysis services that we provide now through the Dialysis Centre attached to the Health Sciences Centre and the unit at St. Boniface, is to develop dialysis units at other major hospitals in Manitoba. I think there probably would be difficulty in meeting the requirements that you have posed in your question in such a way that a person travelling from one province or one jurisdiction to another could be assured of that kind of service. I will investigate that however, Mr. Chairman; I'd like to take that question essentially as notice.

On the Honourable Member's third question, no, we don't have an oxygen supply system provided by Medical Supplies and Home Care Equipment or by the Department of Health at public buildings, public institutions like the arena or the Convention Centre. One of the aims of our department is to extend public education and knowledge of cardio-pulmonary resuscitation as broadly through the community as possible. However, the honourable member has suggested that didn't work in the case to which he was a witness. The primary line of defence in those circumstances are the St. John's Ambulance people who are usually on duty in those places where there are public gatherings and crowds, and the ambulance service. There is no program of supply from the Department of Health in that area.

**MR. CHAIRMAN:** 1—pass; 2—pass; (e)—pass; (f) Community Health Centres—pass — the Honourable Member for Transcona.

**MR. PARASIUK:** Thank you, Mr. Chairperson. I've got a funny little question to ask the Minister. I've searched through the Annual Report of the Department of Health and the Department of Community Services and Corrections and nowhere in it do I find any reference at all to community health centres. I looked through the Annual Report of the Manitoba Health Services Commission and again I don't find any reference to community health centres, and one gets the impression that these are phantoms as far as the government is concerned and I think that probably reflects their attitude towards them.

Again, I think that the government is taking an ideological position with respect to community health centres which is not shared by people in other provinces and they try and put the whole debate on community health centres into an ideological context and I think that is very unfortunate. What they are not doing is, I think, taking a problem-solving approach to health care. I think if you look at the estimates of the Department of Health generally and the Department of Community Services, you'll see that there is a tremendous emphasis given to the treatment of disease and the philosophy is one of treatment. And my colleague the Member for St. Boniface, my colleague the Member for Seven Oaks has talked about the need to develop a preventative thrust in our health care delivery system, and we don't really have it if you look at the estimates. The estimates themselves really don't reflect that type of thrust. There is a lot of rhetoric spoken about preventative care, but we really haven't developed the alternatives that might promote preventative care.

I think the alternatives are very important because what we have right now is a system which I think promotes treatment, it tends to recognize treatment and it doesn't recognize prevention. We have a method of payment which provides financial incentive to those individuals and institutions who provide treatment services; medical practitioners are paid on a fee-per-service basis relative to treatment services performed; health care institutions are funded based on the number of beds and patients filling them. Sickness is where the money is and there is very little financial incentive to keep people healthy.

Now although it is agreed that prevention of illness will lead to substantial savings of taxpayers' dollars, the immediate financial reward in the health care industry only comes when there is treatment of illness and there is no way for a physician to bill for spending time with a patient to help him or her develop a healthier lifestyle. There is no reward to a physician to refer a patient to another related practitioner — a nutritionist, a public health nurse, a nurse practitioner, an occupational therapist any other person in that field, in order to provide preventative care. There is no incentive in the current billing system to substitute high-cost physician services for less costly, equally competent services, for example nurse practitioners, and the current system provides disincentives to the use of non-physician expertise as only physicians can receive remuneration for services rendered. Services provided by other qualified health care professionals in the medical system add to the cost of operation while lessening incomes generated. That really, I think, describes our present system and we have built into our present system these incentives towards treatment and we don't have the alternatives developed. Community health centres do indeed provide an alternative and it's just not a particular philosophical position. I'd like to refer the Minister to an editorial of the Sunday Star, April 13, 1980. The editorial looks at the Ontario situation, comes to the conclusion that clinics are a useful and increasingly popular alternative to the fee-for-service doctors practice of delivering health services in the community, and they have the potential for achieving savings and health care costs.

Essentially, clinics or community health centres are group practices but the doctors in the group, instead of collecting fees for each service performed, are given a lump sum of money by the health ministry to cover

the cost of services to all their patients for a year. How the doctors divide the money for salaries to themselves, to nurses and other personnel they may hire, and for overhead and expenses, is up to them.

There are 26 such centres in Ontario, 13 of them receive a per capita fee based on the number of patients they serve, the other 13 have a budget based on salaries plus overhead costs.

Now, the potential for savings and health care costs was in fact documented by the health ministry in Ontario in the evaluation of two health centres: the Sault Ste. Marie District Group Health Association and the Glacier Medical Centre in Oshawa, in 1975. When the operations of the two group centres were compared with those of solo practitioners in the same communities, the study found that the groups consistently admitted fewer patients to hospital and for shorter stays than did the individual practitioners. The estimated saving in hospital days and costs was 20 percent. So I think that community health centres provide an alternative in terms of cost control; I think they provide an alternative with greater emphasis on preventative care; I think they provide a good combination of medical services and social services; they provide a better system of allocating costs to particular experts who are involved as part of a team in providing health care and health counselling to people.

We, in fact, have eight community health centres in Manitoba right now; four urban, four rural and northern, and those were established in large part under the previous administration from 1969 to 1977. Two existed before; Klinik and Mount Carmel Clinic for some time, and they were new developments. They offered promise, they offered potential, but since this government has come into office, those community health centres have in fact been harassed, they have been put into a state of uncertainty, they have had requests for funding refused, and generally, the government has really taken the attitude that they do not want to look to alternatives to the present traditional fee for service system.

That's a very ostrich-like approach to the whole question of health care delivery. Surely, now is the time to look at alternatives. You have the Kellogg Foundation, which is interested in pursuing the development of district health systems in southern Manitoba. They have done so because of pressure that they have been able to put on this government, the Manitoba health organization has been favourable disposed, but the government has been dragging its heels in this respect. Looking at alternative systems which combine medical and social services surely is an alternative that people should look at. They do it with the Kaiser Permanente Institute, a private institute in California. There are other such private institutions which provide this comprehensive health care delivery system, and the government has never ever been able to articulate why it is so philosophically against community health centres. Last year it threw up a smoke screen of saying that it was against community health centres, or at least three of them in Winnipeg, because they were inefficient. They said that they were conducting studies which would prove that. They tried to come up with some interim data and that interim data was generally disproved by expert analysis by the Manitoba health organization, by expert analysis of the social planning council, and by defenses put forward by the community health centres themselves. I would like to know what

the status of those evaluations are, what has been done since last year in this respect. I recall that it was last March that the Minister said that these studies were being conducted. Surely, it is a year later now, those studies should have been completed, they should be tabled, we should be able to look at them. I would like to see what exists. I know that the three community health centres involved, Health Action Centre Clinic and Nor'West Co-op were in fact spared execution last year. I'm glad that we were able to raise this item in the Legislature, to bring it to the public's attention. I think public concern over the closures stopped them from being cut out and I think that they still continue to provide a very valuable service to the people of Manitoba.

I would like to ask the Minister, I would like him to take as notice the question: what is the future of these three community health centres in Winnipeg, the ones that were threatened with closure last year; what is the future of the four rural and northern ones; and specifically, what is the government's attitude towards the expansion of Mount Carmel Clinic; and beyond that, what role does the government see for community health centres in the development of future health care delivery systems. Do we just stop at these eight or is there not a role for more of them?

Now looking at the Mount Carmel Clinic, I find it amazing that the government would not see fit to include in the five-year capital program for health care development, a commitment to a new capital facility for Mount Carmel Clinic. The history is that the New Democratic party government had committed capital funds for the construction of a new facility. The only stumbling block was that land wasn't available; it was tied up with urban renewal land. That land has become available but unfortunately the government has changed and the Conservative government will not honour the previous commitment of funding for capital facilities for Mount Carmel Clinic. Mount Carmel Clinic has been in existence for quite a long period of time. It provides a very valuable service, primarily to poorer people in the north end of Winnipeg; it has a long proven history and I find it incomprehensible that the Minister would get up and in a sense brag about the 71 million Phase 1 development plan for the Health Sciences Centre, but yet it could not see it within the government's priorities to provide a commitment of 2 million to 3 million to provide a new capital facility for Mount Carmel Clinic.

The outreach of Mount Carmel Clinic is proven. The outreach of Clinic is proven with respect to a whole set of preventative measures relating to family planning, relating to venereal disease, relating to counselling of older people, that is not carried out well through doctors' offices. The Minister, I think, has some explaining to do why the government seems to try and sweep community health centres under the carpet, why they do not mention it at all in the annual reports of the department, why there is no positive program in place to provide for their further development, especially when other administrations in fact see them as a very viable alternative, especially with respect to prevention.

**MR. CHAIRMAN:** The Honourable Minister.

**MR. SHERMAN:** Mr. Chairman, the honourable member raises the question as to why there is no mention of community clinics or community health centres in the Annual Report of the department. The community

health centres are not listed or referred to in the annual report of the department for the same reason that the hospitals aren't referred to or listed in the annual report. We don't run the community health centres. They are operated by boards, they report to boards, their boards put out their own annual reports, and community health centres have not been, to my knowledge, covered in annual reports in the past and there is no reason why they should be until we start including all hospitals and all institutions that are currently run by boards and not by the government.

On the other questions about the community health centres as a whole, Mr. Chairman, I can tell the honourable member that the status of our evaluations of the community health centres is the status of an exercise that is still in process and in progress. The eight community health centres that he refers to were all not covered and will not be all covered in that evaluation. We have never had any quarrel with the rural and northern community health centres. I have said that, demographically and socially, obviously cases can be made for community health centres. Demographically and socially, cases can also be made against community health centres, depending on the services that exist in that given area. The three that we have questioned and continue to question are Clinic, Nor'West Co-op, and Citizens Health Action. That question mark is still there. The troublesome aspect of their existence in the context of the government's approach to the delivery of health services in an urban area rests in the fact that they operate in an area that will be served by three public general hospitals, served by two now, and will be three when Seven Oaks comes on stream, plus two community clinics run by the city of Winnipeg, plus the Winnipeg region of the Department of Community Services and Corrections, formerly Health and Community Services, with our Winnipeg regional office and our sub-region offices throughout Winnipeg. And the question that remains and has not yet been satisfactorily answered, is whether or not the people of Manitoba can afford to pay for redundant and repetitive health services. We have not yet established to our satisfaction, or to everybody's satisfaction, that we can identify redundancy and repetition, but that's no reason for not pursuing it to determine whether or not it's there. It's a very complex field, Mr. Chairman, and I can't advise my honourable friend as to when we might come to a conclusion. It was not something that could be done, although we'd hoped it could be done, in six or eight months.

We were attempting to develop an overview, an evaluation, of the whole health care and social services delivery spectrum in the Winnipeg region, the overlap, the lack of dovetailing, the cost and care impact of all those services that are in place through the various agencies or institutions that I have mentioned. It may take us another year to complete that, because it is complex, it is sophisticated and it is tangled, but that review is still going on. In the meantime, we have assured those community clinics of their continued operation and they have been provided with a 9 percent budgetary increase this year, the same as the budgetary increase provided for other community health centres, and their funding last year, although in question at the outset, was not in question very long. They received the full and fair funding that other health institutions got last year, and as I say, receive a 9 percent increase in the budget this year.

On Mount Carmel, Mr. Chairman, the Mount Carmel Clinic plans are in what my honourable friend refers to as the five-year capital program in the Manitoba government, but I would remind him that his view of a five-year capital program and our view of a five-year capital program may be quite different. The previous government certainly had every right to develop a five-year capital program. We may have a three, or a seven, or a ten-year capital program, and it may be quite different, in fact, I suggest it is substantially different from that of the previous government. There was no possible way, with the needs that I perceived and my officials perceived, that it had to be met in the past two-and-a-half years in the health care spectrum here in Manitoba to accommodate the Mount Carmel request up to this point in time. But I have assured the board that it is certainly under consideration for the future.

**MR. CHAIRMAN:** The Member for Fort Rouge.

**MRS. WESTBURY:** Thank you, Mr. Chairman. Will the Minister comment on the overcrowded conditions at Mount Carmel Clinic? Is it true that broom closets have been turned into examining rooms? This is one of the reports that has been spread in the city. The reference was made to redundancy and repetition. Well, I would suggest that redundancy and repetition only apply if you're talking about the same people being treated at different clinics. If they are, if that is the case, then I would suggest that they have perhaps other problems. But redundancy wouldn't be in the case of an overcrowded clinic such as Mount Carmel.

My concern is this, that a lot of people, it seems to me, object to Mount Carmel Clinic because of the politics of the executive director, and I am no lover of that political party, Mr. Chairman. But I do think this has to be frankly stated, that if this is what people have against that particular facility, then let them say so, and I am suggesting that. Unfortunately, if Mount Carmel is not receiving the treatment that is due to it because of the attention that the poor receive there, in the area of preventative medicine, Mr. Chairman, then somebody is suffering and the person who is suffering is not necessarily the person who arouses these suggested possible antagonisms on the part of government and politicians.

I don't expect the Minister to reply directly to the suggestion other than I would like to have his comments on the matter of the overcrowding and whether he is suggesting that redundancy and repetition at Mount Carmel mean that some of the clients or patients who go there are also being treated elsewhere; and if perhaps this isn't a social problem that needs additional attention, how these people can receive the care that they need? A lot of the volunteers at Mount Carmel are supporters of the Minister's party and of my party, neither of which supports the party that I referred to earlier.

This seems to be a very well-regarded clinic in the community. We're in Volunteer Week; the Minister and I shared a celebration of Volunteer Week at noon today — not the same as the celebration I shared with the Honourable Minister of Government Services. A lot of volunteers work at Mount Carmel Clinic, Mr. Chairman, and I think that these are the people who have been asking me to find out what's going on there. We've had some answers in response to questions of the Honourable Member for Transcona, but what about the

overcrowding. Are these people, particularly the poor people, disadvantaged people, getting what they're needing at Mount Carmel, or where would the Minister suggest that they go for that treatment?

**MR. SHERMAN:** Mr. Chairman, I would have to concede that there is overcrowding at Mount Carmel. But I also want to hasten to assure the Honourable Member for Fort Rouge that I do not now and have not, every since this debate on community clinics or community health centres began a year ago, included Mount Carmel in the review to which I've been referring. I have specifically cited Clinic, Citizens Health Action in Nor'West Co-Op. I don't think Mount Carmel is redundant. I think Mount Carmel serves one of those demographic, geographic social areas of need that I referred to earlier.

I think there is overcrowding there. I certainly have seen evidence of it firsthand, but I want to assure my honourable friend that there is also overcrowding in some other health facilities in this province. Mount Carmel isn't the only overcrowded one. Mount Carmel isn't the only one in need of repair and regeneration. We have had to move as quickly as we could but as responsibly as we could on the basis of the priorities as we saw them, and Mount Carmel has not yet been included in a capital program for regeneration. But that has nothing to do with the area of social need that it serves. I think Mount Carmel's area of service stands in a fairly indisputable category.

I would say that with respect to the reference to broom closets being turned into examining rooms, that may be rhetorical but oftentimes rhetorical statements are employed by all of us for emphasis. I don't quarrel with the main thrust of the argument and that is that they are catering to a large clientele in terms of population and in terms of underprivileged people and there certainly is a heavy demand on their space and their services. It's certainly a capital consideration of this government for the future.

While I'm on my feet, Mr. Chairman, I owe the Honourable Member for Fort Rouge an answer to her questions about Family Planning. She asked me how many family planning centres had been opened by this government and the answer is none, Mr. Chairman. This does not reflect a lack of interest in our sensitivity to the question of family planning, and I think we had some discussion of that — I won't repeat what I said on that subject, but the activities of the government in this area are largely confined to educational, in concert with the Department of Education and the Department of Community Services, in the funding of the Family Planning Association of Manitoba.

We have not embarked on the opening of family planning centres but we are trying to put together a cohesive approach by five or six departments, on the theme and subject of family planning in general. I don't think that we can overcome the challenge to our society simply by government thrusts or government developments, either in terms of facilities or in terms of family planning education. I think that we have to look beyond that to the leadership that all of us in politics, in the church, in education and in the home, are giving to our society and our young people today. And when I say, look to the leadership, I mean look also to the lack of leadership. We will never solve the problem of —(Interjection)— social ills and social blight such as are manifested by the illegitimate birth rate; by the popu-

lation of unwanted children; by unmarried mothers and of child mothers; simply by promoting family planning through the aegis of government.

I think all of us, and I include the church — I certainly include my own church and I do not say this here behind my own church's back; I've said it to my own church — that the church and the school and the parent at home must show some leadership too. For some 20 years I suggest that much of our society has abdicated our responsibilities of leadership in that area. I think we have to begin there if we expect to make a major breakthrough in this social problem area.

**MR. DEPUTY CHAIRMAN (Mr. Arnold Brown):** The Member for Ste. Rose.

**MR. A. R. (Pete) ADAM:** On a point of clarification. I'd like to ask you, sir, where we can discuss the Health Nursing Stations. Would it be under this item or under the next page?

**MR. SHERMAN:** That would be dealt with, Mr. Chairman, under the Department of Community Services. The specific item is Regional Field Services, under the Department of Community Services.

**MR. CHAIRMAN:** The Member for Transcona.

**MR. PARASIUKE:** The Minister is procrastinating terribly on Mount Carmel Clinic. He's saying that it's part of their five-year program but he can't give any definite commitment as to funding. They don't have a five-year program. They have a five-year program of promises which will always change. But the Minister cannot give a commitment to Mount Carmel Clinic that they will get capital funding at any time over the next five years and the situation in Mount Carmel Clinic is quite desperate. There are over 16,000 patients per year there. They have only 2,800 square feet. They have a staff of 60 all told. They have a great many volunteers. They have, in fact, had to put plywood over one of the bathrooms to provide a counselling room. The Minister, I think, has been through Mount Carmel Clinic a couple of times. He knows how crowded the situation is there. He knows that it requires a new facility. He knows that the land is available. He knows that the plans are drawn. He knows that every time he stalls on a decision, the capital costs of that project goe up. —(Interjection)— Well, you know, I have just heard one of the stupidest statements I've ever heard in this House. And if the Minister of Public Works wants to get up and make statements like that, and if he wants to in fact highlight debate on something like health centres, get up, get up and say something, fellow, get up. If you can stand, say it.

**MR. ENNS:** I would be happy to do it.

**MR. PARASIUKE:** Okay, say it if you can stand. Okay? If you can't stand, wobble down.

**MR. ENNS:** No, I'm not going to wobble down. He's been challenged. I'd be happy to say that the executive

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

**MR. ENNS:** Well, I've been challenged. The executive director of Mount Carmel Clinic is an known communist

of the province of Manitoba; is a communist that enjoys . . .

**MR. CHAIRMAN:** Order please. This isn't being recorded. Order please. I'm afraid it isn't. Order please.

**MR. ENNS:** The executive director of Mount Carmel Clinic is a known communist in the province of Manitoba.

**MR. CHAIRMAN:** The last member was not recorded. He was not acknowledged. He was not recorded. There has been no record of the honourable member being recorded.

The Honourable Member for St. Boniface on a point of order.

**MR. DESJARDINS:** Of privilege, and I will not highlight — we're having problems here tonight — I'm not going to highlight that but I wish that it would cease fairly soon because we're not here to discuss the personality of an individual. We are looking at the estimates of the Department of Health and we're looking at the services that are given by anybody, any political or belief, for the people of Manitoba. So I think those comments are out of place and maybe we should dispense with any further interruption and go ahead with the estimates, Mr. Chairman.

**MR. CHAIRMAN:** The Honourable Minister on the same point of order.

**MR. ENNS:** On the point of order. I want to make it very clear, I want to make it very clear that unlike any suggestion of any apology for any comments I made, I want to make it known that the executive director of Mount Carmel Clinic has been a long-standing member of the Communist Party of Canada; has been . . .

**MR. CHAIRMAN:** Are you speaking on the point of order to the honourable member?

**MR. ENNS:** The honourable member has raised the point of order. They have suggested that there has been some inordinate point of order raised and there's been some suggestion that perhaps some comments that I have made should not be recorded. But let me make it very clear that we are talking about a clinic that is being directed by the Communist Party of Canada. —(Interjection)— Yes. Well, does least of all the director, Betty Ross, suggest that she is not a communist member of Canada? —(Interjection)— Right. Then there is no point of order. There is no point of order. I am simply suggesting that the clinic they were talking about is being directed by a communist party member in Canada that supports the kind of invasion of Hungary, in 1956; the kind of invasion of Czechoslovakia in '67; and the kind of invasion that we have now in Afghanistan, and that's what we're talking about. So let's not have the Member for Transcona or the former Minister of Health say we are talking about a health administration that does good works, but it is in the hands of a communist organization, and I want to put that clearly on the record. I particularly want to put that on the record, Mr. Chairman, because you suggested, you, sir, suggested, Mr. Chairman, that the remarks that I made might not be on the record - I want to put that on the record - The Mount Carmel Clinic is in the hands of Communists.

**MR. CHAIRMAN:** The Honourable Member for St. Boniface on the same point of order.

**MR. DESJARDINS:** May I ask the Minister then, if that is the reason why things are not moving at the Mount Carmel Clinic. Is it because of the political belief of the director?

**MR. SHERMAN:** No, Mr. Chairman.

**MR. CHAIRMAN:** The Honourable Member for Transcona.

**MR. PARASIUK:** I would like to read into the record the members of the board of directors of Mount Carmel Clinic, which includes a Deputy Minister of this government, which includes the wife of a former Leader of the Conservative Party of Manitoba, that includes a number of other people very prominent within the community, who feel that as members of the board of that institution that they in fact provide the direction. —(Interjection)— . . . Deputy Minister of Mines. And you have some person who likes playing the role of a buffoon, staggering into this Legislature, trying to disrupt a fairly intelligent debate on health care needs, to in fact red bait. I would like to read into the record the names of those people. The board members are Mr. D. Baillie, Mr. C. Pammenter, Dr. D. Fish, Mr. M. Globerman, Dr. J. Roscove, Mr. G. Zukowich, Mr. E. Aranson, Miss J. Brown, Mrs. A. Ross, Mrs. H. Milan, Mrs. M. Spivak, Mr. J. McNairnay, Mrs. A. Berney, Mr. D. Blouw, Mrs. J. Boris, Mr. B. Deitche, Mr. G. Keloff, Mr. E. Kazimirowich, Dr. R. Krause, Dr. M. Leaman, Mr. K. McCulloch, Mr. G. Pullen, Mr. E. Small, Dr. J. Swan, Y. Monkman, Dr. R. Unger. Those are the board, fairly representative of the community of Winnipeg, who sit on the board of that institution that is in fact providing a very valuable health service, and their attempts at providing a very valuable necessary health service have been besmirched by some individual who has no particular contributing role to play in this particular debate, and he has attempted to disrupt it. If he finds the proceedings boring, let him go into the other committee where he can possibly disrupt them, probably for the same reason.

You have in fact 16,000 patients there who have real valid needs. Those needs have been met by this institution for over 50 years. I think that since those comments were made by a Minister of the Crown, I find it astounding that he would do it. I find it astounding that his colleague, the Minister of Health, who says that Mount Carmel Clinic has a valuable role to play with respect to the provision of health services, would in fact let him get away with statements like that. I think it is confusing to the general public as to whether in fact that's the position of the government of Manitoba, whether in fact they are going to start determining whether they will be providing health care on the basis of need as to whether in fact the politics of any of the people involved are politics that the Minister of Public Works doesn't like. Because if that is how needs are going to be assessed in this province, then we are talking about totalitarianism; that's the true meaning of the word totalitarianism and the Minister of Public Works doesn't understand that. When he starts going around saying that this institution shouldn't get funding because I don't like the politics of one of the people involved, that's totalitarianism of the worst type.

I think that obviously, if he will say it in this House, he undoubtedly says it in Cabinet, and that's one of the major reasons why Mount Carmel Clinic hasn't been funded — 2,800 square feet for 16,000 patients.

**MR. SHERMAN:** Mr. Chairman, on a point of privilege.

**MR. CHAIRMAN:** Order please. The Honourable Minister of Health on a point of privilege.

**MR. SHERMAN:** Yes, on a point of privilege, Mr. Chairman. I take exception to the remarks that the Honourable Member for Transcona directed at me in his statement that he finds it astounding that I should not insinuate myself into that particular exchange between himself and my colleague the Honourable Minister of Government Services. I have answered the questions that have been put to me about Mount Carmel Clinic. I answered the question directly from the Honourable Member for St. Boniface as to whether that was the reason why Mount Carmel had not been funded for regeneration. My answer was, No. I repeat that as no. I stated in my answers to the Honourable Member for Transcona 20 minutes ago that Mount Carmel is in our program for the future, as many health facilities are, but we have proceeded on the basis of priorities that we felt, right or wrong — the Opposition is entitled to argue with them — right or wrong, had to come first. I told the Member for Fort Rouge that Mount Carmel isn't the only deteriorating or overcrowded health facility in this province. We can't do them all at once. I have told that to the members of the board of Mount Carmel. They seem to understand, on the basis of our last meeting, the challenges that I was faced with and the choices that I had to make.

I resent the Member for Transcona's dragging me into some squalid little debate that he gets into with the Minister of Government Services.

**MR. PARASIUK:** . . . speak to that point of privilege.

**MR. CHAIRMAN:** The Honourable Member for Transcona on the same point of privilege.

**MR. PARASIUK:** Yes, the Minister only reacted in response to a question by my colleague, the Member for St. Boniface. He did not rise to clarify the situation when his colleague, who is a member of the Cabinet, a member of the government, in fact got up and spoke out against Mount Carmel Clinic, after no goading from anyone on this particular side of the House, as to his position against Mount Carmel Clinic and the reasons why.

**MR. CHAIRMAN:** To the honourable members: Can we participate in the debate without bringing in side issues. I would implore the members, for the sake of finishing this department, or finishing this item, rather than going off on things that have nothing to do with this particular item — can I ask the honourable member if we can get back to this item. The Honourable Member for Seven Oaks.

**MR. MILLER:** Mr. Chairman, I am pleased to get back to the item. Part of the item is the Mount Carmel Clinic, and whether the Minister of Health or another Minister of the Treasury Bench has got up and made a statement with regard to Mount Carmel Clinic — now, he

can tee off, if he wants to, on any individual, but there is a board of Mount Carmel Clinic. It has been in existence for close to, what, 28, 29 years, longer than that. It has served the community for at least that long. It has had a number of boards, all of them citizens who give of their time and their effort, their energy, and their knowledge. There isn't a member of that board who doesn't know unequivocally that the services of Mount Carmel Clinic are needed to serve that part of Winnipeg. As I indicated, they give of their time and they give of their energies.

The fact that one of their employees may or may not be a member of a particular party, I don't give a darn, and I don't think that the board should be judged by an employee. But when a Minister of the government gets up and says that employee, in his opinion, being a Communist, doesn't merit any support - Mr. Chairman, I find it absolutely degrading and impossible to comprehend that a member of this Legislature, of the government, would dismiss and smear an entire operation, not just an individual, because in smearing that individual, he is smearing the people of the board, community people who have served for years on the board of the Mount Carmel Clinic, an institution that has been written up from coast to coast, a facility that has offered its services and, as I say, has received public attention right across the country as being different, unique, and offering a service which has not been provided through the normal channels. And now, to get this sort of nonsense and garbage, it's a total red herring. The director could be a Martian for all I care, but if that board feels that they have confidence in that director, that that director is fulfilling the job for which she has been hired and is fulfilling her functions as director of that facility, is providing the services the board feels is adequate and is professional, then who are we to say that they must fire her? That's the kind of McCarthy-tactic that went out of style in the early 1950s in the States, and that's what we are getting here tonight, McCarthyism at its worst. —(Interjection)— Oh, they're around all right, they're around.

Mr. Chairman, I feel that an apology is in order to the board, tonight, to the people who are serving the Mount Carmel Clinic and the people in that community, who have asked for no compensation, who give of their time; medical people who, many of them over the years, have given freely of their time, totally on their own, to provide services for these people. Now we get garbage here tonight because of one person whom this particular Minister doesn't approve of, on political grounds. He tries to smear an entire operation, and says as far as he is concerned, Mount Carmel Clinic is beyond the pale. He is taking it out on hundreds, on thousands of citizens. He is taking it out on good, solid citizens who are giving their all to the operation of a facility, and he sits smugly back in his seat and says, because of one person who happens to be hired, a hired professional person, he is prepared to just cut the feet out from under Mount Carmel Clinic.

I know the Minister of Health said that's not the reason it's not funded. But I have to believe that there's a voice in Cabinet which, anytime Mount Carmel Clinic comes up, I now have to believe there is a voice that says, No way will that facility be funded; no way will it be assisted; no way should we do anything to rejuvenate it, because that particular Minister doesn't approve of the executive director. There isn't any other member of the board that I heard him comment on, just that one person. But

to smear, to degrade, downgrade the work that Mount Carmel Clinic has given to the people of Winnipeg for decades is absolutely garbage and, really, Mr. Chairman, I think that he was totally out of order, but that's beside the point.

Mr. Chairman, I was thinking of asking for an apology but, you know, it's up to him to apologize. I'm not going to ask him for an apology. I have now heard the Minister explode this evening. I had thought in my own mind the kind of person he is, and it has now been substantiated, and with his tongue loosened he now, I suppose, tonight has expressed what he has probably felt for a long long time, but prior to tonight, he was a little inhibited. Now that inhibition has been lifted.

Mr. Chairman, Mount Carmel Clinic merits the support of this House, of this government. Mount Carmel Clinic is overcrowded. It is working in intolerable conditions. It should have been in a new facility a number of years ago. It would have been if there hadn't been a problem with the site acquisition. The site acquisition was finally resolved, it was ready to go. The election interceded; the new government took over. I can understand that everything else was frozen in 1977-78; I can understand the initial freeze, but for that freeze to continue today, in 1980, is beyond my comprehension, because there is a facility that merits . . . I have been in this House for a number of years, and everytime Mount Carmel Clinic comes up, people on this side of the House, people on that side of the House have spoken in favor of assisting Mount Carmel Clinic to fulfill its function. So it's high time we stopped talking and started doing. The land is there; the plans are there - the architects, I believe, have completed all the plans or, if not, they were perhaps stopped before they completed them all, but they certainly started to work on them. I could understand the freeze in 1977, but beyond that, I couldn't understand it and certainly now that the freeze is off, supposedly, that is one facility that should be given a high priority. To deny it — the high priority — I can only believe is because of the reason given tonight by the Minister of Government Services. I can't conceive of what other reason there would be, because no one can deny they're overcrowded; nobody can deny that the demand is there. They serve a community, an element in Winnipeg, which is not an element that will go and seek medical attention to doctors offices, will not go hospitals where there a large element of native people, immigrants who require assistance because of language problems. The Mount Carmel Clinic has always catered to that element. It has always catered to the immigrant groups in our society going back 30, 40 years ago and that is an element that, as I said, cannot — they're not sophisticated enough, they don't feel comfortable enough to seek out as you and I might, Mr. Minister, the traditional, the existing services that are available in our community. They will not go to doctors, they're reluctant to do so because they don't know the language; they do not go to the hospitals, they are comfortable in those surroundings. They need the services of the Mount Carmel Clinic which practises a total service, both the social service component, the health component, a counselling component. These people are far more comfortable in the atmosphere that Mount Carmel Clinic provides. So, Mr. Chairman, through you, I ask the Minister to make a commitment now that Mount Carmel Clinic be given necessary funds so they can fulfill their function and, by God, in this day and age it's really needed because the centre of Win-

nipeg — that part of Winnipeg — is very heavily populated by immigrant and native people and they must be given attention. Otherwise, the problem is going to become more and more severe, and we're not reaching that element except through facilities such as the Mount Carmel Clinic. So I would like a commitment from the Minister tonight.

**MR. SHERMAN:** Mr. Chairman, let me put the concerns of the Honourable Member for Seven Oaks to rest on two or three counts if I can. In the first place, the budget for Community Health Centres this year represents a 9 percent increase over last year; and the budget for Mount Carmel Clinic represents a 12 percent increase over its budget for last year. If the Honourable Member for Seven Oaks is concerned about where Mount Carmel Clinic and its needs rest with the Department of Health, I suggest to him all he has to do is consider the spending appropriations for the year and the fact that Mount Carmel Clinic is receiving a 12 percent increase, which surely must be some testimony to the recognition that we have for the condition and the needs of the Mount Carmel Clinic. Now the Honourable Member for Seven Oaks takes umbrage and it's his privilege to take exception to the remarks of my colleague, the Honourable Minister of Government Services, and I'm not going to comment on that or get drawn into that. That is the opinion of the Honourable Member for Government Services. He's entitled to express his opinion; it is not my opinion. We've had differences of opinion before. I assure the Honourable Member for Seven Oaks that I don't share that opinion but that does not detract from the Minister of Government Services' rights to hold and express an opinion. But to suggest that has played any bearing on the budgetary support for Mount Carmel simply does not wash, Mr. Chairman, because all you have to do is look at the Mount Carmel budget figure for this year. The Member for Seven Oaks talks about the need of Mount Carmel.

I ask the Member for — he was the Minister of Health at one time and the Minister of Health is not merely the Minister of Health for Fort Garry or the Minister of Health for Seven Oaks or even the Minister of Health for Winnipeg. He is the Minister of Health for Manitoba and we have needs all over this province, Mr. Chairman. I ask the Member for Seven Oaks, what about the Dauphin General Hospital? Dauphin, a major regional health centre, desperately needed regeneration for some time. We moved on that to a capital commitment of 15 million. The Honourable Leader of the Opposition would be the first to say that Selkirk — and I agree with him that Selkirk needs a completely new general hospital because it's falling into the ground. And that, Mr. Chairman, is another priority. I have not disputed that Mount Carmel is a priority and has a need, but a number of facilities and a number of communities do, and we are moving to them as fast as we can and Mount Carmel is among them. In the meantime it is enjoying a considerable budgetary increase and I don't think that the Member for Seven Oaks really in the bottom of his heart means it, except for a particular affinity for Mount Carmel which is perfect legitimate, the same as I might have an affinity for the Victoria General Hospital. But I don't think in the bottom of his heart that he can really stand here and profess to me that he means it when he says that is a need exclusive of all other needs when he looks at the province of Manitoba, when he

looks at the continual challenges he puts to me with respect to personal care homes and extended care homes, when he looks at the need for psychiatric facilities for juveniles which we discussed the other evening, when he looks at the regional health centres like Dauphin which need complete regeneration — I think he has to in all fairness acknowledge that those projects, all of them, have to be dovetailed into a program over a period of several years and Mount Carmel is in there. But it can't all be done at the same time.

**MR. DESJARDINS:** Mr. Chairman, I think the Minister of Health is trying his best in a very difficult situation. I don't think that the Minister then can fault the members of this side who know enough, who know how priorities are arrived at, how decisions are made. The Minister of Health is one member of the Treasury Bench of the Cabinet and we heard from a Minister today who quite — without being coaxed into it, without being asked and even without the present Minister; we were accepting what the Minister said until that statement was made. Now we remember also, it's all right for the Minister to say, well, they're all good things and there are priorities, that is true. But then we look at a program that was announced five years ago and that first was frozen and then that practically all — there's bound to be some changes in five years — practically all of the programs announced by the Minister this year and last year were part of this program. I can assure you and the Minister knows enough how these things are done that this was not a partisan or a political, — political in the partisan sense of the word — program, that five-year program. But now we realize that maybe the Minister is trying hard and the Minister shouldn't be too touchy when we're talking about the government, the government program.

The Minister, not too long ago, stated that he would have liked to have seen more done for the ambulances to help the ambulances and he couldn't carry the day. He couldn't do it because of priorities; we accept that; we realize that. We know that when you have different people, 15 or 17 people around the table there's different sets of priorities. But the point is, nevertheless, that we heard from one-seventeenth of that Cabinet or one-sixteenth or whatever it is, who made it quite clear that he wasn't interested in doing anything for a clinic because — and I'm not going to say why now — the same Minister must have clout. Because he was one of the Ministers in his constituency responsible for changing some of the programs in the personal care homes and I'm sure that the Minister, then it became a political liability because of the way this Lunder setup was, because of the changes there. The present Minister even had to meet with them and promise another hospital, another personal care home which certainly should not be a priority item in that area where they're going to have three — every little community will have a personal care home. Then we were challenged on this side, all right, stand up and say that this is not needed. If we're going to play by certain rules, everybody has to play by those same rules. And if that is a priority with the same Minister, this is why I mentioned that, that Minister was instrumental in changing the area from a constituency to his own constituency, I think that it is fair game, fair ball, to start doubting. Not necessarily, I accept, I asked the Minister and I agree with him; he gave me a direct answer, but he is has won and I think it is obvious to anybody that listened to the

debate that his vote was annulled by the only other one that we heard of, who said that this shouldn't be done because of the executive director.

That is the only point that we're making, so I don't think that we're doubting — or I'm not anyway, I won't speak for anybody else — I'm not doubting the Minister's interest in this. But it becomes obvious that the Minister, because of opposition in the Cabinet, cannot do too much and the Minister has got a very difficult situation and then he's got to get out of it the best possible way. He's talking about this is a good thing and it's a priority, but this was something that was approved. This was something that is — it is not an exaggeration talking about the examining room in a broom closet — I've been there. I've been there and that's years ago, four years ago or five years ago, and the situation has not improved. It's all right to say that the budget has gone up and at least that's something. I give the Minister credit for that. But the point is that it seems obvious that as long as that director is there, certain members or at least one member of the Cabinet will veto the situation.

So we have a divided Cabinet. It's okay for this side of the people to try to work a wedge between my friend here who has some problem, not ideology but some problem, and try to embarrass us on this thing, that we're divided and I don't see any division at all when it is a constituency matter. But the situation is that you have people in Cabinet who make the decisions, who prioritize, and the Minister made a point and he answered quite fairly. I can't complain; he didn't evade the question; he said, no, and he said he doesn't agree with the Minister that spoke. So we have a situation now that the Minister of Health feels that it is a high priority and another Minister is in effect saying, over my dead body. So, we're going to be very careful to see where the strength lies in there because we think that this is a priority. This is something that proved it was a difficult situation to look at the drawings and that was done. In the meantime, anybody that would look at the facilities, I don't think that you have to be a genius to realize that something should be done. That is certainly one of the priorities and something should be done soon. So the situation here is that we are faced with two Ministers who disagree on something, and therefore we have doubt that this is going to receive the attention that it should because of that. Because it is not based on a question of need and it is not based on anything like that; it is based on a prejudice against a person — not by the Minister.

**MR. CHAIRMAN:** (f)—pass — the Honourable Member for Rock Lake.

**MR. HENRY J. EINARSON:** Mr. Chairman, I've been sitting here for a little while listening to the comments from my colleague, the Minister of Government Services, and I've also listened to two members of the opposition and, particularly, the Member for St. Boniface who was a Minister of Health for a period of time. When the Member for St. Boniface talks about my colleagues, particularly members of the front bench who are now trying to create a divisiveness in this House insofar —(Interjection)— just a minute, Mr. Chairman, insofar as the Department of Health is concerned, I want to say to the Member for St. Boniface, he is totally wrong. He is totally wrong. My colleague, the Minister of Government Services, made a comment. And you know,

Mr. Chairman, I, who was a member in this House have listened to comments when I have been out of this House by health clinics, people who have been responsible for operating health centres, such as the one that is operated by Ann Ross. I want to say to honourable members that I've heard more vocal criticism from that person that we are now talking about in this House, I believe, than any member, of anyone, who has been head of any of the health clinics in the province of Manitoba. —(Interjection)— By Ann Ross. —(Interjection)— Criticized — the Member of Government of Services merely stood up and made a comment about that person and how she stood in regard to her position, privately maybe, her attitude. I don't know whether she had political motivations or not, whether she was trying to make political marks or not, and the Member for — Saul Miller — I'm sorry, I can't remember — Seven Oaks — I believe he read off all the members of the board. —(Interjection)— All right, the Member for Transcona, he read off all the members of the board, trying to indicate, because my colleague for Transportation, the Minister of Transportation, made some comment about the director of that particular institution, had some significance insofar as all other members of that board were concerned, I would suggest, Mr. Chairman, was misleading, was not a fair comment, and had nothing to do with what my colleague, the Minister of Transportation, was talking about. He was talking particularly about the person who was head of the particular clinic. And, Mr. Chairman, I would like to say in all the years that I have been in this place, the Member for St. Boniface talks about the divisiveness of my colleagues on the front bench in this House. He is the last one, Mr. Chairman, who should make those kinds of comments in this House, because I've been here for quite a few years and I've seen how he has created the kind of divisiveness and I'm wondering right now, Mr. Chairman, how much divisiveness he is creating amongst his colleagues in that House right now and probably in the past and in the future.

And so, Mr. Chairman, the Minister of Public Works and Government Services, I think he had his right to stand up and make his own personal views. —(Interjection)— That's right, the Member for St. Boniface is saying he has his rights and I fully agree with him, no argument whatsoever. But for the Member for St. Boniface to stand up and try to create an impression . . . —(Interjection)— Oh, the Member for St. Boniface, he sure did because there's the galleries up here and the press gallery — I don't know what they're going to print, but I want to say through you, Mr. Chairman, that there is no divisiveness amongst my colleagues on the front bench insofar as we are concerned in this House. And I want to remind honourable gentlemen on the other side of this House that the Minister of Health announced, after a good deal of criticism by the people of Manitoba and particularly the Member for Fin Flon, after we became government, and the Member for St. Boniface was the Minister of Health at the time and, Mr. Chairman, I'd like to get into a story and tell the story of the health situation in the constituency of Rock Lake and the kind of way the Member for St. Boniface operated.

And I'll tell you, Mr. Chairman, the Member for St. Boniface, when he was the Minister of Health, we had an association in Rock Lake prior to that. He was not the Minister but a colleague of his was before he was taking over and, Mr. Chairman, when the Member for St. Bon-

iface, when he got back into politics, the then Premier of the province of Manitoba — I'm given to understand and, Mr. Chairman, I'll stand to be corrected — when he decided to get back into politics, the Premier of the day said to the people in St. Boniface, You vote for Mr. Desjardins, and he said, I'll make him the Minister of Health. Mr. Chairman, that's the story I'm given; I don't know whether it's true or not, Mr. Chairman, but I'm putting it on the record and let the Member for St. Boniface deny it or otherwise.

Mr. Chairman, I don't like it when the Member for St. Boniface stands up and tries to create the impression amongst the people of Manitoba that there is a divisiveness and there's a separation between my colleagues on the front bench. I want to say, Mr. Chairman, that is the farthest thing from the truth in the province of Manitoba and it's typical of the Member for St. Boniface to pull this kind of conversation that he presents in this House and puts it on the record. Mr. Chairman, if the truth were known, the Member for Fort Rouge is probably a better friend of the Member for St. Boniface than a lot of the people in Manitoba realize and that's the problem, Mr. Chairman, when the Member for St. Boniface talks about divisiveness in the ranks. I should think the Member for St. Boniface should look to his left, should look to his right, and should look behind himself and really find out what it is to have divisiveness in the ranks of his own party.

Mr. Chairman, I have heard a lot of discussion and debate by the person who is director of the Mount Carmel Clinic and, Mr. Chairman, without any doubt, there is no doubt whatsoever, that those people, they need assistance as the members opposite have suggested. But the Minister of Health has indicated the percentage of the dollars that the people of Manitoba can afford have been directed towards the Mount Carmel Clinic. Mr. Chairman, I just want to say and put it clearly on the record that I support the Minister of Health in everything he has done along with all members of my party including the Minister of Public Services and Government Services.

Mr. Chairman, I want to assure the people of Manitoba, unlike the NDP when they were in government — and that's another story I could tell the Member for St. Boniface, I'm not going to do it tonight — but I want to commend the Minister of Health for the way in which he has divided the dollars that we have at our disposal and the ways they have been distributed amongst the people of Manitoba.

Mr. Chairman, having said those few comments, I now move that committee rise.

**MR. CHAIRMAN:** I have a motion committee rise. All those in favour say Aye. All those against please say Nay. In my opinion the Nays have it. Do we want to continue with this or . . . To the honourable members, I had a request that we should carry on and try to finish this item.

The Honourable Minister.

**MR. SHERMAN:** I move that committee rise.

**MR. CHAIRMAN:** Committee rise.