



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

**DEBATES
and
PROCEEDINGS**

31-32 Elizabeth II

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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Second Legislature

Members, Constituencies and Political Affiliation

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LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, 24 May, 1983.

Time — 8:00 p.m.

CONCURRENT COMMITTEES OF SUPPLY SUPPLY - URBAN AFFAIRS

MR. CHAIRMAN, C. Santos: Committee, please come to order.

We are resuming the deliberations of the committee and we are still on Item 1.(b) and (c).

The Honourable Member for St. Norbert.

MR. G. MERCIER: I move that item be deleted by \$80,000.00. I'll withdraw that.

HON. E. KOSTYRA: Do you want me to start talking for the next hour?

MR. CHAIRMAN: The Member for Tuxedo.

MR. G. FILMON: Thank you, Mr. Chairman.

When we left off the Minister was defending the position of his government in getting to a greater extent involved in the affairs and the decisions of the City of Winnipeg. The Minister was defending the position of taking a veto on major transportation projects by saying that was just showing that they were interested in, and had a stake in the affairs of the City of Winnipeg which constitutes something close to 60 percent of the population of the Province of Manitoba.

Mr. Chairman, I think it's a vastly different thing to demonstrate an interest in, and a concern about the affairs of the City of Winnipeg, as opposed to taking a veto power over the city's major transportation projects.

The Minister talked about co-operation at the three levels of government in various projects that jointly affected and were financed by all three levels of government. I have no problem with that.

Our government entered into the Core Area Initiatives Agreement with the Federal and Municipal Governments, in this case the City of Winnipeg. But that is vastly different thing to superimposing the political judgment and the political will of the Provincial Government over top of the City of Winnipeg, its administration, and its elected municipal representatives.

I say, Mr. Chairman, that what this government is doing, can and should, logically lead to greater interference and then overall a usurping of the powers and authorities of the City of Winnipeg. And I say that it was happening in the '70s, and I think that there was evidence of many decisions that were forced upon the city when they were never required, nor were they in the judgment of the city's administration - and I emphasize that the city's administration numbers thousands of people and far greater expertise in all of these matters in terms of urban planning, urban transportation, planning and development, engineering,

technical staffs and all those, far greater expertise than the province ever had and hopefully ever will have because there's no point in duplicating all of those services. Yet, despite that lack of expertise, despite that disparity in background and understanding, the province is determined to superimpose its political judgment, and its political goals on the city.

They ran afoul of many situations in the '70s. There were decisions made. The Member for St. Norbert talked earlier about the Bishop Grandin Boulevard, Route 165, in that decision. Despite the fact that it was third on the city's list of priorities for an urban transportation corridor, it was moved up to No. 1 by virtue of the coercion of the Provincial Government at that time. And it was coercion because they said, we will only give you funding for a transportation corridor if it's Route 165.

What was some of the consideration behind that decision? One of the major points of consideration was the fact that the Manitoba Housing and Renewal Corporation and the then Leaf Rapids Corporation owned fairly substantial tracts of land adjacent, by sheer coincidence, to what is now Route 165 in the Southdale area. The only way that land could be opened up for development was if the city forced a major transportation corridor there and would cause it to therefore be developable and perhaps attractive to urban residential development. That was one of the major reasons.

Now, of course, the province and the Minister will probably deny that and say, oh no, there were all sorts of wonderful reasons why that was done. But why would that be done when it wasn't the No. 1 priority; when it wasn't the No. 2 priority of the City Government? Why? Because there were other political considerations that were of advantage to the then Provincial Government.

Similarly, the Member for St. Norbert remembers full well, because he was Chairman of Works and Operations at the time, when 11:00 o'clock, the morning of the approval of the capital budget for the City of Winnipeg - it would have been, I suppose, 1976 - we got a special delivery letter from the then Minister of Urban Affairs, I believe it was Mr. Miller, saying that a certain amount of money would be added to the provincial contribution to major road construction. That amount of money was on condition that Logan Avenue be reconstructed between Keewatin and Route 90. I'm not sure what the motivation was behind that. That wasn't even anywhere in the city's plans, but all of a sudden it became a major priority by virtue of the coercion of the Provincial Government in providing the funds for it, saying you can't have the funds unless you do this particular project with them. All sorts of things like that happened. — (Interjection) —

The member says, they rued the day they did that because, in fact, they got a vast majority of people involved with civic government very angry with them. It was one of the reasons why many urban voters turned out to defeat the Schreyer Government in 1977, because

of that kind of interference. They are going exactly the same route now. The Minister is denying it, saying that, no, they're just showing their interest in it, but the fact is that by saying, and he alluded to it, that where we have a financial involvement, we are going to have a say in what's done. He who pays the piper calls the tune.

I say that it's wrong. It's wrong for a variety of reasons. It's wrong because of the fact that this kind of authority has been given to the municipal government in the City of Winnipeg, that there are duly elected councillors, that there are very qualified and well-paid administrative, technical, engineering, planning and other staff who can and do provide the kind of expertise and recommendation that's required in terms of the operation of city government, and who, I would dare to say, have a great deal more knowledge and expertise about the operation of civic government than does this Minister or his staff.

If only in numbers, if only in expertise, we've been handed the CV(?) of the person who presumably is the expert in urban transportation for this Minister, and he has no background in urban transportation in terms of technical or engineering, or any of that sort of area, and yet this Minister suggests that he and his judgment are much more valid than that of all the staff of the City of Winnipeg. I use his words when he said it was nonsense, to my argument. I say that his position is nonsensical and his arguments don't carry one iota of rationale or logic for this kind of move. It is just the superimposition of political judgment and political will on the elected representatives and the administration staff of the City of Winnipeg and it's wrong and there is no justification for it.

MR. CHAIRMAN: The Member for St. Norbert.

MR. G. MERCIER: Mr. Chairman, obviously the Minister concurs in the remarks from the Member for Tuxedo.

On another topic, Mr. Chairman, what action does the Minister intend to take to prod the Minister of Municipal Affairs to take some action with respect to the assessment problem?

HON. E. KOSTYRA: Thank you, Mr. Chairman.

I believe, in response to the first comments of the Member for St. Norbert, I think I made the province's policy and my policy clear with respect to the issues that were raised by the Member for Tuxedo earlier before the adjournment at supertime.

In regards to the issue of assessment, there has been ongoing discussion with this department and the Department of Municipal Affairs, in particular, myself and the Minister, and I would expect that the Minister of Municipal Affairs will indicate the government's position when it's appropriate to do so.

MR. G. MERCIER: In due course - to quote the Minister of Municipal Affairs.

Mr. Chairman, on another matter, with respect to the water supply of the city. Mr. Chairman, what is the position of the Provincial Government with respect to that matter? Does the Minister support the concerns of the City of Winnipeg?

HON. E. KOSTYRA: Yes, Mr. Chairman, the province supports the position of the City of Winnipeg with

respect to doing all that is possible to protect the City of Winnipeg's water supply.

I note that in the remarks made earlier by the Member for St. Norbert, he suggested that the position of the province was somewhat different. I believe that the position of the province has been clear throughout the discussions that have taken place going back to shortly after this government first came into power, both the actions of the Department of Urban Affairs and the actions of the Department of Environment, and the Ministers have worked towards ensuring that the City of Winnipeg water supply be maintained in a safe condition.

We have been in ongoing discussions with the City of Winnipeg going back to, I believe, within two or three weeks from the date of December 1, 1981, dealing with this issue. We also worked with Band No. 40 and the Federal Government with respect to the complexity of issues surrounding the Shoal Lake Basin and the protection of the City of Winnipeg water supply. There have also been discussions initiated through the Department of Environment with respect to the issues surrounding the overall Shoal Lake drainage basin, which includes, of course, the Ontario Government.

The province does, however, recognize the concern of Band No. 40 with respect to its quest for some form of economic activity which would allow the band members to have gainful employment or some type of economic development to fill in the void that was created when the Ontario Government, a number of years ago, cancelled the commercial fishing licences for Band No. 40. We have attempted in the discussions to assist the band in seeking those areas also, but the province's position has been clear. It's been clear to the city. It's been clear to the band, and it has been clear to the Federal Government that the province's major concern is the protection of the City of Winnipeg water supply. So I would answer that there is no question as far as the priority of this government and the concerns of the City of Winnipeg in this regard.

MR. G. FILMON: Mr. Chairman, I suggest that the commitment to protection of the City of Winnipeg water supply was not clear to at least the City of Winnipeg. I know that has been a matter for ongoing discussion. I know that some unequivocal position on the matter has been requested and certainly in the past that has not been given, so much so that the city took an unprecedented step and sent out to all of the citizens of the City of Winnipeg a folder, I think at a cost of some \$28,000, telling them what a grave situation they were facing should any type of development such as was being proposed by Indian Band No. 40 at Shoal Lake were allowed.

They solicited and received great response from people who were unaware of the threat to their water supply, and were unaware of the fact that the province was preferring to take a role of conciliator or mediator, and not stepping forward and saying, under no circumstances will we permit this kind of development that would threaten or damage the city's water supply, cause it to undertake costly treatment, and cause it to have serious consequences down the road. That kind of strong and firm statement was never taken.

The Minister always, as he did today, qualified that by saying that we recognize the legitimate needs and

concerns of the band and their desire for economic development and so on and so forth. If you're going to qualify it then you might as well not try and tell us that you're taking a firm stand on it. If it's a firm stand it's despite all of the legitimate and recognizable concerns of the other people, you are going to protect that water supply.

If that's what the Minister is saying he should say so but he doesn't need to dance around it and try and keep everybody happy under the circumstances. There is only one long-term position to take and that is that no deterioration will be permitted to that water supply.

HON. E. KOSTYRA: Well, the comments made by the member who last spoke contained a lot of assumptions that he is making with respect to the reasons behind the city's decision to inform its residents, by way of a leaflet, as to the concerns that the city has with respect to the water quality in the Shoal Lake area.

He also suggested that until that time the citizens of the City of Winnipeg had no idea that there was any potential threat facing their water supply. He also suggested that in my comments I was somehow dancing around the issue.

I suggest that his response to what I thought was a fairly clear re-statement of the province's position was that was a firm declaration of the province's concern and position with respect to the City of Winnipeg water supply. At no time, as I recall the contents of the leaflet, did it suggest that the province in some way was in opposition to the city's position to protect its water supply. I don't believe that was at any time contained in any statements of the City of Winnipeg, nor was that contained in the leaflet that the city distributed to its residents.

The province's position has been clear all along that it wishes to protect the City of Winnipeg water supply. To suggest that somehow I'm dancing around, to say that at the same time the province is concerned and does recognize that the band membership there, the Band I.R. No. 40, has some concerns with respect to economic development, I think is not necessarily in contradiction to the concern and the position of the province in the city with respect to the protection of the city water supply, but recognizes the legitimate concerns about the band with respect to economic activity.

It seems to me that if the band is looking at cottage lot development as a form of economic activity to provide some level of income to band members that it's incumbent on us, since that would be in a development that I and the province would oppose on the immediate shores of Shoal Lake, very close to the intake for the City of Winnipeg water supply. If that is something that we oppose, then we ought to assist and look for alternate sources of economic activity that would not provide that implied threat to the City of Winnipeg water supply. So, in suggesting at the same time that the province recognizes the concern and the need to protect the City of Winnipeg water supply, the same time as we suggest that we are prepared to look at other forms of economic activity, economic opportunities for the band, is not contradictory to protecting the City of Winnipeg water supply and it is not dancing around the issue.

MR. CHAIRMAN: The Member for St. Norbert.

MR. G. MERCIER: On another subject, Mr. Chairman. Does the Minister support the position of City Council, wherein the city took the position that they did not agree with the recommendation of the Clean Environment Commission with respect to mosquito fogging, that would now require the city to obtain a permit from the province to carry out a Mosquito Control Program? Does he agree with the position of the city?

HON. E. KOSTYRA: I believe that issue has been addressed by the Minister responsible, the Minister of Environment. I, quite frankly, have not any ongoing direct discussions with the city on this issue. The city has, I believe, raised its concerns, raised its comments on the proposal that I believe came from the Clean Environment Commission directly with the Minister of Environment. I believe that there was an interim process this year that will basically maintain the status quo and the final decisions on the recommendations will be made prior to the next season.

MR. G. MERCIER: Mr. Chairman, does the Minister not act as an advocate for the City of Winnipeg in Cabinet decisions?

HON. E. KOSTYRA: I raise the issues as they relate to other government departments that are brought to my attention by the City of Winnipeg, either directly by the Mayor or through the meetings of the official delegation and the Urban Affairs Committee of Cabinet. However, this issue is one that has been dealt with directly by the Minister of Environment and the Mayor and, I believe, on an ongoing basis with staff of the city and the Clean Environment Commission and I would presume the Department of Environment.

MR. G. MERCIER: Mr. Chairman, the Estimates indicate a total of \$11,936,600 to be spent on the Core Area Initiatives Program in this fiscal year. Can the Minister outline where the money will be spent?

HON. E. KOSTYRA: Thank you, Mr. Chairman. There are payments to Winnipeg and Canada for the portion, the one-third that's to be paid by the province, to the tune of \$4.134 million. There are payments to other provincial departments this year of \$4.786 million which includes \$4.1 million which is the estimated requirement for the three existing project authorizations that have been approved under the Core Area Initiatives which are implemented by the Department of Education under the Core Area Initiatives Agreement. There is an additional \$500,000 which is the estimated requirement for the special home-ownership grants in the core area. There is a further \$200,000 which is an estimated target for a program that's being developed under the Core Area Initiatives for the upgrading of existing businesses under the Core.

Under projects that are direct expenditures by the Department of Urban Affairs, this year there is under the Communities Facilities Program, which is a capital program, \$1.8 million. That's Communities Facilities Program 5 of the Core Area Initiatives. Under Program 7.2, which is the North of Portage Land Acquisition,

there is an anticipated \$216,000 expenditure for the finalization of the land acquisition; that's the last of the payments under that. There is a further anticipated carry-over of \$1 million for other payments that are still pending because the payments haven't been finalized with respect to Programs 6.4 which is Logan; 7.2, the North of Portage; or 8.1, which is the CN East yards. I believe that would come to the total expenditures under the Core Initiatives this year.

MR. G. MERCIER: Mr. Chairman, what was the cost of leasing, refurbishing, furnishing, painting, decorating and moving into the Core Area office?

HON. E. KOSTYRA: Unfortunately, we don't have that detailed information for the member. The implementing jurisdiction that would pay for those payments is the Federal Government. The Federal Government is the implementing jurisdiction for the management of the Core Area office, which includes the staffing and the office costs. I don't believe they were exorbitant costs with respect to that, but I would be willing to take that question as notice and get the detailed information for the member subsequent to tonight.

MR. G. MERCIER: Mr. Chairman, even though another jurisdiction is the implementing authority, the project itself and the expenses would have been approved by all of the parties, would they not?

HON. E. KOSTYRA: The expenditure of funds for the Core Area office would have been approved by the Management Committee of the Core Area Initiatives. That approval was not committed or done by the Policy Committee. We were aware of the specific location, and I presume the costs of acquiring the space and whatever renovations were made were within what was budgeted for that, so there would have been no need to seek further approval.

All I can say is I don't have that information here. I will supply the member with that detailed information within the next few days, once I'm able to receive that from the Core Area Initiatives Office and/or the Federal Government.

MR. G. MERCIER: Mr. Chairman, I'll have to accept that undertaking then.

Could the Minister advise as to the cost of the Winter Park on Portage Avenue?

HON. E. KOSTYRA: I'll just need a minute, Mr. Chairman, to get that detailed information.

The original estimate for the cost of the winter park was \$25,000.00. I believe the final cost, because of some additional wage cost that the city was charging with respect to some staffing there, that the total costs were somewhere in the neighbourhood of \$33,000 for that temporary winter park. I would get the complete details for the member on that. That is the information that I have at the moment.

MR. G. MERCIER: Is correct, Mr. Chairman, that the costs of the project called Encore '83 are \$250,000.00?

HON. E. KOSTYRA: The information that I have with respect to Encore '83 is that the total cost is \$272,000

of which \$38,400 is apparently coming from Summer Canada Employment Program; \$162,000 from the NEED Employment Development; an estimated \$22,000 from Destination Manitoba, which I presume is for advertising; and a contribution from the Core Area Initiatives of \$50,000.00.

MR. G. MERCIER: Mr. Chairman, Does the Minister believe that very transitory projects like these justify spending \$65,000 on a survey?

HON. E. KOSTYRA: I'm not sure, the question was: Is the transitory project worth spending \$65,000 on for

MR. G. MERCIER: Well, do these type of projects justify spending \$65,000 on a survey that's been announced that will take place under the Core Area Initiatives?

HON. E. KOSTYRA: Well, if the question is related to surveying specifically on the two temporary projects, the winter park and the Encore '83, my answer would be no. The intent of the survey, as I understand it, is to survey on all aspects of the Core Area Initiatives and quite frankly, I do not believe that we can fund out of the Core Area Initiatives too many short-term projects like Encore '83, or the past winter park in the North Portage area. I would much rather see permanent decisions, permanent developments made with respect to that development.

MR. G. MERCIER: Mr. Chairman, the Minister the other day in the House indicated that a survey was being done, or was being approved or authorized under the terms of the Core Area Initiatives Agreement. Looking at the green folder, on Page 14, under Evaluation, could the Minister point out to me which word refers to surveys of this type to determine whether or not the public thinks a good job is being done?

HON. E. KOSTYRA: Yes, on Page 14, under Program 13, Evaluation, it lists about halfway down the page, the Evaluation Plan will include the following elements: A. Baseline studies - the baseline studies will be undertaken to improve current information on the core area social, economic and physical conditions and establish common criteria for progress reporting and evaluation purposes. The purpose of the survey is to attempt to assist in getting some of that baseline information. The survey, as I understand it, does not only deal with citizens' reaction to specific core programs, but does ask the kind of questions that will attempt to satisfy the requirements of that study.

MR. G. MERCIER: Who is going to do the survey?

HON. E. KOSTYRA: The Social Planning Council has been awarded the contract to do the survey.

MR. G. MERCIER: Could the Minister provide us with a list of the questions?

HON. E. KOSTYRA: I do not have a copy of the survey, nor have I seen the survey, but I will obtain a copy and send it to the member subsequent to these estimates.

MR. G. MERCIER: Would the Minister undertake to provide us with a copy of the report on the survey?

HON. E. KOSTYRA: At this point, I don't see any difficulty in providing the member with that information. I would just make that subject to confirming that with the other two partners to the agreement. I think the intention, as I understand it, was to have the information from that report available to the public. Whether or not that includes the whole report or a synopsis of the findings, I would attempt to provide that information subject to the agreement of the other two partners that are involved in that. The implementing jurisdiction for the evaluation is the Federal Government.

MR. G. MERCIER: I'll accept that answer then and hopefully the other parties will agree. I don't see why they would disagree with not making that information available.

Mr. Chairman, on the matter of the Art Program, there was back in March an indication that the Provincial Government wants the Federal Government to pressure Canadian National Railway into donating almost all of its downtown riverbank property to the city, could the Minister indicate what has happened to that request? Is a response being received?

HON. E. KOSTYRA: There has not been any formal response to that letter and I believe two subsequent letters that I sent to the Federal Minister responsible for Parks Canada, John Robarts. There have been discussions with the Manitoba Federal Minister, Mr. Axworthy, and the mayor and myself with respect to that specific request, and we have suggested to Mr. Axworthy that he arrange a meeting in Ottawa with the Mayor, myself, the Federal Ministers of Employment and Environment, and the officials from CNR. I still have not received any response back on that request to the Federal Minister of Employment. The Mayor has indicated his support of the province's position in this regard.

The only other comment I'm aware of was a press report on the comments of the Federal Minister while he was in Winnipeg around the same time as the letter was sent to him, in which he indicated a possibility, as I understand it, for a federal national park in the CN East Yards area of the confluence of the Red and Assiniboine Rivers. I wrote to him after hearing those comments, reports of those alleged comments in the media, and he has not responded to that letter outside of, I believe, just an acknowledgement from one of his staff. It's our intention to pursue that issue directly in co-operation with the mayor, with the Federal Minister of Environment, and with the regional Minister, Mr. Axworthy.

MR. G. MERCIER: Mr. Chairman, the original master development plan under the ARC Program allowed for some \$2.8 million from the Federal Government for the Forks Interpretive Centre and some \$825,000 from the province for the Forks Riverbank Park and there was money also in the Core Area Initiatives Program. I forget the exact figure for the East Yards. Was it something like \$7 million or \$8 million?

HON. E. KOSTRYA: With respect to the CN East Yards - if I might interrupt the member - under the Core Area

Initiatives, there was and is \$7.2 million that has been set aside for the CN East Yards, of which \$3.3 million has been authorized, and that basically was for land acquisition and land clearing, and \$1.2 million of that \$3.3 million has actually been paid out. The rest is pending final resolution of the costs of land acquisition.

Insofar as the ARC Program, I can't confirm the figure of \$2.8 million, which was the responsibility of the Federal Government for the major park development at the Forks, of which I do not believe any money has been expended. There was the further expenditure for the Forks Park, which nothing has been spent on that either, outside of some - part of that .5 million has been spent for some land acquisition with respect to that park, but basically that major portion of the ARC Agreement has not really commenced because of the inability of being able to secure the lands from CNR.

There has been an authorization under the Core Initiatives, utilizing Winnipeg Lawyer, Harold Buchwald, who has had some discussions, some negotiation with CNR, though I have not as of this date received the report, outside of a very brief comment from the Core Initiatives general manager, indicating that CNR was not interested in an outright sale of the lands and wanted to look at some other type of arrangement, but I don't have any further detail on that because we have not received the report from the lawyer that was retained under the Core Area Initiatives.

I would just correct one statement I just made. The expenditure that I noted under the Forks project was for the Upper Fort Garry Gate project - \$50,000. I am disappointed that we have not been able to get on with that major program, and that was part of the reason behind the letter to the Federal Minister, to see if we could put some pressure on the Federal Government to start moving on that project and securing those lands from CNR, which, as far as I can see, are certainly under-utilized for CN's purposes in the East Yards at the present time.

MR. G. MERCIER: Mr. Chairman, I must say that I am disappointed too. Forks was to be really the focus of the whole ARC Program and, certainly, all of the programs or projects are important, but it was obviously considered to be very valuable as an historic site and a focus, I think, for the whole program.

I don't disagree with making the suggestion to the Federal Government or the CNR. As the Minister probably knows by now, it was made in the past by City Council, when I was a member of City Council. It was never favourably received by the CNR. I take it the Minister is saying that the government has been unable to conclude any negotiations at all with the CNR in order to - without getting all of the property from the CNR - but to start the Forks Riverbank Park and the Interpretive Centre, which were shown on Page 11 of the master development plan, I take it he's saying the report from the lawyer the government has retained indicates they've been unsuccessful to date in obtaining any agreement whatsoever to begin these projects?

HON. E. KOSTRYA: I indicated the report from the lawyer that was retained as a consultant by the Core Initiatives under Program 8, the CN East Yards, has not as of yet filed a status report with the Policy

Committee as to any discussions that he has had with officials of CN. What I did indicate was an earlier report that I received that CNR was not interested in outright sale of those lands, but was willing to explore other possibilities. I'm awaiting, as are the other members of the Policy Committee, for a report from the solicitor, Mr. Buchwald.

MR. G. MERCIER: The Minister, I take it, Mr. Chairman, is saying clearly in his news release of March 11th that because of the delays that have occurred, it is impossible to complete the Forks projects by the time the agreement terminates on March 31, 1985? Has the Minister abandoned all hope then for anything happening in the East Yards under this agreement?

HON. E. KOSTRYA: No, the timing of the development there can be carried over. I am informed that there are provisions to extend the agreement or extend specific portions and commitments of the agreement prior to the termination date of the agreement in order to fulfill commitments that are made under the agreement. My understanding is that the Federal Government would be in agreement to make those extensions in order to complete those projects.

MR. G. MERCIER: Mr. Chairman, does the Minister then intend to obtain the express approval of the Federal Government for the extension of time required to complete the East Yard projects?

HON. E. KOSTRYA: Yes. As I indicated earlier, I am attempting to get the Federal Government to move on those projects. It seems obvious that if things were to fall into place tomorrow that those projects could not be completed before the end of the agreement, and it would be my intention to ask for an extension of the agreement to ensure that major part of the project is completed.

I just might add that there was a report from the Management Board of the ARC agreement, that is the representatives of the Federal and Provincial Government, who wrote as part of their status report on the agreement the concern about that particular project and the carryover. As far as I know, as of this date, there hasn't been any response from the federal Minister at that time. I believe that I also wrote to the federal Minister confirming the concerns raised by the ARC Management Board in this regard.

MR. G. MERCIER: Mr. Chairman, could the Minister advise me of the status and progress of the La Salle River Historic Theme Park, the Trappist Monastery and the St. Norbert X-Kalay Site? I'm sure he's attending to these matters.

HON. E. KOSTRYA: I had the opportunity earlier this year to view those particular sites. In fact, I have now been able to look at all the sites that are part of the ARC agreement.

With respect to the Trappist Monastery, the member may recall that there was a call to various agencies and user groups to look at the possible uses of that facility. I regret to say that at the present time, there haven't been any user groups identified for the Trappist

Monastery site. The expenditures to date on that project have been \$22,000 for a feasibility study into possible redevelopment of that site.

On the X-Kalay site, there has been ARC funding approval for the provision of a dock, walkway and interpretive program in association with the proposed development of an historic townsite in St. Norbert which would utilize the existing X-Kalay properties. The ARC funding was contingent on the development of the historic site park. To date, there hasn't been the approval, or the Heritage St. Norbert Corporate hasn't developed itself to the state of securing its own funding in order to qualify for the commitment of funding from the ARC program. So under that project, no ARC funds have been spent to date.

With respect to the La Salle Historic Theme Park, work on that site is continuing, and anticipating the completion of that work for an opening some time in June of 1984.

MR. G. MERCIER: Mr. Chairman, with respect to the Trappist Monastery, has the ARC administration considered an arrangement with the church people, who Mr. Dickson is well aware of, whereby some improvements could be made to the monastery and the church allowed to undertake the operation and maintenance of the facility without necessarily bringing in a user group into the balance of the facility? I think regrettably, it might be necessary perhaps not to maintain the rest of the facility, but at least to maintain the monastery part of it.

HON. E. KOSTRYA: The feasibility study determined that the approximate costs of refurbishing that facility would be \$1.2 million which, on one hand, is not a large amount for that size of complex or that size of buildings; but on the other hand, is a significant amount of money. My understanding is that the owners of that property which, I believe, is a development company is willing to look at various arrangements like what was suggested by the member for utilization of that facility, but to date none have come forward.

There was wide circulation of the feasibility study with a call for interested parties throughout the various levels of government and, as I indicated, none have come forward to date.

MR. G. MERCIER: Is the \$1.2 million related to the monastery and the . . .

HON. E. KOSTRYA: Yes.

MR. G. MERCIER: Perhaps the Minister would be kind enough to give me a copy of the study if it's possible. What would be the cost of simply restoring the monastery itself?

HON. E. KOSTRYA: I will provide a copy of the study for the member. As I understand it - I don't have a copy of the study here - that because of the central facilities such as heating and others, it is a bit difficult to separate the costs out for the monastery as against the main church building.

MR. G. MERCIER: Mr. Chairman, perhaps the Minister will then provide me with a copy of the feasibility study. I have an opportunity to look at it and perhaps . . .

HON. E. KOSTYRA: Maybe a lawyer can separate the cost.

A MEMBER: With an axe.

MR. G. MERCIER: Mr. Chairman, on another matter. The Minister today, in question period, confirmed that a further grant of \$70,000 had been made to the Logan Community Committee. Could the Minister advise firstly as to the amount of the previous grant and what that money was used for?

HON. E. KOSTYRA: In the fiscal year 1981-82 there was a grant to the Logan Community Committee of \$39,500 with respect to the representations to be made to the public inquiry, the Shapiro Inquiry with respect to the Logan Industrial Park. There was a further grant of \$17,500 which was for similar purposes at the end of the process because the report was delayed and didn't come out till June. So those two grants were given for the purposes of making representation on the inquiry.

There was a subsequent grant, in the fiscal year 1982-83, which was given to the Logan Community Committee to cover the costs of incorporating and establishing an office so they could prepare a detailed approach for the redevelopment of the residential, commercial area in the north Logan area. That was \$25,000.00.

The subsequent grant which the member made mention of is \$70,000, which is the funds that are for the Community Committee to carry on its work on the redevelopment of the Logan Residential Commercial Area. There's also funding applications pending before the Secretary of State and the Core Area Initiatives Office and both those are being dealt with at the present time.

MR. G. MERCIER: Have not been dealt with?

HON. E. KOSTYRA: Are being dealt with at the present time.

MR. G. MERCIER: How much are they asking for from the Secretary of State in the Core Area Initiatives?

HON. E. KOSTYRA: I do not know how much they're asking for from the Secretary of State but I understand that the Secretary of State is looking at funding of approximately \$5,000.00. The request to the Core Area Initiatives Office as I understand it is for \$52,000.00.

MR. G. MERCIER: Is the Minister confident that will be approved by the Core Area?

HON. E. KOSTYRA: That request is being dealt with under Program 4, The Social Services Program under the Core and will be going to the advisory committee that has been set up under that program which has authority to approve expenditures of under \$100,000 under that program and the terms of reference for the advisory committee. So I would expect that they'll be dealing with it and making a decision on it shortly.

MR. G. MERCIER: How big an area are we talking about that this Community Committee serves? How big an area are they dealing with?

HON. E. KOSTYRA: I believe it is approximately 10 acres in size.

MR. G. MERCIER: Is it correct that according to a previous newspaper report there are only 30 homes presently in the neighborhood?

HON. E. KOSTYRA: My understanding was that there was a total of approximately 185 homes in the neighborhood, in the area prior to the present time. It's anticipated that there will be approximately 100 units of housing available to completion of the redevelopment project. The reference to 30 homes, I'm not certain what that is. If that's the number of residents that are still living there that may be true. But I do not have that specific information.

MR. G. MERCIER: Who's going to build the homes in the area, the new homes? Is it MHRC?

HON. E. KOSTYRA: The homes, there's a number of possible ways of providing homes in that area. One is utilizing the existing homes that are there with rehabilitation of those homes; utilizing existing provincial, federal, or Core Area Initiatives Programs for home revitalization. There will be hopefully a number of new units utilizing existing programs either for single family housing or the possibility of co-operative housing programs. So there are a variety of methods being explored with respect to utilizing existing programs of the various levels of government in the revitalization home construction area.

MR. G. MERCIER: Mr. Chairman, there was an advertisement in the newspaper on Saturday, by the Logan Community Development Corporation. Is that the corporation that was formed by the Community Committee with these monies?

HON. E. KOSTYRA: I believe it is. I didn't see the particular newspaper ad, so I presume that if that's what it said that that's what group it is.

MR. G. MERCIER: Mr. Chairman, how does the Minister justify, if the application of the Core Area Initiatives is approved this group is going to receive some total of \$200,000, maybe \$2,000 or \$3,000 off? Nearly \$200,000.00. I referred earlier to the comment that was made by Mr. Saul Schubert, the Manager of Planning and Program Development for MHRC who said in December, "We have our doubts about whether the new houses can be sold in this area at the nearness of the Logan area to the CP Rail Marshalling Yards has led to serious doubts being expressed about whether houses would sell in this area." I think a person looking at this from the outside, seeing this group get \$200,000 - there's a comment in here, in the newspaper article, at least, that planners have estimated the area could end up with 70 to 100 homes, including about 30 already in the neighbourhood. I don't know whether that's right, or the Minister has indicated there were more previously, but how does he justify grants of almost \$200,000 in view of these types of comments?

HON. E. KOSTYRA: The member indicates the total amount of money that may be spent or may be

committed by the various levels of government to the particular committee, I would just point out that part of those funds, the amounts of \$47,000 were funds made available for the purposes of making representation to the commission of inquiry and were spent and subsequently audited to ensure that they were spent for those activities. So, part of those funds were not spent on the actual, nor will they be spent on the actual work being done to redevelop that neighbourhood. The subsequent funds are being granted on the condition that they are spent for the activities of the Logan Community Committee to work with all the owners and tenants in the area and help them bring about revitalization of their neighbourhood. The member makes one alleged comment from one person with respect to that area. I haven't had the opportunity to ask for any clarification of those comments, but I am aware of other comments of people who live in that area, who want to continue to live in that area, and who feel that they will be able to bring about a redevelopment of their neighbourhood.

MR. G. MERCIER: How can the Minister justify grants in these amounts to this area and not give them to so many other areas of the city that face as difficult problems in their areas, or is this to be a precedent for grants to other residential areas having particular problems?

HON. E. KOSTYRA: Mr. Chairman, I would hope we're not in a situation where we will allow for the deterioration of a particular area in the city as this area has been allowed to deteriorate over the years. This area is one that has been excluded from, as I understand it, every project with respect to urban renewal in the City of Winnipeg, and particularly was excluded from the Neighbourhood Improvement Projects that took place in other adjacent areas in the city, was excluded from the RAP Program for housing revitalization. So, this, particularly, was in a much greater state of deterioration than most other areas of the City of Winnipeg, indeed, part of the thrust of the Core Area Initiatives as the member is aware, through its housing programs, utilizing RAP and other means to stop the deterioration of the housing stock that may take place and, indeed, that's a priority of this government with respect to its housing program wherein the Critical Home Repair Program was expended within months after this government coming into office.

The Innovative Buy and Renovate Program was instituted as part of the Homes in Manitoba package. So, I would hope that we're not in a situation that one community will deteriorate to the extent that this community, this group of housing has.

I would also add that 100 units of housing in the inner city is a significant amount of housing units.

MR. G. MERCIER: What is the long-term commitment to the Logan Community Committee, or the Logan Community Development Corporation in terms of funding?

HON. E. KOSTYRA: The commitment at the present time is the \$70,000 for this year. There are no commitments being made past this current grant, but

certainly it would be the intentions of the province to ensure that the committee has resources to complete the work of the redevelopment. But, as far as any specific commitments, none have been made.

MR. G. MERCIER: What type of accounting is there by the community committee or the corporation for the funds they receive?

HON. E. KOSTYRA: We require audited statements from the community committee with respect to its financial affairs to ensure that the funds are utilized for the purposes they are granted for by the province, and each grant was indicated to be used for specific purpose. To date, with the earlier grants, they have all met the terms as indicated to them.

MR. G. MERCIER: The job advertisement that I referred to indicates that currently two multi-family low rise projects are planned. Are those MHRC projects, and if so, what is the cost?

HON. E. KOSTYRA: Yes, I believe they are MHRC projects. If you'll just give me a minute I'll get some details.

As I understand it, those comments in the ad are in relation to projects that the community committee is developing for submission to MHRC. So, I do not believe that there have been any decisions reached with respect to specific projects referred to, and as I don't have the ads, I don't quite know what . . .

MR. G. MERCIER: Are there, to the knowledge of the Minister, any approved government construction projects in this area?

HON. E. KOSTYRA: The only approvals that I am aware of at the present time with respect to MHRC and the Logan area are tender calls that went out for six rehabilitation projects on six homes in the Logan area, that is, existing homes that are going to be revitalized, rehabilitated.

MR. G. MERCIER: Could the Minister tell us what has happened under the so-called revised Logan Industrial Park Plan whereby the Industrial Park was reduced from 23 acres to 8 acres?

HON. E. KOSTYRA: The most immediate work on that area is twofold. One is there is work being done with what existing businesses are in the area to assist them with relocation in other areas of the core. Secondly, there is a proposal that has been developed through DREE, or whatever it's new name is, with respect to the Industrial Park. That specific project authorization is being discussed by the Core Area Management Board for subsequent recommendation to the policy committee, which would include DREE taking the lead role with respect to initiating discussions and having some incentives for industry to locate in the Logan Industrial Park.

MR. G. MERCIER: DREE is the implementing authority there?

HON. E. KOSTYRA: Yes, DREE is the implementing authority for the Industrial Incentives Program that I

was referring to for the Logan Park or for other areas of the core.

MR. G. MERCIER: Under the Housing Program, could the Minister indicate how many new homes have been constructed in the core area whereby there are grants? I believe it's \$5,000, if someone constructed a new home in the core area.

HON. E. KOSTYRA: With respect to the specific grant for the Homeowner Assistance Program, I am informed the latest information I have from the Core Area Initiatives Office is that there are 87 applications being processed at the present time. I don't have the information on the actual number of units that have been formally approved for first-time purchases of existing dwellings in the core area.

I do know that under the provincial Homes in Manitoba Program there were a significant number of units both under the New Homes and the Buy and Renovate Program that were in the City of Winnipeg. A fair number of those were in the inner-city area.

MR. G. MERCIER: Mr. Chairman, I have no further questions.

MR. CHAIRMAN: Are we ready then to approve 1.(b) to 5.(b)? 1.(b)—pass; 1.(c)—pass; 2.(a)—pass; 2.(b)—pass; 2.(c)—pass; 2.(d)—pass.

Resolution 137: Resolved that there be granted to Her Majesty a sum not exceeding . . .

MR. G. MERCIER: Mr. Chairman, I appreciate this is the procedure for the information for the Member for Morris that we agreed upon at the start - but just one - I indicate it might have some technical questions as we go along. Has the policy of intergovernmental land sales been changed, or has the policy simply continued?

HON. E. KOSTYRA: The Intergovernmental Land Sales Program has been formally terminated by this government recently. The provision of funds last year, as the member will note, were the same as this year. There was a payout of \$6,000 to the City of Winnipeg for outstanding claims under that program. There was also an advance payment to Manitoba Hydro of \$111,000.00. The final or actual claim is presently being disputed by Manitoba Hydro and the department, and Manitoba Hydro are looking at resolution - that is in regard to the Bishop Grandin properties.

As you note, the City of Winnipeg right-of-way goes underneath and around the Hydro towers, and there is a question as to the appropriate value for the use of those lands. We are presently trying to bring about resolution to that. We feel that the net value of the various properties that pertain to Manitoba Hydro are in the area of \$117,000, and they are placing a higher value on that.

MR. G. MERCIER: Did the city have any objections to the termination of that policy?

HON. E. KOSTYRA: There was a concern expressed to the province with respect to the possible termination. I believe those same concerns were expressed to the

previous government when the present member was Minister, but as compared to the concerns that we receive from the City of Winnipeg from time to time, I would suggest that they were not major objections to the termination.

MR. G. MERCIER: That's because you've created so many other problems.

HON. E. KOSTYRA: I would also add that it's the government's intention to look at those issues on a project by project basis. As one example, the province, in conjunction with the city, made lands available to the Chinatown Development Corporation for the nominal sum of \$1.00 and the province is willing to look at other such arrangements for lands that are owned by the Provincial Government that may be needed for use in the City of Winnipeg.

MR. CHAIRMAN: Resolution 137: Resolved that there be granted to Her Majesty a sum not exceeding \$41,276,000 for Urban Affairs for the fiscal year ending the 31st day of March, 1984—pass.

Item No. 3.(a), 3.(b)—pass; 3.(c)(1)—pass; 3.(c)(2)—pass.

Resolution 138: Resolved that there be granted to Her Majesty a sum not exceeding \$7,440,800 for Urban Affairs for the fiscal year ending the 31st day of March, 1984—pass.

Item No. 4.(a)—pass; 4.(b)(1)—pass; 4.(b)(2)—pass.

Resolution 139: Resolved that there be granted to Her Majesty a sum not exceeding \$255,200 for Urban Affairs for the fiscal year ending the 31st of March, 1983—pass.

Item No. 5.(a)(1)—pass; 5.(a)(2)—pass; 5.(b)—pass.

Resolution 140: Resolved that there be granted to Her Majesty a sum not exceeding \$13,021,700 for Urban Affairs for the fiscal year ending the 31st day of March, 1984—pass.

Back to the Minister's Salary, Item 1.(a) - the Member for St. Norbert.

MR. G. MERCIER: Mr. Chairman, I made my views known in my introductory statement.

MR. CHAIRMAN: 1.(a)—pass.

Resolution 136: Resolved that there be granted to Her Majesty a sum not exceeding \$160,300 for Urban Affairs for the fiscal year ending the 31st day of March, 1984—pass.

Committee rise.

SUPPLY - HEALTH

MR. CHAIRMAN, P. EYLER: The Committee will come to order. We are considering the Estimates of the Department of Health, Item 7.(2) Hospital Program.

The Member for Fort Garry.

MR. L. SHERMAN: Mr. Chairman, in the Capital Program for the coming year and in the five-year program to which the Minister has made reference and which he described in some detail in his statement with respect to his 1983-84 plans on Thursday, April 14th, there are two references to Concordia Hospital in the

projects listed for finalization of architectural plans and then slated for return to government for consideration for approval before proceeding to the construction stage, and that is the expansion of emergency and out-patient departments at Concordia. Then in the overall five-year program, the Minister makes reference to the fact that he has instructed the Health Services Commission to continue to work with facility boards in communities in determining and refining the functional programs of a number of hospital and personal care home projects, which then, of course, would have to come back to Cabinet for consideration before there would be any construction approval granted and in that category he cites, I think, some plans for Concordia Hospital - yes, addition of acute care beds at Concordia Hospital.

The plans as announced by our government in late 1981, and I thought picked up and reiterated by the current government, were for the additions of two new floors to Concordia Hospital, which would contain a considerable number of medical and surgical beds, which would bring the bed complement of the hospital up over the 200 level. At the present time, it's about 130, I think. The construction plans call for the addition of two new floors, and the expansion of the hospital to something in the neighbourhood of 220 beds in total. I would like to ask that Minister where we stand with that potential Concordia project at the present time?

The announcement of his Capital Program for 1983-84 and his five-year Capital Program a few nights ago in earlier discussion of his Estimates leave that Concordia Hospital development under the shadow of something of a question mark, because he refers to it only as something that would be looked at from the point of view of functional programming and then something that at some time in the future would have to come back to Cabinet for construction consideration.

Where does Concordia Hospital stand with respect to that proposed addition at the present time, and is it a fact that the Minister's current plans then, as indicated by the program announced earlier in his Estimates review, do not include plans for the addition of those two additional floors to Concordia Hospital within the next two years?

MR. CHAIRMAN: The Honourable Minister.

HON. L. DESJARDINS: Mr. Chairman, when I talked about going back to Cabinet, my purpose for that was to make sure that there was no misunderstanding. I certainly didn't want to lead anybody astray. I think it is clear that the only time when there is a final approval for construction, that's when you can say for sure that the building will be built. I want to make that clear. There is no other reason for that, and certainly it wasn't aimed at Concordia. It was the whole thing.

Now Concordia, as far as we're concerned, it is approved in principle or it wouldn't be in the five-year program. The only thing is there are two factors to that. Now the Commission is conducting a bed survey, looking at the beds to see if the guidelines should be changed, that is acute beds and also the personal care beds.

Another factor also was, if I remember right, it is true that I remember that there was an announcement

made by the former government. I think it was pretty well in the tail end. In fact, I think it was during the campaign. Why we're looking at it was, as I said, a factor of the bed study and also because of Deer Lodge, because we are going to see what happens in Deer Lodge.

Members of the committee have noticed that those are the only personal care beds in the whole program in the city that we are talking about at this time - it is Deer Lodge. Deer Lodge could take a load of that, and the 50 beds, I think it's 50 beds or so, at Bethania.

I think that answers the question. Was that the . . .

MR. L. SHERMAN: Mr. Chairman, I want to move now to the consideration of the consolidation of obstetrical units in the city and the proposed phasing out of obstetrical units at Concordia and Seven Oaks Hospitals.

I understand why the Minister is approaching this challenge, and I'm fully familiar, having gone through it myself as Minister, with the professional, technical and clinical support sources that are urging the Minister to move in this direction. I fully understand, at the intellectual level, the desirability from the point of view of safety and efficiency of moving to consolidate some of our hospital and medical services, including obstetrical capabilities, and particularly under-utilized obstetrical capabilities.

But having said all that, I still recognize, and I'm sure the Minister must recognize, and I did when I was Minister recognize the fact that the communities of Seven Oaks and Concordia expect to be able to have their babies in their own community hospitals. Certainly, they did not welcome any kind of study or attention that I or the College of Physicians and Surgeons, gave to phasing out of Seven Oaks and Concordia obstetrical capabilities when I was Minister, and I gather that they continue to be less than enthusiastic about it under the current Minister.

There have been some vocal and unanimous positions taken lately by the medical staff at Concordia Hospital and I understand by the Board and Administration of Seven Oaks, asking that their obstetrical units not be phased out.

There have been news stories about people, young parents, young couples who are about to have a baby who have found themselves unceremoniously transferred from one hospital to another, rushed across the city after having not been able to gain admission to Concordia or Seven Oaks, where they expected to be able to go because it was their community hospital. Certainly, there are professional and clinical groups who are opposed to the phasing out of obstetrical services at Seven Oaks and Concordia just as there are professional and clinical groups who are in favour of it. I know I raised the question with the Minister in question period in the House the other day, but I would like to look at it again for a minute or two in this Estimate's process, Mr. Chairman, and ask him whether considering the medical staff and community resistance and concern that has come in both areas to the plans to phase out those obstetrical units, whether he and his officials are reviewing, re-examining and re-evaluating that decision?

HON. L. DESJARDINS: Mr. Chairman, there has been an awful lot of reviewing and evaluation. This will keep

going on. I had slated a meeting with both Concordia and Seven Oaks at their request, that is the board whoever they want to bring. It had to be postponed, not because of me, last week, and that is, I imagine, that the final date was probably arrived at this afternoon by my office. Also, it'll be done in an orderly fashion, and it's not going to be done in a way that you're going to necessarily cut all the bridges. It'll be impossible to ever change if it didn't work out. But, Mr. Chairman, I want to tell the committee that we looked at that very very seriously.

The situation is that we say it, we mention it here, all the Ministers of Health who succeed each other, we make the statement that we've got to be careful with the dollars, we've got to prioritize, if we want to keep the good system that we have, because there is no way that it can keep on going up and up and up, the way it is now. Something will have to give.

Now, this is a very difficult decision to make politically. It's a no-win situation. There's no way that you're going to have all kinds of friends in that area when you're suggesting that, and you know what is going to happen before. So, if I sound quite adamant in that, it's because we did a lot of the thinking, a lot of the decisions were made, then we knew that we had to stick with it. That doesn't mean that we won't listen to good sense, but so far all the concerns that we have were not justified, certainly, most of them were quite exaggerated.

Now, we've looked at the situation, and in this case, there are two things. We are quite convinced that it's going to be an improvement in the standards, and I'll try to cover that a little later on. Besides that, we are going to save the dollars. Now, if it was just the question of saving dollars and you weren't too sure about the standards, if there was a chance of the standards going down, it might be necessary to do and someday we might have to make decisions like that, but it would be much more difficult to make, because are you going to measure things in dollars, and are you going to sacrifice standards for dollars? That is a little bit more difficult to fight, but when you're assured that the standards will be increased, will be improved, well then I think the decision is quite clear and you must make the decision. It is unfortunate, but you can't give everybody what they want. It is somebody will have to give and then if you do that, you have to be fair with all people in Manitoba.

Now let me give you some of the - well as I say, the net savings, because there will be money spent in St. Boniface - no matter, even if we didn't change anything, we've got to do something in St. Boniface. St. Boniface is overcrowded. Why? Because the people want to go to St. Boniface and the Health Sciences Centre. There was some change at Health Sciences Centre. They were cut for awhile; now that will have to be modified a bit, but we would have to spend practically the same amount of money. The gross saving, I think, will be over \$1 million, maybe a million-and-a-half or so, and probably the money would have to be spent at St. Boniface and Health Sciences Centre anyway. Now with a little more - because it's only one or two more deliveries a day in these hospitals with the facilities that they have; that's all you need to pick up what would be lost at Concordia and at Seven Oaks. So that is the situation.

Now the standards, and we've done it in a careful way. Before doing that, we were assured, we had a

commitment. We have commitments in writing by both the teaching hospitals that they will do everything possible to do it in an orderly way. They will provide the admitting privileges for the doctors. We have even talked about the parking. You know, at times that's a problem around the hospital for the medical staff and so on. We will try to accommodate the nursing staff in other facilities. That won't be too difficult, because there are not going to be that many displaced. Then with the net saving, that money will be spent on - what? - on maternal and child care.

That is what everybody is telling us. You've got to get away from the institution type of thing. You have got to stop duplicating everything between the hospitals and you've got to provide the service, but you've got to go on this prevention. That is exactly what we're going to do, and we couldn't do it without that savings, because we wouldn't have the funds in a year like this year.

Now I've talked about standard. I want to make it quite clear that the people that are delivering the service in both these hospitals are very good and they are doing their best, but I'm talking about now, with all this improvement, there's a way of determining if these pregnancies will be normal pregnancy or high risk and that is true. The high risk, they won't even try to deliver any at risk in both these hospitals. They will send them to the place where they have all the facilities, the backup, the equipment and the expertise. But it's not that simple because the best figures that we have is the minimum of 20 percent to a maximum of 40 percent of the pregnancies that are identified as normal pregnancies, and later, when they're in labour, become high risk. At times, I'm sure we can't prove that, it would be difficult - I guess we could if we really tried - but some of the people, if they happen to be at St. Boniface, it might make the difference between the survival or the improvement of the mother and the child. So that is an important thing to do.

Now, you know, what do we get? We say that it's going to be like an assembly line. Not with what's going on. For instance, at St. Boniface there'll be two birthing rooms. There will be additional beds; there will be a nursery that'll be added also.

I want to give you this because the only thing - I don't want a misunderstanding and say you made a commitment - the Department of Obstetrics and Gynecology, at least, in the two teaching hospitals, say we will do everything we can to welcome them but we're not going to lower our standards. Now, I want this to be quite clear because there are some that might have difficulty getting admitting privileges, and I'll tell you why and I think it's good standard and good practise.

Well, let's start with Seven Oaks. In the calendar year 1982 there were approximately 28 doctors who attended 311 deliveries. Only three of those doctors attended more than 24 deliveries each that year. One delivered 44 patients, another 28, and the third one 24. Now, nine doctors attended between 10 and 18 deliveries each and approximately 100 deliveries were attended by 16 remaining doctors. That's four or five and that's not enough. Sure, I'm not saying that they can't do it, but if there's difficulty there'll be problems.

At Concordia, it's pretty well the same thing. Approximately 39 doctors attended 451 deliveries; four

doctors attended more than 24 deliveries each that year. One delivered 28, another 45, another 33, and the fourth 26. Sixteen doctors attended between 10 and 22 deliveries each; and the remaining 19 doctors attended approximately 67, or between three and four deliveries each.

Now, they say, you know, it's important to have these deliveries around that area. Well, let's look at that. We also have the postal code location of all these 309 or so delivered at Seven Oaks and 453 at Concordia. Well, 173 of those 309 were from the northwest of Winnipeg, north of the CPR tracks and west of the Red River; 45 of them were in St. James and Central Winnipeg; 45 were east Winnipeg, east of the Red River; 12 were southwest Winnipeg; 32 rural Manitoba, and 2 non-Manitoban.

In Concordia, out of 453, 289 were northeast Winnipeg and Transcona, east of the Red River and north of Regent Avenue; 31 southeast Winnipeg, east of Red River and south of Regent; 20 northwest Winnipeg, 19 St. James, all the way to St. James and Central Winnipeg; 15 southwest Winnipeg and 69 rural Manitoba, and 10 non-Manitobans. So it is not that much of a thing that you're taking something away from there. The freedom is not - it's pretty well like the schools. It's impossible to say, you have the freedom to go where you want the building itself. That's impossible at times. The main thing is that we maintain the freedom to choose their own doctors and that will be done.

Now, a delivery at Seven Oaks, for instance, is twice as much. The cost for delivery is twice as much as a delivery performed at St. Boniface and the Health Sciences Centre, and remember that the Health Sciences Centre and St. Boniface - I'm talking about total deliveries, an average of total deliveries - the added risks are included and paid for in that, and Seven Oaks is a bit the same.

Now, they're going down also. The Seven Oaks - it's too early. They haven't been there that long, but it's kind of steady. It's not going up that much. They've had a few months of going up when there was a strike at the Health Sciences Centre.

There is no doubt. I think the main thing, at least at Seven Oaks, that it brings a bit of joy and life and happiness around the hospital when you have these little babies. There's no doubt that that is a good thing for the morale there and they can spend an awful long time with the patient, and the patients that have deliveries there that have had no problems, are very, very pleased, because they can chat with staff pretty well all day because of the staff. I've got in my notes here somewhere the staff that they have per baby. It doesn't make sense. It's way too rich, but that's why the cost is there and then they keep - that's the word I have more fun with - anesthetist or whatever, the person that puts you to sleep. Anyway they keep one around the clock all day at Seven Oaks, 24 hours, and that's costly and that's for these deliveries.

So, I think that we're going to do the best we can. We're going to do it in an orderly way. I've had a discussions with some of them. I think they're starting - those that I've talked to, many people are afraid, they don't realize exactly what it is and I think that they're reassured.

I might say that this was recommended, like my honourable friend has recognized, by the Joint

Committee of the Society of Obstetricians and Gynecologists, Canada and the Canadian Pediatric Society; the Committee on Professional Standards of the American College of Obstetricians and Gynecologists; the Committee on Perinatal Health comprised of the American Academy of Family Physicians, the American Academy of Pediatricians, the American College of Obstetricians and Gynecologists and the American Medical Association; the Department of Health, Welfare Canada Task Force, with representation from the College of Family Practice and the Canadian Medical Association; recommended revised standards for Maternal and Newborn, the American Medical Association.

I met two weeks ago with the university, the College of Physicians and Surgeons, the St. Boniface Hospital, both administrations, to make sure that I got this commitment verbally also, of what they're ready to do and also the Chief of the hospital of Gynecology and Obstetrics. The same thing at the Health Sciences Centre and unanimously, the college said well, we've got to discuss it. We've recommended it before. My friend remembers the letter that they sent to him - I quoted that.

The MMA is different. The MMA, the gynecologists, and so on, have certainly recommended it and I'm sure that members of the committee remember the famous PETAL (phonetic) Report that became a little too hot to handle and they had their politics too, the same as we have ours, and that was the difference between the specialists and especially some of the rural doctors. So we think we're doing the right thing.

It's not something that we're going to cut all the bridges - if something happens, we're stuck and we're going to be stubborn about it. It is not something new. It has been done in other places; it has been successful. It has been done in other places in Canada and all the good advice definitely is that we should go ahead and centralize it to improve the standards because they're the facilities that you have. It's like everything else. I remember my honourable friend in that discussion we had and we both agreed, that there has to be at least a minimum of cardiac cases, also, if you're going to keep the terrific team that you have here and we both recognize that, in fact, all the members of this committee, I'm sure. Maybe it's not exactly the same, but certainly anything in medicine, you've got to practise your profession and your speciality, and so on, if you're going to maintain it. You take even a nurse or a doctor, or a nurse that's away from nursing for a few years, they have to go back and take a refresher course and that is why I say, it is not good standards to have somebody that's delivering three or four babies a year. That's not the best. That doesn't mean that they can't do a good job, but if it is a difficult case and if they haven't got the facilities and the backup in that hospital, well then it makes it difficult.

And it's going down all the time. It's going down - well I can talk about Concordia and all the others. And that is the first step. We will look at the others. We haven't made a final decision on Misericordia. We also will look at the facilities at Grace and Victoria later on, but you've got to do it in an orderly way. Why did we pick those two? Because it was the costliest and because they had less deliveries than any others, not to penalize the north end or to discriminate against anybody at all.

Now we feel there's not that many of these things anymore, that babies are born in taxis and trains and planes. That happens, but not as often as that. Usually with the method, they try to identify it, to make sure what kind of delivery it is. They have plenty of time and it's not another mile or two in the roads and the cities, which is not as large as that at St. Boniface that it'll cause problems having to transfer them - not transfer them.

Well, as I say, many of them are going all over the place anyway. If they were all staying around that area, you would understand. At least you do that in the schools. It's difficult, you can go only a certain area but everybody - the main thing they want to defend the right to select their own physician, their own doctor, and we want to preserve that and that's what we're trying to do and that's what we intend to do, with the co-operation of St. Boniface and Health Sciences Centre and the Faculty of Medicine, and so on.

MR. L. SHERMAN: Mr. Chairman, the Minister says that this will preserve freedom of choice and the right to choose one's own doctor and one's own obstetrician, but then the question which obviously arises is this one. Is the Minister saying that all those obstetricians, who have admitting privileges at Concordia Hospital and Seven Oaks Hospital, are going to be given admitting privileges at the Health Sciences Centre and St. Boniface?

HON. L. DESJARDINS: They will be given exactly the same. They will be part of the team, be given exactly the same privileges as they were on the team forever. The only thing they'll have to maintain certain things to keep the standard, the same as the doctors now practising at St. Boniface and Health Sciences Centre, to be able, they have admitting privileges for that. They have to maintain a minimum number of cases, yes. But that is what I wanted to make clear before, and that is strictly to maintain and to make sure that the standards are . . . People will have to either decide and specialize, and have at least 10 cases a year, it's not that many, approximately 10 cases a year, but they are not going to lower their standards to get these people in, but they'll get them in, and then they will abide by the standards of that hospital.

MR. L. SHERMAN: Mr. Chairman, the Minister says this has been done successfully in other areas. He is aware that Dr. Henry Dirks of Concordia Hospital said recently, or was quoted as saying recently, that obstetrics centralization has "bombed out" in major centres such as New York City where the perinatal mortality rate rose rather than fell after it was introduced. He said - this is referring to Dr. Dirks again - "Concordia Hospital, in studies conducted between 1977 and 1980, had one of the lowest perinatal mortality rates, far below the provincial average."

I would ask the Minister whether he has or would comment on that position expressed by Dr. Dirks, that where this practise has been attempted in the past in other areas, in some instances it has failed. He cites New York City as an area where, to use his term, it bombed out, and I would ask the Minister whether he can confirm that?

HON. L. DESJARDINS: That has been tried in different provinces in Canada, in New Brunswick, in Quebec. It's been successful. I can't comment in New York other than a general comment. We'd want to check that, but the statement the doctor is making, he's talking about one of the best percentages, but he forgets that they've tried to, as much as possible, eliminate the high risk, and that's a lot easier if you predetermine, and although I did say that there are between 20 and it might be around 32 to 36, but between 20 and 40 at times that become high risk, and some of them are transferred. If they catch them in time, they might be at Concordia and Seven Oaks, and they are transferred to these hospitals, even once they are admitted there at times, and that is probably one of the reasons why the average might be better.

But if my honourable friend remembers the problem that we had in Manitoba, and we were both very concerned with the high rate of death, although, as we mentioned during the Estimate of the department, we talked about a lot of factors, the Native and all that, is one of the factors, but that is improving now since we've gone ahead and put some of these things in practice and tried to identify them.

Oh, another thing I should say - the saving. People have said, you're going to push people out of the hospital. That was a concern. I'm glad I thought of this. You're going to discharge them in a couple of days, and so the savings and the time is all based on things not changing at all. This other program of early discharge and work, of course, assistance before and after, and we're talking about only normal births, and that would be done, assistance in the home, before and after. Like one of the doctors, a specialist was telling me, the hospitals are for the sick, not for the well, and they have the delivery - fine. But that will be only if approved by the patient's doctor and only if the patient is willing.

So, that is a pilot project that is working well, and if anything, that'll be added saving. So, it is not based on that. It's not one of the conditions, oh, yes, you're going to throw him out of there after a couple of days, that's not the case at all. The average delivery at the Health Science Centre without this program and St. Boniface are less than for the comparable cases, especially are less than they are at these other hospitals.

MR. L. SHERMAN: Mr. Chairman, what is the Minister's comment on charges that have been made by some members of the medical staff at Concordia, in particular, to the effect that the unit at Concordia and the unit at Seven Oaks are needed because the units at St. Boniface and the Health Sciences Centre are overcrowded and that, in fact, they cannot, even at the low-risk level, accommodate the kind of volume that's expected?

HON. L. DESJARDINS: I did recognize that they were overcrowded, especially, St. Boniface. I did recognize that. I said no matter what we do, even if we didn't close these beds at all, we would have to improve the situation at St. Boniface, because these people are going there by choice. Some of them, in fact, if you remember not too long ago, somebody had to be sent to Seven Oaks because St. Boniface could not

accommodate them. So, something will have to be done. All I'm saying with the additional beds, the two birthing rooms and the nursery that they have, they will be able to take care of this overcrowding and the one or two - there are not that many deliveries - let's say that St. Boniface takes over Concordia. That's one-and-a-half, two, at the most, delivery a day, and it's going down. So, that's not going to be that difficult. But there has to be some improvement.

I've stated that from Day 1, but all that is based on the present average stay in St. Boniface, not on the fact that we're starting this program, and that is a kind of a pilot program that's been going on for a while. I think it started when my friend was the Minister, and they would hope that eventually the people will see that the advisability of probably not staying in hospital too long, providing, of course, the assistance is there in the home, and that's another form of home care. That's an idea that we are told, let's look, let's see if we can try to get away from the institution concept as much as possible. As I say, a hospital is not for the well people, it's for the sick.

MR. L. SHERMAN: In his original statement on this development, Mr. Chairman, the Minister suggested that \$800,000 would be achieved in savings, and that money would go to child and maternal health programs and preventive medical programs. Can he tell the committee how he is going to save \$800,000 or any significant amount of money through this initiative that he is proposing in consolidation of obstetrical units, when, in fact, in order to accommodate even the increased volume in low-risk cases, considerable additions are going to have to be made apparently both from a point of view of physical capacity and one would expect staffing and budgets at St. Boniface and the Health Sciences Centre. If St. Boniface and the Health Sciences Centre are going to accommodate this extra load, low risk as well as high risk, how is he going to save \$800,000.00?

HON. L. DESJARDINS: Well, that's just it, if you have a larger place up to a certain point, you will have some savings. As I say it's nothing. When you fix that, it's not going to be very difficult to increase the capacity in St. Boniface to take two extra deliveries a day, and that would take care of all Concordia and Seven Oaks could be taken care of by the Health Science Centre. Then, don't forget, there are still other hospitals who are going down. Let's remember that. There are still other hospitals, that's why we're doing it in an orderly fashion. There is still Victoria, the Grace and Misericordia. So, that is one of the cases.

Now, the saving is also because of the staff and the high cost of delivery in another hospital. As I've said, I think it's 24 hours. The delivery is 1,200 - 1,250, I think, and 1,270 at St. Boniface and Health Sciences Centre. It's around \$3,000 in Seven Oaks, for instance. So that is the staff and some of these facilities. You won't duplicate these facilities.

The expenditure that will be removed from the Seven Oaks and Concordia will be \$1.5 million, but we will need some of that money to make the facilities available. If there is construction, if there's any change in the hospital and you're not constructing for that, building

for that, that's an extra saving also. That is not included in there.

MR. L. SHERMAN: What will happen to staff at Concordia and Seven Oaks, Mr. Chairman, particularly, nursing staff? Will there be staff laid off or displaced as a result of this?

HON. L. DESJARDINS: At Concordia, that is one of the reasons. We want these hospitals to be first-class hospitals and that's one of the concerns they figured if nothing replaced them. We think that something has to be done and that is one of our priorities. Right now, Concordia, for instance, is emergency, so that has to be looked at.

I'm not at liberty to say too much, but there is a facility, a service that we are about to lose at the university - I could tell my honourable friend privately - if we do not do something fairly soon. I want to discuss that and staff want to discuss that with the Seven Oaks Hospital. That would be a facility that they would specialize in, so that is the thing, as I say, not necessarily duplicate everything, but make sure that these hospitals are not second-class hospitals.

By the way, the staff will be taken to Seven Oaks to start with. They will be opening other beds pretty soon; they'll need nurses, so they'll have the first choice in some of the areas. I am told that none will lose their jobs because of closure. At Seven Oaks, some of the nurses may continue employment at that hospital as the opening of that hospital continues. The next group of 30 surgical beds are planned to open in September. At Concordia, the priority will be to provide for those nurses who wish to remain as attrition-free of their jobs. Health Sciences Centre and St. Boniface will give favourable consideration to the Seven Oaks and Concordia obstetrical nurses wishing to transfer to obstetrics at the teaching hospitals, because they'll need some increase in there.

MR. L. SHERMAN: Mr. Chairman, what will happen to the Family Practice Teaching Unit at Seven Oaks? What is this going to do to that capability? We require more skilled practitioners in family practice. I think that most commentators and observers close to the health scene would agree that the interest in family practice in recent years and the expansion of family practice capabilities and family practice enrolments among our medical students has been a good thing. There was a period of time when we were going through a very intensive emphasis on specialization, and family practice was somewhat minimized and perhaps downgraded in importance and recognition.

It is a very necessary and vital specialty in its own right in the medical field, and I think most observers were very pleased to see a buildup and an increase of interest and participation in family practice in recent years. The onset of Seven Oaks with its Family Practice Teaching Unit was recognized as an important ingredient in that development. Does this plan to consolidate obstetrical units threaten and jeopardize that unit at Seven Oaks Hospital?

HON. L. DESJARDINS: No, not at all. Obstetrics is only a small part of that, and the only thing they're

teaching then would be at Health Sciences Centre and St. Boniface.

I would like to read a short letter from Dr. Livingstone who wrote to me just last week on May 16th. "Dear Mr. Desjardins: Further to our meeting on Thursday, May the 5th, I would like to confirm in writing the opinions and assurances offered by the Department of Obstetrics and Gynecology of St. Boniface General Hospital on that occasion. I would confirm that this department believes that it is in the best interests of quality maternal and child care to centralize obstetric activities in units large enough to justify medical coverage of the labour floor on a 24-hour basis as well as 24-hour in-house anesthesia and neonatology backup.

"Because of the unpredictable nature of obstetrics with 20 to 40 percent of patients moving from low-risk to high-risk categories during labour, we believe it is important that all obstetrics should be conducted with immediate access to specialists, consultation and neonatology and anesthesia backup services.

"We are aware that necessary changes in patient flow will cause some unhappiness, especially in family physicians, who work in the particular hospital where closure is proposed. However, Winnipeg is relatively small and communication by road is rapid. The very small amount of extra time necessary to get to a bigger hospital will be more than compensated for by the high level of service available."

And this is the paragraph that I wanted to - "We have assured these general practitioners at the Concordia and Seven Oaks that there will be no hesitation in awarding privileges in keeping with their training, skills and past performance. To serve these doctors better, a section of Family Practice Obstetrics is currently being developed in St. Boniface Hospital where the section head will be from amongst the ranks of the family practitioners.

"With the addition of 17 extra beds, two birthing rooms, an additional nursery and sufficient additional nursing staff, there will be no difficulty in accommodating the anticipated additional 350 deliveries per year without resorting to early discharge.

"In summary, I support the present proposed moves towards consolidation and believe that they are based on sound reasoning and adequate experience elsewhere. We'll also give our assurance that family physicians from hospitals where closures are proposed will be provided with all the facilities necessary to continue their obstetric practice at St. Boniface General Hospital." Signed, "Dr. R.A. Livingstone, Head of Department of Obstetrics and Gynecology, St. Boniface Hospital."

MR. L. SHERMAN: Well, I'm pleased to have that information, Mr. Chairman, but the Minister will concede that you have to have an obstetrical component in a family practice teaching environment and curriculum in order to ensure complete training of the medical students. This applies particularly for those students, those physicians who are intending to practise in rural areas.

I would request reassurance from the Minister that the obstetrical component that is going to be removed from the Family Practice Teaching Unit curriculum at

Seven Oaks, if the obstetrical unit at Seven Oaks is closed down, is made up in some way in that curriculum for the medical students in that unit. Are they going to receive the necessary obstetrical component at another hospital, presumably St. Boniface or Health Sciences, in the kind of depth that they would receive the training within the unit right on site at Seven Oaks?

HON. L. DESJARDINS: Yes, this is exactly what will happen. That part of it, the training education they'll receive will be at these two hospitals and it will be improved, because then they will be exposed to all kinds of deliveries, not only the normal deliveries and the others. It certainly should help them to recognize the different risks and the signs and having at least some experience with that once they open their practice in rural Manitoba.

MR. CHAIRMAN: The Member for Niakwa.

MR. A. KOVNATS: Thank you. I won't be too long, Mr. Minister; just a couple of very short questions. I received a call over the supper hour from a nurse at the Concordia Hospital, and they still are living in hope that the Minister is going to change his mind and keep on with the Obstetric Department at the hospital, and I kind of hope that the Minister will make some concessions. I understand the savings and consolidating the hospitals, in just two or three hospitals rather than having them all, but I think the service that it provides for the community has to be considered very very seriously and I, for one, support keeping open the Obstetric Department of the hospital.

I know the Minister has always gotten up, and I've heard him on a few occasions saying that you can't have it both ways; you can't keep complaining about a large deficit and keep asking us to spend more money. Actually, when he says I can't have it both ways, I guess I can have it both ways because I am a member of the opposition and I can have it both ways. I do want him to keep the hospital open and I do want him to reduce the deficit; so that's his problem.

The nurse was telling me that — (Interjection) — well, I just wanted the Minister to know that I can have it both ways. He can't tell me that I can't, because I can.

Now, the nurse was telling me that they are living in hope that the hospital will change its mind and, you know, that at the eleventh hour somebody will come and say, all right, we're going to keep it open, but we know that it's a fait accompli now. It's done and it's over with, but I think that the Minister has told us about all the plans that they have for the nurses and for the doctors - parking facilities - well, it's an absolute cinch. All you do is give him an attending doctor's pass and he can park anywhere he wants . . .

HON. L. DESJARDINS: Oh no, it's not that easy. You should know . . .

MR. A. KOVNATS: It's that easy. It's that easy. The nurse was telling me that she's applied at two or three other hospitals already because there's been no assurance given to her that she will be kept on in another capacity as a nurse but in another department; but she

has gone out looking. I think the Minister's problem of the smooth closing of the Obstetric Departments, particularly at Concordia, it's not going to be a problem at all because all the nurses will be gone, because at this point, you know, they're looking hither and yonder. I think that they should be told straight across the table, the department is closing, there's no ifs, ands, or buts. It doesn't matter that the doctors have taken a petition and they said that they would like to keep the hospital open; that's irrelevant. They don't have any decision at all as to whether the Obstetric Department is going to stay open or closed. They can put a little pressure on the Minister, but the Minister isn't going to yield to pressure. He's got his mind set and, right or wrong, I'm not going to comment on that, but I don't think it's good for the community. It's like a closing of a school in a community. You know, we have children from other areas that come into those schools, but the closing of a school in a community, it's a bad thing, and the closing of a part of a hospital in a community is a bad thing.

I think that - I can only guess that the Member for Concordia who is just leaving at this point - I think he's got an important phone call - but I think that the Honourable Member for Concordia has probably spoken to the Minister - please keep the hospital open; it's in my community and this is part of the whole of the community; can you keep the hospital open - and I'm sure that you were able to tell the Honourable Member for Concordia that we're closing the hospital but, you know, it has to be done. I just want to get it off my chest to let the Minister know that I am in favour of keeping the Obstetric Department open even if it is going to cost a few extra dollars.

MR. DEPUTY CHAIRMAN, P. Fox: The Honourable Minister.

HON. L. DESJARDINS: Mr. Chairman, that's only half the story, the dollars. First of all, let me say that I did announce that the place would be closed. It was announced to the administrators; it was announced then to the board by myself and the Commission. At their request, they wanted to meet again, and I was asked by a member of this committee to try and keep an open mind. This is what I say, that when you're meeting, there's nothing really finalized, but unless we hear all kinds of reasons why - not just because I have sympathy - I feel the same as my honourable friend. I would like to please them, but if I please them, I might not be able to deliver some of the service to the people that need it; and that is why.

Eventually, we might have to go and close some of the schools we were talking about. There are away less youngsters and then there are people turning 65; there is going to be quite a higher proportion around the turn of the century and we will have to do something. It is wishful thinking to think that we can keep everything and then create all kinds of new services. The one million Manitobans cannot afford that.

But more important than that - my honourable friend did not touch this and I want him to remember - when we made the fuss that we did about the person that died - and one death is enough to make all the fuss in the world - in Flin Flon, now let me say that what

would my friend say then if there was a death and that could very well happen. Somebody that becomes a high risk in the hospital without the proper facility and the expertise, it might make exactly the difference.

St. Boniface was overloaded; they wanted to send somebody to Concordia. Concordia couldn't take them, and they said it's an act of God that that person be sent to Concordia, they did not have the facilities. It turned out to be a high-risk pregnancy, or delivery, and that is the case now. I am sure my honourable friend would not say just to please them, just to make them happy, let them have their hospitals. Then, we are going to endanger the life. Even if it was a little bit, we're striving to improve the standards and that will both save money and improve standards. There are not too many occasions that I will have that we'll do both these things. I will probably have to argue to save money and make the standards like - we might not reduce the standards, but maybe some of the frills, and we'll have to do.

So that is why I hope that the members of this committee - and it is a difficult situation - I think that these hospitals, all the constituencies surrounding them are members of our party and that makes it very very difficult for them and they're getting criticism like you wouldn't believe. But we are looking at the common good of the people of Manitoba and we're thinking of deliveries. There are a lot of other services. All through my Estimates, I was told, even in here, what about the - you remember the ambulance service up North? Do you remember the monitoring of the drugs and all these things? Well, I can't do that and keep on all the old programs and then add some more. We've added so much now. We just can't do it. In general, I think that the people understand that. Right now, there is a movement because it's inconvenient and it's pleasant, as I said, to see this life in there in the hospital, but I think the people will understand. We met with MARN. I'm not going to say I converted everybody, but we had a very good meeting and there was a nurse there that came in from Seven Oaks with a stack of names, a petition, to keep the place open and I think she understands the reason a little better now; I hope so. Now, why there's not more action - it's not because of myself, in fact Concordia has been meeting with St. Boniface and Health Sciences Centre, but Seven Oaks has refused to meet with St. Boniface and Health Sciences Centre up to now. They want to wait until they have the meeting with us. We can't force them to meet, but these two hospitals are doing everything to make it in an orderly way, to see what they can do to help.

MR. DEPUTY CHAIRMAN: The Honourable Member for Niakwa.

MR. A. KOVNATS: That's satisfactory; I don't want to keep beating a dead horse. As I've already mentioned, I believe that to be a fait accompli and so there's no reason - I'm on record as asking you to keep the hospital open on behalf of some of the staff that's there, and that's fair enough.

I understand this afternoon that the Honourable Member for Emerson asked some questions concerning the proposed new hospital at Vita. I don't want to go

into a long discussion on it. I just want to be on the record of supporting that proposed new hospital at Vita, because it's the area that services the whole of the southeast of Manitoba and I don't think that we can sit on it too long. Right now I know that the people are taking advantage of the hospital at Steinbach and in Winnipeg, and even going across to Roseau, but the Minister knows all of the facts and figures on what's happening there.

I just want to ask the Minister, can he give me any idea of when this hospital will get moving, rather than just being talked about?

MR. DEPUTY CHAIRMAN: 7.(2)—pass; 7.(3) Personal Home Care Program - the Honourable Member for Roblin-Russell.

MR. W. MCKENZIE: Mr. Chairman, I just have a few questions for the Minister. We've discussed the Gilbert Plains problem earlier in his Estimates and the anxiety and the unhappiness in that community, I don't think I can describe it in words, and since that time the Minister is well versed in what has taken place, the petitions and letters that have been forwarded to him. But in the last week or so, I have had several questions raised to me by interested people in the constituency and that is without the lab and the x-ray facilities at Gilbert, I wonder can he give me an idea what's going to happen to their doctor?

Without the lab and x-ray facilities being included in the 30-bed personal care home, can he give me any idea what might happen to their doctor, because there's people questioning me on that, and if the doctor goes, the drugstore goes. I'm just wondering if he has any discussions with the doctor in Gilbert.

HON. L. DESJARDINS: I might say, I think certainly I'm not trying to muzzle my honourable friend, I know that he has a concern, I've received letters from him, he's done his homework well, but I might say to him that finally I received a letter today from Gilbert Plains who finally accepted this meeting. They've requested a meeting, my condition was that we were going to meet with area people. They've accepted to meet with the Dauphin people and the Grandview people and we're going to arrange that meeting now and all these things will be discussed.

MR. W. MCKENZIE: Then all those questions will be answered there by the Honourable Minister. That's all I have, Mr. Chairman, thank you.

MR. DEPUTY CHAIRMAN: The Honourable Member for Fort Garry.

MR. L. SHERMAN: Mr. Chairman, I would like to know where we're headed with respect to the Minister's approach to increases in the personal care per diem and any formula that he may be contemplating with respect to increases in the per diem. I'd also ask whether he can advise the committee of the existing rate at the present time where the residential per diem is concerned. Can he confirm that it's now \$12.55? I believe it was \$12.35 until very recently. My records indicate that it's probably \$12.55 at the present time.

Can the Minister confirm that?

HON. L. DESJARDINS: Yes, it is \$12.55. This is an area that there is some difficulties, people are not all rubber-stamps around the table and it's the same thing in our area in the Cabinet. I have requested to make different proposals, we're developing that now and we're supposed to present it to Cabinet. The policy that we have so far has not been changed, it's a policy that we shouldn't give any of the pensioners, we shouldn't let them retain less of the percentage after the inflation. I personally feel that maybe we could collect a little bit more money from them, because some of the experience that I've had in other provinces, some of the information, and also the opinion that these people are getting enough money, oftentimes the money will go on to the survivors and so on, not the survivors but the children and so on because of the care we give them. But we have to make a decision collectively, I have to prove my point and so far I haven't been that successful.

Right now the policy in existence is the one that we have now. It is indeed \$12.55 per diem.

MR. CHAIRMAN, P. EYLER: The Member for Fort Garry.

MR. L. SHERMAN: Mr. Chairman, I'd ask the Minister whether the increase in the per diem, which admittedly has to be approached from a compassionate point of view in terms of safeguarding and guaranteeing a quality level of disposable income for the residents, whether the increase in the per diem is sufficient to maintain the sort of historic ratio in the personal care home budget in the province which has seen approximately 77 percent of the budget provided by the taxpayer through the treasury, and approximately 23 percent provided by the residents themselves.

I think that the general experience is that Manitoba's pensioners and senior citizens and residents of personal care homes, like Manitobans in general, are a proud people who don't expect handouts, who expect to be able to participate in paying their fair share of the cost of programs of which they are beneficiaries, of which all of us are beneficiaries, and there's never been any objection of a significant nature, to my knowledge, on the part of any residents of personal care homes to paying a fair and equitable per diem and carrying a fair and equitable share of the cost of the personal care home program.

Just, I suppose, by coincidence and by practice, it has worked out to be approximately one-quarter of the cost of the program over the years and the other three-quarters has been provided by the taxpayer through the government. This has been maintained over a range of increased costs and a range of increases in the per diem since the program came into effect.

Our government had introduced a formula which we thought would preserve that kind of approach and protect the resident from peaks and valleys in terms of his or her disposable income, which would inject a note of uncertainty into their own budgeting. We felt that our formula would provide them with a more stable idea in terms of their own budget as to what their disposable income was going to be over a period of time into the future, and at the same time would

maintain that one-to-three ratio or 23 percent to 77 percent ratio of funding for the program.

My concern with the present government's modification of that approach and interruption of that approach would be that although the per diem has gone up in total in the 17-month life of this government pretty substantially, there still may be a danger that the funding formula is getting out of whack a little bit. I don't think there was ever any sort of formal formula struck which said the per diem paid by the residents shall amount to 23 percent, and the amount put in by the government shall be 77 percent, but it just worked out that way and it seemed to be fair and equitable to all concerned.

My concern is that formula may be getting out of whack because of the ad hoc approach that the current government is taking to increases in the per diem rate. It seems that every two, or three, or four months the government is turning around and increasing that rate by 10 cents or 15 cents, nickel and diming the residents in some cases by 30 cents or 35 cents. There's no sort of conformity, or no order, no organization to the practice of increasing the per diem. I would ask the Minister whether that ratio of the residential input of 23 percent and the government input of 77 percent is getting out of kilter as a consequence of the undisciplined and ad hoc way in which the per diem rate increases are being approached by this government?

HON. L. DESJARDINS: I'm not too sure that I would agree that it's an undisciplined and ad hoc way of doing things. I might agree that we should review the whole formula.

The formula now is that the pensioners would remain the same percentage of that. They would not have to pay a larger percentage of their total income, that is base. Now that's the place that I disagree with my honourable friend. But I must admit that I want to see this policy reviewed and that Cabinet has suggested that we prepare something.

I might say, I might add on also that we're thinking of looking at the mental hospitals also. Those, we don't know yet but there's another suggestion that'll be made. What's the difference if somebody is a pensioner, especially a pensioner, although they're not all pensioners in the personal care home but let's start with the most obvious. The pensioner in a mental hospital will receive probably more costly services, who gets all the board and room, and medical, and drugs, and so on. So this is something that I want to look at and that we will have to, Cabinet has agreed that a submission should be made to them. But I agree. I think I see it that also that they have to pay, they're the fortunate one, there's no doubt. Fortunate in the bad luck that they're having of course but they don't have to worry about, you know, you're talking about the cost of living, and the cost of living is not necessarily the best way of looking at that. Because what is the main thing in the cost of living? It's food, and shelter, and that's not considered, and in there, drugs and transportation, and gas was a big factor. So those are some of the factors.

I know that some people are saying to us that it's practically an advancement. They've got too much

money and where does it go? So I'll just have to do a better job of convincing my colleagues but they are, I'm not going to say, I hope they're not more human than I am or, but they have the concern and I'll have to do a better job of convincing them that they're not going to suffer and that we'll be able to provide even better service or for more people.

MR. L. SHERMAN: Mr. Chairman, I just want to be clear on one point that was contained in the Minister's remarks in addition to his response with respect to the per diem and the level of the per diem in personal care homes. I just want to confirm that he said he's also looking, the government is also looking at levying a per diem on pensioners in our mental hospitals, and the viability of doing that because of the anomaly that exists at the present time between those who are in personal care homes and those who are in mental health centres. Is that correct?

HON. L. DESJARDINS: Right. This is what I'm saying because of the - if we remember the Federal Government had nothing to do with the, in assistance with mental health and these people are in institutions the same way. There are . . .

MR. L. SHERMAN: Pensioners, if they are pensioners.

HON. L. DESJARDINS: . . . yes, and I'm suggesting that we should look at least starting at No. 1 at least, those that are pensioners, that are receiving a pension that have no homes that are kept in an institution for probably - I'm talking about, not those that might be there just for a short time, but those that'll be pretty well identified that will be there for, there's a good chance that they'll stay for quite awhile. It serves as a personal care home but with added service. That's all it is so I think that I would want Cabinet to consider doing something about that.

MR. L. SHERMAN: Mr. Chairman, can the Minister advise the committee of what the disposable income is at the present time under the existing per diem rate in personal care homes? What is the disposable income for a single pensioner and for a married pensioner who is receiving old age security and the guaranteed income supplement? That is a pensioner with only the pension as income.

HON. L. DESJARDINS: I won't give you the married, we don't hold that any more. I think, I've given the information to committee, that we both had the wrong information. That upon request the Federal Government would consider them, the pension, would consider the old age pension as two singles. If one is in an institution, and the other one is in the home, or if they're both in the institution so I'm just going to deal with single now. Because if that is the case that had been rectified I guess because of ignorance and people were not taking advantage of it but we informed all of the personal care homes and the senior citizens that we could.

The disposable income as of May or June 1st let's say, it's pretty close would be \$148.40, and that is 28.9 percent of the total income. That's what they would retain.

MR. L. SHERMAN: \$148.40 per month.

HON. L. DESJARDINS: Right.

MR. L. SHERMAN: Thank you.

HON. L. DESJARDINS: It'll go down on July 1st. I should say, it will go down, that was just for a month because of the change. It was 135.85 on May 1st; July 1st, 143; August, 138, if we keep the same increase.

MR. L. SHERMAN: How would that \$148.40 as of June 1st this year compare with the disposal income a year ago, Mr. Chairman? Does the Minister have that figure?

HON. L. DESJARDINS: I'll give the April of '83 and April of '82. April of '83, it's not always the same month, that was about 154.40, and April of '82 was 138.22. There was 29.4 that they had this April, and in April of last year 28.7 that they retained.

MR. L. SHERMAN: What's the annualized cost of operating a personal care bed now, Mr. Chairman? It used to be approximately \$10,000 a year, approximately \$35, \$36, \$37 a day, but I would expect that it has exceeded that level now. That is average cost I'm talking about.

HON. L. DESJARDINS: I wonder if there are any other questions. The staff is trying to work this out.

MR. L. SHERMAN: Mr. Chairman, I don't intend to go into the whole range of personal care bed programming that the Minister is engaged upon at the present time. He gave us his capital program for 1983-84 a few nights ago in the House, and he also provided us with the backup information on his five-year program so that we can see what is happening in terms of immediate and projected personal care home construction and additions to the personal care bed spectrum.

I observed from that program that considerable emphasis is being placed on the replacement of time-expired personal care homes in western Manitoba and in southeastern Manitoba communities, but I would ask him whether there is any thrust in terms of enriched elderly persons' housing to fill that gap in the spectrum between conventional life at home and life in the personal care home environment.

We now must be in overall terms pretty much at the required desirable guideline quota level for personal care beds in Manitoba, the guideline being, I presume, still that of 90 beds per 1,000 persons over age 70 in population. We must be close to meeting that on a province-wide basis at the present time although there would be pockets in individual communities where we are still underbedded, but overall I would expect the total number of personal care beds must be pretty close to 9,000 and that would work out, I would think, to our 90 beds per thousand over age 70.

A missing gap in that spectrum seems to be the enriched elderly persons' housing facility. I would hope that the Minister of Health is working with the Minister of Housing in attempting to fill that void. Where do we stand on that?

HON. L. DESJARDINS: Mr. Chairman, the member is right. We are getting close to, in general across

Manitoba, provincially although there are certain pockets that we still have to look at, and also there are certain beds that should be closed and we're doing that gradually. That's why we haven't done too much with the announcement of the taking over of Deer Lodge especially in the city, but this has to be looked at. We are looking at another review now of the bed situation.

First of all I am going to correct the member the same as I have been corrected repeatedly. Staff doesn't like the idea of calling it enriched housing. In fact, I think I was the first one years ago that used that term or one of the first ones. We called it enriched housing. It is because we don't want to give the impression that it is better quality of housing or something different in the housing. It isn't that. It is to help them with certain programs.

There is a committee. Yes, I'm very pleased to tell my honourable friend that we are looking at that. There is a committee of staff that has been set up, and there is representation from our department and, of course, the gerontologist is very much involved in that. My friend would know, there is Kay Thompson also that has been involved because of her expertise. I think I said the Provincial Gerontologist and also the Home Care people, Enid Thompson from our department. There is representation from the Department of Housing and there is representation from Community Services also.

At our direction, they have given us examples of some of the things that can be done. They have studied different areas. They have come with some proposals. We've asked for more, not just put all the eggs in one section. They are ready with that. It's just because of my Estimates and so on that I can't call a meeting. We intend to have a meeting with that committee fairly soon, because we have to now because we read the riot act to make sure that they would produce and they have done that so now it's up to us.

So that will be looked into. We certainly agree with what has been said, added to the programs of Respite Care and Day Care and Meals on Wheels and all that and Home Care, of course.

MR. L. SHERMAN: Are there any plans for special needs personal care homes or facilities in any parts of the province?

HON. L. DESJARDINS: I don't know if my honourable friend still wants this information. I'm afraid to gave it to him. Excluding debt repayment, the program cost per bed is \$21,000.00.

MR. L. SHERMAN: Twenty-one thousand dollars, that's the annualized cost of operating a bed in the personal care system.

HON. L. DESJARDINS: Excluding the repayment of debts, so it quite high.

MR. L. SHERMAN: That's double what it was a very few years ago.

HON. L. DESJARDINS: But it includes the interest charge.

MR. L. SHERMAN: That is quite a lot more than it was just a very few years ago. It might not be quite

double, but we're looking at - as I say, it's not long ago that I think the rule of thumb was \$10,000 a year to operate a personal care bed and whether that included capital debt repayment, I don't recall.

But even excluding that, you're looking at a substantial increase now and that's why I go back to my question - the Minister has already answered it - but just rhetorically I go back to my question about the per diem paid by the residents in the light of what seems to be a pretty reasonable disposable income that's being preserved for them, and whether there is still 23 percent of that program being maintained by the residents themselves, or whether that level of participation has really diminished and the government's level of responsibility - Treasury's level of responsibility - has risen a very great deal. I would hope that the approach to the per diem and whatever formula is developed, is one that does recognize the fact that the residents are prepared, in my experience, to pay their own fair share, and that the 23 percent, 77 percent, percentage ratios seemed fairly workable.

That new figure the Minister has just given me for annualized costs of operating a personal care bed is certainly cause for very profound thought. Those costs are going up very substantially every year.

My other question to the Minister that came virtually at the same time, had to do with special needs personal care and follows on the recognition that in terms of general personal care beds and capabilities where we agree we're reaching a point where overall, in terms of the province generally, we're probably up to a pretty good level, a pretty good quota, consistent with the objectives of the guidelines, but we're probably not equipped as well as we should be to meet the personal care requirements of younger persons who have suffered debilitating diseases that have crippled them, or confined them to wheel chairs, or confined them to bed, such as multiple sclerosis and other diseases of that kind.

We probably have not yet met the requirements of specific linguistic and ethnic groups who are not comfortable when placed in personal care homes where the language and culture is foreign to them. So in those areas of special needs personal care, we have to be looking at some challenges, and we have to be addressing those challenges, of course, within the responsibilities of the funding available.

I'm just wondering if the Minister can advise us what the thinking of the Commission and his department is at the present time in terms of special needs personal care? Is he planning to move in that area, in development of personal care beds and facilities to meet special requirements of that kind? Does he have anything on the drawing boards for the coming year, for example, in that area of expansion?

HON. L. DESJARDINS: Mr. Chairman, yes, this is an area that we recognize the difficulty. I think that we are now thinking and practically agree that the young handicapped, or young disabled, might have to be treated somewhat differently. There is a committee, chaired by K. Thompson, that is looking just specifically at the beds and what is needed for the young disabled.

Now we're talking about personal care homes, but my friend I'm sure, remembers that we talked about

Focus 1 and 2, That would be what we were talking about, an enriched service.

Oh, yes, the 21 and the 10. I think that it's still very high, but that 21 I'm talking about gross; and I think 10 was net; although it's probably much more than that now; but we shouldn't compare gross and net. It's still an increase, I'm told, it's \$16,000 net.

MR. L. SHERMAN: \$16,000 net.

HON. L. DESJARDINS: It's still quite an increase, but we shouldn't use the 21 though.

MR. L. SHERMAN: But the \$16,000 would compare with the \$10,000.00?

HON. L. DESJARDINS: I would imagine, yes.

MR. CHAIRMAN: The Member for Niakwa.

MR. A. KOVNATS: Mr. Chairman, can the honourable Minister bring me up-to-date on the status of the proposed personal care home in the Windsor Park area sponsored by the Knights of Columbus at the closed Prendergast School, the conversion of the closed Prendergast School? Can the honourable Minister bring me up-to-date on this?

HON. L. DESJARDINS: Well, the Minister would like to correct the impression that you're leaving with the committee, that somebody had talked about that, it's never been approved by the Commission and I doubt very much if it would be. A presentation would have to be made. Our experience in the past is that schools do not make personal care homes in most cases. We certainly will look at it if we are requested, but according to our guidelines, that area doesn't need, or the area of Winnipeg - especially when we take Deer Lodge into consideration and the 50 beds in Bethania - we're not contemplating for the time being, anyway, building any other personal care home in the City of Winnipeg.

MR. A. KOVNATS: It was just to put my mind at ease, to the honourable Minister, because so many rumours get spread around very quickly because there has been — (Interjection) — well, he's your friend also. Inasmuch as there are two or three proposals for the use of the school in the area and this was one of them and they're all legitimate, they all sounded good to me. I don't know the financial background or the cost factor, or any of that, I didn't get into it too much, but every one of the proposals sounded good.

But there were some guidelines set out by the Honourable Minister of Education, concerning the use of closed schools, and when I heard it was already done - a fait accompli - like there was an announcement that it was going ahead and I just wanted it from the Minister's lips that it wasn't so.

HON. L. DESJARDINS: People are not fair when they start these rumours. They could have an idea, but before they make an announcement as if it's a fait accompli, first of all, there would be a request to show a need for a personal care home - a need is easy to show - but I'm talking about within the guidelines, that's No. 1.

At this time, if you were going to ask me, how does it look? I would say it doesn't look very good because we are not ready, we are looking at the bed situation. We will open over 400-and-something beds at Deer Lodge and then another 50 in that area, which was needed. So it certainly will not be a priority, No. 1.

No. 2, there would have to be a study made to see if that school lends itself to be converted into a personal care home, what the cost would be, and I'm not an architect, but from past experience it's not too encouraging for us. It might be a very good building, but it would be very difficult, because we have certain standards now, the width of doors, width of halls, all kinds of things. So I certainly would not want to leave too much encouragement with this committee that we're ready to pick it up.

MR. D. GOURLAY: On the five-year Capital Program, on Page 4, the Swan River situation to convert the existing 53-bed hostel to a 60-bed PCH, and I think this was similar to that which was tabled last year. I understand, in recent discussions I've had with the hospital board, that some recent developments with the Health Services Commission personnel, and the hospital board, have indicated that there's an agreement to have a separate 60-bed PCH constructed at Swan River and that the current 53-bed hostel would be perhaps made into some enriched elderly persons's housing project. I was wondering if the Minister could confirm that as being the case?

HON. L. DESJARDINS: Mr. Chairman, the first part of it, yes. The rest is not the responsibility of the Commission. Yes, this is an example, probably it would be more costly to just change a building. Yes, there will be a new building, 60 beds.

Now the other thing might be discussed and it would be looked at, but there's no commitment as yet, and that commitment probably would not come from the Commission anyway. The Commission might make a recommendation to us, because we are not funding the senior citizens home. But the committee that we had looking at the enriched homes, and so on, will look at any person or any group; for instance, there's a group on River, the Italians are talking about a senior citizens home. Once they've got the okay to go ahead with the Canadian Mortgage, and Manitoba, and so on, we offer the service of sitting down with them and see what kind of people, what they want, and to try and introduce some of the services, and that is what we're trying to develop. But the commitment - this is a five-year program on personal care homes and hospitals, so the only commitment that I am giving at this time is for the 60-bed personal care home, but it is a new building.

MR. D. GOURLAY: Yes, I understand what the Minister is saying, in that, as far as the enriched elderly person's housing project, that could be open for further discussions and consideration at a later date. Could the Minister indicate at what stage the construction of the new facility is at the present time?

HON. L. DESJARDINS: This is, you see, a different schedule. This year - and again I want to take the time

to explain - the architectural planning, in other words, there's enough funds in there; there was an agreement with the Functional Program; we know what they want; we know what they need, we agree. Now it's developed the architectural design or plans, program, and once that is done, next year would be the next step. The higher you get, it's very seldom that that would be reversed. But, officially, it is only one thing at a time. Like the Cabinet did not say this year you're going to go ahead and build with that money, something could happen; look at last year, some of them, for some reason, because of the bed count or something, we've left in the architectural drawings. They're not finished, but most of them would graduate to the next step of, fine they're ready, approval for construction. Normally this would be the next step, this would go, we'd start building some time next year.

MR. D. GOURLAY: With respect to the proposed 20 personal care home beds at Benito, possibly at Benito, we discussed that earlier today, and I was just wondering if the Minister could indicate what stage that is at. In here it says possibly - there's no change in that, but has the Health Services Commission had a chance to look at some of the statistics regarding the Benito area? Does it look fairly promising that Benito could be the location for that 20 beds at this time?

HON. L. DESJARDINS: It's the same level, it's only the architectural drawings but, as far as we're concerned, it's pretty well up to the area. It probably will be Benito; if that's what they want, there's no problem.

MR. D. GOURLAY: Thank you, Mr. Chairman.

MR. CHAIRMAN: The Member for Rhineland.

MR. A. BROWN: Thank you, Mr. Chairman. I notice in the long-range plan that the Salem Home in Winkler, the old section is going to be replaced. That's good, it's needed. If there ever was a firetrap, that is one.

HON. L. DESJARDINS: I wonder if I can make a correction just in case. This is exactly on the same schedule that we were talking about; it's not that long-range. This is not the functional program; they've done that. This is now the architectural drawings and that could go in construction next year, it might not be that long away.

MR. A. BROWN: I realize that.

HON. L. DESJARDINS: So be nice.

MR. A. BROWN: I realize that, that it's not going to be this year, but maybe next year, and we're happy for that. If it's going to be next year, we're going to wait that long. I also have another concern, Mr. Chairman, and that is, the community of St. Jean. We have a large French community over there and I'm sure that the Minister must be aware of the problem, because it has been addressed to the Minister many a time. These people, when they retire, and so on, they were put either into Morris, or to Ile des Chenes, or Ste. Anne,

or St. Boniface, and they're far removed from their families and it is difficult for them to maintain relationships with the people that they have been living with throughout their lives.

I recognize the Minister's problem and I thought that the Minister was going to address himself to that particular problem and have, somewhere in his five-year plan, a personal care home for the St. Jean-Letellier-St. Joseph area would have been in that five-year plan. But so far I've seen nothing, and I would just ask the Minister whether he is considering, at all, building a personal care home in that particular area to service that particular community, or has he forgotten about those people who are affected very adversely because they do not have a personal care home?

HON. L. DESJARDINS: I'd like to tell my honourable friend that he can check with the Member for Fort Garry. You don't forget these things, they don't let you forget, so I certainly haven't forgotten. But the situation, the guidelines that we have is, first of all, we don't go from every village or every town. It is difficult, especially with the construction, some of the construction that we have already. If we were going to start all over again it would be a little easier and we're trying to do that, to not put them all in the same centre.

You've noticed that we've done that, for instance, in Steinbach. They were going to build a big one; that was reduced because it was too big. But you have some areas that for the whole area, one town or one village has them all so, therefore, they have all the beds pretty well; it's just that there's so many beds per region and these beds then, if they're all built in the same place, there's not going to be that many left.

Now there's the question of hospitals, there's the question of all these policies. We are looking at all that, but if you reach the quota for the region in the division, the area, it is very difficult to change.

Now there has to be a minimum of beds also and there have to be a fairly large number if it's going to be a free-standing personal care home. You can get a smaller institution closer to a hospital, juxtaposed to a hospital, for instance, where you can have some kind of beds like we were talking about with some kind of a clinic. We are looking at the community clinic concept and doctors' offices and so on, but it is that difficult. Now there is nothing I would like better than to do something.

I'm reminded, there are some of mine, of the same racial origin at St. Jean Baptiste, St. Malo and some of those things. That is a factor; that we try to look at the culture, the language and religion and so on. It's very important to these senior people, but we cannot accommodate every single little town. Right now, we're looking at that again, but it is not in the priority of the first five years.

I would like to put my honourable friend on the spot though, because like my friend said, you can't have it both ways and yes, we want it both ways. Now the thing is that a community comes here and they've got pretty well by making comparison, the proxy of the next town. They say, oh yes, they're all supporting us. When that's built, the next town wants one. We're talking about Winkler, about 60 beds. We could, if it is the request and the honourable members look at the

situation and maybe cut that down a bit and accommodate others in his constituency, would that be acceptable to the honourable member? We would have the same number of beds and it would be in the constituency, because it's the same surrounding in the area. We could maybe cut down to 30 and 30 or maybe 40 and 20 or something like that.

MR. CHAIRMAN: The Member for Rhineland.

MR. A. BROWN: Mr. Chairman, now I am rather concerned. Obviously, the Minister has no idea what he's talking about. The situation in Winkler is entirely different than what it is in St. Jean, St. Joe, Letellier area. The situation in Winkler is, this place is full of people who are happy to be in that particular area, but it was the first senior citizens' home that was ever built under the Duff Roblin regime when the first senior citizens' homes were built within this province. It was funded mainly by the churches, but the government did have some input into funding the senior citizens' home. It was built in 1956. So the Provincial Government at that time did have some input, but it was mainly built by the churches who got together considerable funds.

Now that entity in itself is old; it's outdated. The rooms are very small and it's a firetrap, granted. We are going to leave that at that. It needs to be replaced, and obviously the department also considers that it needs to be replaced. But that's far removed from what we are talking about when we're talking about the situation at St. Elizabeth. St. Elizabeth is also involved and St. Jean, St. Joe, Letellier — (Interjection) — no, I'm not talking about one in each of them. I am talking about one in one of those areas and the largest area, of course is St. Jean.

But there are at the present time many of these senior citizens in Morris from St. Jean, Letellier area who are not happy over there, because they are removed entirely from their community group. There are some people in Ste. Anne; there are some people in Ile des Chenes; there are some people in St. Boniface. Those children, when they want to go and see their parents, they have to drive 50 - 55 miles in order to go and see their parents. They are removed really from where their parents are.

Now that is the situation that I'm talking about, and I am asking the Minister if he could possibly give a little special consideration, because these people are there. If he's going to take a count of how many people have been taken out of that particular community and placed elsewhere, then he is going to have an adequate count that's going to justify a personal care home in that particular area. Now that is what I would like the Minister to do. Obviously, he has not done this. Take a count of how many people from that area are all over St. Boniface, Morris, Ile des Chenes, Ste. Anne, and I'm sure that then the Minister is going to see that a personal care home in St. Jean can be justified. That's all I am asking the Minister to do. Once he finds that justification, I'm sure the Minister is going to have to realize that some activity is needed in that area.

HON. L. DESJARDINS: Mr. Chairman, I was trying to make a point and I think I made the point. First of all,

my honourable friend is talking about the first one the government built. That's not true. If there was some help, it might be some kind of a make-work project if nothing else, then the operating cost wasn't covered in this until 1973. So don't tell me that this was done under the first government, because that's not true. They might have helped in the construction. They had nothing to do with the maintenance and they had nothing to do with the bed count or anything like that.

Then there were some guidelines determined by the Commission, not by me, not by the former Minister, but by the Commission. They pretty well have been consistent. There is some change gradually. We're looking at it now.

Then the places, that's just the point. Some of these homes were built before, but it was not a government-sponsored program. It wasn't an insured program. That's the point I am trying to make. Then when it became an insured program, of course, they took the personal care home beds that were in existence. That is what I said, if you had been listening to what I said a while ago. If we could start all over again, we could do a little more of that, but some of these areas were tapering to larger areas.

There are so many beds per population. There are guidelines. We give you that repeatedly. I haven't got it here. I can give you the guidelines again, and you will see it's the same for all the provinces and we try to be fair. How far is St. Jean from Emerson? How far is it from Morris? When we are asked to build these facilities in Morris and Emerson and so on, that is counted. The needs for these beds are counted, and then these people come in and they say, we are supporting that construction of so many beds in Morris. That's the point I am trying to make.

It would be nice if you could have one in every place, but there are some of these facilities that are built already. They are catering to other people. Then besides that, we are looking at the situation, trying as much as possible to keep people with their background, their culture, their religion, their language. Those are factors. Some day, there might be construction, but you don't stop at St. Jean Baptiste.

We've looked at all the figures and the figures cannot be used two or three times. If you are looking at figures about the need for personal care homes to build in Morris and to build in Emerson and especially if it's backed by all the municipalities around there and the towns around there and when that's built, they want their own. You can't do it. There has to be so many beds built for so much population in certain areas. This is what we are trying to say.

Furthermore, they were at one time juxtaposed to a hospital. You did not have a personal care home if you didn't have it near a hospital. Then there is the question of keeping the doctor or getting a doctor, that was another factor. Now there has been change that they could be a free-standing personal care home providing it's large enough. They give some of that service. They might give some of the service that they normally would give in a hospital.

Then there is the other area of doctors' offices. We are looking at the whole concept of community clinics and enriched programs and so on. That might meet the needs for these places, but right now they are billed, they're not, they would be over-bedded. The district

would be, not the town, not St. Malo, or St. Pierre, well St. Pierre. What is it another one that's asking? St. Malo, Elie, and well maybe Grunthal, well I don't know, but any of these things.

The point I'm trying to make, we have the guidelines and if those beds are gone we can't provide beds at this time so now we're looking at other means, and a smaller place to look and take in consideration of the background, the culture, and so on to see if that can be accommodated. That's what we're looking at, part maybe senior housing with part maybe personal care, all that, that's being studied at this time or different services, or home care for the elderly and respite care, that kind of service. That is what is being done. But right now it is certainly not in the five year program because it doesn't meet the guidelines that the commission has set.

MR. CHAIRMAN: The Honourable Member for Portage.

MR. L. HYDE: Thank you, Mr. Chairman.

Mr. Minister I wonder, on April 14th you brought down your Department's capital program(?) for the year. I wonder if you could explain to me on page 1760, replace a time expired at the personal care home in Portage la Prairie. I wonder if you could explain that portion of your program to me, Sir.

HON. L. DESJARDINS: Yes, there's approximately 25 beds that would be replaced. The beds have expired, they've lost, they should be replaced, they should be condemned pretty soon. In other words it's not adding beds, it's replacing beds that are pretty well finished.

MR. L. HYDE: Thank you, Mr. Minister, I'm glad to hear what you're saying. I believe what you're referring to is the Holiday Retreat (OK) at Portage la Prairie.

HON. L. DESJARDINS: Right.

MR. L. HYDE: I'm very concerned about that particular establishment in Portage la Prairie. I don't want to create a great deal of alarm at this time but I'm very concerned the fact of the inaccurate fire protection that is available to that particular building. I've been watching it for a number of years, even though my own Fire Chief in the City of Portage la Prairie claims it to be more or less up to date. I feel that I'm very, I just can't believe that building is meeting the standards that is required today to meet the facilities that there is for personal care homes of.

We've got people in that building ranging from 65 I suppose, to 105, 104 years of age. It is beyond my belief that these people are being cared for the way they should be. I will back down immediately if the Fire Chief of Portage la Prairie, and if your department can persuade me to the fact that that building is of a standard that is required today in the health of this personal care home.

I'm convinced, Sir, that much is needed to bring that building up to the standard that it should be to serve these people of that age. I'd like you to explain to me why, Sir, that we're not looking after these people? That in my opinion, Sir, is a dangerous situation in Portage la Prairie.

HON. L. DESJARDINS: Mr. Chairman, I don't know what the member wants. He asked me explain what it is, I tell him it is substandard beds that'll be replaced.

MR. L. HYDE: Yes.

HON. L. DESJARDINS: Now he's picking an argument with me of some kind. I don't know what he wants. Now that has been substandard for at least five years. It is a question of dollars and cents also.

There was a freeze at one time. That was approved before in a five year program. We're doing it now. So you have a point. We're not arguing with you because if they weren't standard I wouldn't say that it is the substandard facilities that'll be replaced. So it could be, that could start the construction, or that could start next year out at Portage.

MR. L. HYDE: Mr. Chairman, I'm glad to hear that the Minister has agreed to that. It is, and I'm sure that the sooner you can get at that building and replace it the better it's going to be for all concerned.

MR. CHAIRMAN: 7.-3, Personal Care Home Program—pass; 7.-4, Medical Program.

The Honourable Member for Fort Garry.

MR. L. SHERMAN: Mr. Chairman, would the Minister tell the committee where our doctors in Manitoba stand in terms of the national income tables for Canadian doctors as of March 31st, 1983? That is the end of the last fiscal year. Looking at the 10 provinces would the average median income of the physician in Manitoba put him, or her eighth, ninth, or tenth on that list, or higher?

HON. L. DESJARDINS: Mr. Chairman, the concern that we have, we are less interested in that figure. I don't know if we have it. We're looking at fees, and fees were looking at about fourth-fifths because there is different methods of calculating the overhead.

For instance, the Winnipeg Clinic is charging everything to overhead. The salaries of the doctors and so on. I think they're concerned that what we have is mostly fees and we're about fourth, or fifth where we should be at. Then if we look back at the last five, six years there's been quite an increase. So were doing, I don't think, we're not saying for a minute that we're exorbitant but I think we're keeping up with other province, we're doing quite well.

Besides that let's remember that the fees, for instance, in areas we're talking where certain provinces are much higher, but the take home pay might not be. That is because in an area such as B.C. and Ontario, some sections of B.C. and Ontario where they have too many doctors, and their fees have to be up so they can have the same take home pay as ours might have with less doctors.

MR. L. SHERMAN: But if you look at the tables, that both parties to the continuing negotiations, are very prone to circulate to each other which show the average incomes for specialists and specialties across the country. The accusation has been prevalent in recent years that doctors in Manitoba have been fairly close

to the bottom of the list in comparison to other provinces, and the Minister is now saying that the Manitoba physician, on average, ranks in about middle position on that list, about fourth or fifth among his 10 counterparts across the country, is that correct?

HON. L. DESJARDINS: Well, on the fees, yes. This is where we're at, and I think we've announced that. I think that's acceptable by everybody that we're looking at Manitoba's ability to pay also. I think that if we have, as I say, the increases that we've had the last few years, that they've done quite well. I'm not saying it's exorbitant, they're overpaid; I don't think I'll ever say that, but they're not starving either. I think the average now, in Manitoba, is about 110 or so.

Then, let's look at the average. When I'm talking about average, I'm talking about people, any average of those that make an excess of 20,000 and that is wrong. It is time that is revised. There is nobody that makes \$20,000 that has a full-time job as a physician in Manitoba. Then I would be curious to really look at the operating cost also, and we're talking about operating costs of the 40 percent, because as you increase that, it's not increasing as high. So I think there are a lot of those factors.

Now, we're talking about the income. That is not really the total income of the physician either because many of them have different incomes. They'll pick up something on sessional fees, or they'll pick up his salary, or part salary, teaching at the university, and there are other factors, or who are maybe working for the company, the CNR, CPR or the competition board, or maybe Autopac, and so on. But as far as fees, which is the one that we should be interested in, especially when we're talking about ability to pay in Manitoba, information that I have, that we're fourth or fifth.

MR. L. SHERMAN: Mr. Chairman, is the general overhead figure for medical practitioners in Manitoba still approximately 40 percent of their gross income? This has been the figure that they have cited in discussions with the Commission through the MMA in recent years. Some consternation has been expressed by government, by the Commission, quite frankly by me, when I was Minister, and I presume by the present Minister and his officials over that level of overhead costs, 40 percent of their gross income being attributed to overhead where in most provinces across the country the figure is more likely something around 30 percent or certainly something below 35 percent. Is it still conventional wisdom that the Manitoba physician pays out 40 percent of his/her gross income in overhead?

HON. L. DESJARDINS: Mr. Chairman, there is no law of what percentage they have to pay. This was a figure that was arrived at by the MMA, not by the government in my time or in your time, in my honourable friend's time, and it is suggested in other provinces, and the Federal Government also is suggesting that it's more around the 36 or 34, somewhere around that. We've never questioned that at this time. We've had enough problems without starting to fight on that, but someday this will have to be looked at.

We're also talking about that as an average, when we discuss, we're talking about 40 percent. Now, you

have certain people working in the hospitals that have no overhead at all, and there are other areas. As I say, we're talking about the average of those getting over \$20,000 and that is only part-time, anybody that gets only 20,000.00. So, that will have to be looked at. That is not something that we are confirming as the actual figure. This is something that, for the sake of no argument lately, that has been accepted by the former government and by ourselves.

But, as we go along, I think it is less true as their average goes up. I think it is less true also - they're talking about 10 percent of \$100,000 and 10 percent of somebody getting \$12,000 or \$15,000 working in there. It doesn't stay at this 40 percent.

MR. L. SHERMAN: Mr. Chairman, are the Minister and his officials looking at the situation with respect to geographic full-time positions at the teaching hospitals? It's my understanding that the Provincial Auditor raised some serious questions in the past year as to the way in which the university and the teaching hospitals are applying spending appropriations relative to GFTs and the impact that university appointments is having on the budgets of the teaching hospitals.

It is also my understanding that over the course of the past 10 years, for the sake of argument - or perhaps a little longer than that, perhaps more like 15 years - the number of geographic full-time positions, university-paid positions at the teaching hospitals, particularly at the Health Sciences Centre has increased very dramatically, multiplied by 300 percent or 400 percent over its original level. The Commission has looked at this; the department has looked at it; the Minister's office past and present have looked at it; now the Provincial Auditor is looking at it.

I'd be interested and I know the committee would be interested in a brief status report from the Minister as to where we stand with respect to the university's impact on the budgets of the teaching hospitals in this province, and whether it is true that it's difficult to get the budgets of the teaching hospitals under control, because the university wields so much clout and so much authority in terms of appointments of geographic full-time position-holders at those two teaching hospitals, and that the total number of GFTs, which once was about 70 or 75, is now well in excess, I believe, of 200, and I may even be low on that estimate, it may be in excess of 300. I'd like a report from the Minister on that situation, if he can provide it for the committee at this time.

HON. L. DESJARDINS: Mr. Chairman, we certainly share the same concern. There are now 336 positions that we're funding. We have a committee chaired by Mr. DeCock from the Commission that is looking at the method of payment to make sure there is no duplication in paying the cost to the hospital and then operating costs to a doctor, and we want to hear the other side also. Some of them made representation to me. They said, well, that might be true up to a certain point, but we do a lot of teaching and therefore we're taking in a lot longer time in teaching than we would normally.

So, we're looking at the whole situation, the number of them and the method of payment also with the

concern of the Auditor. As I say, we should have that report at some time in September.

MR. L. SHERMAN: I can take it as read then, Mr. Chairman, that the Minister is concerned about this situation, that he does agree with me, at least tacitly, that it is very difficult for any Minister of Health in this province to get and keep those teaching hospital budgets under control because of the system that we have, where the university enjoys such considerable authority and that it is a subject well worth examining and evaluating, and that he is doing so.

Mr. Chairman, could the Minister advise me where we stand with respect to the total number of practising physicians in the province registered with the Manitoba Health Services . . . Well, licensed, of course - obviously they have to be licensed by the College - but receiving their payments through the Manitoba Health Services Commission? In other words, practising in the province in Medicare, and those who have opted out, and what the percentage of opted-out physicians represents, in terms of overall numbers, at the present time?

HON. L. DESJARDINS: The number of licenced medical practitioners increased from 1,739 in August 1981 to 1,816 in August 1982.

MR. L. SHERMAN: 1,816?

HON. L. DESJARDINS: From 1,739 at August 1981, to 1,816 at August 1982; from 1,739 to 1,816, and of these, 1,387 are registering claims with the Manitoba Health Services Commission.

MR. L. SHERMAN: 1,387?

HON. L. DESJARDINS: Yes, of the 1,816.

MR. L. SHERMAN: Now, of that other, approximately 420, the difference between 1,387 and 1,816, 419 - many of those would be physicians who hold sessional appointments and other staff positions of that kind - but how many doctors are opted out at the present time in Manitoba? What's the percentage of opted-out doctors? It's usually in the neighbourhood of 6 percent or 7 percent; are we still in that range?

HON. L. DESJARDINS: We're still in that range. It's still the same, in the last little while there has been a reduction - I think the latest count is 89 - and there hasn't been any change.

MR. L. SHERMAN: What's the situation with respect to speciality shortages, Mr. Chairman? Are we still short of ophthalmologists? Are we still short of psychiatrists, anaesthesiologists, and radiologists? Those four specialities being the ones in which we were feeling the most crucial pinch of manpower requirements in recent years, or has there been an improvement in those specialty areas; and are we suffering any significant shortages in other speciality areas?

HON. L. DESJARDINS: Psychiatry is the most difficult position to recruit. Right now that is the same. It's psychiatry, anaesthesia, obstetrics, ultrasound seem to

be the worst and we've had some programs to help the rural practitioner wishing to upgrade their skills and try to accommodate them under the program Post-graduate Assistance for Rural Manitoba.

MR. L. SHERMAN: Well, do I take it from that, Mr. Chairman, that we're okay in ophthalmology now; that we're okay in anaesthesiology and radiology; have we got a sufficient supply of specialists in those categories, or of graduate students coming out of medical school in those specialities?

HON. L. DESJARDINS: Ophthalmology, and this is an area that I suggest that I should talk to the member privately. This is an area where we haven't got enough beds in the hospitals. I think that is the main thing we're trying to rectify in ophthalmology more than the staff.

MR. L. SHERMAN: Mr. Chairman, a few years ago, under the Standing Committee on Medical Manpower, we introduced a Physician Incentive Program that was designed to help address the anomaly of inequitable distribution of medical manpower throughout the province, and to even up the equation which saw so many of our medical specialists and practitioners concentrated in Winnipeg and so few, relatively speaking, distributed through the rest of the province, and a significantly few in rural and remote parts of the province.

There were four components to that incentive program that ranged from summer work experience, to loans to third and fourth year medical students, to special rural residencies, to incentive grants. At the time of the change of government the program appeared to be well launched and meeting initial success, but the government, of which I was a member, did not have sufficient experience with it to be able to make a definitive assessment of its relative success. Can the Minister report on the status of that program at the present time? Do we still have a Physician Incentive Program? Does it still consist of those four components, and are those four components being subscribed to in a successful way?

HON. L. DESJARDINS: Yes, unfortunately, I haven't got all the grants that were made but we're working quite closely, especially with the rural physician in this incentive program. It is (1) summer work experience for first and second year resident students. Then there's loans to third and fourth year medical students, and there's postgraduate assistance in rural Manitoba - that's one of the areas that I was talking about - in the under service areas, they're concerned with the solo practitioner, also, because that's one of the stumbling blocks; they don't like to be alone. There are the shared services also in small rural hospitals, I think we've increased that a bit in psychiatry, also, the three steps that we're doing to recruit psychiatrists. Yes, that is seems to be going quite well and we're trying to improve it and Dr. George Johnson was assigned to work with this.

MR. L. SHERMAN: I want to come back to something that Dr. George Johnson said, in a moment, Mr.

Chairman, but before I do that I would like to ask the Minister, of the 1,387 licensed medical practitioners registered with or drawing remuneration through the Manitoba Health Services Commission at the present time in Manitoba, how many of those would be in rural practice as distinct from urban Winnipeg?

Perhaps while the Minister is checking on that point, Mr. Chairman, he could just add a second part to the question and to the answer. Does the figure, whatever it is, represent any significant difference, significant improvement or significant worsening of the situation, insofar as the ratio of rural practitioners to City of Winnipeg urban practitioners is concerned? Are we getting a greater percentage of practitioners into rural, Northern and remote Manitoba now than in the past, or are the percentages about the same as they have always been?

HON. L. DESJARDINS: There is not that much change. For instance, the rural general practice, they're all general practitioners except at Brandon, but Brandon's not rural anyway.

In 1980-81, there were 235; in 1981-82, 242. The biggest problem that we find is to try to attract our Manitoba citizens, the young Manitobans in the rural areas, that is the most difficult. If we could do that, we could win this battle. That's why we have to go and get foreigners and outsiders and so on too often to go in these hospitals in the rural areas.

MR. L. SHERMAN: I just want a clarification, Mr. Chairman. Did the Minister say that in 1982 that only 282 of that total number were practising in rural Manitoba? I would be surprised if the figure is that low. I thought approximately a third were in rural Manitoba or a quarter in rural Manitoba and three-quarters in Winnipeg.

I think sort of the conventional wisdom has been that although Winnipeg only represents roughly 50 percent of the population of Manitoba, it attracts 75 percent of the medical practitioners and 25 percent practise outside Winnipeg. But if you're looking at a figure of 270 or 280 or something of the nature that the Minister just gave the committee, out of a total of almost 1,400 or something well over 1,300 anyway, then the performance would seem to be far far worse than that. It seems to me the Minister's figure must be low.

HON. L. DESJARDINS: What I am looking at is the total for 1981-82, those over \$20,000 a year. Now the number that I have for 1980-81 was 1,184. The total in 1981-82 was 1,237, not 1,400, and I'm talking about only the general practitioner. Out of the 1,184 in 1980-81, it was 235; and out of 1,237 it's 242, it's not that much. But it's only those over \$20,000 that are putting in claims - the total is everybody - but there would be some surgeons also in the rural area. I have surgery general - that's all together - there were 74 in 1981-82 and some of them would be in the rural area.

MR. L. SHERMAN: Can the Minister report, Mr. Chairman, that the efforts of the Standing Committee on Medical Manpower, which I certainly support and which certainly have been strenuous - admittedly strenuous and dedicated - are paying off in any way?

Can the Minister assure the committee that the struggle to even up the distribution of medical practitioners in the province and get medical practitioners into rural, remote and Northern areas of the province is, in fact, having any success in measurable terms at all?

HON. L. DESJARDINS: It is, Mr. Chairman, quite difficult to get this information. What I have quoted, 242, is 1981-82. Now we've had a complete year since then, but it's slow, he's working constantly. Dr. Johnson and his committee are working constantly with them. I could read in his report and his last comments were: "Recent medical graduates shun solo practice. They are conditioned to the association of their colleagues and consultant support in the manner or lifestyle only obtained in the best circumstances in a regional medical centre. The incentive program should prove helpful in supporting group practice in regional centres throughout the province. The Standing Committee on Medical Manpower will continue to work closely with the rural communities in attracting physicians." But I must admit that it is slow, it is painful work. He's working quite diligently with the people in the areas, and we should get information on 1982-83 fairly soon because we are over a year behind.

MR. L. SHERMAN: Mr. Chairman, Dr. Johnson is reported as saying recently that we may be headed for a glut of physicians in Manitoba, an oversupply - obviously he wasn't referring to their distribution in rural communities - but overall in the province it appears that we may be headed towards an oversupply. I think that is an emerging problem for provinces all across the country. We may be coming into a situation where we are producing perhaps more doctors than we are going to need, not that we don't need them in rural areas, but they are being concentrated in urban areas. We are not getting them out into the rural areas and in terms of physician-patient ratios in the overall population, we're reaching a point where perhaps we are graduating too many doctors and producing too many.

I note that Dr. Johnson had a comment that was reported in the media to that effect not too long ago. Is the Minister contemplating any action in that regard? Is he looking at reducing the enrolment at the medical school here? Are he and his counterparts across the country at interprovincial Health Ministers' meetings talking about reducing medical enrolments generally across the country?

I note with some dismay that the British Columbia Medical School has recently substantially increased their enrolment and will be graduating in the future almost double the number of doctors that they have been graduating during the past decade, notwithstanding the fact that they already have an oversupply of doctors in B.C. in terms of general guidelines for the industrialized world. Their doctor-patient ratio is much more intensive than the accepted guidelines prescribe. Are we headed for that kind of a problem right across the country, and is the Minister looking at that with his officials and the Dean of the Medical School here and his counterparts from other provinces?

HON. L. DESJARDINS: Mr. Chairman, yes, we're concerned. We're looking at it with the Dean and the

Commission. I might say that the first meeting that I attended after I became the Minister of Health, the first meeting with all the Ministers of Health for the different provinces, the No. 1 topic, one priority with certain provinces and they wanted to talk about that - it was their highest priority - was the oversupply of doctors. I'm talking about Ontario was the No. 1, and B.C. and Alberta, especially in Ontario and B.C.

Now, having said that, it doesn't seem to make sense that they should increase their medical college in B.C., but the situation is they had very, very small and, I think to have a decent college, they want approximately 100. I think they only had 50 and I would imagine then that they might try to close their doors or be more selective. Now this is what I was saying. We're missing a chance for Manitobans also.

Now the doctors are coming in. We haven't got the same problem yet, and probably we won't, because we're not quite as rich as Alberta and we haven't got the population of Ontario and we haven't got the climate of B.C., but we have too many in certain areas. But I certainly would not let anyone think that I'm making any announcement today, but we're going to look at it. There might be some pretty tough decisions we might have to make. We're looking at some of the things that were done in other provinces, for instance, in Quebec they have paid maybe a certain lesser percentage, less than 100 percent of the fees to GP's in the city and they have added maybe - with the same amount of money, but in different distribution - maybe 110 or 120, whatever it is, for people outside of that. It might come to that.

We might have to limit the numbers of doctors, and I often think of the statement that was made by the Member for Fort Garry. If there was a way to determine, to recompense also, not only the ability, but the people that are doing the work. Now, we're talking about certainly a real free-enterprising group, but it's governed, the whole setup. It's not free enterprise, the battle of the fittest and so on, because they are generating their own revenue and it could be that if a doctor is busy, fine. If not, where he used to say, I want to see you in six months, or so; he might say, I want to see you next month, or maybe this afternoon, or next week and that is one of the factors.

I wish that we could get down to business and discuss these things with the MMA but unfortunately, we might have to find another way to discuss that with other people in other forums, because we seem to be at each other's throats constantly on the question of fees. So this is one thing that I wanted to challenge the medical profession, to try to resolve some of that, and if not, well, the government will have to stand in. We're developing people here and then they go away. We have trouble retaining them, or even enough places in the college for our people. Not that there's anything else we want to discriminate, but I think we have to think of Manitobans also, in the health and the protection of everybody.

That number in the rural, it is a bad percentage, because you've got too many in the city, the GP's - I was talking about GP's - and you haven't got enough in the rural area. So, yes, we are very, very concerned. We are looking at the possibility and I know from all indications, that our planning division is coming up with some pretty strong recommendations on that, to look

at the possibility of reducing the size of the Faculty of Medicine, and also to have the possibility of instituting some other changes that might have to be quite radical, if we're not going to keep on the way we're doing, with not providing care for some people and providing an excess of doctors in some areas.

Another thing, for the same number of doctors that we have, and we say we have too many of them, and with the same population, the number of visits are increasing every year - the volume. As the member knows, you're not looking only at the increase for fees, but you're looking for volume increase for the same number of doctors. So something is wrong. We're talking about maybe only 3.44 increase but 5 percent or 4 percent in volume, so that's increasing also.

MR. L. SHERMAN: Mr. Chairman, does the Minister have available - if not, he could send it to me - a breakdown of the medical program costs for 1983-84, that the budgetary appropriation that we're being asked to approve, of course, is \$194.2 million compared to \$179.8 million. Does he have a breakdown of that increase?

HON. L. DESJARDINS: Of the increase, yes. The medical fees for service, \$12 million, a little over \$12 million, that's roughly 7.6; sessional fees and the medical salaries, \$98,300, an increase of 4.6; Physician Incentive Program, \$7,000, that's a 3 percent increase. We usually finalize, as the members knows, wait until we finish with the . . .

MR. L. SHERMAN: Yes, you're still negotiating with them.

HON. L. DESJARDINS: Yes, and the Community Health Centres, the medical is \$442,800; the Outreach is half-a-million dollars, for a total of \$14,473,800.00.

MR. L. SHERMAN: Did you give prosthetic and narcotic there?

HON. L. DESJARDINS: Oh, no. \$524,300 or 22.7 percent increase.

MR. L. SHERMAN: Thank you, Mr. Chairman.

HON. L. DESJARDINS: Usually it's an average 8 percent increase.

MR. L. SHERMAN: An average 8 percent increase?

HON. L. DESJARDINS: Right.

MR. L. SHERMAN: Okay, thank you. Are there any new insured services which the Minister is adding to his program spectrum under Medicare this year?

HON. L. DESJARDINS: We're looking at an expansion of some, but no drastic increase. It might be some of the changes but nothing drastic.

MR. L. SHERMAN: Mr. Chairman, is the Minister contemplating any refinement or improvement of the breast prosthesis in the Mastectomy Insurance

Program? I understand that a committee of mastectomy patients, the Mastectomy Association, under the leadership I believe, of a lady who is categorized as the Mastectomy Co-ordinator for the province, has recently met with the Minister to discuss a possible increase in the subsidy that the government provides under the Mastectomy Program for their prosthesis.

I believe that when we launched the program, the initial support from the government was \$55; that has been increased since the beginning of the program, I believe, to some \$80; but it has been pointed out to me that in most cases now a breast prosthesis costs as much as \$250 and the Mastectomy Association has been asking for some additional consideration which, I think, certainly is justified. Has the Minister had any discussions with the Association on the volume, the demand, on the increased costs of prostheses and any additional benefits or increased financial assistance that can be made available?

I might just say, Mr. Chairman, that it's been pointed out to me that some mastectomy patients are bypassing the help available, are foregoing the help available because they can't afford that portion of the cost that is not insured. The cost has gone up so much. There is such a substantial portion of it that is not insured that they can't afford that, so that even though there is an insured portion, they're not able to take advantage of the program. Is the Minister looking at that?

HON. L. DESJARDINS: That is one of the priorities, probably the priority that I was talking about the change. I didn't dare make an announcement, because there's a paper being prepared for me to send to Cabinet and the details haven't come down from the Commission yet. I am quite confident that it will pass Cabinet, but I can't announce it as such because it hasn't been presented to Cabinet yet. It should be done fairly soon. I expect that it will pass.

Now there is no money set for that. We'll have to find it somewhere, because it is a priority.

MR. L. SHERMAN: Okay, that's good, Mr. Chairman, I am pleased to hear that. Perhaps the money can be found from all that money the Minister is going to save by closing down the obstetrical units at the Concordia and Seven Oaks.

I just have one more question on this line, Mr. Chairman. We are gradually inching our way towards the passage of the Minister's Estimates for 1983-84. He will be pleased to hear that. I only have one more question on this line, and that is: what is he doing about the general foul-up associated with the eyeglass program? I notice that he made a statement some two months ago or three months ago in which he was calling for a review of the eyeglass program for the elderly, and he had come to the conclusion that a lot of other people had come to, that the program wasn't working out very well. People didn't understand it. They felt that they were being conned by the advertising and promotional aspects of the program.

In the end, they weren't receiving the kinds of benefits that were being advertised or promoted, so the Minister said that he was asking the Commission to sit down with optometrists and opticians with a view to

eliminating inequities in the program and sorting out the problems. Has he made any progress on that mission?

HON. L. DESJARDINS: Yes, Mr. Chairman, it's no secret that I am not that pleased with this program. Mind you, there was quite a bit of money spent. We've been overspent, I think, by almost \$200,000 for a program that just started. Now it's not that the program is bad.

First of all we were going to have one deductible for the three components of the program, that is, the hearing aid, the eyeglasses and the dentures. Now this is the first part of the program and the deductible was \$50, the same \$50 and only certain are approved. It's not unlimited. It's not like drugs, let's say, if you pay the first \$50 and then we pay the rest. It is a certain amount, because some people wanted a little more luxury and so on. So at times, it didn't look very good when the people put in a claim and they get \$7 or \$8 back, it's not very much. But as I say, of the total amount we overspent.

Even if we didn't change, the program is not really that bad. It's just a help. At no time was it felt that it would pay for everything, for a minimum of things and especially once you have got the three components of it. But apart from that, I'm not satisfied because I don't think that the opticians and so on have really made much of an effort. We have discussed with them, and I'm not going to blame them. There seemed to be some misunderstanding somewhere, and the price was much higher than we thought.

Now we wanted to discuss with them to see if they are interested in co-operating with us. If not, we might have to look at other methods of getting some of the frames or something to Manitoba to help them, because there is no way that we're just going to add something that is going to make the cost of eyeglasses that much higher.

So what I have done, I have taken the program. We'll keep on the way it is now. There are more funds in there for this year, because it's costing us more money. It is helping some, but especially those who are going and requesting expensive eyeglasses and so on, much more expensive, we're not going to cover that. We are covering the minimum, the base.

Anyway, the whole program is now in the hands of our Director of Planning or our Planning team who will bring some recommendation to me. We can't bring all these other programs this year. We haven't got the funds for that, so that is one of the difficulties. I think it has to be better understood by the people also. I think that's one of the concerns also.

Right now, the people have not been shopping around at all. We haven't got that kind of co-operation with the people. Instead of the whole group together, we might have to start dealing with individuals at least that we can offer something to some people who want to shop around. We're looking at that.

MR. L. SHERMAN: Well, I acknowledge that the funding is limited, Mr. Chairman, and certainly the Minister has to work under considerable constraints in that area, but I think that a number of old age pensioners who had seen some particular benefit being offered to them by the New Democratic Party in this Insured Eyeglasses

Program have become rather disillusioned by it. I have had some correspondence from some who have written me and complained of being hornswoiggled, to use one gentleman's term.

Another talked about taking the program at its word. "I obtained a pair of new prescription lenses for my own old frames, nobly thinking I could thereby save the Health Services Commission a few bucks for which I paid \$61.00. Naturally, I expected a rebate of at least \$8.80. That's 80 percent of \$61 minus \$50.00. So this gentleman expected a rebate of \$8.80; he received a check for \$2.80. He feels badly betrayed by the promotional material and the promise of the government.

It really was a program that was promoted quite extensively as an election promise and commitment and pledge of the New Democratic Party, and I would think that there would be some concern on the Minister's part now that this disenchantment has developed. Whether it's basically a matter of communication as to how the program works, I leave to the Minister's determination.

But there are pensioners around who felt in good faith that something was being offered them here, and they have found out to their dismay that they have been left holding the bag and having to pay the bill pretty much all themselves and they feel badly betrayed and disappointed by it. So I would hope that in this exchange between the Minister and me tonight that we can offer them some assurance that this situation is going to be corrected swiftly.

HON. L. DESJARDINS: I there's reason for concern, and reasons for disappointment but certainly not for betrayal, or being hoodwinked or double crossed of left holding the bag. I think I explained that. In nine months the fact is that we spent \$560,000.00. You know, it's a new program. The average payout was \$36.00. It's an assistant program. As I said when we announced that, the way it is it'll be much more of a benefit once you've got the three components. The intent was, and I received approval last year from the government, that we couldn't start with the hearing aids because we wouldn't be ready. We're working on that. But we were going to get the eyeglasses this year. Eventually, in three years at the most, we thought we'd have the three programs.

What I'm trying to say, it would have been the same \$50 deductible for all the programs. So people that are getting maybe - you know, a portion of them would have both a hearing aid and eyeglasses, and dentures also. Not only dentures, at one time it was dentures, but then we realized that we weren't going to bring in a program that would encourage people to yank their teeth out so that they have free dentures. I think that we were looking at the dental work also. That is part of the program that we're looking at. Because of the situation, and we weren't ready on time, we couldn't bring this as fast as we could. We brought in the first plan. After the statement that I made, I think the people understand a little better and we are not getting the same complaint, the same letters, as we were getting before because we were getting our share, I can tell you that.

As I say, I'm also very disappointed in the people that are supplying this and we will have to look

elsewhere and other methods because we can't just say the sky is the limit. There have been other places like that where there is free enterprise and the people have been helpful. Certainly were not saying that this should be welfare case, but they're not interested in looking at that. I think the people then at one time did not do too much shopping around. They forgot that there's a percentage in the deductible but that we had a formula and a maximum that we approved. That's where the ignorance came in. They bought something. They didn't shop around, or they bought something that certainly wasn't the minimum.

There is no way that I can see that we can have a program and leave it to the individual to buy - you know, you can buy glasses with diamonds around, you can buy all kinds. There has to be something that we agree on, but that we've got to try to establish a rapport with the suppliers, or at least with some of them, where they can give us something decent and say this the line, this is what we would approve. Anything over and above that you pay the cost. We'll pay a portion of that. That is, it takes a little while. Maybe we started too fast, I don't know. But we're getting the whole thing reviewed by our planners also and we hope that we'll have something better to offer. But it's not a double cross and it's not anybody left holding the bag. It is for the reason that I explain. It is disappointing to some of them. It's too bad. I'm sure that they didn't understand. Maybe they wouldn't have ordered the same thing, but I hope we can improve it.

MR. CHAIRMAN: Item 7.- 4, Medical Program—pass.

Resolution No. 94: Resolve that there be granted to Her Majesty a sum not exceeding \$899,891,600 for Health, Manitoba Health Services Commission for the fiscal year ending the 31st day of March, 1984—pass.

Item 8, Expenditures Related to Capital Assets, Manitoba Health Services Commission—pass.

Resolution No. 95: Resolve that there be granted to Her Majesty a sum not exceeding \$22,800,400 for Health, Expenditures related to Capital Assets, Manitoba Health Services Commission for the fiscal year ending the 31st day of March, 1984—pass.

Item 1.(a) Minister's Salary - the Member for Fort Garry.

MR. L. SHERMAN: Mr. Chairman, I don't intend to be long on this. I think we've had a pretty good examination and review of the challenges that face the Minister of Health at the present time, and one looks forward to the resolution of those challenges and the reinforcement and preservation of the excellent health care system and spectrum that we have in this province without the kind of erosion and difficulty that some other parts of the country seem to be encountering in that respect. But I think we have to recognize that all of it costs a great deal of money and increasingly more money each year, and certainly this Minister, this government, and any Minister and any government in this province, where universal health care, universal hospitalization and medical care are concerned, is going to face that challenge of finding the necessary dollars. One would hope that the kind of system that we have in place now can be preserved without threat, and that the Minister finds the necessary solutions to the challenges that face him.

I recognize the range of commitments and obligations that he faces and that the Commission faces. I recognize the excellent support that he gets from his staff, both in the department and at the Commission, and in the persons of those who serve in the health and medical and nursing and health-related professions in this province, and I wish them well and I wish him well in meeting these challenges.

I would just like to ask him one question and I don't intend to delay passage of his Estimates any longer than is necessary at this juncture, but I would like to have his views on what is happening in terms of possible potential changes to universal hospitalization and universal medical care in this country.

The Minister of National Health and Welfare has talked about a new National Health Act. All of us have seen some sort of draft proposals and draft outlines as to what that National Health Act may consist of. There has been a white paper drawn up and released on the subject. I would like to know, from the Minister, briefly, if he can tell me what his evaluation is with respect to the proposed Canada Health Act and the future of our universal hospitalization and medical care legislation? Have he, and his colleagues, the other provincial Health Ministers discussed their approach to the proposed National Health Act yet? Has he received, from the Minister of National Health and Welfare, any detailed contents of that proposed legislation, and what does he think it means in terms of the health care system in Manitoba and the survival of universal hospitalization and medical care as we know it? Could the Minister report to the committee, briefly, on that subject and just apprise us of where we're heading, in his view, in national health legislation as envisioned by the current Federal Government and the current Federal Minister at the present time?

HON. L. DESJARDINS: Mr. Chairman, I might say that at the first meeting that this was discussed, the meeting of the different Ministers of Health, we had a meeting without the Federal Government being represented, and we had one with the Federal Minister, I might say that I pretty well shared the same attitude as the provincial Ministers. At the time, they felt that probably it was something that should be looked at, but it wasn't a first priority, the question of another Act. They felt that things were going quite well, but that we should be concerned. For instance, the Federal Minister wanted to bring in the question of extra billing, and it was felt that the compromise would be this, that everybody agreed that maybe there wasn't that much problem at this time, but it could develop, and that, therefore, they should monitor very closely the extra billing. That was pretty well the extent of how far we went.

Now there was supposed to be discussion, we had no idea at this first meeting what the Federal Minister wanted. I think that, in discussion between us, I think we felt that maybe the Federal Government Act was cutting down in funds. They didn't have the money and maybe, I don't know if that was oversimplifying it, but maybe they wanted to put a little bit of attention by maybe attacking the provinces and having the Minister of Health show concern and maybe change the Act that would save them money, or not cost them money at the expense of the provinces.

I've always felt, myself, rightly or wrongly, but I've always felt that the present Federal Minister is a very sincere person and certainly would want to do everything to safeguard this, but I didn't think she was getting the financial support and so on from the rest of our colleagues to do some of the things that she was talking about, and she was advocating that we do. For instance, one day I was a bit shocked when they talked about recognizing mental health and so on, and that we would have to do this and have to do that without any extra funding and the fact that they never funded mental health at all.

Now, there was some discussion, and I don't know too much of the details, between staff of the different provinces, and they reported that things were pretty rough. They wanted to bring in certain things, certain concerns. So the next meeting that we had, just the provincial Ministers, we requested through our host, I think it was the Minister from B.C. at the time, that he would request a meeting, all of us with the Federal Minister, to know exactly; in other words, to ask him the question that I was asked today, where are we going; why is this priority; what is the concern; what do you want us to do? That was requested; Mr. Nelson met with the Federal Minister, and she replied that she would be pleased to meet with us, to arrange this meeting, and we haven't heard anything. I haven't heard anything at all since then. I think that I received a call from her one day and she said she wanted to come and see me. I think the Minister was seeing Ministers independently, individually, the different provinces, and I said I would be only too glad, because I was anxious to find out what this was all about. There was no explanation, but there was no visit either.

In February, I guess, I went to Quebec to my other portfolio to represent the province in the Winter Games in Chicoutimi, Lac St. Jean, and my office was in touch with her office to say that I would be in the region around her home base and, if she was interested in meeting, I would make an effort to meet with her. Again, I didn't receive any reply.

Now, where I really started having concern is when the announcement of certain provinces, and certain provinces having the announcement, as my honourable friend knows, in Alberta and so on, now I'm concerned, much more concerned than I was before. I think there has to be a concern because it could be a battle between the levels of government and provinces like Manitoba could suffer if the Federal Government decided to pull out. So I think that we probably will need some kind of an understanding between us so we can have a program.

Now I know that my honourable friend doesn't agree with me on that, but I rue the day that they change from the shared funding. I think if they had shared funding then the Federal Government can demand, could put certain conditions. Now the minute that they said block funding, if I remember when my honourable friend was the Minister of Health for Manitoba, I think that the Federal Minister said that they weren't spending the money and it was proven that she had no leg to stand on, that if it's block funding it's up to the province. That's one of the things that the provinces don't like, that the Federal Government, now that there is block funding and Health is a responsibility of the provinces, that the Federal Government seems to want to dictate.

Now, without dictating, when you bring in - and I think it's the role of a Federal Government to bring in universal programs, that's what this country is all about to have at least a minimum. If certain provinces can afford something a little better, but at least that all Canadians, and we should help each other to make sure that all Canadians have at least a minimum. I think that we probably have the best system in the world; there is a lot of improvement that could be made but we probably have the best system in the world.

Now I would think that the Federal Government would be in a better position to keep something universal if there was cost funding the way we had before. In other words, if some province wants to pay less, there is no reason why they should take this money that is earmarked to give the citizens of Canada a minimum of health care, maybe to build roads or to do something else. I do believe in that. I still would be very happy to see them reinstate the cost-sharing thing dollar-for-dollar because one of the reasons, I think, that Manitoba in general probably has the best program of any provinces. I don't say in every single program but in health, I think, we're doing quite well. We're probably spending more money so if it was cost-sharing I think we would do quite well.

Now, sorry that I can't report any better than that but I haven't got much detail but I can quite honestly say, Mr. Chairman, and to the members of this committee that I've been pretty well kept in the dark as far as the intention of the Federal Government.

I read the newspaper and that's about all I see, I've had very little exchange about that with the Minister. Now we should be due for a meeting fairly soon and I think our next meeting of the Provincial Ministers of Health is September in Halifax, if I remember right. We're due to have a meeting before that, we should have a meeting with the Federal Government, we usually do. Although I know that in my previous stay as the Minister we used to have meetings every year. There was a meeting with the Federal Minister and I think in the four years my honourable friend was there there were very few meetings with the Federal Minister and I was surprised to hear that. It was only when they wanted to bring in that Act.

So I expect that we should hear something and I would imagine that the Federal Government will have to go to an election within the next two years, or so, so something might happen there, I don't really know what the intention of this Liberal Government is. I would hope, though, that something will be done. I say I was less concerned until I saw the action, the discussion, the talk in B.C. and I don't know what's going to happen now that the election is behind them. I think there wasn't too much action before the election, it's not the time to do that.

The action in New Brunswick and the action in Alberta concerns me very much. It could be that if a fight started between the two levels of government, provinces that want to participate, provinces that are interested and that have that as a high priority would be lost because of the funding from the Federal Government. I don't think that the people of Canada will allow that, I think something will happen. Either we'll have a change of government or something but I do think that we've got to put our heads together and try to salvage the best, to make sure that we don't lose the best health system, I think, that you can find anywhere in the world.

MR. L. SHERMAN: Mr. Chairman, I appreciate the Minister's comments and his overview of the situation, I think that's a very helpful update on where he sees the Federal Government's position, the Federal Minister's position and I would just ask him in conclusion, whether he anticipates an initiative and a thrust from the current Federal Minister, to restore the concept of cost-sharing to replace the block funding practice with a proposal for a return to cost-sharing in whatever legislative proposals she brings forward this year. Does the Minister anticipate that that'll be part of her proposal?

HON. L. DESJARDINS: No, I don't. Quite honestly I don't. I think she shared my concern in discussions that we had, the one and only time that we discussed this privately. I think she was sorry that they never changed that - maybe not for the same reason as I - because I think she felt that that was her club if anything. If you're saying you're cost-sharing and you have to approve certain things, well then you have some control, and now she's lost control and that might be why they want to bring in an Act; they will make it law and push something through, I don't know.

As I say she would like to reinstate that but it is quite obvious that the Federal Government at this time, because they're in a difficult time too and they've saved money, it would cost them an awful lot more money and she certainly is not confident; that they will not do that for a long time. I think we've lost it. I think it was a mistake by the Federal Government when they did that but unfortunately we've lost that and, no, I don't think that'll be part of the new Act.

MR. L. SHERMAN: Thanks very much, Mr. Chairman, I'd like to thank the Minister for all the information he has provided the committee. That represents all the questions that I have.

HON. L. DESJARDINS: Mr. Chairman, if I may, I'd like to finish in thanking the members of the committee also who have been patient with me and very courteous. I think it was worthwhile. It was helpful to me in the discussions we've had and the advice. Certainly it goes without saying that I owe a debt of gratitude to my staff who were very helpful and I certainly wouldn't have been able to go through without the experience and the help that I've received from my staff. So thank you very much for your courtesy in passing the Estimates.

MR. CHAIRMAN: 1.(a)(1) - the Member for Rhineland.

MR. A. BROWN: Thank you, Mr. Chairman, I have a few concerns that I would like to express. It's been some time since we started the Estimates of Health and now, again, we are continuing. The Minister has been ill in the meantime and I am glad to see that he is back and hopefully he is going to be in good health. I certainly must say that he is looking well and I congratulate him for his amazing recovery.

but I must remind the Minister that there were some goals which he presented which he said that he would like to achieve in his opening address that he made when he said that his goals would be towards efficiency,

economy, effectiveness, organizational change, an impetus to our goal of better health for all Manitobans and I think that is something that all of us desire. There is just absolutely no doubt about that.

I have no quarrels with the Minister of Health as such and I'm certain that it's hard and that his dedication is in the right place. Like I said, I absolutely have no quarrel with that. Sometimes the time comes when we have to look at the people that advise us, at the bureaucrats. We, who are in politics, are subjected to the problems that our constituents have, the problems that the people of Manitoba have, wherever they are; the bureaucrats are not subjected to that particular pressure.

I would just like to remind the Minister that these are things which we shall possibly be showing just a little bit more concern towards and make the bureaucrats aware that there are problems out there and that not just by moving the foot we can shuffle them under the rug or move them aside, there is just no such thing, that there are problems. I would like to see the Minister pay as much attention as he can possibly pay to some of these problems and that goes for any Minister, whether he would be the Minister if we were government or whether at the present when the present Minister is in there, to take a look really at what is happening in health and I am certain that the Minister is going to find there are very very many areas in which improvements can be made, in which substantial cost savings could be created. I'm sure then if the Minister is going to be looking at these, that a considerable amount of aggravations could be eliminated for the Minister.

Now we can go on at considerable length discussing that particular point, and the hour is last, so we don't want to spend all that much time. But I would just like to tell the Minister that I am not advocating more expenditures in Health. As a matter of fact, I am advocating savings in Health, even if at some time or another we were asking the Minister to look at a particular situation and so on, but I think that it is waste really that we are looking at and we would like to see as much waste eliminated as we possibly can in order to ensure that the tax dollars that are spent are spent wisely in the Department of Health.

I must come back to one particular situation. It was a situation which happened when the Conservative Government was in power. We know that the Department of Health and the Department of Corrections and Community Services are a tremendously big department, and there was a division of those two. This had just happened under the previous administration and I am rather appalled at seeing how top-heavy each of these departments are now becoming. I don't think that it was ever meant that these two departments should become so top-heavy as far as manpower resources are concerned and it is costing - this division between these two departments - is costing the province millions and millions of dollars. I would like the Minister to pay particular attention to that, eliminate duplication wherever it appears and take a very very close look. He could possibly make some changes and if he is going to make some changes which are going to facilitate savings, we are going to be 100 percent behind you, I can assure you of that.

Another concern of mine is that the department has reflected a desire again to go into the community health

centres. I must remind the Minister again that other provinces have come away from that concept.

HON. L. DESJARDINS: No. No.

MR. A. BROWN: Other provinces have come away from that concept, Saskatchewan, the ones who started it . . .

HON. L. DESJARDINS: Ask Ontario, ask Ontario.

MR. A. BROWN: Saskatchewan were the ones who started this and they found it to be too expensive. I don't really know what the Minister's concept of community health centre is at the present time, but if it is anything near to what Tolchinsky, the former Deputy Minister, was advocating, then it is too expensive and we cannot afford, at this particular time, to go into that kind of a service.

At the present time, it is costing us \$1,000 for every man, woman and child to look after their health, their health alone in Manitoba, and the day of reckoning has to come. Somewhere along the line we will not be able to continue to put in 12 or 13 percent every year, because we will be running ourselves into a problem. That is why the Minister has to be very very careful when he attempts any new programs which are going to prove to be expensive.

I think that our major duty is to see that everybody has access to health care, the best health care that we can possibly afford, but I don't think that we have to go into the Cadillac-type of deal, which the Minister and certainly the type of health clinic Tolchinsky was promoting.

Another question that I have is that I understand that the Department of Health's administration has moved from 270 Osborne to Eaton Place. Is that correct? If that is the case, then I would wonder what the cost of such a move is. It must be an expensive move and what the extra rent is going to be. Just estimating, it must be a couple of million dollars that we are talking about in this particular area. Is this really necessary at this time when we are very short of money, when the revenues from our taxpayers are not coming in the way that they used to? Is a move such as that really necessary?

Another area of concern I have, Mr. Chairman, is computers. We realize that we are in a computer age, but it has been reported to me from a friend of mine that the Department of Health has ordered 300 computers. I have no objection to ordering computers, but when we order a massive amount of computers such as that, when a program such as that should be implemented gradually, because the Minister, not ever is he going to convince me that there are 300 people in his department that will be able to manage 300 computers at any given time. I am certain . . .

HON. L. DESJARDINS: Could you give me the source of this information? That is all news to me.

MR. A. BROWN: I am certain that what is happening in that particular department is that games are being played on these computers, and a lot of nonsense - Pac Man - that's what I hear.

HON. L. DESJARDINS: Where did you get that information? It is all news to me.

MR. A. BROWN: The Department of Health is now the Pac Man Department. I think that the Minister should watch that kind of thing, get into these kinds of programs gradually, get people acquainted with them, buy computers if they are necessary, but good Lord, just because somebody asks for a God damn computer, do you have to give him a computer? It seems to be rather unreasonable to me . . .

HON. L. DESJARDINS: Where did you get this information?

MR. A. BROWN: . . . as far as the taxpayers' money.

HON. L. DESJARDINS: Arnold, where did you get that information? It's all news to me.

MR. A. BROWN: You just check, check. All I am asking is the Minister to check.

HON. L. DESJARDINS: Well, give me the source of your information.

MR. A. BROWN: Check what I am saying is true. If it is not true, I will be very glad to take back what I am saying, but I have pretty reliable information that this is what has happened.

HON. L. DESJARDINS: Well, it's not true.

A MEMBER: You've said enough, Arnold.

MR. A. BROWN: No, that is not enough, I could go on and on, and I realize that everybody is getting tired at this particular time. But we do have some concerns, especially in the Mental Health Directorate.

I understand that we have not been moving along at all, that what has been requested again is that another study has been asked for in Mental Health, when we have studied the thing to death. Other provinces are taking the studies that we have done, they are moving ahead with those particular studies; they are taking advice from the studies. Yet, we are doing absolutely nothing.

That brings into question one thing, Mr. Chairman, and that is the Director of Planning. The Minister has just hired a new Director of Planning, then we have to look at this person's experience. What experience does this person have when he is recommending more studies? When we look at it, he has had two years of working with the Manitoba Health Services Commission in the mid '70s. Outside of that, I understand that he was running an art gallery. Now, that is the type of person that the Minister is hiring for a very very important position in the Department of Health . . .

HON. L. DESJARDIN: We've covered all that line-by-line, those things.

MR. A. BROWN: . . . and I cannot help but express my concern when that particular thing happens because it is my tax dollar, it is my constituents' tax dollar that

is being spent and that, in many instances, is being wasted needlessly, and we ask a little better performance from the Minister than what we have been getting so far. I think that the Minister will just have to pay a little bit more attention to what is going on with his particular department, especially in Mental Health, because we have been going absolutely nowhere.

Another concern that I have is with Continuing Care. I think that Continuing Care and the Medical Home Care Programs could be combined. We seem to have a duplication of services at the present time. The Minister should be taking a good look at that because there is a duplication of services, and again, it is my tax dollar, and my constituents' tax dollar, and Manitobans' tax dollar that are being spent.

So I would like the Minister to take a look at that and see if there isn't some way in which he can combine some of these efforts so that we don't have to be so top-heavy with bureaucracy as what we are at the present time, and get a little bit more activity for our money, just a little bit more performance, that's all we're asking, just a little better performance.

Another area of concern is the Statistics Branch. We seem to have been eliminating the Statistics Branch which is, or can be at least, a very very important branch within the Department of Health, because if we don't

have a good set of statistics then there is absolutely no way that we will be able to evaluate the programs and see whether they are effective or not.

The Member for Wolseley is saying, well what about computers? Yes, if they know how to operate a computer get them one, and if they need another one get them another one, but don't get them 300.

So these are the concerns, Mr. Chairman, that Manitobans have, that my constituents have, and that everybody that is involved with health care have. I am not speaking for myself, I am speaking because people have presented these problems to me from various fields of the Department of Health, from various health providers; they are concerned about what is going on. All we are asking is that the Minister pay a little bit more attention to his department, delve into some of these problems, try to eliminate some of the waste, and I am sure that then we are all going to be happy and hopefully we will be able to maintain the health care that we are enjoying today.

MR. CHAIRMAN: 1.(a)(1)—pass.

Resolution No. 88: Resolve that there be granted to Her Majesty a sum not exceeding \$1,680,700 for Health, Executive Function, for the fiscal year ending the 31st day of March, 1984—pass.

Committee rise.