

THE LEGISLATIVE ASSEMBLY OF MANITOBA

8:00 o'clock, Tuesday, May 27, 1975

MR. SPEAKER: The Honourable House Leader.

MR. GREEN: I wonder if you would call Bill No. 42, Mr. Speaker.

MR. SPEAKER: 42.

MR. GREEN: Oh, Mr. Ferguson is not here - excuse me, the Member for Gladstone is not here. He is holding the other three bills. I presume it is the wish that they be stood. So, Mr. Speaker, I would move, seconded by the Honourable Minister of Health and Social Development, that the House resolve itself into a committee to consider of the supply to be granted to Her Majesty.

MR. SPEAKER: Moved by the Honourable Minister of --(Interjection)-- I'm aware of that, but I just wonder whether he wanted to change his mind. I see the Honourable Member for Fort Rouge is here, whether he's ready on any of the Third Readings.

MR. GREEN: Oh, I didn't call the Third Readings, Mr. Speaker.

MR. SPEAKER: Fine, if you do not wish.

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

COMMITTEE OF SUPPLYDEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

MR. DESJARDINS: While these little girls are wrestling with that big table, I'm going to give you some of the answers to the questions that I took as notice.

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

MR. DESJARDINS: The question was the number of children in 12,100 persons served by Rehabilitation Services for the disabled program as stated in the annual report. There are 108 children from the CNIB included in this number, but not included are 1,765 children who receive services from the Society for Crippled Children and Adults. Now the annual report - there were 12,100 - mentally retarded 1,258; mentally ill 469; Society for Crippled Children and Adults 3,616; Canadian National Institute for the Blind 1,122; Alcoholism Foundation of Manitoba 3,654; Salvation Army Harbour Light Centre 1,981.

The question, what amount is allocated for transportation, I think that's the Member from Brandon . . . The total is . . . or is that the Member for Fort Garry, I'm not sure? The total we seem to get here is 121,000, is allocated for transportation of clients to undergo rehabilitation services. There's \$40,300 for physically disabled; 14,000 for mentally ill and 11,000 for mentally retarded.

I think there was also a question of the Honourable Member for Fort Rouge on the number of private day care centres in the province. Private commercial day care centres, 18; private commercial part day centres, nurseries, 17; private non-profit day care centres 2; private non-profit part day centres, nurseries, 31; for a total of 68.

I think that's about . . . no, I was asked, the Society for Crippled Children, the program for the deaf, the preschool deaf. Well it was as I suggested yesterday. They get their budget through the society, they present their budget to the Society for Crippled Children. The Society for Crippled Children has made some recommendation to our department, some request, this is being reviewed now and I understand that in a day or so there will be a recommendation on my desk. I don't know exactly what it is.

I'm sorry to say that Mr. Schmidt who has been helping me in these estimates, who works for our Resource Department - you might have noticed that he left before the end of the estimate yesterday - he was admitted to the hospital last night with suspected heart damage, so I hope he will be recovering . . . --(Interjection)-- Thank you very much. I hope you're right.

Now, Mr. Chairman, I think that completes the answers that I have anyway and we were on Continuing Care Services (c).

MR. CHAIRMAN: 57(c)(3) Continuing Care Services, Financial Assistance. The Honourable Member for Brandon West.

MR. EDWARD MCGILL (Brandon West): Just before proceeding with that item, there were a few points about the answers to the questions that the Minister provided. But I would like to say to the Minister that we on this side very much regret the illness of your staff member, Mr. Schmidt, and we would appreciate it if you would convey to him our best wishes, hope that he has a speedy recovery.

SUPPLY - HEALTH

(MR. MCGILL cont'd)

Mr. Chairman, if I may just refer to an answer given by the Minister in respect to the breakdown of the people who are being given rehabilitative services. This item is one that is passed but the information has just been given to us by the Minister. I note that people are being referred to this program that are being rehabilitated after problems related to alcohol and so forth. Now I think of this chart of the organization of the Department of Health and Social Development in this connection, Mr. Chairman, I wonder if the Minister would look at that chart. I'm just wondering how the connections and the work is related between the Minister of Corrections and Rehabilitative Services and particularly the Alcoholism Foundation programs - how is the communication maintained between those departments. In this chart that you've given us, the Minister of Corrections and Rehabilitation doesn't seem to have any direct relationship to the other programs of the Minister of Health and Social Development. Now is this shown on a corner of the diagram for lack of space on the page or just how does this work? Is there no connection between a Deputy Minister here?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Yes, I'm sorry if we didn't show this. This was a rough chart mostly to show the Community Operation Division. You'll see that this chart is not completed. There's nothing under Associate Deputy Minister or Chief Medical Consultant, so I apologize if this has mislead my honourable friends. The reorganization should be finished pretty soon and we hope to have a complete chart.

Now this is only to show that within the Department of Health and Social Development there are two different ministries. We could, to assist my honourable friend, first of all we could draw a line joining the two ministers because we work quite closely together. Now we could also have a line to the Chief Medical Consultant, who is Dr. Tavener, and the Minister - he's acting as the Assistant Deputy Minister of the Minister for Corrections and Rehabilitation Services and he is also helping him. The Minister has access to any staff on the Associate Deputy Minister level which is the resources for the department. So it's a very closely knit department, and as far as the ADM of Community Services, you see Regional Services, - well some of the delivery, we're going on the single unit delivery and the delivery is done for some of the Minister for Corrections work also but he is responsible for the program. So there is very close relationship between . . . well actually we're only one department, two ministers. But as soon as we have the final chart, I'll see that all the members have one.

MR. CHAIRMAN: The Honourable Member for Brandon West.

MR. MCGILL: Well, Mr. Chairman, I'm quite aware that the departments must work very closely together but certainly this chart doesn't indicate that there's any connection. I now understand from the Minister that through Dr. Tavener these programs are related to his operations, so that this chart really isn't an accurate chart if you're . . .

MR. DESJARDINS: Well, this chart was requested by the Leader of the Opposition and he wanted to know how the . . . it's when we started the Community Operations Division and he wanted to know how that worked and that's actually all we did. As you see under the Deputy Minister, Dr. Tulchinsky, there's the two ADM and this was meant for that . . . we show that to relate the . . . maybe we shouldn't have, but it's not a complete chart.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. LLOYD AXWORTHY (Fort Rouge): Mr. Chairman, there's some questions I have for the Minister related to the Continuing Care program and its Financial Assistance. I believe the Minister in his opening remarks indicated that this Continuing Care division is newly organized and is, as a result, going through some transition, reorganization procedures.

What I would like to know is what is occurring in the meantime while that transition is occurring in terms of supplying forms of institutional care for older people who do need that kind of care? And let me interrupt that question to say that I certainly agree with the philosophy of trying to establish the kind of program that will enable older people to maintain themselves in their own homes or accommodation. But in the meantime there are individuals who do need forms of care in institutions or in settings where there can be a certain degree of medical and therapeutic help available. And I would want to know first is whether the private nursing homes in the city have basically found the new regulation and support system to be a discouragement to the building or construction or supply of nursing homes.

I should mention I have about 15 nursing homes in my own constituency, I suppose you

SUPPLY - HEALTH

(MR. AXWORTHY cont'd) could almost call it the nursing home capital of the province. And one thing that I have certainly recognized is that a number have been selling out or closing down, converting simply because they find it very difficult to sell from one owner to another and pass it on, and from what I gather there hasn't been any new nursing home hospital accommodations built in the private sector. So what I'm trying to determine is that while the government is moving toward the development of a care program, what is being done in the meantime to ensure that there is a proper care and comfort and support for many older people, because it certainly is becoming a very serious problem.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I don't think I'd want to discuss the nursing home under this item. This is something that should be discussed under the Manitoba Health Services Commission. If I start answering this there might be some answers that I won't be able to give without the proper notes and so on or the proper staff here. But this is the place to talk about the admitting though to nursing homes, the panelling. I might say that we had roughly 1,500 of a waiting list in these nursing homes and since we stepped up this home care program we have - and that's in a question of what? - about six months - about six months we've cut that down to a little over 1,000 I think, 1,046 or 1,050. The home care, we haven't had too much - well I shouldn't say we haven't had too much difficulties, but we've been successful in getting the urgent case to the nursing home in a relatively short time. This is why we have home care. If it's an emergency well then we give home care and care in the home if there's no way of getting them into a nursing home for a few days, we'll give service around the clock and we're not worried about the cost at that time. Now the home care, if it's not an emergency well then we are limited to no more than the cost per diem in a nursing home less the \$5.25 that the patient has to pay. But I think home care is helping us to do exactly what my honourable friend is saying. In the meantime, we should build about 300 beds or so, that's on the drawing board now, of nursing home beds, and then this geriatric policy in our pilot project on geriatric programs should help us to get the people in the proper beds.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I will acknowledge the Minister's request that we not deal specifically with nursing home situations till we come to the Hospital Services Commission, but I wonder if I could ask some questions about the programming of the continuing care operation.

First, I would like to know at this stage what is the exact nature of the kind of care programs that are being offered by the department itself in terms of medical care, therapy, home maintenance services and such like and how they are dividing it up between supply directly from a department or how they're contracting through to individual agencies to supply it. And I raise the question for two reasons. One was that in a survey that I undertook in my own riding again this winter with some of the senior citizens homes, ones that are actually run by the government, find that there is still a very strong demand, for example, for home maintenance care, people who can come in to fix light bulbs or do handyman's work around the apartment, to do things that older people aren't physically able to do in many cases, and at the same time I received a notice, as I'm sure some other members might have had, that one of the organizations that provide that service, the Helping Hand Organization, no longer has any support and is being closed down this spring for lack of support. It just strikes me somewhat odd to realize that one of the private agencies that was providing this kind of home maintenance care that would have enabled people to maintain their homes is being shut down, at least according to the letter dated May 20th, and I'd like to know what is replacing it, what kind of service is replacing it.

The second kind of question has to do with the St. Boniface Geriatric experiment, which again I think is an interesting one and one that should be, I think, encouraged. I'm only wondering why it might not have been tried in several other areas. I think that the idea of decentralizing the care into a local community level based upon a day hospital system is one that perhaps doesn't have to be done experimentally but could be done at this time as part of an overall program, because I think it is something that would immediately provide a great deal of assistance to older people, and I'd like to hear something of the rationale as to why it's really just being done in the one location at this point in time.

MR. CHAIRMAN: The Honourable Minister of Health.

SUPPLY - HEALTH

MR. DESJARDINS: Yes, I think if we looked under this item, under (3) Financial Assistance, that the department will provide some help, will hire the homemakers and sitters and the attendants and give counselling through our group also. But we do buy services mostly from the VON and there are some RNs in the rural area also.

As far as the geriatric pilot project - I hope we'll get a better name than that especially if we want cost-sharing from Ottawa - but at this time we could refer to this as a pilot project because it's the first one. Why St. Boniface was chosen? Because it was the easiest way. First of all, I think that there's a shortage of geriatricians and we're fortunate in having Dr. Dave Skelton who's the Director of the Geriatric Hospital in St. Boniface. The hospital itself, as you know we opened a 200-bed Geriatric Hospital during the past year, that's one of the reasons.

The Order of Nuns also run and own the Tache Hospital, which is another hospital that take care of geriatric patients, the St. Boniface Hospital, and now this Geriatric Hospital. So that was one of the reasons. We talked with them, they were anxious to co-operate with the department.

You will see one of the Acts that we're bringing in for second reading, as soon as the Bill is printed, that will enable us to have these District Boards, and of course we can't have District Boards without the co-operation of the people. I think that most of the districts that we have - and we'll cover that during the debate on second reading - this will cover the rural areas for now and easier. In the city here it is quite difficult to get all these different boards together but I think that it is possible. We have a committee who will group the Board of the Seven Oaks Hospital. . . . The Seven Oaks Hospital, the Mount Carmel Clinic, the Northwest Co-op also, and we hope to have - there again that should be discussed under the Manitoba Health Services Commission, but I think it's approximately 110 geriatric beds also at Seven Oaks. So that would be another district that should go fairly soon. We might have to recruit geriatricians.

And then I think that the Health Science Centre, also, we expect the Clarkson-Vayda Report by some time this summer and as announced there also there should be some beds - I don't want to say closed - phased out or transferred to Seven Oaks and other hospitals and that might take a while. Then there would also be a few hundred geriatric beds built out there, so you'll have the third unit that we're looking at right now. This could change but this is the idea now to have those three units taking care of the city and then you'd have a free-standing hospital at the Municipal Hospital which would not be as large as it is presently, it wouldn't be the 400 beds but there could be another 200 beds there. But I think that the policy, it is felt that we should have these geriatric beds close to the acute beds and it will help an overall board to look at that and look at home care, to work with a community, to work with the hospitals and I think we'll get better use of our beds starting with the acute beds where there are some people that shouldn't be there; the personal care beds, the geriatric beds and home care and so on.

MR. CHAIRMAN: The Honourable Member for Lakeside.

MR. HARRY J. ENNS (Lakeside): Mr. Speaker, I only have one question of the Honourable Minister of Health and Social Development at this particular time, and it's namely this, that last year at approximately this time I and other members of this Legislative Assembly approved the expenditure of some \$3,457,000 for this particular program. Can the Minister tell me how much of this money was spent for this particular program and how it was spent, or if in fact there was any carryover of this program?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I'll take that as notice, Mr. Chairman, I have no idea.

MR. ENNS: Mr. Chairman, I have to object to that.

A MEMBER: Why?

MR. ENNS: Oh yes I most certainly have to object to that. Part of the reason why we made a cardinal change, you know, from the time that I was Minister in this House - I didn't have the advantage of having my staff sitting in front of me. Now I would at least expect the Minister to give me the courtesy of consulting with his staff --(Interjection)-- No, Mr. Chairman, I am speaking and the Minister has no point of order. He has no point of order, Mr. Chairman.

MR. CHAIRMAN: Order please. I'll determine if there's a point of order. The Honourable Minister state his point of order.

SUPPLY - HEALTH

MR. DESJARDINS: On the point of order . . . while my friend was asking the question I turned to my left, the former Minister who hasn't got this information, I've asked Dr. Tulchinsky, my Deputy Minister, who hasn't got the information, who nodded that he didn't have the information. As I stated earlier, the person that should have this information is Mr. Schmidt and unfortunately he was taken to the hospital with a possible heart attack last night. I'm sorry if my honourable friend did not see the query to my Deputy Minister and the answer but this was done. I'm taking this very seriously, I told him I'm taking this as notice, there's nothing else I can do.

MR. ENNS: Mr. Chairman, I'm not going to pursue this particular point, but it happens to be a point that I pursued from last evening when we found out that this Minister throws in a million dollars holus bolus whether he needs it or not into his estimates. He carries over \$2 million from last year whether he needs it or not. Mr. Chairman, what's this whole exercise all about? --(Interjection)-- What's this exercise all about? I asked a fairly straightforward question. You know I asked the question, I didn't even ask the question how he was going to spend \$4,500,000 that he's asking us now to approve, all I'm asking him, Mr. Chairman, is how did he spend the \$3.5 million that we approved, all of us, last year.

Now surely, Mr. Chairman, with the availability of his staff in front of him he can give us some reasonable explanation of how he spent \$3.5 million, Manitoba tax dollars. Now I'm prepared to give this particular Minister a lot of leeway because he happens to be a pretty nice guy and deep down you know --(Interjection)-- No, I love him. But, Mr. Chairman, I think that one of the reasons that we're assembled here tonight is to say, I mean, you know, I have some - well if nothing else I appeal to the former Minister of Finance that we have some reasonable accounting of the estimates in front of us. I'm not asking for - you know if he says that half a million dollars were lapsed and the program didn't proceed the way they planned that's fine, I'll accept that. But I can't quite frankly accept, you know, without any effort at all on the part of the Minister, with the help of his staff in front of him, that he cannot tell me how \$3.5 million tax dollars were spent on this particular program.

Now, Mr. Chairman, either we take the examination of estimates a little bit more serious - and I know, Mr. Chairman, I know that unfortunately there's been this whole aura built up about the whole examination of estimates is one kind of a political charge on the part of the opposition against the government and we don't really mean what we're saying, we don't really mean to ask how tax dollars are being spent, we don't really hold individual Ministers responsible how tax dollars are being spent. But, Mr. Chairman, that's not the case. We have, and we're exercising now, under the new rules, a kind of wider freedom that we've never had before, we've never had before. This is a rather new experience for Manitoba, quite frankly, where we are examining this department in a manner and way it hasn't been examined for many years. Because for years we were under the 90-hour limit and we tended to concentrate our attacks, that is the opposition attacks, on the overall performance of the department on whatever brownie points we could create against a Minister. But, sir, part of the new rules is that we now have this time to ask, you know, the kind of fair and legitimate questions. All I am asking, Mr. Chairman.

Mr. Chairman, you're a fair and honourable man, you're a reasonable man, you were in fact one of the persons, Mr. Chairman, that along with me and all the other people in this House, the other 56 members, we voted last year, just about this time, we said that for this particular program we would vote \$3,457,000. And I am now asking the Minister how did he spend it? How did he spend it? And I will not accept the answer that he can't tell me how he spent that money. Not with his staff sitting in front of him, Mr. Chairman.

MR. DESJARDINS: Mr. Chairman, in the roughly 15 years that I've been in the House it's the first time that I see any member object to somebody that's asked a question who doesn't know the answer, has no way of getting the answer immediately and said that he'll take it as notice to give the answer. I haven't tried to evade any questions at all. I hurried to provide --(Interjection)-- Just a minute, it's my turn now, Mr. Chairman, unless . . . All right, if you have a point of order.

MR. CHAIRMAN: Order please. The honourable member state his point of order.

MR. ENNS: In the sense that the Minister is making an implication that suggests that I am asking an unfair question of a former Minister, I just want to remind him, I just want to remind him of the fact that he is experiencing for the first time something that Ministers such

SUPPLY - HEALTH

(MR. ENNS cont'd) as myself never experienced, that is the availability of staff in front of them to tell them those answers. That is unique and first time in this House.

MR. DESJARDINS: Well that's not a point of order. I don't object to the question at all. I think it's perfectly in order and these are the kind of questions that the Opposition should ask. What I object to is when I tell him that I don't know the answer, that the staff in front of me doesn't know the bloody answer, and then that is not accepted. I took some questions last night and I gave you the answer before starting today and I can do the same thing tomorrow, and we can argue if this is what my friend wants to do, make a big point of this and argue all night, waste all night. Fine. I still won't give him the answer because I'm not going to guess. It's not that I don't want to give him the answer; I'm not going to guess. I have enough trouble finding out what we're going to do with the money that I'm asking for that I'm not going to worry what the hell we did with last year and the year before. So I'm not going to guess. Even my friends around me are panicking a bit and trying to get me to guess, but I won't bloody well guess until I get the answer. Now is that clear enough?

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

MR. SAUL CHERNIACK, Q. C. (St. Johns): Mr. Chairman, the Member for Lakeside appealed to me and now apparently I have his help in drawing your attention to the fact that I wanted to respond to him.

Mr. Chairman, I am one who is very pleased that we have opened up the opportunity for more extensive discussion of estimates, but may I say in direct response to what he said - it's on this point in relation to the way he put it - that I was the person who proposed that we divide up into several committees so that we could concurrently review estimates, and hopefully in a manner in which we would be ascertaining and delving into program and objectives rather than the pontificating that took place in previous years.

Now the Member for Lakeside may think that he is really here, today and yesterday in the speeches he made, really trying to get information - and if he thinks that, fine. But I must say that possibly it is the atmosphere within this room rather than in the committee room of 234 where other estimates have been reviewed, that there seems to be a tendency that when one rises on his feet one makes a speech, and when one makes a speech one sometimes doesn't think about just what he is saying or the import of what he wants, or the purpose for which he has risen. I'm glad I have this opportunity to remind the honourable member that at the beginning of this evening he had occasion to ask the Minister to raise his voice, and I want to remind the honourable member that his voice usually has to be lowered a little rather than raised, because I don't know whether it's the acoustics or whatever, at this end of the room there's a reverberation and maybe that's why I thought I'd rise to my feet to respond to his appeal.

I want to tell him that I've been in this House for some time and I believe that Estimates are the opportunity in which to review the proposed programs and in which to question the manner in which the amounts have been arrived at. Now if they can be precise, they should be precise; if they can't be, then there has to be an explanation as to why they are not. This is not the committee, in my experience, where a Minister is accountable for an item by item explanation of moneys that were voted in a previous year. In a general way, of course, he should because he wants to justify his program for next year. But, Mr. Chairman, the Public Accounts is the committee in which specific matters are reviewed, but of course we must recall that we only have Public Accounts before us up to March 31, 1974, and the committee, which has met on three occasions, is yet a far distance away from actually starting the Public Accounts, where in the past Public Accounts were gone into quickly. And there honourable members will remember that questions have been asked and answers were undertaken to be given, and sometimes it took months to get the up-to-date answers, but they were supplied to members of the committee when they were available. The other recourse, of course, is to an Order for Return, where this information would be requested in a formal way.

But the most effective way, in my experience, is the informal way in which the Member for Lakeside asked for it and the way in which the Minister accepted the request and stated that the information would be given. Now no way, no way, do I recall that any Minister has had the figures at his fingertips to give that response. No way do I recall his being accused. No way do I recall a member of the Opposition attacking a Minister in the 13 years or so that I've been here, for not having the figures at his fingertips. So let's not be that righteous

SUPPLY - HEALTH

(MR. CHERNIACK cont'd) about it. Let's recognize that this department, of all departments, is very extensive and has a great deal of information within it that cannot be at anybody's fingertips.

I think the Minister has responded more than I would expect that he could respond. I'd be surprised if he could get all these answers in short order. Still, if he feels he can, no doubt he will. But I just rose because the Member for Lakeside seemed to think that I had some expertise to offer, and I do. My expertise is based on my period of service here where I know that Estimates are the opportunity to investigate the program and the plans for the coming year, and that the Minister should be asked to explain, as best he can, the extent of his program and the justification for the amount. If that involves knowledge of what the previous year's experience was, that's a question which would help him answer better or more poorly, but is not really part of the estimates process.

MR. CHAIRMAN: Order please. I thank the honourable members for their speeches on the rules and everything else that's been going on, but I am going to remind honourable members of Rule 64(2) of our House Rules, which are the ones that we operate under, and that the discussions or the speeches in Committee must be strictly relevant to the item or clause under discussion, and I think we should come back to 57(c)(3). The Honourable Member for Lakeside.

MR. ENNS: Mr. Chairman, I'll be very brief, and perhaps maybe if I'm not speaking to the item then I would appeal to you to allow me to speak on a brief point of order. I'm simply saying this. The remarks of the Honourable Member for St. Johns were well taken. It's true; in all his years in Opposition when he sat on this side of the House, the questions that he asked of Ministers were such that either the particular Minister that he was asking questions of had a particularly good Pony Express system with the public galleries up above or behind him, and he could bring down the answers in time for the Minister to respond. That was one set of circumstances.

But, Mr. Chairman, I appeal to you, you know, we've made a fundamental change in rules. We have made a very basic departure which allows senior civil servants to sit in our Chamber with us, which is a move that we concurred in; we congratulated the government in making that move. This was going to stop that Pony Express from the galleries or from Ministers having to say that "I will take this question under notice. I don't have the information now. I will give it to you back later when I come back." But one of the reasons, surely the only reasons, the only reasons for keeping these two very worthwhile public servants in our midst well above and beyond their normal call of duty, at 8:30, 9:30, 10:30 or 11:00 o'clock at night, is so that they can supply the Minister with the answers that Opposition questions them on.

Now if there is not to be any change, Mr. Chairman, if the Minister is going to shield himself behind the kind of traditional pose that the Member for St. Johns suggests that all ministers always did . . . and I agree; I was one of them. I was one of them. The only difference was I didn't have my directors and my deputy ministers sitting in front of me when he was asking me the questions. So, you know, in other words, if there's to be no change, then make it one of the negotiating clauses with the MGEA right now and say that, in the future, senior personnel don't have to spend all this time listening to windblown politicians. They can go home, be back with their wives and their families, planting their gardens, doing something worthwhile, but certainly not have to answer to the responsibility of giving the Minister any answers that he may be --(Interjection)-- (Yes, I know, I'm raising my voice) - that he may be asked, you know. I just don't like the idea of having people that are being paid \$20,000, \$30,000 a year sitting in front of me and having the Member for St. Johns say that it's really unfair of me to ask any question of the Minister, because he can't give the answer right now, because he hasn't got the availability of his administrative staff to answer those questions. If that's the question . . .

You know, I rather tend to agree with the Honourable Member for St. Johns. I think it is probably a mistake that we did, by this . . . with having senior civil servants in our midst. I'd like to keep the fight clean. You know, I like to know when I'm fighting Socialists. I like to know who I am fighting, you know, and I don't want to get mixed up with people whose politics I don't know. Like I know all your politics, gentlemen opposite, and that's a fair fight, and quite frankly I don't like to mix up a lovely lady like is sitting in front of us right now, or this other honourable gentleman here. You know, I don't know his politics, and quite frankly I

SUPPLY - HEALTH

(MR. ENNS cont'd) don't want to get him involved in our political battles. So if you're suggesting that we digress and we move back from that, then I'm prepared to accept that. But, Mr. Chairman . . .

MR. DESJARDINS: This is still a point of order?

MR. ENNS: Yes, this is still the point of order, the cardinal point of order, and, Mr. Chairman, the point of order is this: that one of the reasons - well, I appeal to my House Leader. One of the reasons certainly that we agreed to the bringing of senior staff into the Chamber was so that Ministers could more quickly and more capably answer the immediate questions being asked. And for the former Minister of Finance, the Honourable Member for St. Johns, now to suggest that that is an unfair tactic on the part of the Opposition, that we should not be asking for details, you know, simply flies in the face of the logic for the reason that they are being there.

Now I'm off the point of order, Mr. Chairman, back on to your admonition about getting to the particular point . . .

MR. CHAIRMAN: Order please. I am going to say that that was not a point of order and I am going to refer the honourable member, and perhaps I should prescribe a bit of reading for him tonight when he goes home, to read his Rule Book on Page 59: Appendices, Points of Order, Matters of Privilege. Perhaps he should read that this evening. Then he'll understand what a point of order or a point of privilege is. Now I'm going to insist - I've been lax enough this evening - that we will adhere to the Rule 64(2) and speak to the matter or the clauses under discussion. The Honourable Member for Lakeside.

MR. ENNS: Okay, Mr. Chairman. I'll abide with your admonition. I just want to make this one point. The Minister of Health and Social Development doesn't know how he spent \$3,457,000 last year.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, the Minister of Health did not spend that money - he wasn't even in the House. And the Minister of Health will get the information - we'll have it tomorrow - as I did with any other information.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I believe we were, at some point or other, discussing continuing care. I believe that's where we were unless somehow a day has passed and I haven't noticed it.

MR. DESJARDINS: That was before we started on the point of order.

MR. AXWORTHY: That was before we started on the point of order, yes - the world's longest standing point of order.

Mr. Chairman, I'd like to come back to the question, I almost do it with trepidation, to find out in fact how the Minister is going to spend money in the forthcoming year. I realize that it may almost be against the rules, now that we are establishing them, but in the Minister's explanation before on the Continuing Care Program there were some things which I think should be clarified.

Perhaps the Minister could first briefly describe what exact services are being proposed to be supplied under the Home Care Program; what exact nature or kinds of services will be supplied by the Continuing Care Division of this department; and perhaps he can give us some indication as to who will be supplying them in terms of if it's a medical supply or are they coming from VON or are they coming from paid civil servants of the department. That would be one question.

The second question, which is one that perhaps takes a word of explanation, and that is the nature of the delivery of those services, whether they will be delivered from a centralized position, if in other words there will be a Continuing Care Department and they will basically manage the delivery of all those services as opposed to a decentralized system, which I think personally I would prefer seeing, whereby the continuing care or the home care programs would be divided into neighbourhoods or communities and worked out so that there would be a combination of services centred in some kind of local community base. And it's that point, Mr. Chairman, that I have some concern about the description that the Minister did offer about the setting up of this pilot project.

It seemed to me, from what I was hearing, that the service was being geared to the availability of geriatric hospital beds, which seemed to be associated with acute care beds,

SUPPLY - HEALTH

(MR. AXWORTHY cont'd) and the implication I draw from that is that we would only have that kind of delivery where there happens to be a hospital. I happen to represent an area which has a very large percentage of older people; in fact some of the census tracts in this downtown area have 30 percent people who are over 65 years old, but we don't happen to have a hospital close at hand. So I'm wondering if in fact on the decision to set up this kind of pilot project, day hospital arrangement, is geared to the existence of an existing hospital situation, or whether the department plans, as part of its policy, to establish upon a day hospital system or health clinic system, so that that kind of delivery can occur in those areas of the city where there doesn't happen to be a Health Sciences Centre or a Seven Oaks or a St. Boniface Hospital. And coming out of that, I'd like to know what the staging of this kind of neighbourhood level or community level service might be, so that certain areas - and again I would think particularly of my own - would be able to begin, in their own level begin preparing some plans for it, and put forward proposals to the department so such a system might be established in the very near future. I would mention that a group of senior citizens' organizations in my own constituency have attempted to set one up similar to this on a volunteer basis, on their own resources, if they get some help in doing it. But it just is very difficult to do and I was just wondering whether it's possible, whether it's part of a policy that the government's establishing as part of the expenditure of this 3.6 million, that that is foreseen as being an eventuality, that they're prepared to receive those kinds of proposals and prepared to set up that kind of delivery system in those areas.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: The assessment is done by the department, the nursing in the city by the Victorian Order of Nurses, in the rural area by the RNs. The Homemakers are people that are employed by the department. The amount that you see to pay all this - well that's what we're looking at now, I think, (c)(3) eh? Financial Assistance. This might be misleading if you look at the Financial Assistance as money going to the patient. That's just to employ people to pay for the service and so on. And then there's homemakers, sitters, attendants; and then the physiotherapists also through their association are providing services also.

Now, definitely we want to decentralize this service. Some of it - Home Care has been and still is, for the moment anyway, operated from the hospitals; others from day care hospitals. We have three day care hospitals - the Municipal, Deer Lodge and St. Boniface. There's two day care centres, Tache Hospital and Luther Home. That's a program that's just starting that we will have to evaluate. These are people that are at home that will come for a day. It's kind of a day care but for older people that might come in for a day or so, and the people that are looking after them then can have a rest; they can be given a bath and a massage and recreation and so on. So this is working. We would hope that eventually these things will be in different districts, that all the districts will have this home care and that it will be closely co-ordinated by the department and the services that we give the different hospitals also, because I think that's very important. When they discharge people if they know that they could have home care, well they might be able to do that earlier and so on. And I must say that although the people, the public, are certainly free to choose the hospitals that they want, this is one of the reasons that we will go with the district though. Then when they go back home, they'll be served by whoever's the closest, the people that are responsible for that region. I don't know if I answered all the questions, if I remembered all the questions.

MR. CHAIRMAN: Order please.

MR. DESJARDINS: Oh, yes, it's my fault, Mr. Chairman. I was asking - I didn't remember if I covered everything. Yes, the communities. We would welcome any communities making proposals like that. In the meantime we're answering all the calls. We did there also reorganize. We have a Director - it's Mrs. Shapiro that's sitting in front of me today, and we are going in this area. We're discussing with different groups now, so anybody that would want to talk to us on this we'd certainly be interested in discussing it with them.

MR. CHAIRMAN: The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, as the Minister may have noticed, I have a little problem with the wording of the headings in his estimates. I suggest that perhaps these are not very definitive in their wording, and he might take that message back to whoever it is in his department that has set up these headings. For instance, Mr. Chairman: Continuing Care Services. It seems to me that Continuing Care should include all chronic care services, and reading his annual report it seems to be really Home Care Services. Is that . . . ?

SUPPLY - HEALTH

MR. DESJARDINS: . . . personal care homes.

MR. MCGILL: I see. Well I think it might be possible to include a little more definition in the headings so that we would be able to confine our comments and our questions to the specific areas. But I note, Mr. Chairman, that the appropriation which the Minister is asking for indicates an increase of \$1.6 million over the last year appropriation, and I'm wondering, does this increase result from a caseload increase? I assume that the Minister has made some projections for 1976 in respect to his caseload program, and I'd like to know how that compares with the number of people served during the previous year. I notice that the Minister has indicated that the number of beds for which there are people waiting is now down to about 1,000. In other words there's about 1,000 on the waiting list as compared with 1,500, and we find that it's very difficult. Now we're talking about personal care homes, and again we're in this area that I'm not sure whether this particular area is included entirely under the heading of Continuing Care Services. But, Mr. Chairman, specifically, we see under Financial Assistance here, item (3), an increase from \$3.4 million in the previous year to \$4.5 million. I think that it would be a proper question to ask the Minister if he can give us some breakdown of that \$4.5 million and how that is specifically allocated for the programs which he is projecting for the coming year.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I'm sorry that my friend from Lakeside isn't here because I was able to get the information sooner than I had thought. There's still some people upstairs that we still have a good Pony Express. Last year the Home Care cost the government \$1.5 million in the rural areas, delivered through the hospital program, and VON and Care Services in the cities for a total of \$3,900,000, which actually is more than we had here, that my honourable friend and his friends voted approximately 3-1/2 million and it was closer to 4 million, so that also will help answer your question. I suspect that this will also answer one of the questions of yesterday. I think that the Cabinet approved the transfer of the deficit here, instead of having a deficit from the day care program that wasn't getting off the ground as fast as we thought. I think this will give you an answer why we're asking for more, and besides that, it is an increase in growth and caseload. It is a new developing program and we expect it to level off during the next 18 months. And I might say to my honourable friend that I wouldn't be a bit surprised that we might have to go to Cabinet and ask for a supplement, ask for an increase during the year, because this is a program that's really growing fast.

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. MCKENZIE: Well, Mr. Chairman, I have a couple of questions regarding the Home Care program which is extended to persons who are residing in their home. We've had some considerable problems with this and I'm sure the Minister is quite familiar with it. There seems to be a new regulation come out now that next of kin are not allowed to qualify for this program, and I can certainly associate myself with the sentiments of the Minister that this should have never started in the first place where a next of kin should have been paid to look after their parents. I think it was a wrong step, and now it's really mixed up because we're trying to get it back on track and yet I can't . . . Yes, I can see a lady living in a yard with her son and maybe her daughter-in-law, living in the same yard, and somebody's driving in four and five miles away to look after that person. And that just don't make sense. My gosh, what's wrong with the young people, or the adults of our society today who will not look after their next of kin and ask somebody to be driving in four and five miles to look after them. I don't know, it's a touchy subject. And yet there are certainly places where there is need. Some elderly person is living by himself and in some cases the next of kin are four or five miles away and maybe they are the only ones who will go and look after this person and provide him with the cleanliness and things that they are entitled to. I've had lots of problems with it trying to sort it out, and the Minister is quite familiar because I'm forwarding most of the correspondence, but I'd like him to explain it to me now. You know, what is the policy? Or is it still flexible, that it can go both ways on that matter?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: It is my understanding the policy is exactly the same that it always has been. If anybody has changed that, it's because the department didn't know. The next of kin will not qualify as sitters or as homemakers and so on, and I don't think I have to go into details. It is unfortunate at times, because there are some people that would like to take care

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) of their relatives. It might be an aunt or something and they can't afford - they might leave their work to go and take care full time, and they would have to be paid, but if we started that there would be so much abuse and so on. So we will not refuse anybody any help if . . . Mind you, I hope that we're still living in a country and in a climate, in a society, that we can look after our relatives as much as possible, and if it isn't possible we'll get somebody else, or these people might be able to get some assistance, some welfare and so on, if they're not working, if they're looking after their people, well they will not be paid as people providing services under Home Care.

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

MR. MINAKER: Thank you, Mr. Chairman. My questions relate to the same subject as the Honourable Member from Roblin was discussing, and that is that I wonder if the Honourable Minister can advise us what standards are used when a homemaker or sitter is hired when this Home Care Service is provided. Is there a standard for this type of service that's being provided, and who sees that these standards are met?

MR. DESJARDINS: There are a set of guidelines that are in front of the policy committee of the department now, there being some adjustments. Once accepted they'll be going to HESP and then they'll be made public. I don't think it will surprise too many people. We've had some guidelines but nothing official. In the meantime we're taking the best people that we can to give the best possible service. In some areas it is more difficult to get people that we might feel are qualified, but I can assure you that we exercise care in choosing these people. And when we talk about standard in anything, in acute beds or nursing homes or anywhere, it is very very difficult to define "standard" as such. We've tried. I've wanted to improve the standards in the hospital and the nursing homes and so on, but it is very difficult. I'm saying that only to give an example of how difficult it is. I don't think the standards in any province or any country are always the same in any care. You can control this up to a certain point. You accept their by-laws. You have to approve - the Manitoba Health Commission has to approve the by-laws and the by-laws cannot be as rigid, for instance, in some areas of the North, where we're lucky to have some care. I'll be pleased to, as soon as this guidelines is over, I'd ask staff here to make a note, and I'd be pleased to send my friend a copy of our guidelines and that shouldn't be too long.

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

MR. MINAKER: Thank you, Mr. Chairman. Mr. Chairman, the reason why I raised the question was that in our constituency in St. James we have found in a couple of instances - well, in one particular instance which just happened in the last week - that there was a senior citizen who wanted to be placed in a personal care home or in a hospital, and was receiving the home sitter program, and the particular person who was hired - and I'm not too sure whether the Minister's department hired the individual or whether the family did, I'm pretty sure it was the department - was seventeen, and I understand was not even receiving a minimum wage, and the individual was not capable of handling, physically handling the person who was needing the help. The lady in question was over two hundred pounds in weight and the girl who was to do the job was not capable of helping her. My concern is that the government took on the program of providing personal care homes to everybody in Manitoba and I believe personally took on the responsibility before they were physically prepared for it, and as a result, to counteract the problem that was created, have introduced the Home Care Program, and my concern, representing the area I do and the people of Manitoba like the Minister does, is that the health standards have been actually lowered in this instance to what they were prior.

Now the Minister will probably debate this, that more people are now having an opportunity, but if we look at the overall level of the services that are being provided, it probably is lower in quality, and my concern is until the government physically catches up with the demand - and I don't know whether they ever will - that they have to set some kind of standards for these different services, and at the present time it would appear from the answers from the Minister that there really aren't any guidelines as to who hires the homemaker or the sitter, and what qualifications these people would have or what salaries they have, because in talking with his department we were advised that if the family can hire somebody that they think is satisfactory, that they would be happy with that.

My concern, Mr. Chairman, raising the point at this time, is that I believe it to be a serious matter and I had hoped the Minister would take the same attitude towards it, that if we

SUPPLY - HEALTH

(MR. MINAKER cont'd) are promoting this home care service and it actually is getting the government off the hook with the problem they had of not having enough personal care homes of hospital beds, then make sure that the people who are providing any services in the Home Care Plan have some minimum qualifications and they're not fifteen-year-olds or sixteen-year-olds or anybody they can grab to preoccupy and take up time of being in the house with the individual, because I would hope that this would not be the case and that if this is the case, then obviously the standards that have been provided in the past have been lowered. There might be more people being provided with the services but a much lower service, and I would hope that there are some standards immediately decided upon and qualifications for these type of people that are providing this service to individuals at the present time.

MR. CHAIRMAN: The Honourable Minister for Health.

MR. DESJARDINS: We will debate this. I think the honourable member is insulting the staff and I don't think there is need for that at all. My honourable friend might not know, but Home Care is not a new program. Home Care is a program that - I think that the former government had some home care. It is something way before the nursing home became an insured service, and I don't think this changes it at all. They have the same kind of people, the same people that were sick, except now the government is paying part of the cost of the nursing home. Now, if my honourable friend wants us to do nothing, to wait till we can guarantee the perfect services and so on, well, maybe if the people around his area or if he himself wants us to leave his area until we're ready, we'll do it, but this might be a long time. We're dealing with - you don't expect us to get the same kind of people as a registered nurse and so on. We've had people on the minimum wages. Some of them - that's one thing we're going to do. I think we've had some people pretty low. Now those people will be minimum wages. We recruit, we screen, we check the references, we place, we supervise. If the family feel that they have somebody that is available that wants to offer their service, we go ahead with this. If we have any complaints, those people are not re-hired again. We can't do much more than that.

I'm not going to make any promises because there will always be some criticism. You're dealing with human nature. You're dealing with certain people that are ready, that are willing to help their neighbour and so on, and they're not necessarily, as I say, trained as RNs or even as practical nurses. Most of the time we're having good people. It might be that somebody qualifies but they're not strong enough to lift a two hundred pound person. That could be helped. At times we can send somebody once in awhile, or these people, if at all possible, can go to a hospital, a day care service in a hospital, where they will get a bath, where there are orderlies and so on. But I am sure that my honourable friend didn't realize that home care is not something - and I resent that part that the government is stuck and now they're trying to cover up. Far from it. This is a program that was started. Now we're pushing it. We're trying to do more. We hope that we can keep people out of the hospitals. And not only that we're going to save beds, I think that there's a lot of people that want to stay. I know many people would much prefer staying in their house, and they might have a daughter who will keep them, but sometimes it gets a little much and they need a little help, and we will do this. And it'll vary. Some people might need somebody that will go in maybe an hour a day, some people need care around the clock, and some people might need, I don't know, even what my honourable friend said, somebody to help around the house, to clean the house and so on. You are not going to get an RN to do that. So it depends on the service. I am not going to guarantee that we will keep on doing what we are doing now, doing the best we can, get the best people possible. We're not going to take a chance of saying we'll wait till we can give you perfect care, the best services and so on, because I would say to my honourable friend, if we wait for that we'll never do anything.

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

MR. MINAKER: Thank you, Mr. Chairman. I thank the Minister for his answers and information. I do not accept his intimation or blackmail. I hope that it won't matter whether the individual is in St. James or St. Boniface or Birtle-Russell. I was trying to draw to the Minister's attention the problems that we have had in our constituency and was trying to stress the importance that, because of the situation that we presently are faced with, demands for personal care home beds, and the promotion of the government to have greater home care service, which in my opinion is an out for them at the present time - and that's my opinion,

SUPPLY - HEALTH

(MR. MINAKER cont'd) . . . obviously the Minister doesn't agree with it - that we hope that he will take our criticism as constructive criticism, that it's important in our opinion that the qualifications of the people that are homemakers or sitters are important because they are the people who are there, and whether they are RNs or not, they will face situations which will require their knowledge, minimum knowledge in some first aid and treatment facilities knowledge, that we hope that when the guidelines come out for those people who would qualify for this type of work, that they will take this into consideration and that they will at least be paid a minimum wage, which in the case of one individual, to our understanding, they weren't.

MR. CHAIRMAN: The Honourable Minister for Health.

MR. DESJARDINS: I think I stated that we will, and that's an announcement, that we will, if we're not - I think we are paying now or very soon we'll pay at least the minimum wages. I don't mind constructive criticism. What I resented was the fact that we were covering up by doing something that we weren't ready to do, and I won't even take any objection to the term blackmail, because my honourable friend has given me the answer that I wanted. If he feels that I am, by suggesting to him, if he feels that we are not giving the service, that we could refrain from the service, I think that his last statement makes it quite clear that even though the service is not perfect, he would want us to continue providing it to the people of St. James, and I can assure him that we will do everything we can in St. James. We'll take his remarks as constructive criticism. We always will try to improve the situation. We know that it will never be perfect and we'll always try to get the best people available.

MR. CHAIRMAN: The Honourable Member for Swan River.

MR. BILTON: Mr. Chairman, whilst we're on this subject, I would like to briefly acquaint the Minister with a couple of problems I've had within recent months. In one particular case, the doctors sit on a panel each month and they determine as to what patients shall be discharged, and this was an old age pensioner and he was discharged to Mafeking, some 40 miles north of Swan River, and the family became hysterical. In their minds, he should have been retained in the hospital, and of course it superseded the doctors' opinion, and they determined that he should come back into the hospital or go into the extended care home. There was no room there for him. And they threatened me, Mr. Chairman, with the bringing of their father to Winnipeg, expecting me to get him into a hospital. In another case, this gentleman was discharged, and he had a relapse within a matter of hours and had to be taken back into the hospital again, and the family were frantic.

I wonder whether or not the Minister would take under advisement that as and when situations like this develop, that the welfare people that are on the ground would step in and assist these families one way or the other, in the hiring of someone to look after that particular person. The average person when faced with this situation doesn't know which way to turn other than to their local member, and I feel that through the Department of Welfare, with the welfare people we've got in Swan River and the nurses there, they should be able to jump right into the breach and do the things to bring relief to situations such as that.

MR. CHAIRMAN: The Honourable Minister for Health.

MR. DESJARDINS: I would thank my honourable friend for helping me define home care because, what he's talking, that's what home care is all about. There is only one catch. Our staff must know the problem. If they're not informed, there's no way they can guess. So I would suggest to the members, to whatever staff of the department there, to inform them if there is any problem. They won't make any miracles but they'll do everything they can and they will, if the doctors feel they should be discharged, well then they'll provide home care as much as possible.

MR. CHAIRMAN: Resolution 57(c) - passed; (d)(1) - The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, I mentioned to the Minister that I do have trouble with the way in which the headings are written, and I have been up twice on my feet to talk about the role of the Department in preventive medicine, and on two occasions the Minister said not yet, but soon, when we get to another item. So I believe that we have finally arrived at an item which doesn't say anything about preventive medicine, but somewhere hidden in one million dollars is the total program of this department for the area of the problems that we are devoting \$309 million to treating.

Mr. Chairman, it seems that if all this money were devoted directly to a program of

SUPPLY - HEALTH

(MR. MCGILL cont'd) preventing health problems, it would be insignificant in proportion to the amount of money that's spent on remedial care. I understand from looking at the annual report that the preventive medical services are really those in communicable disease control, in providing vaccines and immunizing agents, and prevention of rheumatic heart disease and so forth. Mr. Chairman, there doesn't seem to be any real attempt by the Department of Health and Social Development to really develop a program that would tend to reduce the case load in our institutions in the province and get to, perhaps, a point in the whole scheme of medical health care that would, if properly developed, perhaps ultimately reduce the total cost of providing remedial service in the province.

Mr. Chairman, I'd like to hear the Minister tell me just what his plans are in this connection, whether there is any real attempt being made to deal with that whole area of remedial care that relates to self-induced illness, of the perhaps twenty percent, as some estimates have been given, of the total amount of remedial care that is paid for by the taxpayers of Manitoba, that may be due to illnesses which are preventable, which may be classified in the whole general category of those illnesses which are induced by the persons who ultimately suffer from these disabilities.

I was pleased the other day at a meeting in Brandon to hear the President of the Canadian Medical Association suggest to the members of the association, the medical doctors present, that this was a time in the whole progress of disease treatment and control that doctors should be taking a positive role in the matter of preventive health care. I'm hoping that his message will get through to the medical doctors in Manitoba, because I think any message that they might deliver, through whatever medium, would have a great impact upon the people who received it. Mr. Chairman, it seems to me that there is entirely too little attention being paid to this important field, that there is much too little emphasis being placed on a program which could be developed, I am sure. I know that the Minister and his department are preoccupied with providing remedies, but there is no time like the present to begin a program that would perhaps reduce the total caseload in our institutions in the Province of Manitoba.

Mr. Chairman, those are the general concerns I have and I hope the Minister will be able to reassure me that he perhaps has some more definite and larger programs than we can see from the relatively modest amounts that are being spent in this item (3)(d) under Medical Public Health Services.

MR. CHAIRMAN: The Honourable Minister for Health.

MR. DESJARDINS: First of all, I agree with my honourable friend that these titles are very misleading, and I understand how he finds it difficult to follow because I'm having the same problem and I'm getting coached here. I might say that under this program there's the amount (d) now, \$1, 019, 000 - that's Medical Public Health. The next also, Public Health Nursing, which is \$126, 000 and under (h)(4) on the next page, there's approximately \$4. 6 million for Regional and Community Health Services. Some of those programs that you were talking are under the three different items - with the staff now.

To give you an idea what's on this - maybe if we look at it together I'll understand better also. They have different clinics for maternal and child hygiene. There is the family life education and family planning. Improved education counselling and service towards reduction in infant mortality and morbidity. Communicable disease, VD - there is much more done in VD because it's been getting to be quite a problem. Preventive medical services operate a number of programs, with disease reporting, recording of statistical evaluations, case finding, case holding, contact tracing, isolation, quarantine, disinfection, immunization, purchase and distribution of vaccines and sera, recommendations of reuse, consultations, international travel regulations, rheumatic heart disease prevention, assessment and consultation bulk purchase and distribution of antibiotics, diabetic maintenance, assessment bulk purchase and distribution of insulin, and oral hypo (I can't pronounce that word), lifesaving drug program, assessment of needs, purchase and distribution of drugs. So these are the kinds of service that they do. But my honourable friend is correct. This is not only - well, all this item, all (d) and all (e) is preventive treatment . . .

MR. ENNS: I think you're bluffing us now, Larry.

MR. DESJARDINS: . . . and (h)(4) also which is . . . No, I'm not. If I am, I'm bluffing myself, because this is the information that I've been given from my friend here.

MR. CHAIRMAN: The Honourable Member for Brandon West.

SUPPLY - HEALTH

MR. MCGILL: Mr. Chairman, I will consider and perhaps understand the explanations of the Minister in respect to this tremendous program of his more completely when I eventually receive the Hansards, but of the total of nearly 5,000 employees in his department, it seems to me that there is only a very minor proportion of those employees that are directly concerned with the preventive medical programs, and my question really to the Minister was: is this what he considers an adequate program or series of programs in this whole field, or is it in his planning to enlarge this, to try and provide some education to the public in the way of preventive health programs that will assist to reduce the total remedial care load that we're having the problem?

There's one other area here, Mr. Chairman, that I would like the Minister to comment on. I understand that if people go to certain health services or outpatient clinics, they're able to obtain many drugs free of charge, and these services of free drugs for certain types of illnesses or diseases at outpatient clinics are provided for those people who live close enough to be able to go and receive them at those outpatient clinics. But, on the other hand, those living in remote areas don't obtain this same treatment. I'm wondering whether there hasn't been some attempt to integrate this whole drug provision program in the new Pharmacare program. There still seems to be areas of clinical outpatient care that provide drugs to people free of charge, if they drive that far or go and personally ask for them at those places. On the other hand, people who live in the country perhaps are too remote to receive the same benefits. This is an unequal treatment of the people who are receiving drugs in Manitoba. I wonder if the Minister has considered this problem and can he explain just why there hasn't been a greater attempt to provide an equality of service in the whole drug area?

MR. CHAIRMAN: The Honourable Minister for Health.

MR. DESJARDINS: I apologize to my honourable friend. There is no doubt that I haven't got the knowledge that I should have on this public health, but I want to tell him that the information that I give him is correct. The public health, public health nursing, and medical public health and health education are all programs that will do what my honourable friend wants. I can't give him too much detail. I can give him the amount - I think he asked me the amount that was spent for these programs. Well, there's four, five, close to six million dollars on that. Now, there's all kinds of services that you get at clinics, and so on, and through our staff, and through our people that are delivering the services also. There is many aspects of prevention and also education, the maternal and child health, the communicable disease, the school health, and the statistics, and so on. All this is available now. Now, I can't tell, I'm sorry, but I can't tell my honourable friend, I can't stand up here and say, well this is enough, and that we should do more. I have to familiarize myself with it. I haven't had time in this five months that I have been the Minister. I hope that I can do a little better next year, but I gave him the information that I have, the money that is spent, and I think he knows that the different clinics, and so on, give these services. Then I think there's another program, I can't see it now, is RENU, another program on physical fitness. There's some grants to different people that we help for that. You know, there's more than this amount of money. We help the Heart Foundation and these people who provide that to people who have had a heart attack. I know that there's a group that are working out at, under Dr. Mymin, at the University, and it might not be too many dollars, but it is another program where these people go there every day and that's people that have had either open heart surgery or have had a heart attack anyway, and they're doing real well, they're doing better than, well, they're in better shape than I am, I can assure you of that. So I don't want to bluff my honourable friend and say we're going to do much more. I have to find out first what is being done, and I am sorry that I can't do anymore than this at this time.

As far as the drug program, I might say that this will be phased out, fairly soon, with our Pharmacare program. I'm not talking about the people on welfare. They will have this drug, but the other people will have to be on the program, that's the universal program that we have now, they would pay the first \$50.00 and then the government would pay 80 percent of that, except the drugs for mental health, that is always fully paid for everybody.

I think, you know, on this public health also there is even . . . many of our programs, our geriatric program that we're talking about will do exactly that. You've had people, they reach a certain age and unfortunately that's supposed to be the end and people panic; the people might be well but they say, what will happen when he's not well enough. They're afraid they

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) won't get a bed in an acute hospital. The people in the hospitals do not want those people because they stay too long, and this is what we're trying to correct because there's people that are over 65 and 80, and so on, who should go to the hospital, who might have two or three different things, who can be cured and go back and spend many years at home. There's no age limit on these things. So that program on geriatrics will do some of the things that my honourable friend is talking about also; home care program could do the same thing also. If we get these people, we don't wait till they're exhausted, till they're finished, and so on, if we catch them early enough, I think this will do that.

So I wouldn't want my friend to get the wrong impression because I suggested that he should discuss this under this item. This was the best information that I had, and again I say that I agree with him. I hope that we can come up with better headings, and so on, where . . . I hope we can change all that next year, and I think we will. It's doubly difficult for me because there's been some reorganization since I'm there, and of course we've had to follow the same as last year. This was printed before, and in fact we're not finished with our reorganization. But I can assure my honourable friend that there's quite a bit of money spent, if we could put altogether the grant to different agencies that are doing just this kind of work, to the public health nurses and the items that I've mentioned anyway.

. . . . continued on next page

SUPPLY - HEALTH

MR. CHAIRMAN: (b)(1) - The Honourable Member for Roblin.

MR. McKENZIE: Mr. Chairman, I just have a couple of questions for the Honourable, the Minister, Mr. Chairman, in that it again reverts to the preventative health service, and the incidence that was raised in the House - was it yesterday or today? - regarding the bad milk shakes, I'm wondering, in the annual report it mentions the evidence of bacillary dysentery and the salmonellosis, which is basically food poisoning, isn't it? That in fact that maybe - and it is a federal matter - but maybe the time is here with so much packaged foods and these quick lunches that's going out, if we shouldn't insist on maybe better inspection of this industry, because, you know, the thing came to light in Montreal about the bad meat, and almost immediately they started investigating milk shakes, and I'm sure there's other foods that are not being that well prepared. I just wonder if maybe the time wouldn't be wise to ask the federal jurisdiction, I guess, to be a little more careful.

I'm also wondering in the other preventative, in the one of venereal disease, which the Minister raised a moment ago and it's continually on the increase. I suppose the problem is basically due to the fact that the cases are not reported to the medical people, because if they were I'm sure they have the adequate vaccines and things today to take care of it. So it is a matter of communicating with the medical people.

The other one, Mr. Chairman, dealt with the diabetics, and I continue to come up with this problem with the diabetic people that they, every year have to go and get a medical for their driver's licence, the renewal of their driving privileges, and it's not covered under medicare and yet those people in most cases, I guess, are diabetics for the rest of their lives, and I was wondering if there isn't some way that they couldn't - they have to pay the medical fee when they go and I think that Medicare - there's not that many cases in the province - and maybe some way the Minister could work with the Highways Department, and so when these people come up annually that they could be covered some way under their Medicare for their examination, because any diabetic has to have an annual examination or else he can't get driving privileges.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: The inspection of food is something that does concern me, and when I was asked the question in the House yesterday I took it as notice and I wanted to see where the jurisdiction, what level of government . . . just today during the dinner hour I had a call that somebody - I don't know if their just panicking because of reading the newspaper what happened down east or what happened with the milk shakes here - but I'm told that the fellow felt that some of the meat that he bought in a chain store, and so on, wasn't satisfactory, and I told him we'd have it analyzed and so on. So I intend to find out where the jurisdictions lie, and if this is something that the different levels of government have to get together, I certainly agree with my honourable friend.

Now as far as reporting that my honourable friend is so right, and it's not always by people that don't know any better. Unfortunately the people that should report certain diseases, such as the doctors, are not doing it. We're having an awful lot of trouble, for instance, with the venereal disease. There's no reporting. We will look at possible legislation for next year, or we might have to do more of this work, immunization, and so on, ourself instead of letting the doctor do it in their offices, and so on, to make sure it might be that we'll have a system, and maybe this is what my honourable friend is talking about.

We're looking at a system now where we could go around the schools, and so on, and immunize the kids on many things, test them to see if they . . . I understand that many of them at times they feel that they're retarded, it's not that at all, they might be deaf, or there's problems like that. So this is something that we're quite interested in, we'll look in now.

There's something that shouldn't be covered here but to save time so that it won't be repeated again, it should be under the Manitoba Health Services Commission. My friend is talking about something that should be covered under Medicare. Well, I don't want to comment on that too much because it's a question of priorities. Now people want acupuncture to be covered. People want all the dentist bills to be covered. There's so many things. An increase in the chiropractors, the chiropractors, or optometrists, and so on. So, you know, there are so many dollars that are spent in this province. There's an awful lot of money spent in this field, and there's no way that we're going to control everything. It would be nice, but the cost is also a factor, and the only thing that I can say, there's no thought at this time to do anything

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) . . . for these people that are diabetics. It's a question of priority.

And another thing also that goes, I think we should still cover on this area, the question of preventive help. The Federal Government, the Minister Mr. Lalonde, seemed to be very interested in that. There's only one catch, so far they don't want to spend any money at all. They want the provinces to go in this field and they haven't suggested anything. We've asked them what they would cost-share with us, and so far they have no money in their budget for that at all. The Minister is very interested himself.

Now, you know, how far do we go in this. Even in the field of sports I'm sure that my friend, the Minister of Tourism, Recreation and Cultural Affairs would have some programs that would be going in that direction. I know that when I had that Portfolio I was very interested in that. I had discussions with my friend Dr. Orban who wrote the 5BX and so on, and we were trying to bring in programs; the Department of Highways I think has tried to get bicycle paths, and so on. So all these things are part of the - it's very hard to get them all together and I do think we should do more. I remember in some visits that I had in Germany, and in Holland mostly, they had this Trim-Parcour, and so on, where the people could even - practically at a corner of a busy street, they had a few stations there where they could do some exercises, and so on. We know that Canadians and Americans are more watchers. There's not enough of them playing sports. I think that the best thing to keep fit is the playing of sports and a bit of exercise. I'm not a very good example of that, and I suffer by it, I can assure my honourable friends. But I can tell my friend from Brandon also that I am quite concerned. I don't want him to think by my answers today I just don't want to bluff him. I haven't got all the answers, but I'm very concerned. I've always been very interested in sports. I felt that this has been very valuable, and I certainly intend to look at that with my colleague, the Minister of Tourism and Recreation, and so on, and with our staff.

MR. CHAIRMAN: (b)(1) - passed; (2) - passed; (3) - The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I wanted to, on this particular item, bring to the attention of the Minister a matter I would think of some serious concern in an area where I think the Provincial Government in its various jurisdictions has been extremely lax and almost inattentive to a growing problem in the medical field, and that is really in the whole question of environmental medicine, and it also relates to the problem of environmental protection. It has been very apparent over the last several years in the province of a growing concern about the effects that various forms of chemical spraying, both in the air to control insects as well as weed spraying in rural areas, is having upon the health of people, and that there has become not only an increasing concern, but I think an increasing amount of evidence to demonstrate that in fact many of the chemical and pesticides that are being used can have a variety of harmful effects upon human beings, and other forms of animal life for that matter. I was sort of interested, Mr. Chairman, in looking at the testimony of a Dr. Richardson, a Chicago doctor, when he testified at the Clean Environment Commission's hearings about a month ago.

MR. DESJARDINS: I'm sorry to interrupt my honourable friend, but this is under my friend the . . .

MR. AXWORTHY: No, I'm sorry.

MR. DESJARDINS: Yes it is, and it's under my . . .

MR. AXWORTHY: Well, Mr. Chairman, if the Minister would hear me out perhaps.

MR. CHAIRMAN: Order please.

MR. AXWORTHY: Well, if the Minister would hear me out before he tried to sort of fob off the responsibility on someone else, I'd like to say that I think that while there is an environmental protection agency, which is supposed to be looking at certain environmental impacts, there is very much a medical public health aspect to the question of chemical spraying and the use of pesticides. And that what has happened, and I think that perhaps the Minister's interjection is a clear example that it's been really an Alphonse and Gaston routine that everyone's been trying to pass the responsibility around, and that I think this government has treated the whole issue lightly, or it has not treated it at all, mainly because I don't think there's anyone interested. While I can recognize that this particular department has a very heavy load, I would think that a very clear case can be made that under the area of Medical Public Health Services there is a very direct responsibility of a Provincial Government to be cognizant of and responsible for the monitoring and examination of how the chemical levels and their uses, and

SUPPLY - HEALTH

(MR. AXWORTHY cont'd) . . . how it infects the direct health of people.

It may be that if that kind of activity had been undertaken by the Minister of Mines and Resources we wouldn't have to raise the issue. But he has stated many times publicly, and in this House, that he's not going to do it. So if he's not going to do it, then we have to appeal to another Minister whose responsibility it should be to do it, and I would say that is the public health field, because frankly while it may be nice for the Minister of Health to be saying it's this Minister's responsibility, and I suppose the Minister of Mines and Resources, who's ingenious of finding ways of skirting responsibility, can also find perhaps some other Minister who he could latch on to, the fact of the matter is the evidence is growing that it is becoming a serious health problem in the community, and that as we increasingly use more of pesticides and chemicals in the city and other areas to try to control varieties of forms of caterpillars or mosquitoes, or whatever it may be, it simply is not being controlled in any way nor is there any decent evidence being produced in this province about what the effects would be.

And I was going to report on the testimony of a doctor, who is a public health doctor, from Chicago, and I know he said that regarding the chemical situation it is a medical problem of major importance but to which little attention is being paid. There's more interest in this abroad, he said, but so far in the United States and Canada there's almost nothing. He said he gets patients from all over the United States and Canada, and I gather he's had patients from Manitoba who he has to treat because Chicago's one of the few centres in North America in the Public Health Department which is paying some attention to it.

So while I would simply ask - I know that the Minister is doing nothing in the area. I'm asking the question, why not? Why is not the - we are busily investing - I hear he's worried about milk shakes, and I suppose we're worried about tainted meat, and we're worried about other things. I really would like to know why we're not spending some time at least developing an initial assessment of the toxic effects of the different chemicals that are being used, and are being put into the air with great regularity, and to determine at least what kinds of chemicals have which kinds of effects, because there are a number of people in the city who have reported that they suffer from severe respiratory problems, and yet no one is examining the problem. There is not a medical doctor to my knowledge in the Public Health Service of this Province who spends any time at all looking into this kind of issue, and yet it is one of serious import, so when the Clean Environment Commission comes along and has to make a decision about what kind of chemicals should be used, or might be used, there is no one around to give them any evidence, because we've done no testing, no examination, and no assessment. I think it's important to ask why we are not moving into this area and undertaking some initial programs to determine what these kinds of effects should be. That's the reason I rise to my feet is to ask that Minister that basic question.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, in due respect my friend was out of order. I suppose that as a Member of the Cabinet if anybody wants to chastise the government or the Cabinet for not doing certain things, I must accept my responsibility. But my honourable friend asked me why I don't do anything about it. It's quite simple. I was given a responsibility by the First Minister who decides that, and this responsibility is not one that I have. It's not a question of passing the buck, it's one that comes under the Department of the House Leader. If he does nothing my only recourse is, if I'm not satisfied with some of the work you have, I could discuss with him, or in Cabinet suggest that something, as a member of Cabinet, because I have something to say in Cabinet, but it is not in my Estimate. I have no funds for that. I haven't got any special staff for that. It is his responsibility and his estimates - you know my friend from Fort Rouge can make the same comment under the Estimates of the Minister of Mines and Natural Resources - and I would much sooner let him answer it. I don't really know that much, know what he's doing, and I would sooner let him defend himself.

But I should add also that the Federal Government is quite involved in that through the Department of Agriculture I think. . .

A MEMBER: Food and Drugs.

MR. DESJARDINS: . . . the Food and Drug dispensary, and so on. So it's a question that the Federal Government has a responsibility and if there's not enough done in this province well then maybe the two levels of government should share the blame, and as a member of the Cabinet I'll accept my part of the blame if this is the case, but I'm sorry I can't debate it here.

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) . . . It is not my responsibility because my boss says that it isn't.

MR. AXWORTHY: Well Mr. Chairman, I can't accept that explanation because as I read the report of the Minister and listen to his statements I gather that first he is given responsibility for public health. Public health is a way of protecting individuals who are in some ways having their health affected by activities in the public sphere or in a community sense. Now if the First Minister in his wisdom, I suppose, has assigned the responsibility directly to the Environmental Protection Agency, why then are there no medical personnel, no medical testing, nothing being done in that area? I would assume again it may be one of those issues that's fallen between two jurisdictions and no one is prepared to pick it up, and yet the problem remains and is becoming ever more serious and ever more current.

So I'm saying that if a Minister is saying that the Premier of this province has directed him not to have any responsibility with it, I would simply say then, should he not at least take on to himself, because he has almost a moral obligation to be the protector of public health in the province, to be making a representation that somewhere within this sort of great Byzantine thing called the Provincial Government, where there's all little rooms and catacombs where people are hiding out, that someone should be concerned about this particular problem and should be instituting some medical research and investigation into the effects of chemicals and pesticides upon human beings, so that when the time comes for us to decide what we're going to use to control insects, or to control weed sprays, that we'll be able to use those chemicals which are least harmful and not harmful to all these human beings, because right now it's not being done.

To say that it's under the Food and Drug Dispensary of the Federal Government is nonsense. There's nothing the Federal Government does in terms of looking at the question of the use of things like methoxychlor or 2-4D in terms of spraying for mosquitoes, and so on, in the City of Winnipeg. It simply is not part of their jurisdiction and they're not looking at it. They provide initial instructions and if you look at the labels on the thing they say they're toxic, and no one is testing in terms of the actual impact of what happens when you mix a certain combination of methoxychlor and oil and spray it on the trees with a certain kind of weight and consistency, what the impact will be upon people who have certain health problems. I think it's something that we should be looking at because otherwise - I've become convinced that we can't get the Minister of Mines and Resources to look at it because he's been adamant and obdurate about that for years. So we are saying that for the Minister who has the responsibility in the Public Health field, at least he might be prepared to give some inclination or some initiative that he would provide at least an examination service in this area, so that those people who are concerned about the problem would have at least a minimum of information upon which they could then make their representations to environment commissions and other, say, councils, because right now by whatever the Minister said, there is no jurisdiction, no department, no one at all in the public sector who is able to provide the kind of information that is required to make proper judgment about the kinds of chemicals that should be used or should not be used.

MR. DESJARDINS: Well, my friend might have some valid points, but it doesn't change anything. He might want this to be the responsibility of myself, but it isn't. The Public Health Director of the --(Interjection)-- Well, you see, he's the one that's trying to . . . so he's too busy playing monopoly, he's not doing his bloody work - and the health inspectors that we had in the department who were doing that have been transferred to my honourable friend. So if he'd stop playing his games maybe we can put him to work. So this is something that I think that you should discuss during the estimates. . .

MR. CHAIRMAN: (3) - passed; (4) - passed; (d) - passed; (e)(1) - passed. (2) - passed.

MR. McKENZIE: Mr. Chairman, (e)(1).

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. McKENZIE: And I shall be very very brief. But I read from today's paper some of the things that are happening with the Annual Meeting of the Manitoba Association of Registered Nurses in Dauphin, and it's come out quite clear that the --(Interjection)--

MR. DESJARDINS: The Manitoba Health Services Commission.

MR. McKENZIE: Oh. I'm talking about the standard of nursing.

MR. DESJARDINS: I know. This should be under the Manitoba Health Services Commission except for public - this is strictly Public Health here.

SUPPLY - HEALTH

MR. McKENZIE: It says nursing standards in this item, and that's what I want to . . .

MR. DESJARDINS: That's not what they're referring to, what they're referring to.

MR. CHAIRMAN: (e)(1) - passed; (e)(2) - passed; (e) - passed; (d)(1) - passed; (2) - passed; (d) - passed; (g)(1) - The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, is it (g)(1) that we're on? (g)(1)?

MR. CHAIRMAN: (g)(1)(a) Salaries, \$211,700.

MR. AXWORTHY: Mr. Chairman, one of the issues I wanted to raise with the Minister and I would trust this might be the appropriate place, but he may want to correct me, deals with really an administrative matter within the department dealing with, I guess I'd call it clients of the social assistance system of people who receive payments of a variety of sorts, and who are obviously subject to having to provide a fair degree of information about their incomes and backgrounds, and everything else.

One of the things that has given me some cause for concern over the past year is where I find that there seems to be a certain laxness in the use of files and information about these individuals which is treated not with the kind of confidentiality or control that would seem to be required. I think that many people on welfare are not there because they want to, or are there many times because they suffer from a variety of personal problems and personal difficulties, and that in some cases they overcome them, other cases they are under control, but that in order to be eligible for social assistance of this kind that information must be related and must be recorded. It would seem to me that there has come to my attention some cases where in fact that information is utilized in parts of the government sector, or in parts of the Department of Health and Social Development, which don't have much to do with the specific case in mind. In other words, they are transferred around with a fair degree of mobility, and it would seem to me, Mr. Chairman, that that is a certain degree of invasion of privacy and a certain degree of invasion of the confidential factor that these people should have by right, and there has been a tendency in the past, I know, to treat people on welfare as somehow they're second-class citizens. I think that they deserve to have their basic civil liberties and civil rights protected as much as anyone else, and that one of the dangers that we get into when we get very large governments, very large organizations, is the fact that increasingly government wants more information from people. They simply want to know more about them, and I suppose all of us are recorded on different files somewhere sitting in the catacombs of government. But that therefore it requires even more special care to ensure that that kind of information is protected, and that if in fact information is used in relation to people in terms of eventual employment with the government, or on appeals for the Welfare Appeal Board and so on, that at least the clients themselves should have the right to see those files so they know what kind of assessments have been made about them, or what kind of evaluations have been made, so that they can either contradict the evidence or at least provide competitive evidence, because there are cases I think that people working in the social welfare field are subject to bias and being prejudiced as much as anyone else, and that sometimes those kinds of feelings can creep into their reports and provide some discrimination. I think it is important that we determine to what degree the requirement is for confidentiality and protection of information.

I raise the issue because there has been a couple of court cases. I believe there is a court case that occurred in Nova Scotia about three years ago where a welfare client did challenge the Government of Nova Scotia to provide better protection, and I'm not sure what the - I was really trying to trace through in the Bulletin of Welfare Law what the eventual outcome of that case has been, and I wasn't able to find the outcome. But I would like to hear from the Minister what actual procedure is followed in the department in relation to files and information on individuals, and how it is used, whether in fact clients can have access to it if there is a case of dispute over some issues with the department or with the Welfare Appeal Board, and the general prescription that is used in the use of that kind of personal information.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, we do not allow any outside use of these social security files, including outside agencies. There's just no way that they can get this information. As far as the appeal from the Appeal Board it must be remembered that it is the client himself who originates the appeal and, of course, if there is an appeal we must look at the file to see if there is anything that is wrong, especially if it's a needs test, we must look

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) . . . at the file. Now in the absence of any specific, there's not too much we can do. I would ask the members of this House if they have any information of any file, any information that is not used properly. I would like to be informed and I would investigate immediately because I think this is quite serious. Normally a client would not have access to his file. It is a confidential file. We don't go ahead and give this to the client. I think that this is quite easy to understand. I say ordinarily; if it was something going to court and so on, well, this would be something that we, depending on the conditions, situations and so on, that we have looked at. Certainly we could give some information to the client, but I think I would have to have the specifics and if there are any such things as specific, any . . .

MR. CHAIRMAN: Order, please.

MR. DESJARDINS: I was just saying, Mr. Chairman, until I couldn't hear myself any longer, that if there is any information that files are not used properly, I would like to be informed immediately and I can assure the honourable members that I would call for an investigation immediately.

MR. CHAIRMAN: Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, the Minister didn't really fully answer the enquiry, I realize that the information contained on clients' files are not distributed to outside agencies, but I was asking more what their use was internally within the government itself. That is perhaps even a more serious issue because there is sort of a protective screen that most people on the outside can't see in as to what's going on behind the closed doors, and there would be a tendency and perhaps even a dangerous inclination sometimes to transfer or use information that's acquired in other cases. I find it somewhat curious to try to understand why, if there is an appeal situation, for example, why a client couldn't be given the right to see what evaluation or information has been set down in his file by his worker or by whomever's doing the assessment. Maybe because there are cases - and let's deal with it more in the abstract - where it may be that that information is not right but takes on a certain amount of esteem because it is coming from the worker, or a medical examination or some other kind of circumstance, and it may be necessary then to, in the right of the client, to provide contrary evidence if he doesn't agree with it. I would say under normal circumstances that wouldn't be the case, but certainly I view a thing like the Welfare Appeal Board almost as a quasi judicial tribunal.

It's the same kind of problem that we have for example with the Workmen's Compensation Board, where again the person applying for workmen's compensation isn't given the right to see the kind of information or the assessment being made by the Workmen's Compensation Board. But I think as we set up more of these tribunals, more of these agencies which are providing a quasi judicial function, adjudicating or arbitrating on cases where the information is dispute, I think the same rules of evidence should apply and that the person who is before the tribunal has a right to know what information is being used for or against him or her and that that is the only way he can provide some proper argumentation and proper contradiction. It would seem to me that it is one of those areas of administrative law or administrative rights that we tend to ignore and as the complex of government gets bigger and wider and more difficult to comprehend, it seems we have to bend over backwards to make sure that we're not ignoring rights or not trespassing upon individual liberties, and it would seem to me this is an area where some concern should be given, and rather than just saying that's not what we do because we haven't done it in the past, is really not a sufficient response. I'd like to know a better justification than simply that's the way it's been done. I'd like to say that I would put forward that they do something that should be done, and like to hear an argument contrary based upon some, you know, rationale that makes sense as to why clients can't have rights to information about them when they must go before these kinds of administrative tribunals.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, first of all it must be remembered that anything that comes in front of the Appeal Board has very little to do with the file. It's never been a problem. It's never been requested so far. It is quite specific, when the Appeal Board hears a case, it is quite specific as to the amount of money received and so on, and the Appeal Board can have access to the file.

Now there is no way that I'm going to say that we're going to institute a new policy that any client that wants to see his file can see it. If there's some certain information, certain facts that he places in front of the board, the questions are asked and that's investigated and

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) . . . the board can see the file.

Now depending on the situation certain information could be given to the client also. I don't know why this is brought up; this has never been a problem.

MR. CHAIRMAN: (g)(1)(a) - passed. (g)(1)(b) - passed. (g)(1) - passed. (g)(2) - The Honourable Member for Birtle-Russell.

MR. HARRY E. GRAHAM (Birtle-Russell): Mr. Chairman, perhaps I should defer to the Member for Brandon if he wanted to speak on this.

MR. MCGILL: Well, Mr. Chairman, I have just really two basic questions for the Minister on this shared program. I think that probably these questions are questions that the Minister may be able to answer immediately. I note that the money that he's asking for for the project this year is up by about \$1 million, it's now 4.9 millions, and we know that the program is shared by the Federal Government. But, Mr. Chairman, I think there is one question here that is really important and one that we would like to have a definite answer on, and it is this: what percentage of this total cost is related to administration of the program, and what percentage is actually assistance to those people who are under the program at the present time?

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

MR. GRAHAM: Mr. Chairman, I would like to elaborate a little on the last point that the Member for Brandon has made. I think that all members of this Chamber are aware and certainly many people throughout the Dominion of Canada are aware and watching this program with considerable interest. The annual income project I would suspect is somewhat like a hospital patient who has got probes and monitors practically coming out his ears, and I'm sure that many of the studies that are being carried out and those that are watching and monitoring the entire program, some of those will be provincial people, some of them will be federal people, and I think this is the reason that we would like to know, on this side of the House, just how many people are involved in scanning and monitoring and probing and taking a very close look at this program. It is our suspicion that there may be as many involved in monitoring the program as there are who are actual recipients in the program. We're just guessing. We know that everybody in the Dominion of Canada is watching this with interest and we would like to know just how many are involved and whether the cost of those is equal or greater than those that are actually receiving the assistance. If the Minister has any information for us at all on this we would certainly appreciate having a fairly extensive breakdown of how the program is working and what the various costs are of the various aspects of it.

MR. CHAIRMAN (Mr. Walding): The Honourable Minister of Health.

MR. DESJARDINS: First of all I'd like to say that the gentleman who just took his place in front here is Mr. Ron Hikel, and if you look at the chart, he's the new ADM of Social Security and he's also the journeyman that is conducting this experiment.

First of all, the cost-sharing is 75 percent by the Federal Government and 25 percent by the province. To cut this down the salary cost is \$1,617,300; Operating Expenditures \$395,600; Data Processing Services \$300,000; Transfer Payment \$2,642,000, for this grand total.

Now the staff is roughly 150. There is no doubt that there is a large staff. This is an experimental program that, as my honourable friend is saying, that is followed quite closely by all the people of Canada. This is why the high cost-sharing. There is much evaluation to be done, and certainly the administrative costs of the experiment cannot be compared to administrative costs of a regular program. There is two actual researcher staff and about 25 people as opposed to research support staff.

This is not only the one program that you have. You'll have a family that can - there are nine programs in effect, and these people are chosen by computers. They can go to a certain amount and then there's a tax-back of 35 percent - 50 percent and 75 percent. They are looking to see what programs seem to motivate the people to work more and so on. This is something that's going to help the Federal Government also, and the province, to decide on policies and programs when they have the income supplements. So there is no way that we can compare that to an ongoing program. You'll have a high staff. Most of the people are on contracts because they'll be with us probably three years or so. The first cheques have gone out to the people in, I think it was January of this year.

SUPPLY - HEALTH

MR. CHAIRMAN: The Honourable Member for Brandon West.

MR. MCGILL: I think, Mr. Chairman, I understand the Minister now, that roughly 2.3 million is administration and 2.6 million is actual assistance to those under the program. So roughly it's a 50-50 situation at the moment, which seems like, even for an experimental project, seems like an enormously high administrative cost for the amount of assistance that's being delivered by the program.

Mr. Chairman, another question.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: . . . inform my friend. I indicated yes that it was administration. Most of it is research, if you want to count that as administration. But we could cut the research to nothing then we'd have a program that wouldn't give us any information at all. I disagree that we have too much staff on this and I think if this was the case, the Federal Government would not be ready to pay 75 percent of the cost.

MR. CHAIRMAN: The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, then leaving for the moment the cost of the experiment and the administration of the program, I wonder, in respect to the present Social Assistance programs that are under way in the province, is it the intention of the Minister to delay any changing or improving of the present programs until this basic annual income project has been evaluated? Is it the present policy of the department to sort of retain the status quo in respect to other programs until the pilot project has been completed and a decision has been made as to whether or not this will replace it?

MR. DESJARDINS: No, we're ready to go on this as soon as possible and it depends on the outcome of the ongoing discussion between the provinces and the Federal Government. This will not hold back anything.

MR. MCGILL: Mr. Chairman, when will the program be finally evaluated? How many more years has it to go before the results will be evaluated and a decision made by the province and the Federal Government?

MR. DESJARDINS: I think that the closest date would be approximately 1979. The program will run for three years. There's evaluation and research going all the time and then maybe another year to wind it up.

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

MR. GRAHAM: Thank you, Mr. Chairman. I would assume that by this time the Minister has obviously had some preliminary reports on the initial phases of it. There have been no reports made as yet.

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. MCKENZIE: Mr. Chairman, there's one factor that keeps feeding back to me. First of all I'd like the Minister to advise us, if he could, what sights are being used for the program, if he could. The other one of course is, the concept is that cash payments are made to families with low income and as the income of the family rises the cash income drops. The concerns that are being expressed to me is that the program seems to be destroying one's incentive to work, because he knows immediately that he slacks off or if he gets in the wrong bracket he could get down and get a lower job, then he's going to get additional income from the program. And I wonder if the Minister would care to comment on that. I've had several cases filtered back to me where people find that they're drawing a certain salary today and it's just a little too high for him to qualify so he'll slack off on his work hours and qualify for moneys from the program.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: The Municipality of Portage, Minto, Odanah, Langford, Rosedale, Swan River, Morris, Dufferin, Stanley, Rockwood; Towns of Portage, Neepawa, Minnedosa, Swan River, Morris, Carman, Morden and the City of Winnipeg. They are not different brackets. The people are chosen by computers to see what program they're on and they stay on this program. Or if they want to quit at any time that's up to them of course. This is voluntary.

Let me give you an example: a family of four, that's a father and mother and two dependents, the 1974 rate, you might have that they would look at a net income of 3,800; then there would be another program of 4,800; and one of 5,800. Then you would couple that, that they would have a tax-back of 35 percent, 50 percent and 75 percent. Now we do not use the

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) . . . one of an income of 5,800 and 35 percent. That would be too rich. So with that it would give you the nine programs, but we don't use that one, so there's eight programs.

So therefore, if people that are getting let's say 5,800 in the program of the 35 percent tax-back, any amount that they make over - let's say they make 6,800 - well that 1,000 over the 5,800 they would have to pay back 35 percent of that. But they don't change programs. That's the name of the game. We will see, there is no doubt that certain programs will give more incentive to the people. That's exactly why you have the different programs. But they don't jump from one program to the other. So what you are saying will not happen and this is what we're working to try to do away with, the unemployed employable and so on, to give him some kind of an incentive to work. We are also discussing that with the Federal Government and the other provinces. I want to hear from George.

MR. CHAIRMAN: The Honourable Member for Pembina.

MR. GEORGE HENDERSON (Pembina): Mr. Chairman, I understand by the figures that were given that it's taken 47 percent administration of this program and there's 53 percent of the total paid up. In total administration, whether it's research - research and administration is 47 percent, and the total payout - now do you expect that these figures are going to continue in about these proportions in the next number of years, or do you expect to see a big change in the percentage?

MR. DESJARDINS: Definitely not. This is a study that he's made. This is something brand new. It's being done in the States, and from all reports that we have they have a much larger staff. This is something, a staff that will stay with us for approximately another four years, who are doing this research. It's not administration. It's a study that's being made. The money that you're giving these people is practically incidental in this. It is the research and the kind of information that the Federal Government and the provinces will receive, but there is no doubt - this is why I mentioned that most of these people are on contracts because when this job is finished they're gone.

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

MR. GRAHAM: I was wondering if the Minister would have available, or whether he would be willing to make it available to the Members of the Legislature, the various pay scales that prevail in the various classifications. You say you have nine different classifications? So that we ourselves would be able to get a basic understanding of how the program is operating.

MR. DESJARDINS: I'll try to explain. I can't give you, because it varies, but there are some people that are on a 35 percent tax-back, others are on a 50 percent tax-back, and the other ones are 75 percent tax-back. That means that any amount of money they get over what they're allowed, they pay back either 35 percent, 50 percent or 75 percent. All right, so that's three groups.

Then in this column you have people that are allowed an income, and I'll give you an example because that changed, that changed with the people involved. But let me give you an example of the 1974 rates for a family of four, a father, mother and two dependents. Now, the income for these people would be 3,800, and then 4,800 and 5,800. So take the 3,800: 3,800 with 35 percent tax-back, 50 percent tax-back, and 75 percent tax-back, that's three programs. Now the 4,800: again 35, 50 and 75, that's another three. The 5,800: we skip the 35 percent tax-back. That would be too rich. There's no program there. But 50 percent and 75, and that gives you your - unfortunately I'm told that there was a briefing for the MLAs last year. I know that I didn't attend it. But it might be a good idea that we should consider. We might have more information next year because we've just sent out the cheques now. It might be that in a year or so we can have another briefing to give you. I think it would be very valuable.

MR. GRAHAM: In these contracts, are these contracts for just a one-year period, or do they go right through to 1979?

MR. DESJARDINS: It is for the duration of the experiment unless they want to quit, and unless there's a change. But now the intention is to have that experiment for three years.

MR. GRAHAM: And does that scale in that particular category, is that a fixed scale for the five years, or does it change each year and take into consideration cost of living increase, and all the rest of it?

SUPPLY - HEALTH

MR. DESJARDINS: The tax-back remains the same, but the allowance takes into consideration the cost of living, and so on, and there's a rate every year.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I just wanted to raise some questions about the administration of the project. First the Minister indicated that there's an option of those involved in the experiment itself, the actual people, to drop out of the program if they so desired. Could the Minister give some indication what the attrition rate has been over a period of time? Is there any kind of information on that so we can determine what the acceptability is?

The second question I would like to raise also comes back to - I'm trying to recall now - but when we discussed this particular issue last year it seemed to me that the scheduling - and he said the cheques are going out this month - it seems to me that's about --(Interjection)-- January. Pardon me. That seems to be about three or four or five months behind what had been intended at that point, and I'm just wondering if in fact the scheduling of the experiment is now falling behind, or the timing of it has changed in some way.

The third question that I would raise, Mr. Chairman, with the Minister, goes back again to some discussion that we had at that meeting on the experiment last year, and that has to do with the position of those involved in the experiment once it's completed. Again I think that we tried to raise the issue that once those were brought into the experiment and had become used to or had a certain expectation of this kind of support, at whatever scale, there would be efforts made, or some findings being given to what would happen to these people once the experiment came to an end, that they wouldn't just be left high and dry, or out in the cold, or whatever the situation would be, which I think that you owe them that much. In fact, that if you're bringing them into an experiment then I think they shouldn't be treated as guinea pigs but in fact should have some basic provision made that they're not simply cut off as soon as the information that's necessary to government is finished, then we just don't simply kind of throw them on the heap to go back to the old conditions. So those were issues that were raised last year and I think that if I can recall, and the presentations that were given at that time was that there would be some efforts made to determine what, or give some satisfaction to those of us on this side of the House who were concerned at that stage, what would happen to people who were enrolled in the experiment.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: The Federal Government has indicated that it will start an income supplement program within three years, so I think that's the guarantee, or this is what's going to happen to these people. This is something that the provinces are discussing with the Federal Government. There's no other guarantee than that. I'm told that there is also a provision for a phase-out period at the end of the experiment if this program is not in place. I'm told that we are not behind, that the first regular cheques went out in January but some cheques, some experiments were carried on earlier I think starting in October, and it is a program on a calendar year so it is very difficult to start, and I'm told that it's too early, that we don't know who has dropped out, if any have dropped out so far.

MR. CHAIRMAN: Resolution 57. The Honourable Member for Birtle-Russell.

MR. GRAHAM: One further question to the Minister. This covers a fairly broad spectrum in society, does it, like the single working person, the married couple with no children, one child, two children? It does not include those over 65 though, does it?

MR. CHAIRMAN: Resolution 57. The Honourable Minister of Health.

MR. DESJARDINS: Excuse me, yes, there are some over 65 in Dauphin, but of course their pension is considered as part of the income.

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. McKENZIE: One question. Do you contribute to the Unemployment Insurance Commission for these people?

MR. DESJARDINS: No.

MR. CHAIRMAN: Resolution 57 (g)(2) - passed; (g)(3)(a) - The Honourable Member for Brandon West.

MR. McGILL: My question here to the Minister Mr. Chairman, is, how many people received provincial social allowances during the last year under this program?

MR. DESJARDINS: Approximately 24,000 people - cases, excuse me. That is all the different - that's mother allowance, age and social allowance, long-term disability allowance,

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) . . . short-term, special dependent care, student social allowance, general assistance, special cases, and blind and disabled persons' allowance.

MR. MCGILL: Mr. Chairman, what is the projection of caseload for the coming year for the appropriations that he's now asking for?

MR. DESJARDINS: It depends on the economy but it has been the experience that in every category they're going down slowly. For instance, mother's allowance in 1973 was 7,639; 1974 - 6,875; 1975 - 6,817.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I have again some questions for the Minister on the administration of the program. The first area would be the results of the administrative change-over where in fact the distribution of assistance is now undertaken through regional offices by way of clerical or non-professional social work help, and there has been again an increasing volume of complaints about that system as being one which is not able therefore to respond to many of the particular conditions of the case, and it does oftentimes lead to a certain degree of, I guess you would call sort of bureaucratic sort of indifference to many individuals who are probably on welfare because they do suffer from a range of different personal problems that one would have to look at, and I would want to raise a question about that particular --(Interjection)-- The distribution in terms of application and the actual negotiation and discussion that must be had in terms of that kind of office arrangement.

The second kind of issue, Mr. Chairman, it's one that may be more critical because it goes back and is related to a longer standing issue, and that is the discussion that we've heard in the newspapers primarily, or different comments about the takeover of welfare services, city welfare services by the Provincial Government, that it would be useful to know at what stage those particular discussions are at, and really what the position of the Provincial Government is on this one. Is it something that they desperately want to do? Is it they're doing it because they see it as a way of easing the financial burden or fiscal burden of the cities? Is it something that they have negotiated and discussed thoroughly with city officials? Are we about to receive some decision in this area, basically to give us the state of the art at this point in terms of that particular negotiation or discussion, and what it might mean in terms of the fiscal arrangements between the city and the province, and what kind of cost it might involve in terms of the provincial treasury as opposed to if that particular service was to be transferred unto the provincial jurisdiction?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I'm told that the applications have been compiled, and so on, by the regional staff, but there have been no changes in there. So that's the only information that I have. So I think we'll have to check into this, but my information is that there has been no change.

Now as far as taking over from the city, what was in the paper, it was the city that wanted the province to take it over. There has been no discussion between my department and the city. There has been no discussion with this in Cabinet, and so on, and there's no immediate prospect of doing that. There's been no study on that at all.

I think that all in all the municipalities are getting an average, if we look at all the provinces, of 60 percent of that cost back by the provinces.

MR. AXWORTHY: Mr. Chairman, just to recap. I realize the change is not an immediate one but that there was a reorganization of the department, I believe, about three years ago, and . . . 2-1/2, where in fact the system of delivery of social assistance was altered, and that it did in many cases eliminate any direct contact between a client in the program and a professional social worker who'd be able to make a more careful assessment, and then oftentimes the assessments are made on fairly - or I have come across cases, Mr. Chairman, for example where the office closes down sort of at five o'clock and then someone who has a severe problem, or needs to get some recourse - I can recall one case and it almost sounds too sort of, you know, maudlin I guess, to bring it up, where someone had received a letter cancelling their social assistance payment for some reasons which they felt were unfair, and received the thing on the day before Christmas, in the mail that morning. They tried to get some help by the afternoon, and of course a Christmas party was on, and everyone was home by five o'clock, and the whole answer from the department was, "Well you're going to have to wait until after Boxing Day." In the meantime someone was facing a two or three day period, and it may be an

SUPPLY - HEALTH

(MR. AXWORTHY cont'd) . . . extreme case, but in fact someone was placed in that kind of situation.

I don't think it's an isolated one where I think that there's a tendency, and I can realize that when you've got a large budget and you're giving out - you know, you've got \$40 million and it takes a tremendous amount of regulation and everything else to do it - but there is a tendency over a time for that machinery to become kind of just simply administered by the rules and regulations and forgetting that there must be a pretty high degree of sensitivity and compassion involved in this because of the nature of the kind of groups of people that you're dealing with and the nature of the problems that they have encountered.

And that is really the issue I'm raising, which I think goes back to an earlier one we raised, about the way in which this particular program of social assistance is administered, and while recognizing that there is obviously requirements for certain universal standards of measurements to be met, at the same time I am concerned about the fact that how do you kind of keep the organization loose enough, and flexible enough, and open enough, that they are still seeing people as individuals and not simply as client A, B, C, D, E, and F. That is not something perhaps that the Minister can answer in saying that there's a policy on it, that it may have to be with the way in which the kind of direction and the kind of sort of shaking things up every once in awhile to make sure that there is that particular emphasis followed. Otherwise I think the program can become one which is really pretty cold and oftentimes hostile to those receiving assistance.

The other question I would want to raise with the Minister, Mr. Chairman, has to do with the allowances that are given to promote some kind of work or incentive to work for those who are on social allowances. I notice, for example, that the Council for Self-help Groups had registered a fairly major complaint about the fact that the incomes earned by children will only be allowed to make something up to \$240.00 a year, and then they'll be deducted from welfare allowances. And again it comes back to that old problem for many of those who are not on the mean income experiment where there isn't a graduated scale, it does mean, and if there is some kids who want to work in a, let's say, take a hypothetical case of a single mother who has two or three children and the kids themselves want to bring some income into the home by delivering papers or working at a store, whatever the occupation may be, that the opportunity to do that is obviously limited and discouraged under those kinds of rules. That in trying to encourage people to become a little bit more self-sufficient and to make up some that will enable them to provide a base of becoming perhaps totally independent from social assistance, there seems to be a number of cut-off rules to discourage that along the way and you get to the point where you're I guess almost discouraging a group of children in social assistance families from becoming income earners for the family and assisting to get some extras to provide some things, because contrary to public opinion, I haven't met too many families on social assistance who are kind of living on the fat of the land. They're living on pretty basic incomes with pretty basic requirements and the opportunity I suppose to have someone, a teenage boy or girl, make an extra 15 bucks a week or something, like working at Eatons or some other company, might be that extra incentive to give some additional benefits that may in fact be sufficient to provide a higher degree of discretionary income and therefore a higher degree of satisfaction in the family. Sometimes those things may work to the benefit of actually helping the family an awful lot more than these kinds of rules do.

So, again, I'm not critical of the department in this case, I'm just simply saying I'd like to understand a little bit better the kind of reasoning that goes into it and if the department is trying to make some allowance or try to make some effort to meet that kind of problem and say if there are specific cases, individual cases where the family can guarantee that, for example, children are going to go out to work and it's going to be used for these kinds of purposes, that they won't be cut off by some bureaucratic rule that says, "No more; that's it, finished. If you make above that then we're going to take it back." That's the kind of individualized sort of discretion that I would want to see in the department to encourage that kind of thing happening.

MR. DESJARDINS: As far as the delivery, I'm told that the numbers of appeals are declining each year and it is more simple, more administration, it seems more satisfactory and we've had less complaints. It could be that maybe in certain areas that my friend has had more - of course four years ago he wasn't a member of this House so maybe he didn't have

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) . . . these appeals. But apparently it's working quite well and there's more protection to the client. As far as the unemployed employables, I am told that there is only - and I'd want the Member from Pembina to hear that because in the past there was an awful lot, a big case made on this - there's only about 493, and those are mostly up north and so on in unorganized territory.

Now as far as these people that are on welfare, the family income, the children and so on, well we are working with this with the Federal Government and we are pushing in this direction. We can say that right now the income of the family during the summer months are not counted at all, so any children taking a summer job they can keep that income, it's not counted at all. I'm told that we have instituted a work incentive program to allow families to retain a significant percentage of their earned income - 30 percent.

MR. AXWORTHY: Mr. Chairman, could the Minister perhaps elaborate on those last couple of points, because this report put out by the Council of Self-help groups which was - now it could be that it's about a year old, it's August 1974 - indicated that children were only allowed up to \$20 a month which amounts to \$240 a year, which certainly wouldn't incorporate a summer income. And if the policy has changed since August '74 I'd be pleased to know. And secondly, I'd be interested in knowing how many people does that particular work incentive program apply to. Is it a new program, is it just being brought in, and how many people are presently under its jurisdiction?

MR. DESJARDINS: The program applies to roughly 1,500 and the summer job that I was talking about - let's say a 17 year old boy in the family is bringing in an income, well he can opt out of the plan and they're not penalized by that. It's not income for the family. He could opt out just for those months so he retains all he earns.

MR. CHAIRMAN: Resolution 57 (g)(3)(a) - The Honourable Member for . . .

MR. MCGILL: Are we on (b) or (a), Mr. Chairman?

MR. CHAIRMAN: (3)(a) - passed. (3)(b). The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, here's another example of this obscure kind of labelling that this department resorts to. Here we have under the Department of Health and Social Development a line for \$3.5 million that says "Health Services". You know there couldn't be any less information given by any kind of a title than that. I'm wondering if the Minister can tell me - if I were guessing I would think that maybe this is the cost of health services for people on social assistance, or is it something else? I don't know.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: It's for provision of drug, dental and optical services and supplies to recipients of provincial social allowances. I think these relate to fees for dental and optical and increased dispensing fee for drugs, also price increase for all supplies.

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. MCKENZIE: Mr. Speaker, I think I've got it straight now. I was quite confused like the Member for Brandon West. I wonder would the Minister advise the House what this congenital anomalies register is all about and what's involved with it. --(Interjection)-- I'm like the Minister, but I see it in the Clinical Health Services in your Annual Statement. It mentions the Congenital Anomalies Register is maintained at a provincial level with records and reports collated with the Federal Government. I'm wondering what it's all about.

MR. GREEN: That's to register congenital anomalies.

MR. MCKENZIE: Mr. Chairman, I followed the comments of the Honourable Minister. That Mobile Audiological Service Program is under this item and the Family Planning Program is under this item.

A MEMBER: No.

MR. MCKENZIE: Oh, they're spelled out in the report.

MR. DESJARDINS: This is only for drugs, dental and optical services and supplies for people that are on welfare. --(Interjection)-- No, no.

MR. CHAIRMAN: (g)(3)(b) - passed; (3)(c). The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, I got from the Minister the information on the approximate number of cases on provincial social allowance. Can he tell me now, what is the total case-load for municipal assistance?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: 4,700.

SUPPLY - HEALTH

MR. MCGILL: That was for the year completed. Does the projection for the coming year remain more or less constant or is it increasing?

MR. DESJARDINS: There again it depends on the economy and there's no projections made. The feeling is that it will be pretty well the same as last year, shouldn't be too much of a change.

MR. MCGILL: Mr. Chairman, I notice there is some very slight decline in the appropriation requested. That must indicate that there are some projections made, some programming of the amount for this purpose. Does it indicate that the number of people that will be serviced by municipal social assistance is less, and if so, how much?

MR. DESJARDINS: The only explanation that I could have, the figure on the left-hand side would be the amount voted and I imagine that it's actual money spent. So I would imagine that the money spent would be closer to the figure on the right-hand side.

MR. CHAIRMAN: The Honourable Member for La Verendrye.

MR. BANMAN: Thank you, Mr. Chairman, I'd just like to ask the Minister several questions here on this particular item. I note, and this is probably a concern that many of the rural municipalities have that surround Metropolitan Winnipeg and in my short stay on the town council we had several cases. I would refer specifically to young people who come into Winnipeg, apply for welfare, and then the municipality from which they come is billed 20 percent by either the government or the other municipality. The thing that concerns me and I think there's many people that have served on municipal councils and in rural areas feel that when it comes to welfare the municipal councils and the people running the local government have much more of a grassroots, if you want to call it, feeling and also an idea of what should be paid out and what shouldn't be paid out. Now when a council then receives a notice of payment or a statement from another municipality or the . . .

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, if I may, I might save some time to the honourable member. There's legislation being brought in at this session that will discontinue that; there won't be any pay-back from the municipality where the person lived before coming to Winnipeg. There won't be a bill sent to these municipalities.

MR. BANMAN: Well, Mr. Chairman, then maybe it's going to be even worse because this way at least we can check --(Interjection)-- I appreciate that, and this is the point I'm trying to make. A lot of these young people are coming in here and I know of specific cases that happened a number of years ago where there were young able-bodied people that were of school age, came to Winnipeg, there were three or four fellows living in one apartment, they rented an apartment, there was a clean-up program, a STEP program, a winter works program that we were using in the Town of Steinbach and we needed people to work on this particular crew. And I don't think it's right that - at least in this particular case by having to pay the 20 percent we had a check on this and we were able to I think sort of head off the problem, because I think it would have compounded itself on this particular instance.

If the government will pay the whole shot I don't know if that's going to alleviate this particular problem because these fellows were called back and told that there was a job available for them and then they were taken off the welfare rolls. And I think this is one of the cases of abuse I think that has been chalked up and documented. I think in many cases the rural municipalities know which people should be getting assistance and very often we have people that should be getting assistance are having a hard time getting it. As I mentioned, the rural councillors know when somebody is in need and when somebody could possibly be put to work on some kind of project that the municipality is carrying out whether it be the type of project I mentioned before.

The Bill that the Minister mentioned that they'll be bringing in I think will possibly in the short run make the municipalities happier because they won't have to get that 20 percent cost, but I would ask the Minister if there is a move by the department to possibly take over more of the cases. As pointed out by the Member for Brandon West, there is a drop in the municipal assistance this year and I think it would be too bad if we do lose that little bit of local control that we do have and instead decisions being made from a regional office either in Beausejour, they're trying to run certain different jurisdictions throughout the Eastman region. I think the local councillors do have a certain input and know what the people in the area need and who needs it and who possibly could be put to work and should not be receiving the benefit.

SUPPLY - HEALTH

MR. CHAIRMAN: The Honourable Member for Rock Lake

MR. EINARSON: Mr. Chairman, I find this an interesting subject and it's been a real problem, when we talk about young able-bodied people who are on welfare in municipalities. And the Minister now indicates to us that that 20 percent that the municipality's responsible for, the provincial government is now going to do away with that and take over complete control of it. I'm wondering if, if that's going to be the case - and while my colleague from La Verendrye says that's not going to solve the problem, we want to get people to work and not to stay on welfare, I'm wondering why are you going to do away with that 20 percent?

. . . . continued on next page

SUPPLY - HEALTH

MR. CHAIRMAN: The Honourable Minister of Urban Affairs.

HON. SAUL A. MILLER (Minister for Urban Affairs) (Seven Oaks): Mr. Chairman, for clarification purposes. The system as it has been working was that if someone from Steinbach went to Winnipeg or someone from Winnipeg went to Dauphin and eventually ended up on the welfare rolls of the community in which they moved into, they would be paid welfare, the community in which they had residence would be the community in which they had resided for 12 months without being on welfare. So there are cases where some people had never really acquired any residence at all, they'd been all over the province over seven, eight, nine years and were still considered to be residents of Roblin because that's where they had at one time worked, lived as children or even as adults. They would be paid welfare, the community would pay welfare, the bill would go to the Provincial Government for the cost-sharing and the province would then trace back the legal residence of that individual and would then send a bill - it could be a year later - to a town and say, your Mr. Jones who is still classified as a resident of your community has been paid welfare by Winnipeg and now you are being billed back 20 percent.

The communities and the towns did object very strenuously because this was long after the fact, a year, a year and a half after the fact. And the tracing down, the administrative costs was so high that it really made no sense to continue this aspect of the system where a charge-back was made to the municipality from which the person had moved, sometimes three and four and five years earlier. So that's the 20 percent that's being talked about. The 20 percent for which the municipality, or that portion which the municipality is now responsible when they pay out welfare, that is not being touched at all, and they'll still have the control and the authority that they have at the present time.

MR. CHAIRMAN: The Honourable Member for La Verendrye.

MR. BANMAN: Thank you, Mr. Chairman. The point I was trying to make, and I thank the Minister of Urban Affairs for the further detailed explanation on what they anticipate on doing. It points out the problem that I was trying to raise here, is the local people under normal circumstances - these particular instances that I referred to, and I'm sure there's a number of them. I'm not saying all. That it's always a certain minority that makes it bad for everybody else, but I think it's the certain abuses that we want to tackle and straighten the situation out. If the local people would be more responsible for this particular thing this would never happen, because in the local community these particular people would not have received welfare because the councillors knew of their situation and they knew of their condition.

Now the problem is, they move 38 miles, they moved into Winnipeg, they met up with somebody that did not know their situation and as a result they receive welfare. I'm not saying this is happening constantly but this is a particular case that was drawn to my attention at the time when I was in council and I know there was several others. And some of the people that want to abuse the system of course play the game; they can move from place to place and then the municipality had to pay the 20 percent. Now I don't know if the removal of this, I'm sure, will make the municipalities happier because they won't have to pay it, I think maybe it will probably even compound this particular problem in that even a year later you won't be able to catch up with that particular person who has been abusing the system.

MR. DESJARDINS: I can't see where the problem would be worse because there's no control by these municipalities now and that 20 percent bill they get it most of the time way after the fact, so I don't know where this will make it more difficult. The administration has been very bad and it's been requested by the municipalities that we do that. We acted on their request but there is no way that this is going to encourage these people to go on welfare because there is no control by these municipalities at all once they're gone. And as I say the bill that they get is after the fact, it's too late by then, because this is only a short time. These are people that are on welfare for three months or less. The others become our responsibility. --(Interjection)-- Yes.

MR. CHAIRMAN: The Honourable Member for Minnedosa.

MR. BLAKE: Thank you, Mr. Chairman, I have got a bit confused in the ensuing questions that were asked but originally the Minister mentioned that the column on the right-hand side was the amount of money requested and that on the left-hand side was the amount of money spent. Or did I . . .

MR. CHAIRMAN: The Honourable Minister of Health.

SUPPLY - HEALTH

MR. DESJARDINS: The column on the left-hand side is what was voted in the House last year, and what is on the right-hand side is what we're asking for this year. Next year what is on the right-hand side would be on the left-hand side. That doesn't mean - there are programs the same as the city when they're snow clearing. You know, there is no way - we had a bit of fun yesterday and a bit today also - there's certain programs, you can't say you're going to spend up to that cent. So I'm saying that we voted this and we spent a little less last year so we're asking less this year. That's the best we can do.

MR. CHAIRMAN: The Honourable Member for Minnedosa.

MR. BLAKE: Just that I understand the situation. Back under Maintenance of Children you overexpended something over \$2 million, is that correct? \$9.9 million asked for and 11-something spent. --(Interjection)-- That I understand how the figures are going to work.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: We are asking more this year than we asked last year. It might be a caseload, it might be different things, or it might be that the program is enriched. We're not going with exactly the same program for the same amount of people year after year after year. For instance, we're going to spend more on Home Care and there's a good chance that we might have to go to Cabinet and say this is going faster than we had - we want more money.

Now last year on Day Care - we started day care we thought we would go into it faster. We had negotiations with Ottawa, it took longer because of the problems that I mentioned. We didn't set up as many as we had so we had some money left over. That's not accumulative by the department. For instance, the best way to explain that is, municipalities in the City of Winnipeg, they will look at what they spent on snow clearing, let's say in the last two or three years, and they say well this is about right. You've seen that, they might have a snow-storm early in the year or two snowstorms and all their budget is gone for that. --(Interjection)-- That's right. Well you can't predict this also. No you can't predict that. I don't know how many people will be on welfare in each municipality. The economy, the situation, people might not be able to work, they might be laid off, I don't know. We can guess and it's been - you know, I think we're pretty close. I don't think there's been that much of a change. Seven million, 400 and seven million 160, I don't think that's --(Interjection)-- Well I'm not going to go back, I have enough trouble going forward. I'm not going to go back.

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

MR. AXWORTHY: Mr. Chairman, there's another issue I wanted to raise with the Minister which relates both to this and if he would allow some flexibility I think could apply to some of the other categories in terms of provincial social assistance. And that really relates to the existence of a seemingly kind of blind eye under the social welfare program which really we find public moneys being paid to keep people in housing conditions which are some of the most deplorable, reprehensible kinds of slum conditions in the city. I think public attention was focused on that when we had the Patrick Street fire last fall, and all of a sudden pointed out that what happens is that first, fairly substantial amounts of welfare dollars are being paid for slum housing.

If that wasn't bad enough, we also find out that in many instances, because there is no emergency housing available for families that when there is a dislocation, a family has to move for some reason or another, that they're put up in hotels on Main Street which are not exactly an atmosphere that's conducive to the accommodation of families and children, and in some cases there is the placement of families such as this, we have had cases - in fact I can give a personal case where a family on social assistance had to move from a house which had been condemned because it simply became ridden with vermin and other kinds of things, they were then moved to a hotel on Main Street and lived there for a period of about five or six weeks. This is a family of about nine or ten children. And as I said, the hotel is something that I am not sure that the Minister would want to stay in much more than five or six hours, let alone asking a family with children to stay in there for five or six weeks.

Part of the problem, of course, is that we don't have any kind of emergency housing available to anybody in the city for those kinds of problems. But I think there is something wrong when we're paying money basically to slum landlords and paying money to keep families in accommodation which are just really unsafe rattraps or whatever kinds of reprehensible condition they're in. I would simply like to know because it is money that is being transferred from provincial coffers in the municipalities or directly through the provincial social assistance,

SUPPLY - HEALTH

(MR. AXWORTHY cont'd) that it would be about time that we start providing some kind of corrections of that situation where we are really paying for the unhealthy conditions of housing for many families on Social Assistance.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I might say that we don't control the rents that the municipality will give. I think they might be held back if they have to cost-share up to a certain point. As I said, we pay approximately 60 percent of the cost, but we don't pay that, and it is the responsibility of the local health group, and fire inspector and so on to decide if a house is fit and we'll co-operate with them. It's true that we haven't got . . . I don't know of any province that has that. I don't know if we're that advanced. We do enough in this case of health and social development but it's true that we haven't got special houses, that if somebody has to be kicked out or is kicked out because they're getting after the slum landlord that we can say, here, you move in this place for the time being until we find you another place.

The case that my honourable friend mentioned, I think these people were in this hotel just a few days and the condition that they left that hotel when they left wasn't a good recommendation for these people. I think that as soon as it was brought to our attention we found them a place. They had to move while their house was being painted and renovated and so on. But it's true, I must admit that we haven't got a type of a hotel or hostel that we can keep the people while we look for another place to live; and, you know, are we ready to give that service to these people and not give that to the general public when there's some people that are paying, they must find a place and they find it very difficult. This might come but there's no way that we're rich enough to have this kind of enriched program.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I think that there is a curious case of economics going on here, because the Minister says that we're not rich enough to afford some form of emergency housing and yet I would suggest - and this figure may be out some, but it's my understanding that last year in the City of Winnipeg there was something like close to 400 people who were forced to seek some form of emergency housing either for reasons of fire or dislocation or whatever it may be. Now if he adds up the dollar cost of keeping people in hotel accommodation for that period of time, you might find that that would pay for some fairly decent emergency housing. So I don't think we're saving any money by moving people into hotels during that period. In fact I would calculate that we would in fact be spending an awful lot more money and getting an awful lot less for it, because it really is not, you know, if you're paying even a minimum of - I don't know - 10, 15 dollars a day for rooms and so on, that adds up pretty quickly to a pretty heavy expenditure item and if you were able to take some mortgages from CMHC which are offering them at 95 percent and build that kind of housing or 100 percent, you might find that that would be a much easier . . .

I would suggest that the reason why nothing is happening is because no one is doing anything about it. I don't think it has anything to do with economics because I would think that if economics was the criteria that we might be looking towards saving some money as well as providing better accommodation by doing it. I think that it may be something that the Minister might want to take as notice and come back with a more detailed answer as to what are the cost calculations and what has been put out for families in those circumstances and what might be the comparative saving if in fact there was emergency housing. I notice, for example, that at the hearings that the City of Winnipeg held this week where there were some proposals made for emergency housing, people talked about utilized mobile home units which can be bought for about 7 or 8 thousand dollars and these would provide sort of temporary accommodation for families which are dislocated and can be moved about. I just don't think that the problem has been looked at or dealt with and yet I think the numbers of people warrant some kind of investigation, because I would suggest you might find yourself saving a few dollars as a result.

MR. CHAIRMAN: Resolution 57(g)(3)(c). The Honourable Member for Birtle-Russell.

MR. GRAHAM: I would like to ask the Minister one specific question dealing with a particular group in society, and these are immigrants that come to Canada under the Canadian Immigration policy and their costs are paid by the Canadian Government. At what point in time does that become a responsibility of the Provincial Government? Is it only after they get their Canadian citizenship or is there some other period?

MR. CHAIRMAN: The Honourable Minister of Health.

SUPPLY - HEALTH

MR. DESJARDINS: I think if they are allowed here they must have a sponsor and they are the responsibility of the sponsor for a number of years, I don't know exactly, until they get their citizenship and so on, then they're treated as Canadian citizens or Manitobans.

MR. CHAIRMAN: 57(g)(3)(c) - passed; (d) . . . The Honourable Member for Brandon West.

MR. MCGILL: There's a 40 percent increase in this amount. I presume this is an increased caseload, people in Manitoba receiving the supplement. Could the Minister indicate what the caseload was for the past year and what his projection is for the coming year?

--(Interjection)-- I was referring to the 40 percent increase in the amount requested for the Old Age Supplement in Manitoba. Presumably this is an increased caseload here. Has the Minister any figures - last year and this year?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I'm told that the increase is due to the indexing.

MR. CHAIRMAN: The Honourable Member for Brandon West.

MR. MCGILL: Then, Mr. Chairman, the number of people involved is the same?

MR. CHAIRMAN: 57(g)(3)(d). The Honourable Member for Fort Rouge.

MR. AXWORTHY: Yes, I'd just like to ask the Minister. We debated this in the House previously, and I'm just wondering if in the interim the Minister has had some change of mind or perhaps even change of heart, to indicate how the Provincial Government may be responding to the problem of the elderly who are facing highly exorbitant costs in the area of housing and whether there is any intention to upgrade the indexing or provide for an additional supplement in order to respond to the 30, 40 percent increases in rents that many of them are now experiencing, particularly as the leasing arrangements are changing as of June 1st.

I realize that in his first statement of about a month ago when the resolution was brought forward by the Member for Assiniboia, the answer of the Minister was that he is going to rely upon Ottawa to cover the costs. I'm wondering if there can't be some expedient developed in order to offset those very heavy costs for special families who are raising the situation, taking into account that nothing is being done in the housing field, perhaps we can be doing something on the income side.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: We have increased our rates taking this into consideration and we are now presently reviewing our rates for rentals. Besides that, I stand pretty well with what I said when I brought this amendment to the resolution. We chose to cover the personal care homes that are not done in certain areas. We are dealing mostly with these people in this bracket. There has been some senior citizen homes built. There's no doubt about that. There's been quite a few of those built and there's a subsidy of rental there.

We have been in contact with Ottawa for the nursing homes that were built under the other plan, you know, when there was a sponsor and so on. They can't subsidize them. I don't think we've ever had a reply on that but we've asked Ottawa if we could buy them and put them on the same footing as the other one where we could subsidize rent and we're ready to do that. And we're pushing, again we're pushing, we hope that something will happen pretty soon. We've been pushing Ottawa to start something on this where we would have this income supplement. We hope that this will come fairly soon. I'm very pleased to see the announcement by the Federal Minister who said that soon they will be providing a pension for the spouse of people that are 65 and over, if the spouse is under 65. So these things will help. We know that this is not perfect but they're again, it's a question of priorities. There have been an awful lot of moneys spent on that. I think that this government has shown that it's done an awful lot for people in that bracket, probably in the last four or five years there's been much more done. The Pharmicare program will certainly help and all these programs are help, we can't disregard these programs. If we were still three or four years ago, these people would have to buy their drugs, they would have to pay all costs in nursing homes and so on, and there certainly were a way less senior citizen housing constructed. I do recognize that there's a problem, this is why we're discussing this so seriously with our colleagues in other provinces and the Federal Government. And as I said, we're reviewing the rates that we allow now for the rentals and we've increased our rates also on welfare.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

SUPPLY - HEALTH

MR. AXWORTHY: Mr. Chairman, I'm wondering if the Minister when he talks about this review that's being undertaken in terms of the supplement for the elderly, when that review might be ready. Can we expect that it would provide some fairly immediate relief for senior citizens who are facing pretty severe jumps in their rents at this point? Could he put some time frame on it, in other words, so that we know that it's not a program or assessment that will be conducted in the vague future but in fact may be directed towards a very immediate problem?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: It's a general rent review and hope that it should be ready in approximately three months.

MR. CHAIRMAN: 3(d) - passed; 3(e). The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, this is I presume the Air Ambulance Program. I wonder if the Minister can tell us when the program started, whether that \$479,000 appropriation last year covered a full year, and could he indicate just how the charges are made. Is it on a per patient air mile by the Manitoba Government Air Services? Is there a variety of rates, depending upon the type of aircraft used, or does the Manitoba Government Air Services bill the department on a standard rate?

MR. CHAIRMAN: The Honourable Minister of Health

MR. DESJARDINS: When did it start? I think it started in 1972 or 1973. It's administered by the Department of Northern Affairs, and it's the actual cost. If it's a government plane well it's the same thing as they charge anybody or charge any department. If we have to rent another plane well that is the cost. I think that there's . . . the administration will be a little more. I think that just this year or so, we allowed for the people accompanying the patient, and so on, and they paid the cost, which wasn't done before.

MR. CHAIRMAN: 3(e) - The Honourable Member for Birtle-Russell.

MR. GRAHAM: Can the Minister indicate what type of people are allowed to accompany the patient? Is it the family, or is it a nurse?

MR. DESJARDINS: It's usually nurses or personnel from a hospital, and it might be - if you have children, and so on, it would probably be a member of the family. Most times it's a nurse.

MR. CHAIRMAN: 3(e)-passed; (3)-passed; (h)(1)(a)-passed; (b)-pass? The Honourable Member for Minnedosa.

MR. BLAKE: I just wondered if the Minister might explain the Operations Administration, just what particular field that covers.

MR. CHAIRMAN: The Honourable Minister.

MR. DESJARDINS: . . . policy, direction and support services to the Health and Social Services region to ensure a viable delivery service to the community. It's the Public Health and Social Services delivery in the regions.

MR. CHAIRMAN: (h)(1)(b) - The Honourable Member for Brandon West.

MR. MCGILL: Under Other Expenditures there's an increase of about a 100 percent here. Are there any contract people in that figure of \$100,000 there? Is that why the increase in the expenditure?

MR. DESJARDINS: I'll take that as notice. I can't get the information. I see that there's an increase of roughly a 100 percent. It includes the operating cost of the provincial job office as related to the Pensioners' Housing Grant Program, but I don't think that's new. I'll have to take it as notice and tell you why there's a 100 percent increase.

MR. CHAIRMAN: The Honourable Member for Minnedosa.

MR. BLAKE: Mr. Chairman, while the Minister taking that as notice, I just wonder what portion of these services might be shared with the Department of Agriculture under the Home Economic Services. Is this a shared expenditure or is it totally health and . . . ?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: The cost shared with Agriculture is under (2), (h)(2).

MR. CHAIRMAN: (h)(1)(b)-passed; (1)-passed; (h)(2)(a)-The Honourable Member for Brandon West.

MR. MCGILL: Well, Mr. Chairman, the same questions apply here as in the previous item. We have sizable increases in the appropriations asked for this year, particularly under (b). I notice that there is quite an increase. I hope the Minister will be able to provide us

SUPPLY - HEALTH

(MR. MCGILL cont'd) with some information on why these increases are asked for this year. We're doubling the total appropriation and I hope that the Minister is better informed on this item than he was on the previous one.

MR. CHAIRMAN: The Honourable Minister for Health.

MR. DESJARDINS: Because the home economists that were under the Department of Agriculture has been transferred to this department and this is why the increase.

MR. MCKENZIE: How many home economists does that involve?

MR. CHAIRMAN: Order, please. Would the Honourable Member wait until he's recognized before asking a question. The Honourable Minister.

MR. DESJARDINS: Well, I am very sorry, but as I mentioned, the gentleman that would give me this information was taken to hospital yesterday, and as you see, we're struggling here to get this. --(Interjection)-- If I adjourn, I don't know when he'll be out of the hospital. I'm sorry. What was the last question? I said that this was a transfer from Agriculture and there are six, the group of home economists is six, six in number.

MR. CHAIRMAN: (h)(2)(a)-passed; (b)- The Honourable Member for Brandon West.

MR. MCGILL: I take it that the Minister is then taking all these questions as notice, and that he's going to be able to . . .

MR. DESJARDINS: . . . There's six home economists that were transferred from Agriculture to this department. I took (1)(b) as notice.

MR. CHAIRMAN: Order, please. Will Honourable Members wait until they're recognized, and then stand to give their remarks? The Honourable Member for Brandon West.

MR. MCGILL: Yes, well then, Mr. Chairman, if the Minister's offering that explanation to cover both Salaries and Other Expenditures.

MR. DESJARDINS: I thought we passed (a), and this includes salaries of Director of Home Economists, . . . Educator, and support staff. One new financial management specialist and one new clerical position are included in the Home Economist section. That's under (a).

MR. CHAIRMAN: (h)(2)(b)-passed; (h)-passed; (h)(3)(a)- The Honourable Member for Brandon West.

MR. MCGILL: Can we have some explanation on this section here? I'm a little at sea on what this whole item covers, and I notice that there's a 6.5 million appropriation request for salaries in this. Can the Minister give us some explanation on this section?

MR. DESJARDINS: These are the salaries of all the regional personnel. The total staff is 654-1/2 from 628-1/2 last year.

MR. MCGILL: Then is this appropriation related to the regionalizing or decentralizing of the services of the department? --(Interjection)-- Well, then, Mr. Chairman, with the affirmative answer from the Minister, I assume that there are some decreases then in other departments as a result of this decentralizing of his services. Where would these economies be affected in the other parts of his estimates?

MR. DESJARDINS: As we know there has been no decrease. They've always had some regional staff, and in fact the regional staff has been increased. It's increased this year and it's increased last year also.

MR. MCGILL: Well then, Mr. Chairman, we're given to understand that while you provide regional staffs, nothing decreases in your central staffs, that they continue to be provided at the same levels and the decentralization of services is merely provided through extra personnel. Is that correct?

MR. DESJARDINS: I don't know how many years I can go back. There's been no change there from last year except an increase in staff-man years. You know, if you're going to go back four years, I haven't got this information. This would be reflected in previous estimates. It wouldn't reflect from this year because there's been no change except that, as I say, we had 628-1/2 last year, now we've got 654-1/2. This would have been reflected in previous estimates, not on this.

MR. CHAIRMAN: The Honourable Member for Minnedosa.

MR. BLAKE: The Member for Brandon West is referring to some economies in regionalization, and that was a pretty general answer. Can we not get more specific in where we're going to save money on regionalization?

MR. DESJARDINS: Nobody has said anything about economies in regional staff. I think, if anything, it's better service, mind you, and it's increased staff man year. I think that I

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) understand my honourable friend to say, well, you've changed, you've shifted personnel around, and that was done, but not from last year to this year. Therefore, it wouldn't be reflected in here where the transfer would be. There's one that showed where we took people from Agriculture. There would be a decrease on Agriculture and an increase here, but not from this department, there hasn't been any change in this year. This was done a few years back, and if anything, we have more staff and an increase.

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

MR. GRAHAM: Well, I'd like to ask the Minister, under the Income Security Services, this is your police department, is it, that does all the checking to make sure that everything is done according to Hoyle. Is that right?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: This is our whole staff and, I don't know. I never heard that we had police in this department.

MR. CHAIRMAN: The Honourable Member for La Verendrye.

MR. BANMAN: Thank you, Mr. Chairman. Since the Department of Health has opened up a regional office for EastMan in Beausejour, I'd like to ask the Minister if he could . . . I understand that the concept is to regionalize the health care and also to try and decentralize, and probably help the stay option program that the government is promoting. And I'm wondering if they've done a survey at all of how many people that are working in the Beausejour office and the EastMan regional office there, are taking up residency in the town of Beausejour.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: The only information that we have that since the offices are decentralized, there's many more of these people that are living right on the spot now. As to the number, now, I've no way of telling you that. We are definitely going into decentralization, and one of the bills that was introduced for first reading, gave us the O. K. to have these district health boards and to have the community involved in the care, in the Health and Social Development.

MR. CHAIRMAN: The Honourable Member for La Verendrye. The Honourable Minister.

MR. DESJARDINS: Before I sit down, the vacancies also in these regional developments, we try to fill them by people that are living in the area also, as the vacancies come up.

MR. CHAIRMAN: The Honourable Member for La Verendrye.

MR. BANMAN: Just a further technical question, Mr. Chairman. People that are not living and commuting, who drive government cars, are they allowed then to use government vehicles for commuting back and forth to work?

MR. DESJARDINS: If they have a car, they can use it only if they pay for it.

MR. CHAIRMAN: (h)(3)(a)-passed; (b)-passed; (3)-passed; (h)(4)(a)-The Honourable Member for Brandon West.

MR. MCGILL: Well, Mr. Chairman, roughly the same questions apply here. Here we have a decentralization of community health services and I would still be looking for some kind of reduction of expenses in other departments. Decentralizing of the services provides perhaps more accessible services to regions in the province, but by taking people out of your central organization and putting them in the regions of the province, it would seem to me that there would be some reductions and economies in other areas. Is there any area in which the Minister can indicate that he has been able to reduce staff, or is the staffing of these regional offices just simply additional staff?

MR. CHAIRMAN: The Minister of Health.

MR. DESJARDINS: This is pretty well the same as (3) except now we're dealing with public health nurses. Before we were talking about the people in Social Development. It is compared to (3) and it's the same thing. At no time was it stated that there would be a saving of money. It's going to cost more money, but the worst service that you can have is if it's centralized service. That was the complaint. Now there's much better service, and again, this is not something that was changed. It's changing from year to year. The community health centres, the support funding in addition to financing through Manitoba Health Services Commission, that's under (c). There's Lac du Bonnet at 55,000; Gladstone, 88,600; Hamiota, 35,300; Churchill, 184,900; Leaf Rapids, 104,100; Citizens Health Action Committee, 74,000;

SUPPLY - HEALTH

(MR. DESJARDINS cont'd) Mount Carmel Clinic, 254,700; and Clinic, 210,500; and the City of Winnipeg, 830,000. That's under (a). The salaries. Salary for 16 local health units in the northern health services staff, which are located throughout the province. Nineteen new staff-man year are included to help meet the many new demands now being made on health units. That is the new home care and continuing care project in northeast Winnipeg region, the day care program, the renewed emphasis on initial immunization in infancy. Seven positions have been abolished, and the functions of those positions transferred to community health centres.

MR. CHAIRMAN: (4)(a)-The Honourable Member for Minnedosa.

MR. BLAKE: Mr. Chairman, the Minister in his figures there mentioned an amount for Hamiota. I just didn't quite catch . . .

MR. DESJARDINS: That is under (c) External. I realize we're still on (a), but the Hamiota was 35,300. That's in addition to what they get from the Manitoba Health Services Commission.

MR. CHAIRMAN: (4)(a)-passed; (b)-passed; (c)-The Honourable Member for Rock Lake.

MR. EINARSON: Yes, Mr. Chairman. I was going to ask the Minister what he means by external agencies. There's an increase of over eight hundred thousand dollars in that particular item, and was he referring to Hamiota as one of those external agencies, and would he list any others?

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I can only repeat what I said. I gave them all. First of all, there's the City of Winnipeg, 830,000; Lac du Bonnet at 55.6; Gladstone . . . region, 88.6; Hamiota, 35.6; Churchill, 184.9; Leaf Rapids, 104.1; Citizens Health Action Committee, 74; Mount Carmel Clinic, 254.7; Clinic, 210.5.

MR. EINARSON: Well, Mr. Chairman, I wonder, is that connected too with the community clinics that the government's talking about? That's community clinics, is it? When you refer to all these areas.

MR. DESJARDINS: It's a mixture. They're mostly health centres. They receive some financing through the Manitoba Health Services Commission, and this for public health nurses mostly which was done by this department.

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. McKENZIE: Can I ask the Minister, is he intending to expand that program?

MR. DESJARDINS: Again this legislation that I referred to will make this possible at the request of the different areas if they . . . Sir, I think this would be better explained when we bring in this bill.

MR. CHAIRMAN: 4(b)-passed; 4-passed; (h)-passed; (j)(1)-passed; (2)-passed; (j)-passed; (k)-The Honourable Member for Roblin.

MR. McKENZIE: Mr. Chairman, I wonder if the Honourable Minister could give us a breakdown on this item, General Purposes.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: The total of 506,000, they're all grants to agencies including The Canadian Association to the Support of Native People \$800; Canadian Council for the Blind \$100; Canadian Council of Social Development \$7,007; Canadian Diabetic Association \$1,000; Community Projects \$75,000; Indian and Metis Organization \$240,200; Last Post Fund \$200; Manitoba Indian Brotherhood \$110; Miscellaneous 28.1; Residential Welfare Institution \$8,000; Social Planning Council of Winnipeg \$35,000. I'm sure I'm going to be asked what the miscellaneous is, and that's provision for 1972 loan payment on mortgages assumed on purchase of old Grace Hospital.

MR. CHAIRMAN: Resolution 57 (k)-passed; Resolution 57. Resolved that there be granted to Her Majesty a sum not exceeding \$107,416,200 for Health and Social Development. Passed.

On Page 27, Resolution 60, first line, Administration. The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, are we on the final resolution now on Manitoba Health Services Commission?

MR. CHAIRMAN: Yes.

MR. MCGILL: This is a fairly large item, Mr. Chairman. I think in view of the hour that it might be appropriate to deal with it at another time.

SUPPLY - HEALTH

MR. GREEN: Committee rise, Mr. Chairman.

MR. CHAIRMAN: Committee rise. Call in the Speaker.

Mr. Speaker, your Committee of Supply has considered certain resolutions, reports progress and begs leave to sit again.

IN SESSION

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

MR. D. JAMES WALDING (St. Vital): Mr. Speaker, I beg to move, seconded by the Honourable Member for Point Douglas, that the report of the Committee be received.

MOTION presented and carried.

MR. DEPUTY SPEAKER: The Honourable House Leader.

MR. GREEN: Mr. Speaker, I move, seconded by the Honourable Member for Brandon West, that the House do not adjourn.

MOTION presented and carried, and the House adjourned until 2:30 Wednesday afternoon.