LEGISLATIVE ASSEMBLY OF MANITOBA
Tuesday, 6 May, 1980

SUPPLY — HEALTH

Time — 8:00 p.m.

MR. CHAIRMAN, Abe Kovnats (Radisson): The committee will come to order. I would direct the honourable members' attention to Page 61 of the Main Estimates, Department of Health, Resolution No. 79, Clause 5, Manitoba Health Services Commission, Item (d) Medical Program.

The Honourable Minister.

HON. L.R. (Bud) SHERMAN (Fort Garry): Mr. Chairman, just before we broke at the dinner hour, the Honourable Member for The Pas had made a couple of accusations, or allegations, with respect to the numbers of persons and complaints called in the Owen Schwartz investigation by the College of Physicians and Surgeons, and the manner in which the complaints were forwarded, and I want to deal with that.

I also want to respond to the questions that were put by the Honourable Member for Fort Rouge and the Honourable Member for Elmwood, that I hadn't had a chance to reply to, and I will deal with the questions raised by the Honourable Member for Elmwood first, with the indulgence of the Member for Fort Rouge, because I know he has another meeting that he has to attend to.

First, let me just reassure the Member for The Pas that I wanted to check on the questions that he raised just prior to four thirty. I was not able to be present for his participation during second reading on the bill introduced by the Honourable Member for Inkster, and I understand he raised the issue again in that debate, but I have not been able to familiarize myself with what he said in that debate and I will deal simply with the questions he put to me at about 29 minutes past four.

Of the eight complaints that were reviewed by the College of Physicians and Surgeons in the hearing into the methods of practice followed by Dr. Owen Schwartz, I am advised by the President of the College that seven came direct from patients. The eighth came from a doctor but had been referred to him by a patient; that is to say, a patient had complained to his or her particular doctor about it and had asked that the complaint be forwarded to the College.

I might also say, Mr. Chairman, that those were the eight complaints that were reviewed by the College but in no way represent the number of complaints that the College received. They received a lot of complaints. They dealt with eight of them and did not deal with many others of a similar nature. Had they done, the hearings would have gone on some considerable time longer with doubtless no different conclusion.

Mr. Chairman, the Honourable Member for Elmwood expressed concern about the situation with respect to chiropractors and some of the possible hazards that result as a consequence of the cleavage that seems to exist between various health fields and health professions in our province and indeed in our country, and I want to assure him that I have concern for the questions that he raised, particularly with respect to the duplication of X-rays. There is no question that all of us are much more alert today to the possible hazards of excessive radiation than was the case some years ago and it is a valid concern, a valid worry. The Ontario government has recently concluded an exhaustive study on the subject of excessive radiation, which they have made available to us or to me, to my office, and I'm in the process of reviewing it or having it reviewed for me at the present time. It is a major and a lengthy document but it looks at the whole health hazard that has arisen through the excessive amounts of radiation that are available and are utilized in our lifestyles and life patterns today in the health field and other fields, just as a consequence of developing habits and practises.

One area in which they express substantial interest and have undertaken considerable study is the area of duplication of X-rays and overuse of X-rays. The Member for Elmwood quite rightly points out that is a hazard that naturally results from an inability or an unwillingness between various health fields and health professions to acknowlege each other's disciplines and to co-operate fully. There is certainly a real possibility that we can reasonably and responsibly move to an arrangment whereby hospital X-rays could be made available to chiropractors.

I must say to the Honourable Member for Elmwood that I wouldn't hold my breath on his request that x-rays taken in doctors offices and maintained as part of the doctor's confidential patient records are likely to be interchangeable very soon with chiropractors or vice versa, but I think a strong case can certainly be made for making hospital x-rays available to chiropractors and we are certainly looking at that. I don't want to minimize the pitfalls of even that type of negotiation but it is a possible partial step in reducing this hazard that he has identified.

I think though that there should not be an incorrect impression left on the record insofar as the professional capability and capacity of using x-rays, taking x-rays and reading and interpreting x-rays is concerned. There is a wide difference, a vast difference between an x-ray technologist and a radiologist and I know that the Honourable Member for Elmwood is aware of that. One of the reasons for the unacceptability on the part of some health professionals for that kind of exchange with others in the health field lies precisely in this difference in qualifications and difference in requirements insofar as professional standards are concerned. Radiologists, after all, is a highly specialized medical practitioner, Mr. Chairman, who has spent a number of years studying radiology after graduating from medical college, and he or she brings an enormous amount of expertise into the interpretation and reading of x-rays — that I think I can say without insult to the x-ray technologist — an enormous

amount of expertise that the x-ray technologist simply does not have. One of the reasons why the medical profession is reluctant to engage in that kind of exchange is because the bottom line in their area of responsibility is the protection of patient and the patient's health. Quite frankly, they raise the question as to whether x-rays taken and read and interpreted by other than radiologists are, in the case we're talking of serious health problems, whether x-rays read and taken by x-ray technologists meet the qualification standards and the professional standards they feel they must abide by. However, we are looking at the problem, and certainly the Ontario conclusions with respect to duplication of x-rays are important and valuable.

I think that essentially covers the questions asked me by the Honourable Member for Elmwood except, if I may say, he did ask me, in reference to the fact that medical doctors refused to permit this free exchange of x-rays, he did ask me why isn't this permitted. I have to say to him it isn't permitted for the same reason that it wasn't permitted during the eight years he was a member of the government of the day. There has been no change in the relationship between those two fraternities, Mr. Chairman; I think that's about the most diplomatic way I can put it.

Mr. Chairman, I just ask for a few more minutes to deal with the other questions I hadn't answered at four thirty. Essentially they came from the Honourable Member for Fort Rouge, who asked me if there is any overhaul of the Health Sciences Centre Act contemplated. The answer is yes, there has been considerable work done during the winter on amendments to the Health Sciences Centre Act and in fact I have a number of pieces of legislation in the health field which I will be . . . Well, I wont be, I must correct that, Mr. Chairman, private members of the government will be introducing very soon in the session now, and one of them I expect will deal with the Health Sciences Centre and the need for reform of its legislation and its structure, particularly its board structure.

The Honourable Member for Fort Rouge asked me about the number of obstetrical facilities, birthing centres and units in Manitoba and I infer from her questions she was asking me whether I thought there were too many and whether some rationalization was not desirable. My answer is yes, on both questions, Mr. Chairman, there are too many and some rationalization is desirable. That's the easy part. We're now down to the point of trying torationalize them, which means taking something away from some centre and some community or some neighbourhood that's become used to it and consolidating those obstetrical units in major maternity units in major hospitals. That has been recommended by the Task Force on Government Reorganization in the Economy; it's been recommended by a number of medical bodies; it's been recommended by a number of commentators in the health field who have passed through Winnipeg and offered their observations. I think the Member for Fort Rouge has a very good point; I hope she will work with me, stand with me and fight with me — I mean, fight alongside me — when I try to close down some obstetrical beds and consolidate them in the Health Sciences Centre, St. Boniface, Grace, Misericordia, probably Seven Oaks, four or five major centres like that.

Medical research, which is one of my pet projects, and I presume is a pet project of almost everybody in this House and is one of my identified and expressed priorities. We have moved; I think we've taken a major initiative in writing into the Health Services Commission budget this year, for the first time, — the Member for St. Boniface says, no. Well, Mr. Chairman, it's certainly the first time for some considerable time, a specific designation, a specific appropriation, earmarked for medical research and medical research alone. That particular appropriation will be approximately 300,000.00. That 300,000 will be utilized in a way to attrack matching funds from the private sector and foundations who have research funding available and it is only a start, acknowledgedly, Mr. Chairman. But it is a start, because it does recognize that there must be a specific appropriation developed in the MHSC budget now and throughout the future for specific research projects. But here I have to take exception to a position that the Member for Fort Rouge expressed. She said that there's a fear that we're falling behind, under this government, in medical research. She said 1 percent or 2 percent of the Health budget should go towards research; there's a fear that we're falling behind under this government. I want to remind her, Mr. Chairman, that we're falling behind, and so are a number of other provinces in Canada, but not under this government. We're falling behind because in December and January, 1978-79, the previous Liberal government, not the present one but the previous one, introduced a —(Interjection)— well, the same one, the Member for Lac du Bonnet says, but the 31st government rather than the 33rd, I believe that's the proper numerology. I agree with the Member for Lac du Bonnet, the same in every way, it's undistinguishable from that one, but nonetheless, it had a hiatus for a few months and so I'm referring to the government that was in office prior to May, 1979. In December-January, 1978-79, that government, Mr. Chairman, embarked on an election campaign oriented, an election campaign designed restraint program that sharply reduced research funding right across Canada. The federal government and the National Research Council cut back very sharply on research funding to the provinces and during that period of time we had all kinds of research workers and representatives of research fields in our offices begging and imploring us to try to do something to make up this shortfall that had suddenly been thrust upon them by that federal liberal government of the day. I don't intend to labour the point but I just want to correct the Member for Fort Rouge on that contention. We're falling behind all right and it lies squarely on the doorstep of the Trudeau government of December, January, 1978-79. We are trying to —(Interjection)— Well, the Member for St. Boniface says, even before that. He was affected by some of their withdrawals in the research field but all I can attest to is the sudden impact that we felt of that decision, and all provincial governments and jurisdictions have been scrambling to try to fill that void ever since or to try to compensate to some degree for it. Obviously, some wealthier provinces are able to fill it more quickly than we are but we are intending to fill it as best we

can and that's the reason for this initiative in the research field.

Finally, Mr. Chairman, on the subject of psychiatrists, lest anybody suggest to me a few months from now that we're suddenly facing an incipient shortage or an impending shortage of psychiatrists and I should have known about it and I should have told the House about it, I will tell the House tonight that we are facing in Manitoba, in Canada, in North America, and I'mtold, in the world, but our main concern of course is Manitoba, an impending serious shortage of psychiatrists.

The Member for Fort Rouge says there are only about 50 trained psychiatrists in Manitoba today. That figure is somewhat low. There are actually 83 but I'm not going to split hairs on the point. We need more psychiatrists. Many of our psychiatrists are in their fifties, which isn't old in my terms but may be old in your terms, Mr. Chairman. It's certainly not old in terms of the Member for Fort Rouge, I know that. But nonetheless, they're at the point where my friend, the Member for St. Boniface is, Mr. Chairman, they're at that age when they're starting to think about going out to pasture. We have to develop a new supply. We are in short numbers in terms of young new potential psychiatrists, graduates in psychiatry, coming up. If it's any consolation, so is the continent generally, but that's not very much consolation. I just give the House that forewarning that where we stand one day debating the possible shortage of nurses or the shortage of medical practitioners in rural communities or in the north, we will stand one day not long from now debating the shortage of psychiatrists. I hope that together, co-operatively, we can develop some initiatives that help to forestall that shortage and to eliminate the threat and, at the very least, to minimize the impact of it when it comes. But we have to get more young people training in the field of psychiatry, and the clinical psychologist is not the answer because the clinical psychologist cannot deal with medication. That's entirely therapeutic psychology and what we're talking about are psychiatrists who deal with medication in the treatment of psychosis, mental disorders.

Just one final point, the Member for Fort Rouge said that clinic psychologists are not covered under the Medicare program; they are, Mr. Chairman, provided their services are delivered in hospitals. They are not covered under Medicare in their offices but they are covered for services in hospitals. We are studying with them a proposal that office visits be covered but the Member for Fort Rouge inadvertently puts her finger on it when she says that it is suggested that initial start-up costs would be low. She's probably right. But the truism of this business is that initial start-up costs ain't what count; it's what the cost is the next year and the year and the year after that, and we have not yet been able to approve that proposal but it's under serious consideration, Mr. Chairman.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MRS. JUNE WESTBURY: Thank you, Mr. Chairperson, and I thank the Minister for his answers to my comments of this afternoon. I have a few more comments I would just like to add before we conclude this section of the estimates.

Would the Minister advise whether it's true that the College of Physicians and Surgeons has a veto as to what appears in the Manitoba Health Services Commission Annual Report. This is something that's been reported to me. I'd like to know whether it's true, whether in fact they have a censoring provision as to what appears in that report.

Is there any intention or provision for including air ambulance or air cost fares for bringing people back to Manitoba under Medicare? There's a famous story about a welfare recipient in California who recently couldn't be sent back to Winnipeg to become rehabilitated at about a third of the cost of California hospitals so the government left her in California for a cost of 49,000 in excess of what it would have cost to bring this person home.

Now I want to go back for a minute to the child mortality rate, some of the considerations under the task force of the maternal and child health, to which I have made reference and of course the Minister was one of those responsible for setting up the task force. But I would like to point out some of the things that have come to us in our deliberations, I, as a member of the task force.

The whole matter of preventative care for expectant mothers and for newborn babies is something to which government has to pay increasing attention, I suggest, Mr. Chairperson. Manitoba has the ninth worst infant mortality rate of 15.6 per thousand. Nova Scotia has 11 per thousand. Seventy-five babies, I am told, per year, die in Manitoba, who would live if they were born in NovaScotia. For everyone who dies, two live with severe health problems mainly retardation; that comes to 150 a year. Children who die as infants don't die quickly and, over and above the anguish to the little children and to their relatives, there is the economic factor. The Ontario government has estimated that the lifetime cost for treatment of a severely retarded child is between 750,000 and 1 million. So obviously for economic as well as compassionate reasons we must look for more ways to prevent infant retardation and these lifetime figures of up to 150 million.

The task force, I don't know if the Minister knows this, I have been expecting that he might make the statement that the federal government has approved 13 summer students at a cost of 35,000 to work with the task force, in addition, of course, to the other funders who are the Winnipeg Foundation; the provincial government for 20,000 for executive secretary; Manitoba Medical Research Foundation for a high risk analyst and social planning counsel for a half time staff person. And I hope that it won't be too long before the task force comes forward with its recommendations. Some of the findings, some of the reports that have come to the task force already have been very dramatic and very disturbing and, of course, I'm pleased that the Minister is continuing to support this task force on Maternal and Child Health. I don't know if the community at large is aware of the important work that the task force is doing and the important recommendations that they will be bringing forward. Thank you.

MR. CHAIRMAN: The Honourable Member for Seven Oaks.

MR. SAUL A. MILLER: Mr. Chairman, I want to touch on something the Minister mentioned in response to the Member for Elmwood, and I think this was in regard to the doctors who will not, apparently, give information or turn over x-rays, I should say, or other data, hard data, to chiropractors. I think he said that the Member for Elmwood shouldn't hold his breath waiting for doctors to release x-rays to chiropractors. I am somewhat surprised that the Minister takes it so lightly. Surely the x-rays — I'm talking about the actual picture or the results of a blood test — those surely belong to the patient. If I go to the doctor and I have x-rays taken, I should have the right surely to say to the doctor, would you please send these x-rays on to Dr. X or somebody else, or to a chiropractor or to someone of my choosing. I don't think it's the right of the doctor — maybe it isn't law, I'm not sure, the Minister can tell me — if so maybe that law needs examination; I'm not talking about the doctor's notes on it; I'm not talking about the doctor's evaluation of an x-ray or blood test; I'm not talking about the doctor's views and opinions because those are personal views and subjective always. So I can see the doctor would not want to release those.

But when you talk in terms of hard data, objective data, machine data, that's what they are, the method today in analyzing blood tests, it's all done on these computers, very highly technical machines. They simply spew out information. How you read them is up to the doctor and I don't question that he has a right to say, I have made my own analysis and my views I will not share with somebody else. But the actual hard data, the picture that was taken, on what grounds can a doctor say to me, sorry, I am not releasing it. Surely they are mine. He has been paid for his work and has been paid for the x-ray, but surely they are mine to the extent that I have a right to say, I would like them back, I'd like to get them from you, I may even want to tear them up; or I want to refer them to somebody else without having the doctors stonewall me by saying, I'm not going to do it. You haven't got access to them; you have no right to have them and you tell me who you want to refer them to and I'll consider it; I may send them on to somebody else and I may not. So what I am questioning is, on what basis, what are the grounds for any doctor refusing to give me access or transferance of my x-rays to whomever I choose to transfer it to? It could be a chiropractor; it could be an astrologer; it could be a herbalist, I don't care. I'm curious about the right of that doctor to say no to me, of an x-ray taken of me.

So as I say I was tempted to rise on my feet because of the very cavalier way in which the Minister seemed to accept, perhaps a long long traditionamongst the medical staffs, medical profession that they can determine what happens to an x-ray and only they have the right to determine what they are going to do with it.

You see I make a distinction between that and any opinions and evaluation that the doctor may have had. An evaluation is a doctor's own evaluation of an x-ray or of any other test that he may have made and he, I can understand, may be reluctant to hand it out. But the evaluation is something else, that's a very subjective opinion on the part of the doctor; that's where he is practising his profession, evaluating something and making a decision on it, making recommendations on it. But the actual hard data, the objective data, the machine data, on what grounds can a doctor refuse a patient if that patient asks that the x-ray be sent to somebody else, or that the x-ray simply be relased to the patient himself so the patient can do with it what he will? I ask the Minister if he could respond to that.

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

MR. LAURENT L. DESJARDINS: Mr. Chairman, the Minister is wrong again. He's trying hard to find something new that this government is doing in this department but so far he hasn't been too successful. The research was done. There actually was an amount of 100,000 in there which was very little, but it was a start. The Minister is half right when he said the federal government had cut down on the research grant in 1978; that was done roughly '75-76. They stated some time in '77 that they were going to reinstate these grants; I don't know if they did. The start for the research was done and 50,000 was given to the St. Boniface Research Foundation when, not Dr. Bernard, the one that was here before, when Dr. Spock was here — Dr. Salk, excuse me — we're mixed up with the T.V. program there, that's the fellow with the funny ears I think, Mr. Chairman. So it was a start and I'm glad to see that this government is continuing and is increasing the amount.

Another thing, I'd asked Dr. Naimark to head a committee that would make a recommendation, how to deal with whatever amount of money that the provincial government had in there for research grants, and that was going to be a continuing thing. I think in fact that it was frozen a year, there was an amount of money that wasn't paid, the year the government changed. And the committee, headed by Dr. Naimark at my request, was just starting its work and hadn't done too much then.

The Minister must be very happy with the way things were being done. He's stated that now he will not only follow what we were doing but follow what we weren't doing. He said that there was no change in the x-ray and the relationship between the doctors and chiropractors that we'd had in the previous four years. Well, Mr. Chairman, it is a damned shame that there's not more co-opertion between the two groups. You know, if we recognize somebody, and the chiropractors were recognized by a Conservative government, the Roblin administration, when Medicare came in. They were covered under the plan. In some areas they weren't, and the Minister talks about confrontation with certain groups, well he has no confrontation because he refused to see these people. They haven't had an increase. When you look at increases, what are these people, what kind of increase? Isn't there a cost of living increase for them also? Isn't inflation affecting them at all, if they are good enough to be covered under the plan? Now the excuse is they are making more money, not individually but there's more money because more

patients are seeing them. The report I saw, the commission was saying that in 1976-77 there were 80,000 patients that visited the chiropractors, in 1978 there were 100, and in 1979 there were 101. Just when the people are accepting the chiropractors more and in certain areas and individually there are still some doctors who, on the q.t. because it is frowned on by their association and the College of Physicians, there is some kind of a co-operation between the chiropractors.

As long as the chiropractors do not try to treat something they are not qualified for, they certainly have a role to play; there's no doubt about that. As long as they don't go out in the field with something they are not trained on, that they are not qualifiified to treat, I think there is a rolefor the chiropractors to play. If you compare them to other provinces you will see how low they are, how low their visits are and also the limit. Why the limit? You know, the Minister is always talking about us not trusting anybody, are they a group you can't trust? Are they a group that are going to abuse the service? Why is there a limit on that? There's no limit on doctors. It is high time that you look at the limit and either increase the fees per visit and start trying to use your good office to see there is more co-operation between the different groups looking after the health of Manitobans. There is no reason for that at all. I can understand if they don't want to co-operate as far as reading and interpreting x-rays, that is something, but it is a darned shame to see two groups like that who can't co-operate at all.

What is the Commission doing because they ask a raise? The Commission has a committee that will study the profession. Maybe they should be suspended in the meantime. If there is something wrong, if it is dangerous, they should be suspended. The commission has had that study, apparently, for over a year and I'm quoting from a Free Press of March 7, 1980. —(Interjection)— Well' I stand corrected but I'm quoting here from the —(Interjection)— They've asked to meet with the Commission: they've asked to meet with the Minister and that was refused. It is the understanding that I've had and knowing them, having worked with them in the past, they are not ones to wait forever to give the proper information, Mr. Chairman.

Now I was pleased to see the Minister before the dinner hour certainly went on record very straight that he doesn't favour extra billing and he doesn't favour billing assignment. This is something that there was a period where the Minister was wavering, was considering that, and we were quite emphatic on that, that it would destroy the plan and I'm glad to see that the Minister now is accepting that. He'd better be careful though because he might be charged with a confrontation because these are the things that we were saying that there would not be any extra billing allowed in Medicare except if the doctor was opting out and also that there wouldn't be any billing assignment, not to fight with the doctors but because it wouldn't be good for the plan and would destroy the plan. With those two things, the Minister stated the same thing; I haven't seen the Minister saying that there will not be any contracting out, that you will have to have permission of the MMA before you can go ahead and hire a doctor. So the Minister is on dangerous ground now. It will probably be said that he wants a confrontation, Mr. Chairman.

I think there's something else that we've been saying all along that the majority of the doctors are very dedicated people who are not necessarily just interested in money. Of course they want fair pay and they should get it, but this is not the only concern. When the Minister says, well I raised their salary, I couldn't do anything else, I went to the limit that was allowed under the ceiling that was allowed in those days, so there is nothing else that can be done, but the way they practice, and they are interested in their fellowman and I have a few examples I would like to cite.

I have received a copy from Dr. L. C. Bartlett and this is what he is saying and I'm quite concerned and I will quote this, or I will even table it if you want, or I will read it so that it will be in Hansard:

Notice re opting out. I have finally decided to opt out of Medicare, MHSC. This is not because of dissatisfaction with the HMSC fees, it is because MHSC has formally charged with me with over-servicing my patients and they charge me with providing what they call 'Cadillac-care'. MHSC has made repeated attempts to force me to provide only average care to my patients. However, MHSC will not take any responsibility for the consequences of lowering my standards. There are only three options: One, to remain in Medicare and lower my standards; two, to leave Canada for the free enterprise system of another country; three, to exercise my legal right to opt out of Medicare and set my own standards.

How opting out works: Payment for my services now becomes a business matter between you and me. At the time of your visit, we will submit a claim card, on your behalf, to the MHSC for the standard amount allowed by MHSC for that particular service. In about two months, MHSC should mail you a cheque for the amount billed to them. This is to reimburse you for having paid your physician.

He's not asking for immediate pay either. He says, If you wish you can pay your account at the time of your visit; if not, we will send you a bill. Well, I've always known Dr. Bartlett as a very responsible member of the community and somebody dedicated to his work. So who is deciding; is it a group of his peers deciding that he's giving too much care, 'Cadillac' service, or what is the score?

Another item, Mr. Chairman, that certainly impressed me and I saw that in The Tribune of March 29, 1980 and the heading is U.S. Not Cure-All For These MDs, and I think it is a vindication of our program that people seem to complain about so much, compared to the United States, which is supposed to be doing everything better than anybody else. There one of the four Winnipeg physicians who have returned were deploring the fact that wallet-size often determines quality of care. I had patients, he said, that I'd be more than happy to admit them to a hospital and look after them as my contribution, but I couldn't get them into a hospital that required a 600 deposit in cash or cashier's cheque. They want to see the colour of your money before they take care of you. He said Those who couldn't afford to pay were sent to a charity hospital. They might wait for three or four hours to be seen and perhaps sent home with an aspirin or something

because they could not afford first-rate care. In fact the doctors themselves thought it was ridiculous that some doctors were making up to 600.000; it was getting ridiculous in the States. These people are coming back without any commitments, without any promises. Nobody tried to buy them, and they say so themselves. One of them is not too sure they will have enough work because he's a highly-trained specialist and this is the way they look at it.

Mr. Chairman, I think I can't go by without making a reference to the proprietary nursing home and proprietary hospital because this is one of concern here. We've always said if you want proprietary nursing homes, well then why not proprietary hospitals because there are private hospitals in the United States. And I suppose that if the Minister was in the States he'd say, well, you know, you're criticizing these people that have these hospitals and they are just as dedicated as everybody else.

You know, there's a lot of danger when money is the concern, when money is the primary objective, and these hospitals in the States are there to make money, number one. And don't kid yourselves, it is number one. They are there for a profit and so are the personal care homes. Without criticizing the people who are running the personal care homes, we express the danger to the Minister, the danger of having these proprietary, these private enterprisers, especially dealing with the health of the people of Manitoba and we've always said that they shouldn't be an element of profit. Now some members on the opposite side have made some ridiculous statements and said, well then, you shouldn't pay the doctors. Well, salary and fees are not what we're talking about, profit where you have a business, a corporation or something that is out there for profit. There is certainly nothing wrong in being paid for the service that you're doing. It's not just an investment to triple or more your profit, and that is the danger; some doctors have felt that there was a darn good program here in Manitoba and in Canada. They want to get paid; they don't want to come here and work for nothing, but they are not the greedy type that are worried about receiving pay, which they could probably, some of them in the 600,000 bracket. The important thing is looking after the people of Manitoba. So I think that this proves that there is a good program.

One of them is saying — well, I'm not going to waste the time of the committee trying to find this — but one of them is saying that he is going in an area where he knows they'll have to fight for proper fees and the governments will pay as low a fee as they can. Well, that's the name of the game in a lot of areas. That's what they do with civil servants, that's what they, I'm told, by many of us here, with MLAs and other groups. So, Mr. Chairman, that doesn't mean that you can't be fair but you've got to look at the population that you have in this province; you'll have to look at the service and you want people to make a good living but you can't be extravagant and practically obscene in talking about the 600,000 bracket for a year. You can just imagine how busy a doctor is making that kind of money and what kind of service he's giving to the patient.

So, Mr. Chairman, we certainly don't have to take a back seat to any country including, and especially the United States, when it comes to our system of health care here in Canada. It is the envy of many people in the United States and it's going to change in the United States. So I think that there's certainly a lot of credit coming to our people and we have, by and large, a group of physicians who are dedicated and there's a difference, they separate the question of business and fees and so on with their care patients. There's never been any, oh, the odd one, it's human to err, and then, as I say, you see someone desirable in any profession. Nobody has a monopoly on that or on goodness. But, Mr. Chairman, we have dedicated people who are providing a good service for Manitoba and I think that this is the important thing. When we talk about the climate, the climate, and many of these who are leaving now, even with the change of government, more so than before, but some of them are coming back because they see what kind of service there is and they realize then they could get in the rat race and make a lot of money, but you know, there's so much money that you can't spend it anyway. What does it mean, in the rat race and the way of life that they must have out there. So they are coming back. They're dedicated, they have taken care of our people. And I think that the incentive should not be to always look for money. If you can provide the facilities, the same as the nurses, they have to be able to enjoy themselves in working and seeing the progress and seeing the result of what they are doing, and I think they have the satisfaction here in Manitoba, Mr. Chairman.

I wanted to cite these two examples. I'm quite concerned that somebody like Dr. Bartlett, who was saying that it's not that he's not satisfied with the fees paid but he's told that I guess he sees his patients too often, and he's told that he's giving cadillac service and it might be the only way that he knows how to practice medicine. It might be that wants to give his services. Now if there's a reason, maybe we should know about it because this letter was not a private document that he sent me, a personal letter. It was something that was given to his patient and he was good enough, or somebody was good enough to send me a copy of this. Mr. Chairman, there might be a reason. I'd like to hear the reason if there is such a thing, and I'd like to see a little more co-operation. That's when I'm talking about leadership where the Minister at times might call it confrontation but when you know you're doing something right and when you know you're working for the Manitobans and so on, you have to be able to make decisions. And these decisions have to be made in an area that I urge the government, and it hasn't been easy. The Minister is right, maybe there wasn't that much progess done in our time, but you know, time goes on and there's a lot of things that are softening up today. A lot of prejudice, I'm happy to say that they are not as pronounced as they were before. You can't change the world in a day, definitely, but you can work on it.

This government, which is a friendly government to the medical profession, and the medical profession are friendly to them, they have an opportunity to be able to try to get the people who are working for the health, to take care of the health of the people of Manitoba, to try to get them to work together. It might be that the medical profession will not recognize the chiropractors, and clutch them to their

bosom and fall in love with them, but at least there should be some kind of co-operation and that co-operation also should be shown if you're going to treat people the same. I didn't say pay the same, but if you're going to treat people the same, you should have the same courtesy, the same good working conditions, with all groups in the health field. I've been saying that and the Minister has nodded his head saying that he agrees with that in different instances when we were talking about the people, even the people cleaning the hospitals, the nurses, the nurses aides, the maids, the kitchen staff, and so on, the orderlies. They're all people and they are all as dedicated as anybody else. You don't just take a class in society and say, how dare you talk about them, and then don't worry about the others at all. They are important, every single person is important in this field and in the hospitals and in this treatment of disease here in Manitoba or anywhere in the world.

Mr. Chairman, it seems to me for instance that the Minister has erred. There is certainly a confrontation with the chiropractors. There might not be too many of them and there might be less because some of them are talking about leaving and I think it would be too bad, because it's very difficult at this time to get an appointment with a chiropractor. I'm not ashamed to say that I go to one. I could hardly walk over the weekend with a sore back and I went on Monday and I feel somewhat better. I'm only asking them to treat what they are qualified to do. It's only natural. They studied, it's not a fly-by-night course that they used to take maybe a few weeks at one time, and you had some quacks at one time but now these people are dedicated and they're doing good work and they work for the change, the change in lifestyles that the Minister was talking about, the former Minister, the federal Minister of Health was talking about. You go to any of these offices, they won't let you smoke. I don't know of any chiropractors that has any . . . That finished my colleague to the right; I'll guess he'll never visit a chiropractor. But, Mr. Chairman, I think that these people are dedicated also and I think that why, all of a sudden, that you are going to investigate the profession; why? Were there any complaints; were there any complaints? Is there anybody that wants to come up and say, here, this is what they've done against the profession, not against an individual, but against the profession. They've had to wait over a year. You know, inflation is not catching up with them at all. And what is the answer, what is the reason given? Well, they are getting more money because there are more people seeing them. There might be more people seeing them and less seeing other members of the different professions or para-medical people. We have always said that there is a place for these people and certainly their fee should be reviewed once in awhile and should be compared like we do. We hear that so many times, what is done in other provinces, when we talk about special groups but not when we hear about them.

The Minister stated in one of the questions that I have asked that they were one of the top provinces and that's not the case at all in the fees that they get and the allowance that they get, and the maximum that they get. They are far from being the top province. So I would hope that the Minister will have a look at that. We'll call them in and give them a chance to talk to him. His door is supposed to be always open to other groups, why not to this group?

Mr. Chairman, I think, in summarizing this, that I'm quite happy with Medicare, the way we see it Canada, and it's not perfect. There might be some abuse. Any program like that, that covers everybody, there's going to be abuse. But we would sooner see the abuse than in the other side that we see in the United States where you are not going to get treatment if you haven't got money, if you can't give them a certified cheque or the cash right then and there. You have to pay even for a outpatient visit in the United States in the hospital; for a five-minute thing, you have to pay 55 or more, like the case that I mentioned awhile back, Mr. Chairman. No, I have no hesitation in saying that we have good people working in here. It's not perfect and I'm certainly not blaming the present Minister, not more than I would have accepted the blame because of this lack of confidence or lack of co-operation between two professional groups. I want that made quite clear that I'm certainly not blaming the . . .

MR. CHAIRMAN: Five minutes.

MR. DESJARDINS: Thank you. That I'm not blaming the Minister for that but I'm only urging the Minister in a friendly way to try to get the groups together. I know it's been very difficult to try to get the groups together and to at least have some co-operation. That won't hurt anybody. If the medical profession doesn't approve of chiropractors in certain areas, all right. They don't have to send patients there, although some individually do it. They are very secret about it because they are not supposed to do it, but I think that there should be a little bit of co-operation. The Minister has to decide. Tell us, maybe there is something we don't know. If the profession is being investigated, maybe there is something that they are doingwrong. Well, then they should be suspended — we suspended elected politicians even without any reason really — if that is the case, until that study is finished. If you are investigating somebody, they must be harmful; they must be doing something that is harmful or at least there must be some accusations. We shouldn't take a year to do it either, Mr. Chairman.

Now, if I'm wrong, I stand to be corrected but the press release stated that the profession was being investigated, not their demands or anything like that. I would hope that when you look at increasing the fees of these people in this field, well, then they are not forgotten. You know, it was that government, as I mentioned earlier, that recognized them. Mind you, they had an advocate at the time, one of the Cabinet Ministers was a chiropractor and it was a different thing in those days, I guess. But that's where it was decided to cover them under the plan, and I also think that it's about time that we look at the situation where there is a maximum.

There are some people that might have a sore back and the only thing that will help is visits to the chiropractor just as much as anything else. If there are certain things like we do in the medical field where there are certain tests and so on that only one is covered a year, cover the treatments but not necessarily the visit to a doctor or a chiropractor.

I would hope that the Minister will give these things some thought and that we will try to see even better. All right, let's say that the climate is good, but have a better climate and a better co-operation. It would be nice to have all these groups working together; maybe that is what we need, a kind of an advisory group to the Minister representing all of these different professions in this field, or different groups. Then we could get the full story and we wouldn't go ahead in pushing one and then in pulling another one back. I think that's the time that we will have even better service here in Manitoba.

MR. CHAIRMAN: (d)—pass — the Honourable Member for The Pas.

MR. RONALD McBRYDE: Mr. Chairperson, I would like to make a few comments under this section and I think that the comments of my colleagues, especially the colleague for St. Boniface when he talked about chiropractors and the situation of them, point out the need within the overall medical system for a number of options. When the Minister talked about, in his earlier comments, a choice on the part of the patient, I think, Mr. Chairperson, that is one of the key concepts. As my colleague pointed out, there are some things that a chiropractor can do that a medical doctor can't do or doesn't normally do. There are probably within this system, Mr. Chairperson, some things that a clinical psychologist can do better than the medical doctor. There are probably a number of approaches that a practitioner using the holistic medicine approach can do that a person using the traditional — what is now the traditional — orthodox approach can do or can't do.

Mr. Chairperson, what we are talking about here is to find some sort of a balance between the options available, to provide, to assist people with their health care. What seems to have happened right now and that seems to be that we're taking a step backwards in terms of those practicers of orthodox medicine, the physicians and surgeons, and the Minister seemed to be wanting to exclude any other approach except the very well defined and the fairly rigid approach as proposed by the College of Physicians and Surgeons. I think that reflects itself in the Minister's attitude toward the chiropractors; it reflects itself in the findings of the College of Physicians and Surgeons in regard to the case of Dr. Schwartz.

I guess, Mr. Chairperson, what makes me angry is sort of the elimination or the reduction of the options, and what also makes me angry is when I see an effort, an unfair, an unjudicious effort in dealing with Dr. Schwartz; that a person that has been practising, that has a number of patients that rely on him and is now being sentenced, is now being punished through sentence, suspended, fined or forced to pay all the legal fees, required to reattend universit,; and it appears now even required probably to take some re-examination. So those are the kind of things, Mr. Chairperson, that I find disconcerting.

Like the Member for St. Boniface, I've gone to a chiropractor on occasion and find that service very useful. I have on one occasion, Mr. Chairperson, had the services of an acupuncturist and found his assistance very useful. I have also, Mr. Chairperson, refused medication that was strictly a medication for painkilling because I didn't want to subject my body to that kind of medication. I'm not sure that very many people do those kind of things or take that kind of approach that a physician or surgeon is another expert but is not a god-like figure in terms of my health care or the health care of anybody else, but he or she attempts to use the scientific methodology that appears to be working best at that time. But that scientific methodology also changes over time and improvements or changes in that method often come by someone trying something new, someone willing to use a new approach and then convince their colleagues that that approach is effective. So we have the chiropractors not being accepted at all at one time, then becoming accepted, at least by the government, if not entirely by the medical profession, and we have changes in health care coming along and progressing along.

One of the problems I see is that the traditional medicine, as is practised now by the established medical institution, as reflected basically by the College of Physicians and Surgeons, is somewhat limited. They deal very well with a number of things. But they don't deal with all aspects of health care and some of them they deal less well with than others. If I was in an accident, Mr. Chairperson, and needed medical treatment, I would hope that I would have a traditional orthodox medicine man available to give me that particular service, a physician or a surgeon to give me that service. Or if my appendix were to rupture, I would hope that I would have an orthodox physician or surgeon to provide me with that emergency service of that type.

When it comes to my long-term health care, to my long-term interest as an individual protecting myself and my health, I would like to explore other options and look at other ways of dealing with my long-term health care. I would like to look at diet. I'd like to look at nutrition. I would like to look at exercise, lifestyle, etc., etc., etc. Mr. Chairperson, I think that all medicine is now coming to realize the very clear connection. We used to always try and separate mind and body but now I think most people, except for a few, are aware that you can't make that kind of separation. What's going on in the mind affects the body and what's going on in the body affects the mind, and the two are one and you can't make a real distinction between the two. In order to get the full kind of health care, then I think that we, as Manitobans, and we, as human beings, have to look at the broad range.

Mr. Chairman, because the balance, because all the weight now is on the orthodox practice, then I think we have to question whether that's the only place, whether we should put all our marbles in the basket of the orthodox practice or not. There are a number of people both inside and outside of the medical profession that are questioning that. Ivan Illich in his Limits to Medicine talks about the doctor-caused diseases and says one of the major diseases in our times are diseases caused by the medical institutions, i.e. by the physicians and surgeons themselves, by our hospitals, etc.

The case that the Member for Inkster referred to this afternoon reflected that in terms of a presentation before committee in one specific example of one kind of treatment, whether or not in

fact it was beneficial to most people. I think that's a question that we do have to deal with. Are all the treatments or all the methods as effective as they could be? Are all the methods, in fact, healthy? Are some of the methods that are presently currently considered acceptable? And I remind the Minister that at one time it was acceptable to bleed people and that was thought to be an effective medical treatment. Mr. Chairman, I think there are probably are instances in medical practice where similar types of treatment are still in effect, are still being tried mostly out of tradition, mostly out of habit and not seriously questioned.

There was a study done in terms of birthing and the doctor doing the study first started to study just in terms of whether or not physicians of the day — and this study is a little older now — whether physicians of the day were in fact following the full procedures laid out in terms of the length of time, for example, before you cut the umbilical cord. The doctor found that in themajority of cases — and his study was basically observation and recording his observations — that the practice recommended in the medical books wasn't being followed very well. He was particularly interested in infant death and in infant disability, mental disability, physical disability, abnormal development in children in looking at the birthing process from that point of view.

After he studied what was going on in North American hospitals, he came to the conclusion that in fact the birthing process, as practised, was part of the problem. So what he did, being a scientist, was apply the same techniques that were used for human beings being born and applied these techniques to chimpanzees and took them into the medical room with the bright lights and the modern clinical practice and, as a result of his study, his conclusion was that in fact chimpanzees were worse off having modern medical techniques and practices applied to them than they were before.

Mr. Chairperson, I think that we can't go along without questioning some of the assumptions. We can't have the medical institution as it sits now, Mr. Chairperson, being treated as sacred cows or a religious order that cannot be questioned by lay people, that cannot be questioned by other people in the profession. Mr. Chairperson, it's not the fault of the Minister, I don't think. It's not the fault even of physicians and surgeons themselves. It's the general public attitude that has evolved to create a situation where a particular profession is put on a pedestal and it's not right to critize them, to question their decisions, to question their judgement. Mr. Chairman, I'm not saying that there is a black and white situation; I'm not saying that there is right or wrong, but I think, Mr. Chairperson, that we have to look at all the options and not specifically exclude some of the options available to us.

Mr. Chairperson, in the area of diagnosis, Illich again gives some examples just to show that diagnosis is not a pure science, that it's a matter of scientific training and then artistic guesswork as to what is the best diagnosis. In one instance, autopsies showed that more than half the patients who died in a British university clinic with a diagnosis of specific heart failure had in fact died of something else. In other instances, the same series of chest x-rays shown to the same team of specialists on different occasions lead them to change their minds on 20 percent of all cases. Up to three times as many patients will tell Dr. Smith that they cough, produce sputum or suffer from stomach cramps as will tell Dr. Jones. Up to one-quarter of simple hospital tests show seriously diversent results when done from the same sample in two different labs. Nor do machines seem to be any more infallible. In a competition between diagnostic machines and humam diagnosticians, in 83 cases recommended for pelvic surgery, pathology showed that both man and machine were correct in 22 instances, in 37 instances the computer correctly rejected the doctors diagnosis and in 11 instances the doctors proved the computer wrong, and in 10 cases both were in error.

Mr. Chairperson, what I'm saying is that, one, it's not an exact and perfect science, the practice of medicine, and two, we shouldn't treat it as though it were, as if there was only one truth or one full approach. And we shouldn't, Mr. Chairperson, divest ourselves, as individuals, of responsibility. I think, Mr. Chairperson, this is the key, that what has evolved in our society because of our attitude, of the sociological situation of the practice of medicine, is that we expect always to be cured, as individuals. In reality, what can the doctor or what can the medicine man do except help our natural healing processes to cure us? But one of the tragedies is that many people have given up that responsibility for their own health care and given that responsibility entirely over to the modern medicine man. And in the past in some cases they probably gave it over to the traditional old style medicine man, but today we have given that authority and that responsibility away and that is probably one of the greatest hazards and the greatest dangers in the institution, as such, is that once we give up that responsibility for ourselves then we are less likely to be able to get well.

Of course, Mr. Chairperson, part of the process in getting well in another pretty thorough study by a psychiatrist called Persuasion in Healing is that in fact part of the mythology is helpful to the healing process. That is, ifa person goes to a physician and believes they're going to get healed by that physician, they are more likely to get healed than if they are not sure they are going to get healed by that physician. And the same is applied historically to medicine men of past times and therefore elaborate ceremonies are built around the healing process to convince the person that in fact they will be healed and so the chances of their being healed are great. I guess, Mr. Chairperson, that leads to some of the spirit healing and other kinds of healin;, it's just the belief that in fact you will be healed.

But, Mr. Chairperson, I'm not an advocate of having our modern medical system become a religion or a mythology because I think we have to . . . One is it then becomes very exclusive and that is one of my main concerns is the exclusivity that develops. Mr. Chairperson, as I said, I see that exclusivity coming in terms of other health care practitioners, whether they be chiropractors or certified medicine men who practice using some unorthodox methods in terms of their particular practice.

Mr. Chairperson, I don't see a versus or a fight. I don't see the need to have a fight between the chiroprctors and the medical doctors. I don't see the

necessity of having a fight between those who practice orthodox medicine and those who practice holistic medical or health care, and I don't want to set up that kind of a situation where it has to be either/or because the most effective system, the most effective way is the combination of what is available, of what can be done in terms of assisting people. And it just came to me, Mr. Chairperson, a recollection of, in British hoispitals, I think under their Medicare system but at least as part of their Medicare system, they even have spiritual healers and clairvoyants as part of hospital staff. This is an accepted practice in Britain, the realization being that there are so many aspects of illness, and the relationship between mind and body that I mentioned before.

Mr. Chairperson, I would like to just quote a little bit from some information that was sent out by the Consumers Health Organization which makes, somewhat better than perhaps I can, the point that I've been making and that is, they say, There is really no conflict in the principle between the two forms of health care. Conventional health care is basically concerned with acute care, problems needing immediate attention, at which it is pre-eminent and with a palliative care for chronic problems where the patient is made comfortable as far as possible and as far as possible the symptoms eliminated.

Holistic care concentrates on preventing disease, together with treating of existing disease aimed at eliminating the causes of the disease and in strengthening the body's defences so that the body becomes more immune to diseases. Conventional medicine mainly uses drugs, surgery, and other scientific (methods), while holistic medicine uses natural substances such as thyroid hormones, vitamins, minerals, together with changes in lifestyle, food habits, food quality, stress exercise, exposue to pollutants and allergins, etc. Conventional medicine treats specific diseases only when they are diagnosed and identified as such, which usually occurs long after the onset of the initial deterioration of health. The gap is filled with non-scientific palliative measures such as tranquilizers, sedatives, psychotherapy, and what is termed here, a cop-out such as blaming it on the patient's nerves, heredity, or mental state.

Holistic medicine uses certain tests which detect early health problems and treatment begins immediately, even if no specific disease can be identified, using the methods described above. Conventional medicine treats isolated symptoms by attaching the symptoms in direct frontal attack, using drugs, x-rays, surgery, and other techniques. Holistic medicine never attacks a single symptom except in emergencies but strengthens the body so that it can fight off disease and disability. Conventional medicine takes charge of a person and treats them in a similar manner to a service station treating an ailing automobile. Holistic medicine encourages people to learn about and take responsibility for their own health as far as is possible.

The conflict in medicine over holistic methods: The principles of holistic health care are so natural and straightforward that it is hard to see why there should be any conflict. In fact, holistic medicine could fill amassive void in the present health care system and drastically reduce the cost of keeping people healthy. There is, however, a great antipathy between many physicians to the holistic approach which can only be explained as a result of the continual indoctrination in the use of drugs, surgery and so on from drug companies, medical schools, conferences, medical journals and the medical organizations. This, combined with the difficulty of accepting what might be drastically different, but better ways to treat patients, seems to inhibit change. (The holistic approach is already at least 60 years old in its present form and has shown continual success over the years.)

So, Mr. Chairperson, the other thing that this article goes on to talk about is, in fact, that the physician who does try new methods is uniquely vulnerable. They say that he becomes highly visible and is often involved in a lot of publicity which is antagonistic to other physicians. Some of the patients of holistic doctors are not comfortable with the methods and they complain to other doctors they are seeing at the same time. Mr. Chairman, it's the same in the medical profession as it is in any type of profession or any type of organization; if you do something a little bit differently you have to be better at it and do more work at it than those who do something the same as everybody else. You better not make a mistake, because some of your colleagues are waiting for you to make a mistake. Mr. Chairman, if you follow the straight and narrow, if you do exactly what everyone else is doing, then some mistakes are tolerated and mistakes are made, Mr. Chairperson, I don't think the Minister or anyone else would argue that mistakes are not quite made; but if you are not entirely conventional, then you better not make any mistakes or you will be punished for those mistakes. Mr. Chairperson, in the one particular case, the case of Dr. Schwartz, the College says that the holistic medicine was not an issue in that case. Mr. Chairperson, I have trouble accepting that at face value. It seems to me from the evidence that is available, because of the fact that there was not a misdiagnosis in this specific case but what the College terms a lack of full procedures or full proper procedures, and that no one was hurt, in fact, the patients that made the complaints, Mr. Chairperson, did not follow the doctor's recommendations. So we can see in traditional practice lots of times a diagnosis being made without lack of full information. I mean the doctor does what he can do; he's got a number of patients waiting and he gives you a prescription and says, Try this prescription and see if it helps. If it doesn't help, then come back. Mr. Chairperson, I think that any medical practitioner, if it was decided that practitioner should be looked at, could be found to have from time to time did an incomplete diagnosis or not being completely thorough in the diagnosis or in the case of the studies a natural mistake in a wrong diagnosis or a misdiagnosis. But if you practise medicine slightly different than the majority then you are not allowed . . .

MR. CHAIRMAN: Five minutes.

MR. McBRYDE: Thank you, Mr. Chairperson. You are not allowed to have those kind of mistakes. It does concern me a great deal, as a citizen and as a person who, from time to time, likes professional

assistance in my own health care, that a style of practice and a doctor who has come to gain a lot of respect from his patients, in terms of his long-term care and his style of care, has been punished which I would say is very severely, very severely, by the College of Physicians and Surgeons, more severely than any evidence that I can read would indicate; being deprived of his livelihood, being heavily fined and requiring to pay costs and appears to be now being required to, in fact, be retested in some of the areas in which he obtained his licence a number of years ago. Mr. Chairperson, I'm hopeful that some kind of a balance will be restored so that all types of health care can be made available to people and that people will take some responsibility for their health care and be able to select the kind of health care that they feel is going to benefit them the most and that we not restrict and we not put limitations and say that there is only one type of medicine man, there is only one type of institution or there is only one orthodox approach that's going to be most effective with all people. Thank you.

MR. CHAIRMAN: (d)—pass. Resolution No. 79—pass. Resolve that there be granted . . .

MR. WILSON PARASIUK (Transcona): Yes, I was standing, Mr. Chairperson, when you were saying pass.

MR. CHAIRMAN: It's a little confusing, I'm sorry. The Honourable Member for Transcona.

MR. PARASIUK: Now, I was standing when you just finished the Medical Services Program and I was standing here waiting to be recognized.

MR. CHAIRMAN: I'm sorry, to the honourable member. It's confusing when there is more than one member standing and moving around.

MR. PARASIUK: Oh, sorry.

MR. CHAIRMAN: The Honourable Member for Transcona.

MR. PARASIUK: Yes, I wanted to just make one final point on the Medical Services regarding medical research and that is that I think it's important for us to make this item a higher profile item within the estimates. I think we should think about establishing a Manitoba Medical Research Council and we should establish a fund that is more visible than what the Minister says exists right now in the Manitoba Health Services Commission budget. I think we have a very serious situation with respect to medical research, especially because of the federal cutbacks in this area, and that we have no way of providing any type of national priorization of medical research. We are caught in a situation where Alberta, with a very large surplus of government funds, is really raiding many of our high calibre medical researchers from Manitoba and they are going to Alberta.

Now, I can appreciate Alberta's desire to want to establish a strength in this particular area, they have the funds to do so, but at the same time we have an infrastructure built up here, we have a tradition, we've got some facilities, capabilities, support people, that exist and are in place. And when Alberta comes along with offers which are very difficult for people to refuse, they denude Manitoba of some very skilled expertise and it's very difficult for Manitoba to get the replacements. That's happened with respect to geriatric care; that's happened with respect to cancer research; that's happened with respect to other areas. I think that it's a matter which the Minister should take up at the Health Ministers Conference; I think it's a matter that should be taken up at the Western Premiers Conferences and I think it's a matter that really should be taken up at the First Ministers Conference when they discuss Canada. One of the things that is of grave concern to me is the extent to which Alberta will be using it's tremendous wealth to, in a sense, buy industries to move to Alberta, reduce the corporate taxes to a level that companies will go to Alberta, use their tremendous wealth in the area of medical research. We will create tremendous short-term imbalances which could extend into being long-term imbalances and, at the same time, Alberta is growing too rapidly too quickly to indeed accommodate these types of changes that are taking place within its provincial boundaries. It just can't grow quickly enough to accommodate this type of rapid growth, and it might be a feather in Alberta's hat; it might be something that they feel is going to broaden their economic base because medical research indeed spawns the manufacture of medical equipment. But I fear for the impact on Manitoba; I think the impact has been dealt to date and I really think that somehow the different parts of Canada have to start taking an approach of sharing some of these things.

I know that when the western Premiers were trying to develop some type of development strategy for the federal government prior to the Western Economic Opportunities Conference of 1973, the thing that amazed me for about a two-year period was the extent to which the western provinces were prepared to look at areas of comparative advantage in one province as opposed to another province. Alberta was willing to do that with respect to Saskatchewan, B.C. and Manitoba. That doesn't seem to be the case right now; it seems to be a case of deciding, Well, there isn't going to be any type of sharing. We are rich and powerful now, let's make sure that we consolidate our base, let's make sure that we consolidate our diversification and we will use our short-term wealth to do so. Frankly, they are embarrassed with so much wealth that they may, in fact, really become far too extravagant and we really can't compete with Alberta if it gets into that type of a price war. It's a danger that I think faces us. I would hope that the Minister would take this up at the federal level because I think it's something that Health Ministers should discuss amongst themselves and I think it's something that really might be elevated beyond that. A way in which we might indicate our priority to this matter is by establishing a Medical Research Foundation. We are the only province west of Quebec that doesn't have one right now. I think Ontario has one, Saskatchewan has one, Alberta has one, British Columbia has one and these are provinces around us and we are one that doesn't have one as yet. I think we could establish an advisory council on medical research. I think that there a lot of people involved in medical research in

Manitoba who are really concerned about this matter and I think many of them appreciate the growth and development that has taken place in medical research in Manitoba over the last 50 years. I think many of them are proud to be Manitobans, but at the same time they are concerned about the extent to which their colleagues, and possibly themselves in the short-term future, will be lured away by very extravagant expenditures on the part of the Alberta government which in a way almost is looking for something to do with its money. An indication of that is the 75 million that they have put into a pot or into a fund to use to help celebrate Alberta's 75th anniversary and yet when people ask questions in the Alberta Legislature, as to how will this 75 million be spent, the Alberta government really couldn't come up with too many detailed plans; they just have the money there. It's that type of tremendous surplus of funds that leads to that type of situation and I'm worried about its impact in the medical research field.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: Mr. Chairman, I have no argument whatsoever with the thrust of the remarks just made by the Honourable Member for Transcona, and I appreciate his sympathetic understanding of the problem and his non-partisan approach to the problem. It is a problem that we face as Manitobans regardless of which side of the House we sit on or which particular political persuasion we subscribe to.

There is a considerable threat to our great province and our great medical research tradition that is posed by the ready wealth of provinces to the west of us, in particular, and specifically the province of Alberta. We are alert to that threat and have, in fact, placed that subject on the agendas of a number of meetings that have been held both at the official and the unofficial level between provincial health ministers and between provincial first ministers. It has been raised by Manitoba, by me at health ministers' meetings and it has been discussed by my Leader at meetings among western premiers; whether it has actually been on the agenda of a western premiers' meeting, I cannot testify, but it has certainly been the subject of discussions between the Premier of Manitoba and the premiers of the other western provinces, and I think that as a topic for consideration by the First Ministers of Canada, it is worthy.

I want to give the Honourable Member for Transcona some reassurance that we are moving to establish a Manitoba Research Council and we're winnowing down the mechanics and the identification of the relevant personnel to constitute such a body now. That is part and parcel of the concept of a Research Appropriation in the Health Services Commission budget and the preliminary work has been done in structuring such a council or advisory body, or supervisory group, to help identify the most desirable and reasonable research projects from the obvious spectrum of proposals and choices that would face us at any given time, and to help advise with respect to the distribution of the available funds and to participate with the private sector in raising matching dollars so as to increase the size of the research fund by doubling it or tripling it, or whatever can be achieved.

I want to assure the honourable further that it will be my intention, as Minister of Health, in devloping estimates for the department in the future, to continue to increase the MHSC appropriation, which as I say this year is 300,000.00. That is only a start, Sir. That is not a great sum of money but it is a start and it does what I think the Member for Transonca would agree with me on, it at least represents a tangible acknowledgement and a tangible gesture in the direction of our researchers and our medical personnel here in Manitoba, that we are alert to the challenge. We recognize their value to our society; we want to encourage them to stay; we want to encourage more of our medical personnel to participate in research and we want to expand our capacity.

There's no question that we have here the infrastructure, that we have developed the expertise and the reputation in many fields of medical research, that we are recognized in North America in a number of areas of medical research as continental leaders and pace setters. We want to maintain that position and we also want to develop positions of similar leadership in certain other areas of medicine that, I think, recommend themselves as areas of particular significance to Manitoba, such as the field of multiple sclerosis, such as the field of rheumatoid arthritis, afflictions of that kind which for various reasons, many of them inexplicable, are somewhat endemic to this climate and this geography. So I just want to give the Honourable Member for Transcona that reassurance. The threat is there, we are intending to do all we can and I suggest we have to do it collectively as Manitobans to meet that threat and maintain our excellence and our position in the research field.

Could I just take a moment to respond to one or two questions that were asked of me in the last few components of the debate, Mr. Chairman. The Honourable Member for Fort Rouge asked me whether the College of Physicians and Surgeons enjoyed veto powers over the contents of the Manitoba Health Service Commission Annual Report; the answer is no.

She raised the question of insured coverage for out-of-province transportation, out-of-province ambulance and transportation costs relative to medical services that would be insured under the Health Services Commission. Out-of-province ambulance and transportation services do not constitute an insured service but there is considerable assistance available to Manitobans who undergo health and medical treatment and hospitalization out of Canada, if they have been referred to hospitals or medical practitioners in the United States, for example. I think the Honourable Member for Fort Rouge is familiar with the assistance that is available under our Medicare program and, in the case of those who need additional assistance for reasons of limited income and limited assets, that additional assistance is also available, but out-of-province ambulance and transportation costs are not covered.

In the field of maternal and child health we face another of Manitoba's health and medical challenges. There's no question that much more needs to be

done. We are making positive and I think very significant improvements in moving on our infant mortality rate and our maternal and child health problems generally, through some of the measures and policies and programs that we have introduced in the past two years and that we will be introducing in the coming year.

In our current budget in front of members, in our current estimates, there is a total of some 886,000 which specifically addresses some of the problems in the field of maternal and child health cited by the Member for Fort Rouge. We have offered assistance, both financial and personnel-wise, to the Task Force on Maternal and Child Health that was established under the aegis of the Social Planning Council of Winnipeg. We have our own Ministerial Advisory Committee on Maternal and Child Health, which is in continual action and at continual work. We have in our new programs under the Health Services Commission this year, the new High-risk Newborn Transfer Program which we expect to provide us with signal bench marks of improvement and success in reducing our infant mortality rate and paranatal mortality rate and elevating our overall quality of maternal and child health. At the root of our problem, of course, are geography and demographics and cultural challenges. One reason why our overall ranking in maternal and child health is relatively low in comparison to some other jurisdictions, is the problems that we face in that field with respect to our native population particularly in those vast, remote areas of the province which are difficult to serve effectively in this scientific area, but there we do believe we are making progress through the preparation of new careerists and others, to work as public health nurses and through the initiative which will hopefully see some five to ten native young people, men and women, given the opportunity to enter medicine, as a result of speed-up courses in high school and pre-med and to graduate and return to their communities in the north as medical practitioners.

The other question had to do with the x-rays and a patient's right to x-rays. It arose out of some of the discussions relative to the chiropractic question and was raised by the Honourable Member for Seven Oaks, who raised the question of his right as a patient to obtain his own x-rays, either from his doctor or his hospital and he asked me on what grounds was I saying that he, for example, as a patient, has no right to those x-rays. Mr. Chairman, I say those on legal grounds. The fact of the matter is that x-rays that have not been paid under the — well, no, as a matter of fact that really has no bearing on the question, that's a separate point — x-rays with respect to chiropractic services have not been paid under the insured program since the inception of Medicare, but those x-rays, whether taken in a doctor's office or taken in a hospital, are not the property of the patient. As far as the transfer of x-rays from doctors' offices to hospitals, to chiropractors or to patients, or whatever, are concerned, the prevailing situation, Mr. Chairman, is that those records belong to the physicians or the hospital, they don't belong to the patient. Well we had our departmental solicitors look into the question, look into that very issue of ownership and there are several cases in law apparently, Mr. Chairman, where the courts have ruled that the medical records, including the x-rays, are owned either by the doctor, in the case of office practice, or by the hospital, in the case of hospital services, and they are not the property of the patient.

Now, the Member for Seven Oaks suggests we should have a look at the law, that's a suggestion that we can certainly take into consideration but the reason for the prevailing situation is as I have described it.

On the matter of the Chiropractic Review Committee, Mr. Chairman, that is not a review of the profession of chiropractic as such, it is a review of the patterns of practice relative to their request for review of their fee schedule and for upgrading of their fee schedule. That review, unfortunately, was slowed significantly by the failure of the Chiropractic Association to supply the requested material for many many months, and references to the fact that it's taken us a year to carry out that review are not correct. We didn't receive the requested material, which was requested in the early months of 1979, until December 1979. The committee now has completed its work, has submitted its report, its being examined and evaluated by the commission and then will be referred directly to my office, but it is the result of a perception on the part of the commission and my office, among others, that it is necessary to review the patterns of practice before making a final determination as to what adjustments are justified in the chiropractic fee schedule. I'm certain that some adjustments will be forthcoming but there was concern, Mr. Chairman, arising from the fact that costs under that portion of chiropractic which is insured under MHFC had escalated very rapidly, at the time that we determined a review should be undertaken, those costs has escalated approximately 26 percent over the previous year. And we have a responsibility to Manitobans in terms of a broad spectrum of health care services and that figure was out of line with and certainly inconsistent with cost increases in other areas of health care services.

MR. CHAIRMAN: Resolution No. 79—pass. Resolved that there be granted to Her Majesty a sum not exceeding 545,841,000 for Health. Manitoba Health Services Commission, 545,841,000—pass.

I would advise the honourable members that we are now on Page 59, Department of Health, Resolution No. 75, Item (a)(1) Minister's Compensation.

The Honourable Member for St. Johns.

MR. CHERNIACK: Thank you, Mr. Chairperson. I have a few comments to make on a few subjects. Dealing firstly with the matter just responded to by the Minister, that is the ownership of x-rays, lab reports, lab tests, I do not know either the legal reasoning nor the ethical or moral rationale which says that these tests, these factual bits of information belong to the doctor or the hospital rather than to the patient. It seems to me that if patients who may be moved from one hospital to another, from one doctor to another, from one doctor to another practitioner in the health field, should be able to take his lab tests and his x-rays with him so that he can firstly, make it unnecessary

to have repetitive tests of the same nature and about the same time. Secondly, to give the other practitioner an opportunity to note the history of the development that may have taken six, eight, ten months or years and therefore, since it is paid for and on behalf of the patient it seems to me that there is no logical reason for the results of these tests and the actual x-rays to be kept by the doctor or by the hospital. I say that it seems to me there's no logical reason because maybe there is and I don't know it and the Minister hasn't explained it, he just stated the law as he was told it exists.

Mr. Chairman, because of the availability of expertise being on the government side, I would suggest to the Minister and to the Attorney-General, who fortunately is in the room with us today, that this might well be a matter of study — no urgency about it, it's taken a long time to develop the law as the Minister expounded it — to consider with the practitioners and with lawyers what the reason is and whether or not it really ought not to be spelled out in a different way. I would think that this would be a very sensible matter to refer to the Law Reform Commission, which could well look into it and give an objective review and recommendations to us in the Legislature and I would really ask that the Minister of Health, the Attorney-General, consider my suggestion and, of course as it was raised by the Member for Inkster — I'm sorry, I saw him leaving the room — by the Member for Seven Oaks to consider whether or not, if it is a law, whether it's sensible or whether it ought not to be changed.

Mr. Chairman, there was some newspaper publicity and today I had an opportunity to watch on the CBC program, 24 Hours, an interview with Dr. Roulston who is, I believe, the head of the Gynaecology and Obstetrics Department at the Health Sciences Centre. He is a person whom I know and who is highly respected in his field. He made a strong case for the need for a separate and independent clinic to be set up in order to prevent illegal and dangerous abortions taking place in Manitoba, or to make it a costly and therefore inaccessible matter for people who have to go out of the province in order to obtain legal abortions. And his comment — and it's pretty obvious to me — was that the poor suffer, the rich don't have any problem because they can go out of the province in order to obtain these surgical treatments.

As I understand it, the recommendation was made by a committee that this be done, that the government be approached for it. There then was an enquiry, a questionnaire sent out to the practitioners of medicine in the province, a large number of whom did respond and the majority of whom agreed with the recommendation. And then, from what Dr. Rolston said on T.V. today, the council was presented with this report and there was an immediate motion to table and I think he said that the vote was 18 for tablng and 12 against it, I believe those are the numbers he gave. In any event, it appears that the council, by refusing to discuss this matter at all, just set it aside and prevented it from proceeding to the Minister.

That's my understanding. I may not have gathered quite clearly just what the ramifications were. But I would like to suggest to the Minister that it is a matter that he should review and become fully familiar with, regardless of whether or not the licensing body decided to forward it or not. When I say licensing body, I don't even know if it's the college that dealt with it or the Manitoba Medical Association. But regardless of that, it is not a matter that is the business or the concern of doctors alone, it is a matter of the public whom we all serve, and I would suggest to the Minister that he ought to look into it and be prepared to deal with this question.

Another matter, Mr. Chairman: yesterday I asked the Minister, who spoke and made several points, whether he was prepared to table the comparison which he had prepared over the last 10 years of the percentage of the health estimates as compared with total estimates. I did not get a reply from him and I asked the Member for Seven Oaks, who was here most of the time — but I wasn't here yesterday — and he is not aware that there was any response from the Minister. The Minister stated he had done it, he had it, and I feel sure that he would be prepared to — I felt sure he would be prepared to table it but I gather he did not do so. I ask him once again, would he please table the information from which he quoted — he didn't give all 10 years, I think he gave the last three years — but since he mentioned all 10, I'd like to have it.

I also asked him in the same regard whether or not he had had it properly evaluated on the basis of changes in the presentation of estimates because as I mentioned, to my recollection, in the last 10 years there were several changes in the manner of presentation where certain costs or estimates were netted out and others were left in gross form. And the example I gave was that on some occasion property tax credits were used as a reduction of income and in other cases was added as an expenditure, and the same I believe applied to certain moneys received from the federal government for the Manitoba Health Services Commission. Some cases netted out and other cases showed as both revenue and total expenditure in gross. So that in order to have a proper appreciation of the statistics he gave us yesterday, I would like those two factors dealt with.

Mr. Chairman, one of the reasons I ask for this is that I find that it's not easy to get the Minister to respond to direct questions such as I asked yesterday and have just repeated. I mention that because — oh, it's almost two weeks ago on April 24 in the evening — I had to honour a longstanding commmitment to make a speech outside of this House and was not present to hear the Minister respond to a speech I made and questions I asked in the afternoon of April 24, and only a couple of days ago did Hansard come to hand and I was able to read the response by the Minister.

Mr. Chairman, he dealt with the points I raised. Firstly, the Member for Rhineland rose to his defence by saying, it seemed to him that the Minister had been receiving some abuse, especially from the Member for St. Johns, which was not deserved at all. And he thought he was taking a very responsible approach to the whole area of dental service. The Minister then, no doubt emboldened by this kind of support and a much lengthier statement made by the Member for Rhineland, then made a fairly substantial speech and he said, and I quote now from page 2917: I have some disagreement of course with the

remarks of the Member for St. Johns this afternoon, because I take some exception to his feigned surprise and his mock dismay at the position being taken by the present Minister of Health, myself and my colleagues in government on this question and on our preference for a dentist-run program, all things being equal. We've never made any secret of that. He goes on further on the next page: We've never made any secret of that position. I do take exception to, as I say, the artificial posturing of the Honourable Member for St. Johns. I'm sorry he's not here but I had no way of knowing he wasn't going to be here. I will leave it at that, just to say that those remarks really are the only ones that I take exception to.

Mr. Chairman, no matter how the Minister interprets my remarks, I had to go back to read my speech just to see whether he had any reason for the statements he made. Mr. Chairman, I said and I quote from page 2876: It became most obvious yesterday when the Minister of Health, reiterating his conviction that it is best to have the Manitoba Dental Association run the program, and I pause, Mr. Chairman, to say that I stated that he reiterated his program so there was no doubt in my mind that I knew what the position of the Minister was, so it was not a feigned astonishment nor was it articial posturing because I said right in my speech I knew what his position was. But then I went on to say and I quote: That the Minister went further and spoke of, and I think he used the words, a happy circumstances or in any event about the happiness he had in noting that the three school divisions had lost the use of their dental nurses and as a result he was able to turn these three school districts over to the Dental Association. Mr. Chairman, it was not mock astonishment; it was not artificial posturing; it was indignation that the Minister, who had a committee reviewing the entire program and comparing the program run by the MDA as compared to the government program, was happy in the midst of that study, was happy to note that he lost dental nurses for three schools so that he could throw those schools and transfer them into the hands of the dental association, which he wanted to do all along, which we knew he wanted to do all along, which he admitted he wanted to do all along. And for me, the astonishment was that the Minister would have the nerve to say how happy he was that he could do this even at the same time as he had a survey, a study going on which presumably would be objectively reviewed by this Minister. That was the point I made and I stand by that.

The Member for Seven Oaks mentions the Burns Report, which is a report which I think I see the few members present on the opposite side, are blushing because whenever they hear it, you see the Attorney-General doesn't even recognize the Burns Report. He'll be having the same reaction with the word Tritschler but that name is a little more unusual. But he will, for the same reason, be wanting to forget that name as well.

Mr. Chairman, I go on with the speech of the Minister of Health on April 24. He's talking about the dentists. He says,They're not going to do it — that is they're not going to work strenuously at the program — They're not going to do it if they feel that the administration on Broadway of whatever caste, whatever hue, is not interested in them as creative professionals in this province. That is the challenge that we have had to cope with. Mr. Chairman, it is an utter falsehood to suggest that any government of whatever caste or whatever hue, may not be interested in them as creative professionals in this province. The point that was made time and time again, and the Minister of Health should know it and should admit it, because I believe he does know it, is that the best use of the professional is in that field in which he is the most highly skilled and all along in the dental program that was developed by the NDP, it was a complete recognition that the role of the dentist in his most expert field was to examine the patient, was to decide, diagnose the need, prescribe the need and in many cases to actually do it. So it is completely false to suggest that people in this House are not interested in dentists as creative professionals. Now it may be that there is some doubt as to whether or not they could administer a program. That is not the same as being creative professionals. That is a field in which no one can second guess their capability and no one tries. So it was false for him to suggest that that might be the case.

Mr. Chairman, further on in his speech he says and I quote, on page 2919, The reason for the review, he's talking about the review of the dental program, I think that some of the remarks of the Honourable Member for St. Johns are rather unpleasant implied criticisms of the integrity of that review commitee.

Mr. Chairman, I was concerned by that statement and I went back to read what I had said and it's a little boring reading your own speeches but I had a purpose now when this Minister attributed to me, unpleasant implied criticism of the integrity of that review committee, and I went back to read what I had said. So I read the whole thing, and on page 2880 I said, and I quote — well, I'm starting in the middle of a sentence — I asked him to clarify the validity of the program, because, Mr. Chairman, I'm quoting from Hansard, because, Mr. Chairman, I am not in any way, not in any way, challenging the committee itself. I don't know of whom it consists. I don't for a moment question their integrity. But I do question the extent to which they did a complete and proper evaluation of the two programs, and since it is not evident, I want to know.

Mr. Chairman, the Minister used the very word that I used. He used the word integrity. He said I had an unpleasant implied criticism and when I read what I said, I said, I don't for a moment question their integrity. Now you know this is a twisting of words for which this Minister has achieved some limited renown, but which makes it important that one check him up constantly because he has that ability in a broad way to distort, to misinterpret, and to make it sound glibly, the way he wishes to sound.

Mr. Chairman, I go on with his speech and he says, One can raise all the questions they want, and the Member for St. Johns has raised some old and some hairy and some hoary ones, about the meaning of the findings of the review committee and about whether we looked at a particular question or a particular aspect, or a particular problem or not, and I say to him the answer in all cases is yes, yes yes. It's a big help, Mr. Chairman, isn't it? He says yes, yes, yes. He goes on to say The committee is a committee of experts and a committee of committed

people who took their job seriously, have done it seriously, and don't need to be patronized by the Member for St. Johns by being told, well, there are certain questions, such as for example, if you get the dentist to work like the dickens for the first year just to build up high utilization and high accessibility rates, what about the contrived and artificial effort that represents, will they be able to keep it up in the future? Now he is rewording a question I asked but I did indeed ask a question with that general intent.

The committee considered that. I considered that because the Member for St. Johns dragged up again that deplorable letter that he dragged up last year, that was debated a year ago. Again, Mr. Chairman, the letter last year was brought to this House, not dragged by any way, but brought to this House and presented by the Member for St. Boniface; I had never seen it before. But the Minister in his affluent style proceeded to make another reference.

Mr. Chairman, the Minister said the committee considered it and the Minister said that he considered it but there is nothing in the report that I could see — and I admitted then and I admit now, that I gave it a rather cursory review because I didn't have it for that long — but there's nothing there to show that they considered it nor to show that he considered it, and I am not prepared to accept his statement that they considered it because he says they considered it, nor his statement that he considered it, unless he is able to develop some answers which I think are relevant. What are the questions I asked of him to which the answers were yes, yes, yes. These are the questions I want to pose and others which I didn't get an opportunity to ask.

I asked, considering the possibility that this committee had reviewed apples and oranges, that they are comparing a cost to government of carrying on this program, that that cost is known, but that the cost to the dentist of the program is not known. What they know is what they paid to the dentists but I don't think that these tables show what it cost the dentists to produce the program. Now I asked the question, I really don't know, but you can't give an answer and say the answer is yes when I asked whether they knew, whether they were comparing the cost of the dentists program to the Dental Association as moneys were paid by the government or the cost to the dentists who are doing the work, and there is a difference. I said, one way we know the cost of government but my question was do we know the costs of the dentist; his answer is yes, I therefore have to ask him, what is the cost to the dentists that were in the program, not what was the cost to the government to pay the dentists but what was the cost of the dentists, because I suggested the possibility of a subsidy by the Dental Association to the cost of the program. And the reason I did that is that the dentists are trying to prove that they can operate the program as cheaply and as effectively as the government scheme, or more cheaply, or more effectively.

So, Mr. Chairman, I asked, is it true that the program continued on the basis of a flat rated annual fee per patient as compared with fee for service or salaries. The Minister apparently says yes. And I say to him wasn't it for patient eligible rather than patient treated. According to the Minister, the answer is yes. And I said, can the Minister tell us what comparison has he got, which I didn't see in the charts, to indicate the number of attendances per treated child by the two forms of service. So the Minister says yes, yes, yes, when I asked him the number of attendances per treated child and the answer is yes, which means, Mr. Chairman, that he made no effort to consider my questions and to reply to my questions. That's the accusation I make, that when we ask a question, we are either entitled to a refusal to answer or we are entitled to an answer; and when we ask for specifics, I think we are entitled to specifics or a refusal to give the specifics, but not an indication that there were unfair remarks made and the answer is yes, yes, yes, and you're slighting the profession and you're slighting the program and all that. That is not the way one should reply to direct questions, because it's the Minister who filed the report, and I think we have a right in reviewing the report to find out what it really contained.

Mr. Chairman, let us remember that that letter which upset the Minister so much because it was read to him last year and again this year, was a letter which was apparently distributed by the president, the then president of the Dental Association, not signed, but giving a warning: Build up your utilization is the key phrase in that letter. And this Minister says about that, the deplorable letter. Well it certainly is cause to deplore because it is an indication of an effort by the leader, the president of the organization to instruct, inform, advise, and plead, with the membership of the organization on how they should make the results look good. And that I think gives us cause not to question their ability as professional dentists but to question the manner in which they reacted to the granting by this government of the substantial part of the program to the Dental Association, in order to make it look good.

Now, Mr. Chairman, the questions I asked were clear.

MR. CHAIRMAN: Five minutes.

MR. CHERNIACK: Mr. Chairman, I have read them out, they are clear, and I did not get a response. I asked whether the dentists were working on a fee for service basis paid by the Dental Association or did they contract out a contracted deal by the hour or by the day or the half day to the Dental Association. The only answer I got from the Minister is yes, yes. I don't know what that means. I said it was one or the other. He said, yes it was, one or the other. I guess that's his answer. I said who paid the dentists travel expenses. His answer is apparently yes, yes, yes. That's a new firm of people who paid the expenses, I guess. I said who paid the mileage fee of the dentists. His answer was yes. What about the nature of the attendances? The answer was yes. What did the MDA, the Dental Program do to carry on instructions in care of teeth? His answer was yes. I said there were many unanswered questions in the report and there will be more. Mr. Chairman, every question I asked was unanswered.

I have more questions, Mr. Chairman, I propose to ask them until you stop me and then on the next opportunity for me to speak, I'll ask them again. There aren't that many. I had already asked for comparison of numbers of attendances per treated

child, the nature of the attendances, the travel expense, the office expenses, what was the true cost of running that program, not the cost to government but the true cost to anybody for the delivery of that program. What fees were charged under the MDA program, how do they compare with a government fee schedule, how do they compare with a dental fee schedule, the Manitoba Dentist Association fee schedule? Did this Minister and the MDA expect the dentists to work for less than they would think that they are worth? Did they, in other words, pay less than the regular fee and if so, do they expect them to continue to work for less? What experience or lack of experience of the dental nurses in their first year or so of activity, what did that lack of experience contribute to their speed and effectiveness in their work?

To conclude, Mr. Chairman, I asked him when I spoke, for a review of Dr. Storey's letter, the letter containing the report, and the letter speaks of briefs and reports and we haven't had them, we didn't see them. He spoke of a clinical survey and I would like to know what funding there has been made, what time was allocated for that clinical survey which is such an essential part of that report as to make the report itself meaningless without a review of that. And there were meetings suggested in the letter and I would like to know what is happening at the meetings, and I'd like to know how does that final report differ from the interim report and what changes there were and why were the changes. I'd like to know what is happening to the dental nurse training program. I assume that's wiped out. I'd like to know how the continuing study, now ongoing, is going to affect the ability of the children's dental program to take over the complete service, because it is my suggestion to the Minister that he has killed the program to an extent where it would be an easy matter to transfer it completely to the Dental Association, but a very difficult matter to take it over by the government itself as was originally planned. And that's where I say the happy circumstances, that slip of a tongue, which I think it was the other day when he used it, is clearly an indication that he has no intention, no desire, to retain that program in the way it was where it was government operated, but he has every intention, and the desire was clearly expressed by him, in a happy way, to turn it over to the Dental Association.

So I'd like to know how he proposes to be objective in view of his admitted bias, in looking at this report which is just an interim report, and in looking at the whole report if, as and when he is prepared to fund it, to finance it and then to receive it, and that's the report as to the effectiveness of the services of the two, may I say, competing programs.

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

MR. BILLIE URUSKI: Thank you, Mr. Chairman. As the debate on the portion of the estimates dealing with the nursing home construction lasted into the late hours of the night, Mr. Chairman, and I did come in and ask a few questions at the end of that debate, I did not want to pursue the question of the government's policy with respect to nursing home construction and specifically as it pertains to the Interlake region, and specifically to the central and northern portion of the Interlake.

Mr. Chairman, the comments that I wish to raise are in the context of the government's moves in the last two years with respect to initially freezing the construction of the nursing home program that was originally agreed to between the Health Services Commission and the Interlake District Health Board, which comprises of the rural municipalities of Coldwell, Eriksdale, Siglunes and the Local Government District of Grahamdale.

Mr. Chairman, I know the Minister has heard me make this speech before, but certainly the events in the last six weeks have somewhat altered the course of action that the government had originally proposed, in terms of nursing home construction in the Interlake. Initially when they froze the initial program of not proceeding with the construction of nursing homes juxtaposed to hospitals at Eriksdale and Ashern and then holding back any construction for in excess of a year and then indicating to the District Health Board that the government was only prepared to proceed with one nursing home in the year of 1978 — I think that was the original plan of action — and that the local board should make up its mind as to which community should be proceeded with first, or initially.

The community, and if my memory serves me correct, this announcement was made in February of 1978, and by March of that year the District Health Board made a decision, virtually a unanimous decision — when I say virtually, one member voted against the majority decision of the board — to proceed with the original decision of the District Health Board, to do what? First, to try and pressure the government to agree to the original program of the two nursing homes in Ashern and Eriksdale, the health clinic in the community of Lundar and the clinic up in Gypsumville in the northern part of the district. Failing that, the district board, in that resolution at that meeting, made a decision to recommend to the government that if only one nursing home was to be built at this time, that they wished to proceed with the nursing home at the community of Eriksdale and that recommendation was sent to the government.

And what happened, Mr. Chairman? Well, absolutely nothing happened. We had assurances from the Minister of Health to myself in this Chamber as late as the latter part of June, during the dying days of the session, when I questioned him about the timing of the announcement of the construction of the homes and the wishes of the District Health Board, and the Minister assured me that the — if I recall his words correctly — that the decision would be imminent. Those are his words in 1978. Well, imminent, I guess in the mind and the words of the Minister of Health means, well, maybe a year, maybe two, maybe never, if we can get away with it and that's exactly what they attempted to do. Imminent? I'm sorry. I mispronounced the word, Mr. Chairman.

Then lo and behold, a petition was begun in the community of Ashern indicating that the decision of the District Health Board did not represent the views of the people of the municipality of Siglunes and that Eriksdale should not be considered as the first priority of the board, that Ashern should go ahead first, if there was going to be any home built at all in

the area. A very neat diversion, Mr. Chairman, to promote some discontent in the community. Rather than having the community stick together, as they have done over the years, there was, I presume, a seed planted in the minds of some members in the communities, and commitment was made that if the District Health Board's plans were scuttled, Ashern home would go ahead and of course the government's initial plans of the community of Lundar would go ahead as well.

So that petition was started, the Minister then pulled back everything that he had originally announced and in November of 1978 he made a new announcement, a new proposal to the board saying, now, this is the government's decision: We propose that if the board accepts this government's proposal, we want to build a nursing home and a health clinic in the community of Lundar, a community where there is no hospital, Mr. Chairman, a longstanding policy which the Minister at least indicated to members on this side, that he was no longer following; that it's a matter, not for his government, that they would follow a policy that would provide a service, efficiency and cost savings to the people of Manitoba; If they followed the policy of building nursing homes juxtaposed to hospitals, in any event he was prepared to deviate from that longstanding policy. So he recommended a nursing home in a community with no hospital and a nursing home in the community of Ashern.

The board, Mr. Chairman, after receiving that recommendation, indicated that they were still sticking with their original proposal on which the District Health Board was formed, and there was correspondence and statements made to the government asking the government if they were prepared to live by the democratic wishes of the District Health Board, which represented the majority of the citizens of that area. Replies came from the Minister indicating that, yes, he was prepared to allow the democratic views of the board to carry forward but, Mr. Chairman, nothing happened. The government's position still stood, that unless they accepted the government's offer, it appeared that nothing would happen. So for several months, from November of 1979 until early this year in 1980, the board stood firm on its decision and the government did not want to change its mind as to its proposal of constructing a home in Lundar and in Ashern, and Eriksdale would be left aside.

Mr. Chairman, the people of that area, through their board representatives, stood firm. The government tried to dissuade them and tempt them to change their original position, by doing what? The Minister apparently made telephone calls to board members in the early part of 1980, asking the board members and advising them that if they accepted the latest government proposal, that they would provide, not only 20 beds in the community of Eriksdale, but they would even go further, they would provide 20 more beds in the northern part of the area.

So, Mr. Chairman, from a position of having originally determined through the Health Services Commission, in discussions and consultations with the district, they started out with a proposal of having 40 beds. Then all of a sudden, Mr. Chairman, we already have a proposal of having 80 nursing home beds in that area. That's what the latest government proposal was, a proposal, Mr. Chairman, I suggest to you, of a very desperate government and a desperate Minister. Why was that move made by the Minister of Health, Mr. Chairman, in terms of making those phone calls, and what one can only consider being, I would say, kind to the Minister? One could even go as far as to say that he was trying to bribe members of the board in the Lakeshore district health area, by offering them those kinds of promises without any backing behind him — and I don't believe that the Minister is prepared to back up that commitment of putting 80 beds into an area that there has been no study, Mr. Chairman, to determine whether an additional 40 beds is needed.

Certainly, Mr. Chairman, I'll be the last to argue, the last member on this side, that there is no need for additional beds in the province of Manitoba, and I want to leave that impression. There is grave need for nursing home beds in the province of Manitoba. We have acute care beds in the province of Manitoba which are filled with patients who should be in nursing homes. But, Mr. Chairman, what we have seen by the Minister's health move in terms of what can only be — and I've said it before — political pork-barrelling, because the community of Lundar happens to be in the constituency of the Minister of Government Services. That is the only reason that the government has allowed the decision to overrule the decision of the District Health Board and overrule the recommendation of the Health Services Commission and say, we are the masters and we are prepared to make our decisions stand. Well at least, Mr. Chairman, they should have had the intestinal fortitude to get up initially and say, we're not allowing this because of our political beliefs, because we want a home in the constituency of one of our colleagues and we are proceeding in this way. Not on any wishy-washy ill-conceived form that Lundar is some growth centre as compared to Eriksdale when the communities, in terms of size, are virtually the same; some other wishy-washy statements that there is need for growth in that community; what a bunch of hogwash, Mr. Chairman.

This Minister of Health has PRed himself into oblivion with respect to the situation of nursing homes in the Interlake. This Minister has had some credibility in the eyes of some of the people, Mr. Chairman, but when he stooped so low as to try and bribe those people to agree to the government's proposal of last November by offering them an additional 40 beds in the area, he lost complete credibility in the eyes of the people of the Interlake, Mr. Chairman. Now, Mr. Chairman, it got to the point that the board members were so frustrated and didn't know what to do, that they finally, finally, Mr. Chairman, in a meeting this spring, the Health Services Commission came up with a compromise to the government's latest offer and they said, if you will allow the two nursing homes that were originally planned for Eriksdale and Lundar and the two nursing homes in Eriksdale and Ashern juxtaposed to the existing hospitals and the health clinics in Lundar and in Gypsumville, we will accept the proposal and concur that we will go ahead with a free standing nursing home in the community of Lundar.

That decision was made on behalf of the board after months and months of frustration, months and

months of being, what one can only call a trampling, to say the least, on the wishes of the board, a complete denial of the position taken by the duly appointed members of the District Health Board, which had consulted and worked for many years in the development of this program with the government and the Health Services Commission, only to be pushed aside by the whims of the Minister of Health and his colleague, the Minister responsible for Government Services. So the board finally said look, you want a nursing home in Lundar, we will agree to it.

Mr. Chairman, have there been studies done in terms of the need in that region? I'll be the last to say that, and I repeat it again to the Minister, that Manitobans require additional nursing home beds. If it can be determined, Mr. Chairman, that the need is there, Mr. Chairman, I want to go on record that I fully support a home in that community.

But, Mr. Chairman, there are more factors that have to be looked at in this area. When one builds a free-standing nursing home without being juxtaposed to a hospital there are inherent in that construction addtional costs that have to be borne by the province of Manitoba, I presume, in terms of the per diem costs. Mr. Chairman, the additional costs, I am advised that in today's dollars are approximately 2,000 per bed, so that there will be in the cost of the nursing home that is being proposed in the community with no hospital, an additional operating cost of between 40 and 50 thousand annually in perpetuity at today's dollars, Mr. Chairman. Talk about an efficient government, talk about a government that has been trying to save the taxpayers of Manitoba money. They are prepared to say yes, we will agree to those additional costs because it agrees with our political acumen in terms of satisfying my colleague, the Minister of Government Services, for no other reason at all, Mr. Chairman, for no other reason at all.

Additionally, Mr. Chairman, I believe a very grave precident has been set in the province of Manitoba. If they proceed along the lines that they have recommended in terms of allowing a free-standing nursing home in a community with no hospital, I would venture to say that any community of the size of Lundar that has no hospital, in the province of Manitoba, can now come to the government of Manitoba and say if you are prepared to build a free-standing nursing home in Lundar why are you not prepared to build one in our community? And I defy the Minister of Health to make a rational case for being able to defend the position of the government, first of all by not providing an efficient operating unit, by moving away from long-standing advice and practice on the basis of political expedience, and that is the only reason that the government has moved in this respect. I have not heard the Minister justify or tell us, tell me, tell the community, tell the people of the western part of the Interlake that their decision was anything but political expediency in terms of being able to fall into line based on the wishes of the Minister Responsible for Government Services.

Mr. Chairman, the government, I believe, has set a dangerous precedent. They will be now faced with requests and rightly so, by communities that haven't got hospitals and the additional costs are there. I believe the Minister will not be able to refute those additional costs because I think they are long-standing in terms of health services calculations; that the operations will be less efficient of the new home. They will be more costly and, Mr. Chairman, the services will be poor. What will happen is that most of the people that will require a nursing home will have to be transported by ambulance to the nearest hospital, which happens to be 14 to 15 miles away from the neighbouring community. The services of laundering and nursing and medical care, which could have been co-ordinated with the existing hospital, will no longer be available. These are the factors, Mr. Chairman, that I believe the Minister has blatantly overlooked and he has bent to the political pressures of the Member for Lakeside, the Minister of Government Services, and that is the way that health policy is being set in the province of Manitoba.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MRS. WESTBURY: Thank you, Mr. Chairperson, wishing to speak to the Minister's Salary I would like to ask at the beginning when we can expect the appointment of a Deputy Minister in this department. This is the third time I've asked this and one gets replied to with jeers in the government benches, Mr. Chairperson. The only reason I have for asking this is that there is concern in the department. The moral of the department is not good and they are concerned about why a Deputy Minister has not been appointed, when the last time I asked it, on the 19th of March, I was told that it's because the office is being painted, and therefore that's why he wouldn't move into it. We've had quite a lot of time now, six weeks, and I would hope the office is finished being painted and whether he's moved into it without the appointment or not, I'd be interested in hearing about that, but specifically when we can expect an announcement of an appointment in this important department with a Minister who is being stretched so far over the responsibilities that he has, and I think it's absolutely absurd that in this really vital department there has not been an appointment of a Deputy Minister.

I want to make very brief reference to the dental nurses program, Mr. Chairperson, because while I'm not too informed about what's been happening in this province on the dental nurses program, when this was first initiated I had some pleasure in hearing and reading about it because it sounded very much like a program that has been continued in New Zealand for 30 or 40 years, and it was almost an identical program. I would be interested to know if the Minister has made any enquiries as to the New Zealand program or programs in any other countries, because to the best of my knowlege this has been successful there for 30 or 40 years, and it is something the people of New Zealand appreciate very much, and it was always possible to have the children's teeth examined and some treatments given in the school rooms and this was a little less frightening for the younger children.

I asked a number of questions earlier in the Session in the past few weeks on the effects of fluorescent lighting on milk in pouches, and was

properly told that this is the responsibiity of the Minister of Agriculture. And the Minister of Agriculture gave me a sort of answer, which in the end boiled down to 'Let them eat cake' I guess. If people are worried about the deterioration of milk under fluorescent lamps, when it's packed in pouches, why don't they look at the other ways in which they can purchase milk, meaning in cartons, I presume, and I found this very unsatisfactory and very uncaring. I can understand the Minister of Agriculture, his concern is agriculture and his responsibility is to the producers of this province. I feel that milk inspection should be under the control of the Health Department. A number of years ago, four city of Winnipeg health inspectors who had been doing milk inspections for almost the whole province, at the cost of the Winnipeg taxpayer, and some of the New Democratic Party members will remember this; the four milk inspectors were transferred over to the province from the city of Winnipeg, for the simple reason that the city taxpayer was paying their salaries and they were actually doing inspections for the whole province.

Now what I'm concerned about is this, I can't get a simple answer on the quality of milk and deterioration of milk from the Minister of Agriculture and I believe that milk inspections should continue to be, perhaps for that reason, under the Health Department. We should be able to get reasonable answers to our questions on the subject of deterioration of milk and the content of milk in the various types of containers in which it comes when we ask for it, without frivolous and flippant answers such as milk comes from cows. Actually my grandfather was a dairy farmer and I wonder when the Minister of Agriculture last milked a cow. — (Interjection)— Is he here? Okay, well you'd think he could have answered my questions a little better then. At least if he had concern for this particular matter and for the health of our urban families.

Mr. Chairperson, I want to ask a few questions on the alcoholism section of the estimates. I understand that in the Winnipeg region there has been a complete change of programs with reference to supervision, location and treatment, addition and deletion of programs. At 124 Nassau, which is in my constituency, formerly used for assessment services, court services, main office facility, administrative offices, now houses regional administration, assistant regional administration, but most of the offices are empty and what is the reason for this? Is there a move under way to get rid of this facility? Secondly, councillors at River House have been moved and now occupy former treatment rooms in other facilities and the effect of this is a reduction in direct treatment rooms. How many treatment beds are expected to be lost by these transfers of program — deletions — and why?

Now the top floor of River House was formerly utilized for councillor offices and now it's being used as space for the Women's River Avenue Day Treatment Centre. How many day patients do they treat, how many councillors are allocated to the program and why was the statement that the original purpose of River House was not working out? It was my understanding this was an extremely successful program, Mr. Chairperson.

Fourth question on this subject, was this Women's Centre set up to handle overflow from the outpatients centre at Christie Centre, also in my constituency, what types of programs do they handle, and is Christie Centre so full, so packed, that the new day centre was necessary at 588 River or otherwise why was it found necessary to segregate the sexes in this matter of day programs?

I am concerned, and I hope that my previous statements have indicated this, with the fact that Manitoba is not concentating enough on prevention, particularly with regard to the elderly — with the new-born hopefully the Task Force Recommendations will help that situation with the new-born — but with the elderly we are just not putting our money into prevention, we are putting it into treating curable ailments and into bricks and mortar, as has been stated. Statisticians tell us that Canada spends the second highest amount in the world, per capita, on health, but it stands 17th to 19th in the world in the occurrence of curable ailments and diseases. We spend so much on long-term institutional care because we don't spend enough on prevention. We're not getting value for our dollars because we're not preventing preventable ailments, so we have to pay for long-term care.

Finally I want to spend some time talking about block funding. The Minister, in a press release dated November 9th, said that under the 1977 block funding arrangement to cover federal health contributions, provincial governments in the long term will have to provide more funds to the system than will the federal government. Ottawa contributes a fixed block of funds to each province, plus a grant of 20 per capita and an excalator index to cover inflation. The 1977 arrangements, he said, do not provide for several costly programs that must be borne by Manitoba, and he concludes, the simplistic accusations conveniently obscure the fact that a province's total health care system consists of much more than simply insured hospital and medical services. Well, nobody is going to quarrel with that statement. The point is, however, that there was an agreement made with Ottawa and the provincial government has not lived up to its part of that agreement.

An editorial in the Tribune in January — the Tribune, of course, being a well-known Conservative supporter — criticizes the Minister for criticizing federal Liberals for implying that the Manitoba government has been diverting federal health money to other uses. She wasn't implying it, she was saying it. On the other hand, he agreed that 50 million to 60 million in federal health grants was not being spent on hospitals and doctors' fees, the two purposes for which the funds were contemplated in the original agreement which provided for the grants. Our Minister, the Member for Fort Garry, is quoted as saying that the grant system was amended in 1977 to provide block grants and under the block grant system, the provinces are no longer bound to spend the money on hospitals and fees. He went on to say that it went into a common fund and some may have been spent on highways. The Tribune has quoted the Minister as saying that.

The provincial government, the Tribune goes on, should recognize the intent of the federal health grant which is plainly and simply that the money be

spent on health care, not on highways. By not spending the money on health care, the province at best leaves itself open to charges such as are being levelled by Mr. Desjardin, undoubtedly in an attempt to make political hay during the — oh, excuse me, that wasn't what I wanted to say. At worst the province could drift into spending more and more of the funds on projects which have nothing to do with health care. The provincial government, they conclude, should honour the intent of the federal health grant and have spent some time on trying to explain and understand what the Minister has been saying in response to the accusations that have been made by the Liberty Party both in Ottawa and in Manitoba.

The fact is that the Government of Manitoba was diverting funds given by the Government of Canada for health care, diverting them away from health care. In 1978-79, Manitoba was not even spending on health the increase it got from Canada for health. The Government of Canada in that year increased its contributions by nearly 32 million. The total health spending in Manitoba went up by only 20.2 million. The provincial contributions to health in that year went down by 11.6 million. In other words, in 1978-79, Manitoba took 11.6 million given by the federal government for health, and diverted it away from the health care system. For 1977-78 and later, 1979-80, the provincial contributions increased, but increased by nowhere so much as the federal increases. The federal increase for 1977-78 was 44.5 million or 25.9 percent. The provincial increase was 1.7 million or .6 percent. The federal increase for 1979-80 was 32.9 million or 13.2 percent; provincial increase was 9.2 million or 3.4 percent. The provincial dollars — except for the size and nature of the federal increase — if it hadn't been for the federal increase would have been spent on health were now being spent elsewhere instead of being matched for health. It's a condition of all federal transfers for hospitals that there be reasonable access to hospitals. It is the condition of all federal transfers for doctors that there be reasonable access to doctors and, what is reasonable access, depends on how much is being spent to ensure access. If the provinces spend nothing, there is no access; if the provinces spend unlimited amounts, there is unlimited access. Reasonable access depends on reasonable provincial expenditure and provincial diversion of federal funds, the Liberal Party's position is, is unreasonable, Mr. Chairperson.

The diversion of funds is a diversion from the total health system. The old cost-sharing system was basically a sharing of acute care costs, but not chronic care costs; of treatment costs, but not prevention costs; of institutional health costs, but not community health costs. This system caused an over-emphasis on treatment and an under-emphasis on prevention; an over-emphasis on institutional care and an under-emphasis on ambulatory care. The cost-sharing of chronic care as well as acute care, and of prevention as well as treatment, and of community care as well as institutional care would have resulted in too great a drain on the Federal Treasury was the federal position. Block funding was intended to allow provinces to shift their health funding from acute care to chronic care and maybe other changes that I've suggested without the provinces being penalized by losing cost-share dollars. Cost-sharing was abandoned because it prevented that shifting, but what was meant to have happened, has not happened. With block funding, the provincial restriction and acute care spending is not being matched by a corresponding increase in chronic care prevention and community care spending. Instead, there has been funding diversion out of the health care system and there have been hospital staff shortages and hospital bed shortages. This is a lessening of access, which our position is, is unreasonable.

Federal Liberals have made statements to the effect that if a province did not want to match the total federal transfer increase, then Ottawa could just reduce its transfer by that amount. But they want to make it clear that if a province does not want to match, it would not be free to keep to the federal funds. Cost-sharing has been criticized for its inflexibility and for the distortion it gives to provincial priorities under the previous system. If a province does not join a cost-sharing scheme, its residents are nonetheless taxed for the costs to the rest of Canada shared by the provinces that do join in the scheme. Constitutional reform proposals by the Canadian Bar Association and the Liberal Party of Quebec have suggested the provinces who do not want to take part in cost-sharing programs should be able to opt out with compensation, the compensation being the money they would have received if they had participated. The Liberal Party of Manitoba does not agree with these proposals.

When the provinces have tried to justify their failure to match by pointing out that statements were made at the time of the shift block funding to the effect that there would be no legal obligation to match, but it was the public expectation that the province would have a moral obligation to match equally the grant from the federal government. The Government of Canada did not feel that it had to force the provinces to do so because they trusted the provincial governments. The shift to block funding was not arranged so that the Government of Canada would pay for all of the increase in provincial health expenditures. It was to give the provinces flexibility in their health programs and in the programs that would be matched. The Liberal Party claims that the provincial failure to match is improper; it is illegal. We've seen a lessening of access to our acute care services; we've seen increases in federal financing not matched in acute care services or in the total health care system. That lessening of access is unreasonable and the law requires reasonable access to doctors and hospitals.

One justification for the diversion and the failure to match that we have heard is that, with the present total dollar level in Manitoba, Manitoba compares favourably in terms of its health care delivery with every other jurisdiction in North America. That comparison is unreasonable and it really begs the question, Mr. Chairman. In the United States there is neither Hospitalization nor Medicare, and many other Canadian jurisdictions are equally as guilty as Manitoba in diverting the block funding and the failure to match. The funding diversion, the failure to match federal grants, should not be tolerated by the people of Manitoba. When the Government of Canada gives money to Manitoba for health, if

Manitoba feels there is no need to spend that money on health, Manitoba should return the money to the Government of Canada. When the Government of Canada gives money to Manitoba for health and Manitoba does not want to match, then again, it should the return the money to the Government of Canada. Manitoba should not expect the Government of Canada to finance the loan increases in health expenditure in the Manitoba system.

Concluding, I want to say that the shift from cost-sharing to block funding was a fine effort to achieve federal-provincial flexibility that has failed; the effort has failed. The shift to block funding was not a bad one at its conception. Even the opponents — the shift to block funding — did not anticipate that the provinces would divert and fail to match. The opposition originally to block funding, as I understand, it was originally based on the federal capping of its contributions that was part and parcel of the shift to block funding. The aim of block funding was a worthwhile one. Personally, I believe that with some modification it can still be achieved, but in the end maintenance of our health care system must have a higher priority than giving the provinces freedom to dismantle established health care systems. If this province continues to fail in its moral obligation to match the federal funds, then, I'm afraid the federal government will feel that it has a moral obligation to return to cost-sharing. I think all of us would feel that was unfortunate, Mr. Chairperson.

There is an attempt here by the Minister of Highways and Minister of Natural Resources to turn the conversation, the discussion, back to a railway relocation. There seems to be a tendency on the government benches, when people are saying things they don't want to hear, to try to divert the attention on to —(Interjection)— that's fine. The Minister for Highways, I guess it was, he's pretty good at heckling. He seems to think the way to get ahead in that government is to emulate the First Minister, and God help us if we have two of those. The attempt to change the subject and to talk about railway relocation reveals the fact that this government is afraid to talk about block funding, Mr. Chairperson, and the diversion of health care funds from the people of Manitoba to the highways of Manitoba or whatever else they are spending the money on when it goes to general revenue.

MR. CHAIRMAN: Five minutes.

MR. WESTBURY: Five minutes. I have finished what I have to say, thank you, Mr. Chairperson.

MR. CHAIRMAN: The Honourable Minister.

MR.SHERMAN: Mr. Chairman, the Honourable Member for Fort Rouge raises the issue the block funding as opposed to cost-sharing, and I'm not going to redebate that issue at this point in time. The Member for Fort Rouge has recycled a number of distortions that the Liberal Party of Canada and the Liberal Party of Manitoba have put on the record frequently and which completely ignore the rationale and the rationale is plural for the block funding concept. I have stated our government's position many times on block funding, and I reject the accusation or the suggestion that we have not been prepared to talk about it. It has been debated both inside and outside this Chamber on frequent occasions and I am prepared to debate the honourable member on any platform anywhere on that subject anytime.

I'm not going to debate it tonight again in the estimates' consideration for this department, but let me just correct another false impression left on the record by the Liberals in the person of the Liberal Member for Fort Rouge who has just spoken. She refers to an editorial in the Tribune that criticized the position that I took, which was a position articulating our government's position on health care funding. Mr. Chairman, to my knowledge, the Tribune has never taken an editorial stand contrary to the position that this government has taken on health care funding vis-a-vis the block funding versus cost-sharing debate. That doesn't say they won't do, but to my knowledge up to this point they have not done so. The article to which she refers was not an editorial, it was a column by Frances Russell. Miss Russell is entitled to her opinion, but when the Honourable Member for Fort Rouge talks about the Tribune being a recognized supporter of the Conservative Party, that is utterly ludicrous in this context, Mr. Chairman, when she refers to Miss Frances Russell's columns, because there's no more person in this House more partisan than Miss Russell.

MR. CHAIRMAN: Order please, order please. The Honourable Member for Fort Rouge with a point of order.

MRS. WESTBURY: Thank you, Mr. Chairperson. I do have somewhere in my possession Miss Russell's column. I was not reading from that however. It is a Tribune editorial, unsigned, from the editorial page, January 23rd. If the Minister would like a copy I'll be glad to have it, but that is the editorial article from which I was reading. It was not Frances Russell's column.

MR. SHERMAN: Precisely, Mr. Chairman, and that particular item was based on a Frances Russell column. For all I know it may have been written by Miss Russell. Whether it was or was not, it was based on a Frances Russell column. The verbiage was precisely the same. The perspective and the arguments and the terminology was precisely the same, and I say that was a Frances Russell column and Miss Russell is entitled to her opinions, but don't talk to us about the Conservative support that emanates by decree or by tradition from the Winnipeg Tribune. I think the Winnipeg Tribune is an independent newspaper, and its columnists, like the columnists of any newspaper, express their own personal opinions separate from the fundamental and the basic editorial positions of the newspaper in question. I respect Miss Russell's intelligence and her writings, but if we want to get into the area of partisanship, Miss Russell is as partisan as I am; and she's not partisan in favour of the Conservative Party and she's not partisan in favour of the New Democratic Party and she's not partisan in favour of the Social Credit Party. That leaves one major party and I leave it to your imagination or judgement, Mr.

Chairman, to identify it. So I would like to correct that false impression.

The Member for Fort Rouge says that federal Liberals have said various things about EPF and about diversion of health care funds and the record of this government and other provincial governments in health care spending. Well, it's true, Mr. Chairman. Federal Liberals have made a lot of brave statements about what they were going to do if they were re-elected in Ottawa, and they made a lot of those brave statements to influence opinion and to distort the facts in two federal election compaigns in the space of some ten or eleven months. It's interesting to note, Sir, that neither the Honourable Mademoiselle Begin or the Honourable Lloyd Axworthy are making those brave statements now. They had no compunction about going out on the hustings and distorting the facts and telling the electorate that they would go back to cost-sharing, that they would junk the block funding scheme because of this diversion of funds.

They're not making those statements now, Mr. Chairman, and why, why are they not making them now? Because they know they can't make them stick any more than they can make their position on rail relocation stick. They were just contrivances to try to win two elections, one of which they won. It was one of the worst examples of political cynicism that any of us, I think, New Democrats or Conservatives have seen in our political lifetimes, the distortion of that position, the positions taken by people like Miss Begin and Mr. Axworthy on that issue now that they're in office. Where have all those brave statements gone? Miss Begin in fact has come out and practically reversed herself. The reason is, Mr. Chairman, because they know that they can't make it stick because their leader, the Prime Minister, was an architect, a prime architect of the block funding scheme. So let's dispense with that tripe and that nonsense and that recycling of those distortions. They can't make it stick because it won't stick, because in the first place it is not factual, and in the second place their own leader conceived, designed the plan, put it into the hands of the provinces and said, there you are, this gives you flexibility and autonomy in making your own health care decisions. And if either Miss Begin or Mr. Axworthy think they can turn that one back, Mr. Chairman, I suggest to you there will be a blue moon in the sky before we see it, just as there will be a blue moon in the sky before we see Mr. Axworthy bail himself out of the corner that he's put everybody in, including Winnipeg City Council, on the foolishness that he's engaged in on rail relocation. So much for Liberal campaign tactics, Mr. Chairman.

MR. CHAIRMAN: Order please. I would hope the Honourable Minister, by making a comparison would be acceptable, but to speak on rail relocation under the Department of Health, I think would be out of order.

The Honourable Minister.

MR. SHERMAN: You're quite right, Mr. Chairman, quite right. Now the Member for Fort Rouge, Mr. Chairman, raised some questions about the Alcoholism Foundation, and I want to deal with them; 124 Nassau Street was one. In addition to the regional administrator at 124 Nassau there is a total of five other AFM staff members presently working out of that location. The building is also being used for group therapy sessions. Its future disposition will depend on how the treatment program is developed and we expect that the building will be fully occupied by the fall of 1980.

River House and the councillor issue raised with respect to that facility, I can tell the honourable member that the movement of the councillors' offices from River House was part of the AFMs and the government's overall objective to produce an integrated and yet separate treatment program delivery system within each of our three residential treatment houses. This change enables our councillors to be more accessible to clients and their needs on an interchange basis. The number of councillors in the building and the traffic from the mail clients was a disruptive influence to the women's treatment program, and that was the reason for the change. A total of two treatment beds were lost, one in Nassau House and one in Stradbrook House as a result of these changes, but it has not affected our ability to accommodate clients.

The River House Women's Centre now has complete occupancy on the third floor by councillors and group rooms. The centre will accommodate 15 clients in residential treatment as well as fifteen who attend the day program. One councillor has been appointed to the day program and this program was developed, Mr. Chairman, for women who cannot or need not stay in residence at the house, and it provides for their specific needs. We believe it's a major initiative in the campaign against alcoholism at all levels of society.

The River House Women's Centre was not set up to handle overflow from Christie Centre. The day program at River House was implemented to provide additional treatment programs for women. As a result of the new non-residential treatment programs at Christie Centre and River House we have increased our client capacity from 45 residents to 90, and that is in spite of the reduction of the two beds.

The question of prevention, Mr. Chairman, is certainly a valid one, but one initiative that has been mounted to operate with that objective precisely in mind, is the community mobilization project, which I think I described in my earlier remarks on the AFM. It's specifically designed to identify treatment and prevention needs, to identify resources that can assist the foundation in meeting those needs and to establish a clear plan with specific objectives so that we can feel more confident that the foundation will meet those needs. It's also designed to recognize and work with other agencies which operate throughout the province of Manitoba in this identification and prevention process.

The member asked me about the Deputy Minister's position and when a Deputy Minister will be appointed. I think I dealt with that, Mr. Chairman. A Deputy Minister will be appointed when the government determines a Deputy Minister shall and should be appointed. We have an extremely efficient and capable Acting Deputy Minister in the department at this time. The honourable member knows we went through a department division in Novemeber as between Health and Community

Services. Not all the pieces of that restructuring have been put in final place yet and won't be until the conclusion of this session of the Legislature, and doubtless a decision with respect to a Deputy Minister will be made at that point in time.

The Member for St. George raised a number of questions that were really essentially one criticism of the government's decisions on the Lakeshore District health system, and that issue I don't know what I can add to what I have said in the past on that subject, Mr. Chairman. Obviously the Member for St. George, and I regret that he is not in this Chamber at the moment, but obviously the Member for St. George is not very happy with the capital program announced by this government for the west side of the Interlake. I am sure the people in Lundar will be interested in that reaction. I recognize the particular position and particular process that he is legitimately trying to exploit. That's fair game as between an opposition and a government, but the fact is, Mr. Chairman, that he speaks from one specific perspective, that is, the perspective of his particular group of supporters.

And I don't necessarily mean party supporters, but his particular supporters in Eriksdale in particular, to some degree in some other parts of the district, but most particularly in Eriksdale, and his approach to the question is colored by their ambitions and by their perception and their understanding of the situation. I can assure him that the people of Lundar do not agree with his position, do not feel that they had a fair hearing, do not feel that their interests and ambitions were taken into account, and the program that we have announced does accommodate those legitimate ambitions from three communities in the western Interlake, Ashern, Eriksdale and Lundar, and also calls for a survey of needs in Grahamdale. Whether there will be recommendations resulting from that with respect to providing facilities in Grkahamdale in the future is an open question, Mr. Chairman, but we do intend to evaluate the question of whether such needs exist, but certainly those needs existed in Lundar. And Lundar was not happy with the earlier decisions that that community felt ignored its legitimate ambitions and its obvious growth. The Member for St. George raises the question of as to which is the growth centre, well Lundar is the growth centre, Mr. Chairman, there's no question that Lundar is the growth centre in that area. It's true they don't have a hospital, but they have the ambitions of any growing community and those ambitions are respected alongside the ambitions of Eriksdale and Ashern. Insofar as any break with past practice is concerned, where juxtaposed and free-standing personal care home policies are involved, so what, Mr. Chairman, did the previous government not break with past practices, not establish new initiatives and new approaches? It is the prerogative of any government, I suggest, to do that. We are not at all convinced that personal care homes need necessarily be juxtaposed. It may be that is the preferable way to go, certainly the project at Lundar will answer some of those questions as to whether free-standing personal care homes are justifiable within the spectrum. We don't know at this juncture, having not pursued that course up till this point in time.

The primary questions, Mr. Chairman, came from the Honourable Member for St. Johns. He asked specifically about the government's willingness to look at the question of the ownership of X-rays and my willingness to look at the MMA sub-committee recommendations, relative to the proposed referendum on a free-standing abortion clinic and Dr. Roulston's comments. I can assure him that we will do both. He asked me to table my budget comparisons for the past few years respecting health care spending by the present government and the past government. I can't do that, Mr. Chairman, because I have nothing to table.

All I have done is taken the estimates, and I have looked at the spending for particular categories of health care which range from hospitals and medical care to community health centres and medical public health and added the figures up which he, or any other member can do, from their own estimates books, which is all I did, and apply them against the total budget for the year, adjusted for the change in accounting to include capital and current, and looked at the comparisons from 1976-77, through 1979-80 and now 1980-81. My reference to 10 years was not a reference to a similar application over a 10-year period, my reference to the 10 years was simply in the context of assuring the Member for St. Boniface that any comparisons, any discussions of health care that I have engaged in, or any debates as to relative amounts of spending and what constitutes pure health or health, as against health and community services, have been situations in which at all times I have taken the same categories. I have looked at the same list of categories, in whatever years' estimates I was looking at; but I don't have anything to table other than the estimates books for the last 10 years. What I did do was work out the percentage of the health spending, relative to the total provincial budget for the last year of the previous government's administration, which was the budget we inherited in 1977-78, and noted that it was 31 percent, whereas ours in the year just ended was 32 percent.

Those statistics that I have offered have always been offered in the context of the EPF funding debate, which has been orchestrated by the Liberal critics to attempt to convey the impression that health care consists of hospitals and Medicare and perhaps some extended health benefits. Our argument has always been that we take credit for and we give the previous government credit, in any of our arguments on this subject, for looking at health care as a much broader spectrum of services than that, and so I took a range of categories which I can say are health care and which I would say under the NDP government were health care. I do not accept the Liberal argument or the attempt by the Liberals to convey the impression that EPF funding is limited to about three categories.

Now, the main questions raised by the Honourable Member for St. Johns had to do with the Children's Dental Health Program, the MDA Children's Program and the Review Committee under Dr. Storey, and their cost-efficiency report, Mr. Chairman. I must say that I do not accept the allegations by the Honourable Member for St. Johns that I have not answered questions directly; I refer him to the record, Mr. Chairman, of not only these estimates but the estimates I presented for my department for the last two preceeding years, plus questions that are put to me in question period; I refer him to the

record of the last two and a half years, when he makes that kind of unfair accusation that I have not answered questions. I would say to the contrary, I have probably answered them too fully.

Mr. Chairman, many of the questions he has raised on the Dental Program Review have been answered in earlier estimates' debates and in debates in the House specficially related to the direction in which the government is moving in Children's Dental Health and to the decision to establish a review committee. Many of those questions have been answered and many others have been answered in the review committee's report itself, which I made available to members opposite.

The member asks, for example, Mr. Chairman, as to whether the committee took into account dentists' costs in making a comparison with the Children's Dental Health Program. The answer is yes, Mr. Chairman, the review committee did take that into account, costs such as travel and equipment costs, just as those costs were taken into account with respect to measuring and evaluating the cost to the department program. That fact is stated, and the evidence of it is contained in the review, Mr. Chairman; the review that is in the hands of the members opposite, is the cost-efficiency report. That is precisely what it was designed to be and that's what it is. Now there certainly has been a recommendation by the chairman of the review committee, that a clinical survey would be held, and that is under consideration by my office and by myself. We have not made a decision with respect to the clinical survey, Mr. Chairman, but will be doing so very shortly.

The honourable member asked me about the dental nurse training program, whether it had been terminated or not. Mr. Chairman, he knows the dental nurse training program has been terminated, that we have not offered any bursaries or accepted any new students for Wascana since the class of 1979, which would have entered Wascana in the fall of 1977 and graduated in June of 1979.

He asked me about the cost per child of the MDA program, Mr. Chairman. The cost was 80 per treated child. That is what the dentists were paid, and they were paid by the Manitoba Dental Association which was funded by us. There was an accurate estimate as to the number of children that were potential recipients of the service and of the program in the school divisions, at the grade levels . . .

MR. CHAIRMAN: The Honourable Member has five minutes.

MR. SHERMAN: Thank you, Mr. Chairman . . . at the grade levels being served under the MDA program. An amount was budgeted to provide for that 80 per capita, per treated child, but that amount was paid to the MDA, which then made the payout to the individual dentist.

The other point, I think, was the question about whether the dentists were subsidizing the program or not. Mr. Chairman, that is a question that I think impinges upon the integrity of the review committee itself. The review committee has taken all those factors into account. When the member says I answered his questions yes, yes, yes, that was a rhetorical answer to his oft-repeated question as to whether the review committee considered this or did the government consider such and such, did we consider that the dentists might be doing this or might be doing that. It was a rhetorical answer to that series of rhetorical questions. I can assure him, and if he reads the review committee's report I think he can assure himself that the committee under Dr. Storey did anticipate the kinds of questions he has posed with respect to the aspects and components and possibilities in the MDA program that had to be measured, had to be identified and evaluated. They were scrupulous and objective in that task. I think they are to be commended for an extremely responsible and objective evaluation. I can assure him that the MDA felt at the outset that their own professionalism and that their own responsibility and that their own adherence to quality was being questioned by implication, as a result of the instructions and the terms of reference under which that review committee was assigned to operate.

So I hope that I can disabuse him of his doubts and anxieties insofar as the question of a totally objective and a comprehensive and a knowledgeable job is concerned. That kind of job was carried out by the review committee. I think they anticipated all the possibilities; they certainly anticipated the very questions the Member for St. Johns has raised, and I am satisfied he has in his hands and we have in our hands, a very capable and objective piece of work. I think serious consideration indeed has to be given to a possible further step in the form of the recommended clinical survey, and as I've said, Sir, that is being considered.

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

MR. CHERNIACK: Mr. Chairman, I'll just summarize very quickly my response. I said the Minister did not answer the questions. I was dealing with the questions I asked him; they were not rhetorical, they were questions I wanted to know the answer to; I did not get those answers, I got his rhetorical yes, yes, yes. I was correct in saying he did not reply to my questions. There's no doubt he's replied to many questions but he did not reply to my questions on the MDA program.

Now he has stated that it was done by the committee. I have read the report, as I've said, I've read it. It is a pretty technical looking document, with all sorts of classifications, but in the end I believe what they have is a complete, thorough breakdown of the cost to government of the government program. As far as I can see, what they have done, and now I read from page 5, where it says the cost of the MDA program is summarized in Table 7, and that's a summary, income from the province, expenditures which shows 500 and some thousand dollars paid to the dentists. It goes on to say, The data in the original table were consolidated into health regions from school divisions and cost-per-child computed, using the school census figures, September 30, 1978, this table does not assign the full cost per treated and eligible child to health regions because the in-school exam and administrative expenses cannot be meaningfully apportioned. However — this is the important quote — these figures represent the total costs to the

public purse, which is the point that I was making, Mr. Chairman.

And the point I was making is that I do believe that they were comparing the complete costs of the government program and they were relating that to the costs to the government of the financing of the MDA program. I do not believe that I have seen here, and I am still open for correction and for elaboration and clarification by someone who knows, who can point to a page or a section to say, here is where they took into account the total cost of the delivery of the MDA program to the dentists. And I'm not saying to the MDA, I'm saying to the dentists, because I believe in light of what I, myself have learned, in my own conversations, what I have seen in discussions, that there was a particular effort being made to make the MDA program look good. And I believe, and I am still subject to correction but I haven't seen it, that there was subsidy there; that the dentists, because of their desire to take over this entire program, made sure that their costs were kept minimal, which means that they subsidized the program. And if I'm right and if dentists were not being paid under this program what they think they ought to be getting as set out in their own fee schedule or what was negotiated, and it turned out to be a unilateral decision by government with the dentists for the children's program as run by the government, if they were not getting as much as they were going to be paid under the government program, then they were subsidizing them.

And the fear I have of this — should be something clearly understood by free enterprisers that the government pictures itself in supporting — that when you remove the competition and create a monopoly as will be done when the Minister's plan is being carried out, then that monopoly will control its own costs. I recognize that what the NDP program was was also a form of monopoly, just like the Minister's department is, in the operation of the health institutes, the mental health institutes in the province. But there it's a controlled expenditure. But when you start dealing with an independent group, which are paid on a fee-for-service or per diem or something like that, the control is lost and is put in the hands of that group. The MDA will run the program. The difference is, I believe, that they will take over the program and they will run up the costs and to me it makes sense that when they charge, they will be charging on their highly-skilled professional basis, which is a different basis than the one in the other plan.

The final point, Mr. Chairman, is that I think that everybody concerned, the dentists, the dental nurses, the Conservative Government, the Liberal Party to the extent that it has an opinion, the New Democratic Party, all want to see a program delivered and servicing the children of Manitoba for the improvement in their dental health. We all want to do it. We all want to do it as economically as can be done with tax dollars, but the most efficient way. And what I am saying is that I believe that with the dogmatic approach of the Conservative government, they would see to it that the information that they're hoping to get will be received; and that is the justification for the happy circumstance of transferring the program into the most expensive way possible. And I regret that.

However, Mr. Chairman, the most important thing is that the service be given to the children and I again would fault this Minister for not expanding the program. He's keeping it to the same limited areas and there are a number of children that are not being . . . half the province is not being serviced by the program, and I would like to see it serviced rather than this debate go on. For that reason, Mr. Chairman, may I say I'm through with this debate. You know, Mr. Chairman, my wife sometimes listens to this debate and if she's listening now she'll know that I'm putting my file together and I'm concluding my part of this debate and I'm going home. I hope she puts the kettle on.

MR. CHAIRMAN: The Honourable Member for Winnipeg Centre.

MR. J.R. (Bud) BOYCE: Well, Mr. Chairman, in sitting listening to the debate it gave me cause to thinking we'd been at this today for about some seven hours. I was looking at so long over in the corner and he's sitting there with his pencil poised and I don't intend to try your patience or anyone else's. In fact, somebody's trying to freeze me out. —(Interjection)— My ankles are really cold. I don't know if this a conspiracy or not. But it has been a very interesting debate. I always enjoy listening to the Minister of Health on either side of the House because he tries to do a good job of an impossible case. Of course, he gave us a manifestation just a few moments ago in dealing with the Member for Fort Rouge, who showed him that he was reading from an editorial. He just went right on with his words, words, words, to make the case.

He was wrong but he wouldn't admit he was wrong. He just makes the case with more words with his public relations talents, which we all respect. But he tries to makes the cases less as more. And in answer to a question from the Member for Fort Rouge he uses the words, produce and integrated ith separate program, da da da da da — words that mean absolutely nothing, Mr. Chairman. And of course, what I was thinking about, it was so long in the rest of it. You know, what comes out of the Chamber to draw people's attention is limited by the systems with which we have to deal.

In talking to one of the CBC representatives, they're faced with the boiling is seven hours down to a minute-and-a-half and it has to go through their minds what's said of importance during these seven hours and try and sum it up in a minute-and-a-half. And of course those are people that write for the papers, they're squeezed out by the amount of advertising space that is written.

But here, Mr. Chairman, we have been through a debate in which the government has once again demonstrated the fallaciousness of their argument, that No. 1, they're more efficient; No. 2, they can do things at less cost; and No. 3, that they can provide better programs in health services. It's regrettable that the systems that we have don't draw this to the attention of the public in Manitoba in a non-partisan way — surely in a non-partisan way — that the facts speak for themselves regardless of how suave the Minister can be in piling words together, to make a somewhat credible an incredible case. For example, Mr. Chairman, the Member for Transcona, during the

Minister's estimates, pointed out that the federal increase, the amounts recoverable from the federal government, went up from 1,090,000 to 1,325,000, which amounted to a 4,000 provincial increase for programs related to the Alcoholism Foundation of Manitoba.

But, Mr. Chairman, it's more subtle than that. It's more subtle than that because between last session and this session the Minister announced that they were closing the Acute Treatment Unit and the Chemical Withdrawal Unit at the Health Sciences Centre. Those programs, Mr. Chairman, were funded . . .

MR. CHAIRMAN: The Honourable Minister on a point of order.

MR. SHERMAN: Yes, Mr. Chairman, I'm sure the Honourable Member for Winnipeg Centre doesn't want to leave that on the record. There was never any suggestion that the Chemical Withdrawal Unit would be closed and he knows that. I think it was a slip of the tongue.

MR. CHAIRMAN: The Honourable Member for Winnipeg Centre.

MR. BOYCE: Mr. Chairman, the funding for these two programs at the Health Sciences Centre in the budget were funded to the tune of 300,000, and I'm advised that this money that was spent under that budget is no longer spent under that budget. And when the Minister announced the closure of the ATU, he said that this program was going to be picked up by the Alcoholism Foundation of Manitoba at their facilities on Nassau and River, and the rest of it.

The record, the Minister as he used the phrase a few moments ago, speaks for itself. So what do we have in this simple case, Mr. Chairman? The attempt of the Minister to prove less is more. Here we are, we're getting inflation rates of roughly 10 percent, 9 1/2 percent or something, so to stand still you have to increase budgetary items by 10 percent if you are going to provide the same level of program. And I for one, Mr. Chairman, don't think that things should be carried on in perpetuity. I don't think just because you start a program it should be necessarily continued. If it has proved effective then you should continue it; if there is something better, something cheaper, something more efficient or any other consideration. But nevertheless, this government has determined that their priorities are going to be of a certain nature and this is what the government should bear the responsibility for and the public should be made aware of what it is costing, in a final analysis, what it is costing.

The literature, Mr. Chairman, in the treatment of alcoholics is, if there's anything that permeates all of the literature, is that people are in too costly types of programs. They're in hospitals. They're in acute care. I was listening to the debate on 680 acute care beds were being occupied by geriatrics. Nobody has carried out an assessment of those people that are in these kind of beds because of alcohol-related problems. Because it's a type of problem that people are still to this day, they don't want to admit that any member of their family has it. So as a result, they're in there for many things, from falling hair to ingrown toenails, but they're still in acute care beds. One of the reasons that they're still in that kind of a program is because of the propensity of the medical profession to think that they can be all things to all people. We heard earlier in this debate, Mr. Chairman, that the chiropractors are having difficulty getting some kind of co-operation from the doctors. We have some people who are suggesting that the behaviour of the College of Physicians and Surgeons relative to a particular case was somewhat of a vendetta. I intend to debate that particular point further on a bill which has been presented to the House so I don't want to repeat myself.

But nevertheless, there is a reluctance of those people who have programs, the Dental Association, Mr. Chairman, they don't want to give away any of their custom to dental nurses. That's an understandable human reaction of any self-interested group, whether it's the Manitoba Dental Association, the Manitoba Medical Association, the electricians, the plumbers, the teachers, any group in our society. That's a natural, normal reaction. Governments, on the other hand, Mr. Chairman, are expected by the people, by all of us, to try and come up with the best system and to be able to withstand that kind of professional buffeting — and these groups are powerful within our community, the MMA, the Manitoba Teachers Society, the unions, they're all powerful groups within our society. But governments, to represent the people, have to be able to pull these people out of those systems and put them in parallel systems which are more economical and better than that, Mr. Chairman, they're more effective in that they are able to help people modify their behaviour so that they can exist with themselves and the rest of us. But if we keep continually locking them into the pill-type of a treatment, put them in a hospital, and let them rest up for a while and then go dump them back out into the stream without any attention to what's going to happen to them when they go back into that system. It's a very costly type of system. —(Interjection)— It takes one to know one, I guess.

But, Mr. Chairman, those are general comments. —(Interjection)— Well, there are some members of the House, Mr. Chairman, I'd like to dump out on the street, especially the ones who refuse to table their Hydro bills. —(Interjection)— Yes, I'm a politician. Do you want to stand up and debate something? Get over on your seat over there.

MR. CHAIRMAN: Order please. I would believe that we're nearing the end of the debate on this department and I would hope that the honourable members would all the other honourable members who are standing in their place debating, the courtesy of allowing them to speak.

The Honourable Member for Winnipeg Centre.

MR. BOYCE: I'll join the other member in our collective apologies to each other in the House, Mr. Chairman, I shouldn't . . . The hour is late and I guess the burr got under my saddle. We've known each other a long time and we jibe each other.

But anyway, Mr. Chairman, I am advised that in November of 1977, which wasn't too long after October of 1977, a program was scrapped with the Manitoba Vehicle Branch by the Alcoholism Foundation in dealing with people who had been

convicted of drunken driving. Between that time and now, Mr. Chairman, there was a change in the attitude of the courts relative to the drivers who were convicted as a result of impaired driving, and I am also advised that there is no formal program between the Alcoholism Foundation and the Motor Vehicle Branch at this time, and if that is not the case, I wish the Minister would advise us.

In response to the Member for Fort Rouge with reference to community mobilization, that is a beautiful-sounding word — the mobilization of the resources of communities, and I think in earlier consideration of the Minister's estimates, I had mentioned that Alcoholics Anonymous and other church groups and Service clubs and many other organizations in the community were of service in this area. But I wonder if the Minister from the Alcoholism Foundation has some terms of reference for this program. It seems rather nebulous from what I can understand, or not understand, as far as the program is concerned.

There is one other point I would like to put on the record relative to the Alcoholism Foundation per se, but before I do I would like to correct a statement I made the other evening. In referring to the Alcare resort in Ste. Rose, I had made comment on the information which had been provided to me to the effect that the proprietor of the Alcare resort centre, which is a private company, had initially intended that to be a nursing home and then found out that it needed elevators. I find out, Mr. Chairman, that the records will show that the individual came from Saskatchewan and purchased property in Ste. Rose to build a free-standing nursing home and was prevailed upon by the town of Ste. Rose, which had this facility to dispose of, and prevailed upon the proprietor to become involved.

It is regrettable in my judgement, Mr. Chairman, that the individual didn't solicit the opinion of people who may have been able to advise him because the capital investment that he made at the time, as I said at the time, put in a beautiful facility, that anybody who is in Ste. Rose, they should take a look at it. But nevertheless, the amortization of the capital for the type of program which can be proffered is rather doubtful. But nevertheless, Mr. Chairman, the records will also show that in 1975 the Minister of the day had asked Leon Mitchell to advise the Minister on the problems involved should the Crown wish to acquire the assets. And I think the Minister will find correspondence from Mr. Mitchell relative to that question, but the board of governors of the day recommended other than the acquisition of the property and I understand that is also the position of the current board. So the Minister of the day thought it would be imprudent to proceed along such a path without the recommendation of the board.

But, Mr. Chairman, during those remarks I said that the fact that the employees of the Alcoholism Foundation were not covered by a proper pension plan that was rectified by negotiations with the government and the Manitoba Government Employees Association in that the employees of the foundation are now eligible to participate in the government pension. I had assumed, Mr. Chairman, as a logical consequence that the employees of the Alcoholism Foundation would have become a bargaining unit within the Manitoba Government Employees Association or some other union such as CUPE or some other union. I am advised, Mr. Chairman, that attempts by people to discuss this as an approach to solving some of the staff problems, the morale which exists at the Alcoholism Foundation, has met with some managerial resistance, to say the least, and I am a little bit surprised at this. Because here we have some hundred, I don't know just exactly what the number of employees are at the present time, it's 150 or so, who enjoy the benefits of the negotiations carried out by the Manitoba Government Employees Association, and yet have no responsibility to that organization. That is my personal opinion, Mr. Chairman.

Because some of the questions which have been drawn to my attention regarding staff morale at the foundation are matters of negotiations between the employees themselves and their employer which, Mr. Chairman, is the board of governors on the approval of the Minister for all jobs other than clerical and office help. And between those, it's between the office and clerical help, it's between them and the board of governors. And it's with reference to that point, Mr. Chairman, that I would ask the Minister to advise the House the qualifications of a Mr. H. Thompson, who, I am advised, was brought in to work for the foundation and I would ask the Minister if he could provide us with a curriculum vitae for Mr. Thompson and also if the Minister approved his appointment as required by The Alcoholism Foundation Act.

I have a couple more questions, Mr. Chairman, perhaps the Minister would care to . . .

MR. CHAIRMAN: I think we're running into some problems with the tape; that's the only thing. I would ask if you would just bear with us for a couple of minutes and we will change the tape.

Thank you, it looks like we're ready to resume. The Honourable Member for Winnipeg Centre.

MR. BOYCE: I don't know if the Minister wants to respond to the questions that I asked him, Mr. Chairman.

MR. CHAIRMAN: The Honourable Minister.

MR. SHERMAN: I'm certainly prepared to attempt to respond to them, Mr. Chairman. I thought the honourable member said he had two or three more questions.

With respect to Mr. Herb Thompson, Mr. Chairman, Mr. Thompson was hired on the basis of his professional background, which is one of business management and proven and long-standing administrative ability. I don't have a curriculum vitae of Mr. Thompson with me but I'm sure it won't be difficult to supply one to the honourable member.

We have been reorganizing and restructuring the AFM and remobilizing our resources to wage a better campaign against alcoholism. That does not necessarily — and I think I made this point before — always require continual expansion of budgets. I have been told — and I think I made this point before — by many people in the alcohol field that they could produce as good results or better results for 3 million in the alcoholism fight than the AFM is producing for 4.8 million. I don't subscribe to that

suggestion. I think it's one of those declamatory and rhetorical kinds of charges that are made by many of us from time to time but the fact remains, Mr. Chairman, that there are people in the field, and the board and the administration of the AFM among them, who believe that the dollars that are available can be better spent than was the case in previous years under the previous government, and can be better spent than has been the case in the past couple of years while we've been going through this reorganization.

We intend to mobilize our available resources and our personnel to do a better job before we look at major expansions in the AFM budget and we have the concurrence of the board and the administration in that task. They want to make sure that they're getting at the problems. Part of that is included a clean-up and restructuring of management and administrative personnel and a reassignment and redeployment all done with a view to putting people in those areas for which they are best qualified and in which they would best like to serve. Mr. Thompson was recruited because we were concerned about the quality of management in the Winnipeg region. He was assigned, along with two other staff members, to handle the management by objectives exercise in the Winnipeg region. As an end result of that process, Mr. Chairman, the staff, the Winnipeg region themselves identified some 400 suggestions or areas for improvements to operations, supervision, programs and staff morale.

I agree there were some morale problems at the Alcoholism Foundation. There were also morale problems in the alcohol community as between the AFM and other alcohol agencies, not the least of them Alcoholics Anonymous, when we became government. One of the biggest jungles and tangles we faced — and I don't lay it at the doorstep of the previous Minister — was the alienation that had developed between the alcohol community in general and the AFM because of the structure and the approach of the administration, the management of the AFM of the day, which was a problem that I challenge that the previous Minister was wrestling with, too. It's taken us some time to negotiate those shoals and to have repaired that relationship and that rapport between the alcohol community and the AFM. The staff morale was certainly part of that problem and it has been addressed in this same exercise. The end justifies that management by objectives exercise in my view and in the government's view and in the board's view. I think the administration of the foundation is much better able to respond to the problems now and to effect the necessary changes.

Some of the shortcomings that were identified, I might say, for the information of the honourable member, Mr. Chairman, were lack of supervisory training and experience, lack of management training and experience, lack of understanding of overall organizational planning, all of those things have an effect on staff morale, but they are all being addressed and corrected and rapidly corrected through the processes that I have described. I can assure you, Sir, that no one has been terminated; there have been reassignments that have met with general approval and enthusiasm.

The Member for Winnipeg Centre asked me about the Community Mobilization Program. This is part of the development of the new Directorate of Prevention and Extension Services, which is a newly constructed directorate, and it represents an amalgamation of previous directorates, known as provincial programs and evaluation and research. The new directorate has four major sections, one of which is the Community Mobilization Project.

The Member for Winnipeg Centre asked me what the Community Mobilization Program is all about. It's a project, Sir, that's designed to assist the AFM in intervening in needs expessed for its services from all communities in the province. It consists of a central component which is able to work in all geographical areas of the province and includes training programs to respond to and initiate activities for addiction personnel and employees, also for volunteers not working full-time in the field who wish to assist people experiencing problems with alcohol and drugs. There are a number of resources available to it through the Central Office, and they are made available to groups and individuals throughout the province. We are continuing to evaluate and document the process and the concept of this project. Hopefully, I will be able to report success. At this juncture it appears to be extremely promising and productive.

The Member for Winnipeg Centre asked me about the Motor Vehicle Branch and what is happening, if anything, between the Motor Vehicle Branch and AFM in terms of the problems that come up in the area of alcoholism and impaired driving. Once again, in late 1977, when we assumed government we inherited — we discovered and inherited — a complete breakdown between the AFM and the Motor Vehicle Branch, and in fact considerable concern about that situation was expressed to me by various judges and various court officials in the city of Winnipeg shortly after I became Minister. I would have to ask the previous Minister, the Member for Winnipeg Centre, what the reasons were for that. I can only surmise that they were similar to the breakdown that existed between the management of the AFM of that day and the alcoholism community in general. We have been working to put together, and now are in the final stages of putting in place a program that will handle referrals from the Motor Vehicles Branch, a practice that had been abruptly terminated shortly before we came into office. This will be in place in the very near future. In the meantime, Mr. Chairman, we are taking referrals from the Motor Vehicle Branch; some of them attend the non-resident program at Christie Centre, some receive residential treatment and some are referred to Alcoholics Anonymous.

The Member for Winnipeg Centre, who I know worked hard and diligently as the Minister responsible in this area, is generally reasonably charitable in his comments with respect to the challenges in the field of alcoholism in the efforts of the Minister of the day. But he deviated from that usual pattern tonight to argue that the Minister of the day, namely, myself, Sir, has demonstrated that he is wrong — and he talked about my being wrong. Well, I suggest to my friend, the Member for Winnipeg Centre, that people who live in glass houses, etc., etc. He began his remarks by saying that we had

closed the Chemical Withdrawal Unit, and that is totally incorrect. We never suggested any such change in the Chemical Withdrawal Unit; we have always recognized it as a very necessary ingredient in the system.

He knows the background of the closing of the Alcohol Treatment Unit, and I ask him whether he is suggesting that our new emergency psychiatric unit at the Health Sciences Centre is not valuable, because it was the closure of the Alcohol Treatment Unit which made it possible for us to respond to a critical need in the community in the area of suicide and threatened suicides. It required our moving heaven and earth, speaking figuratively, Mr. Chairman, of course, required our moving heaven and earth virtually to get that emergency psychiatric unit in place. I had the privilege and took great pride in opening it just a few days ago, because it represents some 18 months of effort to address that potential suicide problem and I am extremely proud of it. I can assure the honourable member that the Chairman of the Board of the AFM, whose co-operation was invaluable in achieving this changeover, is extremely proud of it, too. The ATU program and service has not suffered one iota as a consequence of closing it and converting that facility into an emergency psychiatric unit.

The Lydia Street Detox Centre works in top gear at all times and has responded to whatever needs that have developed as a result of the changeover at the Health Sciences Centre and the closure of the ATU. We've accommodated anyone that needs our help and service. We have treatment centres in the city that the member is familiar with, which were only half-full or one-third full a few months ago, a year ago, because there were so few referrals coming from other agencies in the field because of the very breakdown in communications that I had spoken about earlier. There was plenty of space to accommodate otherwise erstwhile ATU patients in those other treatment centres when the ATU was closed. In addition to that, the non-residential program has taken care of a lot of people who don't require bed treatment and we believe that the non-residential approach is an extremely productive approach to pursue. It enables us to deal with substantially more persons suffering from alcohol problems than is the case under an entirely residential program. We've accommodated anyone that needs our help and we've referred them to wherever they've had to be referred, even to Brandon and even to Alcare, if necessary. Mr. Chairman, the Member for Winnipeg Centre says that provincial funding for the AFM has gone up by only 4,000, and he bases that on his argument that the amount recoverable from Canada went up by 260,000, and he bases that on his argument that the recoverable from Canada last year was 1,090,000.00. That is false and was corrected earlier in my estimates, and I am surprised that the Member for Winnipeg Centre, who is usually scrupulous in his honesty, persists in that kind of technique of repeating falsehoods that have already been destroyed, that have already been effectively dealt with and demonstrated to be false. The figure of 1,090,000 recoverable for Canada in the estimates that he is looking at from last year was the projected amount in print. I don't have the figures in front of me tonight, but I did have them at the time we were discussing the AFM item in the estimates and I provided the figure at that time. I believe the actual for 1979-80 was 1,255,000.00. It is simply not ethical of the member to keep repeating that inaccuracy.

Finally, Mr. Chairman, the Member for Winnipeg Centre says that 300,000 was cut from AFM funding because of the closure of the ATU. That is simply nonsense, and he knows better than that. The ATU was never funded by the AFM. The ATU was funded by the Health Sciences Centre and that closure did not affect the AFM budget one wit. So, when we're talking about statements that are wrong or incorrect, Mr. Chairman, I want to identify those from the Member for Winnipeg Centre which I regret are totally wrong and must not be left on the record without correction.

MR. CHAIRMAN: . . . pass — the Member for Winnipeg Centre.

MR. J.R. (Bud) BOYCE: Mr. Chairman, we've had another demonstration of the Minister's abilities. It's legitimate argument technique is to try and take what your opponent says and to twist it. If he reads Hansard, go from the last to first, he will see that I said that it was funded through the Manitoba Hospital Service Commission with the ATU. I will admit that I was half wrong; I listed CWU, the Chemical Withdrawal Unit, and the ATU as a matter of habit, and I included them together, which is incorrect. It was the ATU to which I was referring. I must put on the record, Mr. Chairman, the Minister is trying to do the best job possible of an impossible situation. He's trying to project an image on behalf of the government. I honestly believe, given that Minister and the former Minister, that that which would be done wouldn't differ that much. But, nevertheless, for him to try to suggest that because there has been a change of government, the dissension of which he spoke has disappeared, is ridiculous. That kind of dissension goes on all the time and will continue to go on after he has left there and after the next person has left there.

When it comes to providing programs, especially when the government is providing the funds, that somebody came up and said they could provide it for 3 million, I'll provide it for a million. I'll make him another offer because you get all these kinds of offers. Everybody says give me the bucks and I'll solve the problems. The trouble is you give them the dollars and they don't solve the problem and they disappear.

A very good friend of mine, earlier today, we were discussing the problems of getting staff together to deal with human beings that have problems, have difficulties. The problems of the ATU, I'm familiar with them and one of the reasons why it didn't work and perhaps we could discuss that at some length. This spending of public funds, and I said in my contribution to the debate earlier that I don't think throwing dollars at anything is going to solve the problem. In fact, when the Minister says we are up to 4 million in this particular area, in Orange County in California, which I went purposely to take a look at it because they have a program there for two million people, and at that time, which would be three years ago, they spent about 2 million; and I wonder how

come we're up to 3 million and in Orange County they're only spending 2 million for two million. So I went and took a look and it is an entirely different situation. The logistics — you have two million people living in a few square miles — here we have a million people living over great distances. So to provide a universal kind of program for the province of Manitoba, we're not talking just about the city of Winnipeg, the Minister will agree.

And I wish I had the suggestions to make to solve some of these problems, but in some of the areas outside the city of Winnipeg, and its been in the papers, gas sniffing and the rest of it so some of these problems are horrendous and if from time to time some judge speaks ex cathedra from the bench that he has a solution to this, that or the other problem, it hasn't diminished one whit. I still get phone calls from people that are involved, but nevertheless I am shocked at the Minister, because I certainly, as I said earlier, I wouldn't cast aspersions at the present board of governors of the Alcoholism Foundation because I find they are competent, capable people who are interested in the problems and are trying the best they can to cut the suit to fit the cloth.

So my criticism is not of the Alcoholism Foundation, it's that this government generally — and I regret somewhat that I have to focus my attention on the Minister specifically because he has to, because of the nature of the beast, deploy his talents to once again try and make an impossible case plausible. So for the Minister to suggest that I'm using fallacious arguments is ridiculous because I compared print over print, in other words, that which was printed last year, as compared to that which is printed this year; next year from now, we'll take actual and we'll put it over actual. It may even be worse than the Minister is saying. That they didn't increase it five cents, as we find actual over actual for 1977-78 or 1979-80. The Minister with all of his techniques and this is what debate is about, suave manner, his excellent choice of words, except his 'pusilanimous' still sticks in my mind. But nevertheless, that's what debate is about.

Here we are, the Minister wants to know, do I think it is a priority, the psyc unit at the hospital? Give me a choice, Mr. Chairman, is he asking me to make a choice. Because you know they need both; but it's a matter of dollars. You want me to make a choice, I wouldn't build a dam at Carman, Manitoba for 5 million in which there is no cost benefit ratio of any acceptable proportion. I'd take that 5 million and I'd keep both. I wouldn't support that dam out there.

Mr. Chairman, as far as money is concerned, I would not have supported the elimination of the estate taxes, if it was a question of me choosing between a psychiatric unit and an alcohol treatment unit. Sure, these people down there are trying to do their best they can — John Rodgers and the rest of the Lydia Street things under the aegis of the Main Street project, but, Mr. Chairman, that's not the case. The case before this House is that this government is going about the province saying there is no cutback in services, we're providing services, at least at the same level at the government did in 1977. And that's where, the Minister wants to talk about integrity, I think that he should look in the mirror when the goes home at night and say how can I project this case to the people of the province of Manitoba. Because he has not said one thing in all of his estimates that this program did not work. He said there was difficulty with the program with the Motor Vehicles Branch and that is true and I don't give a tinker's darn what kind of program you put in anywhere, you will always get dissension.

When government changed hands, boy, what I am nervous about, Mr. Chairman, and it's related to this particular area, as it is in all areas. When the government changed hands, by and large they went through the whole bureaucracy, intimidating the hell out of people. And if I was a bureaucrat or worked for the Alcoholism, I would be scared stiff — is the NDP going to do the same thing?

They talk about staff morale. Mr. Chairman, I want to put on the record that as far as the Alcoholism Foundation is concerned the board of directors, the staff, anything that I can do when the government changes hands, not if it changes hands, will be say take it easy, nobody's got an axe to grind against anybody. Because in two-and-a-half years, not only here at the Alcoholism Foundation, their scared to say anything. The private agencies that he's talking about, sure they argued with me, and half of the arguments were carried in the newspapers, but the arguments that they have with the present government, they don't hit the newspapers. And one of the reasons they don't hit the newspapers is because I don't think it serves the public interest to make it any more difficult for the board of governors of the Alcoholism Foundation, who try to do the best they can with the limited number of dollars. Specifics, there are lots of specifics, as it is with any opposition. When we were in power, people picked up the phone and they phoned this member and that member and they yap, yap, yap. The same goes on now, that is not what we're talking about.

So for the Minister to suggest that because the government changed in 1977, that all of these problems have disappeared, that's there's harmony, you have 15 different modalities on a matrix as far as the treatment of behavioural problems are concerned, so you get people pushing this school and people pushing that school. The reason I asked for the curriculum vitea of one individual is not because I have an axe to grind against that individual, but in looking at a person's curriculum vitea, if a person has been to school in this area, or not been to school or gone through this particular process, you can pretty well tell what their philosophy is. If a person graduates from Harvard, or Stanford or UCLA or University of Manitoba, or McGill and you happen to know whose in that particular field of social studies or psychology or philosophy, you can pretty tell what their approach to problems are.

So that when you are getting together a professional, technical staff, if you get them all from one school, then that's the kind of modality that will be imposed upon the people in the province of Manitoba. Mr. Chairman, in this regard, I think it is in the public interest that you keep a balance, you keep a balance between your professionals, you keep a balance between your para-professionals, you keep a balance between the different private modalities that are available. And if the Minister thinks he is going to be successful in providing this with no friction,

with no argument, with no debate, then 'rots of ruck'. But to suggest that the former administration had these problems and he hasn't got them is absolutely ludicrous, Mr. Chairman.

MR. CHAIRMAN: The Honourable Member for Transcona.

MR. PARASIUK: Mr. Chairperson, I have a couple of small questions to raise and a couple of points I want to bring out. I'd like to ask the Minister if he has received any correspondence from a Mr. Yarmie relating to the Manitoba Dental Association. I alluded to this matter, I think about four or five days ago and I think I might have indicated at that time that I didn't think the Minister was doing anything on it and I think, I don't have Hansard with me, but I do believe he said he was looking at it and I just want to be sure that he was in fact looking into that particular matter. I know he's been written to by Mr. Yarmie. The case is one of a man who received treatment from a particular dentist, other dentists have said the treatment was bad, that it was incorrect. The offending dentist has made partial compensation but it doesn't cover the entire case. The Manitoba Dental Association has reviewed it in a manner which in my estimation is not satisfactory. This relates to the general matter we've been talking about and that is self-governing bodies. At what stage does someone then turn to the Minister of Health and ask for a review of this matter, or at what stage does someone ask for the Minister to really look into the College of Physicians and Surgeons?

It would appear as if the mediation committee of the Manitoba Dental Association has indeed whitewashed the dentist of this. I know the Minister has received correspondence of it. I know he wouldn't have the material here and yet I didn't have an opportunity in the course of the estimates review to raise this matter to date. I don't expect him to include this matter but I'll bring it to the Minister's attention and I serve notice to him that I will pursue it in question period. I really haven't had any other opportunity to do this.

The other matter I want to raise with the Minister is to ask him if, in the case of the Golden Door Geriatric Centre, or any other instance where there is a strike at a nursing home, I'd like to ask if the nursing home is paid in full on a per diem basis, per patient, when there is a strike on? I don't know if he is in a position to answer that particular question, he's maybe in a position to answer the case of Mr. Yarmie or the complaint of Mr. Yarmie to him. So I'll sit down now, just to see if I can get a response on those two small questions, then I have some points to raise.

MR. SHERMAN: With respect to the correspondence to which the Honourable Member for Transcona refers, I would have to take his immediate question as notice at the moment, Mr. Chairman. I certainly am familiar with the incident and recall our previous exchange on the subject, and I have referred it to officials in my department, not officials in the MDA but officials of my department and I don't believe, Sir, that we have come to a conclusion but I will check on it. I know the Member for Transcona feels that it was not dealt with satisfactorily by the MDA. I will attempt to obtain that information as quickly as possible.

On the question about a nursing home being hit by a strike and whether or not they're paid in full on a per diem basis, I think the answer is no, Mr. Chairman, but it takes a little bit of explanation. The method of payment for nursing homes was changed several months ago to enable a flow of money of operating funds to go to the personal care homes from the Manitoba Health Services Commission monthly rather than on a more extended basis. The method of calculation and accounting is as follows: at the beginning of the year when a budget is struck, the Health Services Commission in concert with the personal care home, calculates the budgeting on the basis of last year's budget plus this year's increase, which is in this case 8 percent on the basis of full capacity of the beds in that home, and on the basis of the required staffing standards, the staffing ratios. And then the operating funds are flowed to that personal care home on a monthly basis, which helps them with their cash flow situation better than the previous system did. Then at the end of the year there is a reconciliation based on the personal care homes' records which have to be turned in monthly, which are evaluated monthly but calculated for budget purposes at the end of the year. The occupancy is measured and the staffing ratios are measured, and the totals are compared with the budget that was approved. There are possibilities, of course, of a deficit, which is something that then the Commission and the Minister of Health have to look at, but the more likely situation, particularly in the case of a strike, is that the nursing home would come in under budget and that amount of money then is recoverable by the Health Services Commission.

MR. CHAIRMAN: The Honourable Member for Transcona.

MR. PARASIUK: I was concerned about the situation at the Golden Door Geriatric Centre. The Minister has indicated a couple of times in the House that to a degree the nursing home is being staffed by volunteers, and I didn't want the Health Services Commission to be in a position where in a sense it was paying the owner for volunteer services. I just wanted to confirm that that wasn't the case.

While the Minister was answering my question on the nursing home, another item came to mind that I just want to clarify now, and that's that I asked the Minister whether there was legislation and regulations concerning the nursing homes, and in the course of his answer, he indicated that there was a book of guidelines. And when he was indicating that, I asked if I could get a copy. I can recall the staff holding it up and I don't know if he acknowledged my request at that time. This was about four or five days ago. I think that if they are public I certainly would like to get a copy of the guidelines. I've looked at The Ontario Act and Regulations and I'm interested in this particular area. All the Minister has to do is just acknowledge whether in fact these are public and if I could get a copy of them. — (Interjection)— Okay, fine. Then I'll just proceed to make a couple of concluding comments on this

department. We've spent some time in debating the estimates of it.

Undoubtedly there are some elements that we'll get into again as we get into the Department of Community Services, in that there is a type of overlapping that still exists and indeed led us to question some of the departmental management confusion which we feel arises because of the type of split that took place betwen the Department of Health and the Department of Community Services. We ourselves think that there might be a better split of income security branched off with corrections. The Minister has said that this area of departmental split isn't a closed book, and I think that when we look at the other department we will try and determine the extent to which there is a smooth implementation of some of the planning that will be taking place within the Department of Health, that the implementation will take place in another department. I know of very few administrations where that works and we continue to have a concern about that split.

We think the major issues that we came across in the debate on the department, was indeed dental care, and frankly I'm somewhat sorry that the major thrust of the government over the last two-and-a-half years has not been to expand dental care, the children's dental care program, so that it's available to every child in Manitoba. To me that would have been a thrust that everyone on this side of the House would have supported totally. We believe that children's dental care in Manitoba should be extended as quickly as possible to every child in Manitoba, whether they're living in Dauphin or in Leaf Rapids or in Winnipeg. We must note that no Winnipeg children are covered by the children's dental care program, and that's unfortunate. The thrust in contrast has been one of substituting the public dental care program with that administered by the Manitoba Dental Association. We disagree with that approach, we think it has tremendous drawbacks to it, and indeed I wanted just to point out for the Minister's consideration, the fact that on page 2 of the submission of the Manitoba Dental Association to the Hull Commission, the Manitoba Dental Association said that their preference was for private funding of dental services. So you have an association that the Minister is placing tremendous hope in, and in a sense giving a lot of authority to, saying that they do not believe in the program, and we find that unfortunate. We think that dental care is a very fundamental part of a health care delivery system and that we should try and extend it as quickly as possible, and as efficiently as possible to everyone in the province, and that isn't happening.

Another major issue of course, has been the extent to which the Minister is pursuing an approach of concentrating on private profit-making personal care homes or nursing homes, and it's an approach that isn't working. We have 494 new beds committed by this government in the private sector; to date none have been built. We have 690 block beds that we know of and we have 494 extended or personal care beds that haven't been built, committed but haven't been built, because the private sector hasn't been able to perform. We think that's unfortunate. It's really hurt the hospital system tremendously, hurt the personal care system tremendously, and, of course, the real sufferers are the elderly people.

Finally on this particular point, we do not feel that the private profit motive has a place in programs funded by Hospitalization and Medicare as this one is, and we see no difference between nursing homes and hospitals. The Minister has said, of course we don't believe in the profit motive in this manner with independent investors, for hospitals, we don't believe in private hospitals. But at the same time he can't make that argument and still as strenuously as he does propose private nursing homes as a type of check and balance. Because if you use that argument, it applies just as well to hospitals, and we found that hospitals provide a good check and balance against each other because you have different administrations running the hospitals. The Minister is on very weak ground on that particular issue; certainly in terms of performance, the private sector hasn't performed there.

The last issue, and we've debated it a wee bit, concerns the extent to which the government is continuing a commitment to maintaining a health care system that I think in 1977 was probably the best in Canada. We had Pharmacare, we had personal home care under Medicare. It was an excellent system. It was in my estimation, I think in the estimation of objective analysts, the most advanced in the country. The one area where he might have been lagging a bit behind other provinces was the extension of a children's dental care program to all children in Manitoba, but we were proceeding in that direction. We were certainly ahead of other provinces with respect to home care. We were certainly way ahead of other provinces with respect to nursing home care, so we were quite advanced.

This was costly. The province of Manitoba was in fact carrying about 58 percent of the health care bill, with the federal government picking up about 42 percent of the health care costs. Since that time, because Trudeau allowed block funding, we were concerned about it and we thought, well, if other provinces are proceeding, we would have to go along, but we were concerned about what the impact would be on the overall health care system in Canada. And I think that the Minister would have to acknowledge that there are some very very serious problems in other provinces which do affect principles of portability, which do affect principles of universality, and those problems haven't been as manifest in Manitoba. But we feel that there has been slippage since that time, since 1977, because although the Minister says that health care comprised about 31 percent of the overall budget in 1977 and now it constitutes something like 32 percent of the budget, he is able to do that because federal funds increased over and above what the provincial government thought it would over this three-year period. And the provincial commitment really did decrease. It went down from 58 percent to about 51 percent, and that's a 7 percent decrease in provincial priorization, a 7 percent decrease in provincial commitment towards health care. And we think that has been at some major cost. The cost has been the freeze in nursing home beds. The cost has been the freeze in construction of hospitals. The cost has been a freeze that existed for some time with respect to home care. The cost has been that we haven't extended the children's dental care

program across-the-board to all children in Manitoba. Another cost of this decreased Conservative commitment to health care over the last two-and-a-half years has been the fact that utilization costs to individuals has increased 50 percent for Pharmacare and 40 percent for nursing home care.

So there have been some major costs. We still have a system that isn't that bad in comparison to some other provinces, but it certainly isn't the best in the country any more. We have witnessed a situation where the best Medicare health care system in Canada really has slipped to being a mediocre system. We don't think that's good enough, and it's our intention to ensure that within the next year-and-a-half we take steps, when elected, to bring the health care system in Manitoba back to being No. 1 in Canada.

MR. CHAIRMAN: (1)—pass; (a)—pass; 1.—pass; Resolution No. 75—pass.

Resolved that there be granted to Her Majesty a sum not exceeding 221,700 for Health, Executive Function 221,700—pass.

That completes the estimates of the Department of Health.

Committee rise.