

THE LEGISLATIVE ASSEMBLY OF MANITOBA

8:00 p.m., Monday, April 12, 1976

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MR. CHAIRMAN: Page 27 of your Estimates Book - Resolution 58(g)(l) - the Honourable Member for Rhineland.

MR. BROWN: Thank you, Mr. Chairman. I would like to thank the Minister for the answers that he gave us before supper, I find them most beneficial. For the Honourable Member from Fort Rouge, I would just like to say that when I started off my comments that I said there was no denying the value of the Home Care Program. However we are very concerned about how we are going to control the costs of this particular program, and I think there is a great danger over here, Mr. Chairman, where we might be creating a demand where there is no demand at the present time which to a certain extent has been done through the Personal Care Home by making it a universal program. I would like to know if the Minister could tell me who is going to be in charge of monitoring this program so that we're going to not see over-usage of this particular program. This is one of our concerns. I think that the fact that the Minister is going to encourage volunteers is going to be very beneficial for the same reason that the Honourable Member from Fort Rouge said that we should have people going and changing light bulbs and mowing lawns and things of that nature. . . .

MR. ENNS: Is that right?

MR. BROWN: It certainly would be . . .

MR. ENNS: . . .you could burn your fingers changing light bulbs.

MR. BROWN: I would say that this is one of the areas certainly where your cost could become uncontrollable so if the Minister can organize and encourage volunteers I would say that this certainly would be most beneficial.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Well, Mr. Chairman, I'm glad that I waited for the preceding member to have a say because I think that there were some comments made just before we broke in this field, continuing home care which both need to be argued with, clarified and sometimes just downright singularly disputed. Members of this particular party seem to be feeling that we are in great danger of molly-coddling the old somehow, that we're going to be out there and getting all these fancy supports for older people and they're going to abuse it and take advantage of the beneficence of the government and go into great waste. Let's just look at some facts of the matter.

To begin with I'll use just a basic number problem. And the numbers problems are this, that the population in this city and this province is getting older, getting substantially older; that four or five years ago maybe about eight percent of the population was over sixty-five, it's now closer to ten. In five years it will be closer to twelve or thirteen percent. In my own particular riding which represents a large part of this downtown area we have six or seven thousand people who are over the age of sixty which I suspect is more people than the Honourable Member from Pembina has in his whole riding in fact.

A MEMBER: You don't know much about the rural areas.

MR. AXWORTHY: Well, I'm just simply saying, in total numbers of people. Now, within those numbers themselves let's just ask some questions - two of them. On one end of the spectrum are a number of people who are totally and able to look after themselves, don't ask for anything, don't need anything, and on the other end of the spectrum are those who almost need total care for reasons of illness or whatever must be put into very close care homes where there is very close medical supervision. In between that are a range of needs. In some cases those needs are simply satisfied by the present continuing care program, that people are able to stay in their own homes or their own apartments as a result of being able to receive homemaker service inside at home or medical care inside that home. What I am beginning to suggest however, Mr. Chairman, is this, is that within that large number of people again are numbers of older people who are not able for physical reasons primarily to undertake many of the necessary tasks that are required in order to be able to stay in their own homes. And it just isn't a matter of fixing light bulbs or mowing lawns, it's a whole range of tasks. The choice that honourable members in this house are going to have to make at some point is whether you're prepared to say that we provide some kind of assistance to enable them to stay

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(MR. AXWORTHY cont'd) in their homes or whether we're going to put large amounts of money to build new public housing units at an average cost of 25 or 30 thousand dollars a unit or build expensive nursing homes which cost 25 or \$30 a day for people to stay in. The other choice is to do nothing at all and simply to allow many people to suffer very severe handicaps by not being able to totally take care of all the tasks that are necessary in order to stay in their homes. Now that is the kind of choice that you are going to be forced to make. Not a choice perhaps that we'd like to make but a choice that you're forced to make by sheer force of numbers in the population. And to go along talking about somehow well, we're going to send someone in to fix light bulbs I think is raising the argument to an absurdity.

What we are saying and trying to raise with the Minister is that there has been a basic program established at the present moment in terms of providing medical care and home care inside the home itself. What I am beginning to suggest is, that as the population of older people grows larger, in more numbers, then we should be looking at some kind of forward climbing anticipating the times when we have 25 or 30 or 35,000 older people who do need a varying range of care. I'm simply saying that the present care will not be enough to satisfy those needs, and what we should be doing at the present moment is again doing some planning or some demonstrating to find proper ways of delivering services. And it could include a number of ways. It could include ways of mobilizing volunteers in the local community, and if members in this group had been listening a little bit more carefully I was suggesting that one of the first tasks would be to decentralize those services down to a smaller community level, neighbourhood level, so that the resources in those local communities could be mobilized for the purpose of delivering those services to people, and that would mean recruiting the volunteer agencies, recruiting even the politicians. It might be that the honourable members themselves might be prepared to put their phones to work on some of those services as I've been asked to do in many cases. But right now there isn't really much going on in this province of testing out alternative ways of delivering that kind of care.

The kind of care that would be essential in enabling people to remain in their homes with some dignity and not having the fear that by having you do a number of major maintenance tasks in their homes that they're going to fall off a chair and break a hip or just simply not being able to do the task. I don't think that is a question.

So the talk about molly-coddling I just think is simply an absurd argument, because it simply is not looking ahead to the kinds of difficulties that we should be anticipating now and trying to deal with. I also suspect that we're talking about big money. If we're talking about big money, I suggest maybe what we should do is start taking all those subsidies that we're paying to subsidize beef and hogs and pork and grain and all the rest of it that we were talking about, because we're putting an awful lot of more money into those kinds of subsidies than we're putting into subsidizing helping older people maintain themselves in their homes. That happens to be the fact of the matter, and while I'm not against the honourable members here receiving some support for agriculture pursuits, I suspect in the Province of Manitoba we're spending an awful lot more money for the care and concern of non-human animals than we are for a lot of other human beings, and that is the kind of interest that we're trying to talk about.

The fact of the matter is that you can look at the kinds of range of subsidies all the way from - honourable members previously who argued about whey plants, and I agree with them, stupid subsidies. But let's start asking where we're going to put the money, and the fact of the matter is we're going to be giving it to a lot of older people who are going to need a different range of services and now is the time to start doing some proper planning and testing of the means by which those services can be delivered. It would mean simply that we've got to undertake some experimentation and some private programs. I simply mention that there have been examples where on a community level you can decentralize a service, mobilize the resources of the community itself both volunteer and non-volunteer, and perhaps even achieve that great ambition of the Member from Pembina and others, and that is to take a lot of people who are ill prepared or unprepared to work now and put them doing useful tasks. I think that that is one of the

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(MR. AXWORTHY cont'd) kind of objectives which we should be aiming at as well. When we look at the kind of delivery programs we have, such as Meals on Wheels and the home care programs, frankly Mr. Chairman, only a very very small percentage of the people that they could be reaching. And I was pleased to hear the Minister talk about he is interested in trying to get the Minister of housing concerned about doing enriched programs on senior citizens so there could be meal facilities where people could go to a restaurant and get a decent meal at a relatively low price. And that is a step forward.

But again, it's just not medical facilities, it's day hospitals, it's food facilities, it's transportation, it's home maintenance. And when the Member for Pembina says well, you know, after all, boy, back in Pembina we've got miles of snow covered roads. I don't think it matters whether you've got ten miles of roads or ten feet of sidewalk, if you can't get out of your accommodation, you're locked in there for a good part of the winter. And we should find some way of dealing with them. You know, there's a lot of people who simply can't lift a shovel these days and do it and I suspect that perhaps when the Member for Pembina reaches that ripe old age of 75 he may not want to be going around lifting a shovel either. Or even if he's there - wherever he is. Maybe he's ornery enough that he'll still be lifting a shovel.

But the fact of the matter is there are many many older people, particularly women. And if the Minister was interested, I've got a log of the kinds of calls and representations I've had this past year of older people who are literally locked into their homes and their apartments for months on end because they can't get out. Now you can say well, you know, that's their own fault. What does it do to a person when they're locked into those kind of facilities? You know, what are we trying to say? Instead of saying, well for the sake of cost we're going to kind of cut back and be, you know, really economical about these kinds of things. Well that's not being economical, because that same person that you're locking in is probably the first person who's going to acquire sort of small ailments and small diseases, colds and bronchial problems, and within three or four weeks they've got bronchial pneumonia and they're in the hospital in an acute care bed that's costing 150 bucks a day. That is the kind of problem that we're trying to deal with. And I think that the facts are there and the figures are there. Some of the studies have been done through the clinic operation; some that I tried to do myself last summer indicate that there are many people who have those kinds of needs.

Mr. Chairman, I don't pretend to know what the answers might be. What I am saying is, that now is the time that we have this base program, this continuing care program, that we should be building upon it. We should be testing out alternative methods of delivering some of those services, finding out what the needs are. Maybe the need is simply a matter of getting better information on what services are available. Maybe the answer is providing better transportation in many of our downtown areas. You know, again I think it's kind of ironic that the City of Winnipeg and the Province of Manitoba is putting a very heavy subsidy into a dial-a-bus system in Fort Richmond which costs on the average 75 cents per call to deal with middle-class sort of suburban people who are perfectly capable of looking after themselves, but we're not prepared to provide any subsidization for older people in the downtown area that can't go and do shopping properly. Now it just simply becomes a matter of where are your priorities. You know, if we're prepared to say that it's worthwhile experimenting with a dial-a-bus system so that the constituents of the Honourable Member for Fort Garry are able to get from Fort Richmond down to Pembina Highway and go shopping at the shopping centre easier, why is it not also possible for older people who live in Fort Rouge and Wolseley and Elmwood and many of the old areas to have the same kind of facility? That's the question that we're raising. And those are questions that we should be testing out at the present time.

So as I said before, I am not being critical of the Minister's existing programs but I think that it is the time in this debate to be raising the question of what we do to answer the problems that are going to come about in the next year, two years and five years, as we have far larger number of older people settling in those downtown areas. If we don't provide those kind of home care services, those continuing care services, you

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(MR. AXWORTHY cont'd)know, wider range of needs, then the Province of Manitoba is simply going to be forced to build expensive public housing units at \$30,000 a crack or expensive nursing home units or much more expensive kind of services. So if we're talking about saving money, let's save it the right way. Let's find out the ways of doing it now by a number of test programs. And I would like to see if the Minister says he's got a little bit of money to try to work out ways of organizing volunteers. Well okay let's see if we can fool around with it and pick a couple of the areas in this city where there are high concentrations of older people and find out ways of delivering services on the local level to older people, again, food and transportation and medical services and what not. That would be the kind of thing that we could be doing and testing out now in a much more effective way than we are at the present moment. I know, Mr. Chairman, that having asked members of his department and the Federal Government for the kind of support for those kinds of programs it's not there right now, and now's the time for us to be doing it. It's not going to do any good five years from now when we're dealing with literally 10 or 15,000 more people. The time to be trying those things out is now to see if we can deliver a proper and effective program.

So, Mr. Chairman, I think that the kind of statements that we have just heard from the Member from Rhineland and the Member from Pembina simply are really short-sighted and perhaps rear-sighted views; that they are simply looking through a rear-view mirror at the way things used to be and not looking at the facts of the matter now, which is we've got a larger percentage of our population who are older, they need a range of services all the way from a deep concentration of acute care down to no services at all, but they need a range inbetween, and now's the time to start finding out how we can deliver them at the least cost possible but in the most effective way of preserving their ability to retain their individuality as people in their own accommodation, and not have to become wards or dependents upon some big government building or project. That is the kind of objective we should be aiming at in this kind of program and I would hope the Minister would be prepared to begin developing the means of developing pilot projects or demonstrations to get those more effective means of delivering those services.

MR. CHAIRMAN: The Honourable Member for Fort Garry.

MR. SHERMAN: Thank you, Mr. Chairman. Mr. Chairman, I don't very often rise in the defence of the Minister of Health and Social Development, but I must say that the point that we've been trying to make I think in this Legislature for some sessions past, on the Conservative benches at any rate, is that it's womb to tomb welfare programs of the kind that are being enunciated by the Honourable Member for Fort Rouge that are driving this province and this country and this society into a very serious financial situation, and in fact the threat of near bankruptcy, and I think we do have to approach these things with some rational financial perspective. I think if one looks at the appropriation, I really don't think that the Member for Fort Rouge has a substantial case to press in this particular area, much as I agree with his sentiments. But if you look at the appropriation, Sir, this year, we're voting \$8.3 million under Continuing Care Services this year compared to \$5.8 million last year. Now that, without going into higher mathematics works out to something approximately a 45 percent increase. And I think, Sir, that that's a pretty substantial increase for any appropriation being voted to any government of any stripe in this day and age when we're trying to get our economy back on the rails and we're trying to put first things first. Nobody is downgrading the needs and requirements of the elderly, and all of us I'm sure are just as sympathetic to those needs and requirements in this House as the member who has just spoken. I don't think anybody in this House has a monopoly on consideration for the elderly in our society or those in need in our society, but we all or many of us differ on the methods of going about meeting those needs and meeting those requirements. I think that we are faced here with a provincial situation and a national situation where we have to be rational and we have to be careful about the fiscal programs, about the funding programs that we're undertaking in this sphere. There are many many social needs and requirements that I could point to and with which I'm just as concerned as is the Member for Fort Rouge with respect to the elderly in his particular constituency. There are many needs and requirements in the

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(MR. SHERMAN cont'd)field of health and social services that we need, and I intend to press for two or three of them before we're off this set of Estimates. I think that any particular service, any particular appropriation that has received a 45 percent increase from the government in terms of funding in one year, this year over last year, is doing pretty well. I hope I can get that for emotionally disturbed kids, because if that kind of expenditure is worthwhile anywhere then it's worthwhile in a wide-range of social and health fields and services, not merely in the field of continuing care services for the elderly. I repeat, we agree with the sentiments of the Member for Fort Rouge but we feel - I'm quite sure I can speak for all my colleagues - that a 45 percent increase is a pretty good one, and I hope that there will be some money left over in the budget for some other equally important social needs. So, although it's perhaps out of character for me, I would like to say for the record that I personally would take the Minister of Health off the hook on any charges or accusations in this particular area.

MR. CHAIRMAN: The Honourable Member for Lakeside.

MR. HARRY J. ENNS (Lakeside): Thank you, Mr. Chairman. I only had a few comments to make. They arise out of the lecture that the loyal opposition received from the Member for Fort Rouge. I wish to remind him that we have been the opposition for the last six or seven years and they are the government, and for him to lecture us is really, you know, battling at windmills as Don Quixote did in days of old. If he's not happy with the amount in the appropriation then speak to the Minister and not to the opposition.

But, Mr. Chairman, I appreciate of course that he has a delegation of senior citizens from his constituency in the public galleries and that perhaps makes a lot of things understandable. I certainly am one that would like to acknowledge the presence at any time of visitors to the public galleries and I'm pleased to note that my honourable friend plays his politics rather shrewdly in that way too from time to time.

Mr. Chairman, the point that I do take objection to . . . firstly a little question of facts. The honourable member is a city member, he doesn't realize that redistribution in this province has provided by and large fairly equitable representation between the constituencies. The case that he mentioned that he probably had more elderly senior citizens in his riding than the Honourable Member from Rhineland had in his whole riding simply doesn't bear out. The latest statistics indicate that my honourable friend has some 16,000 people in his riding as compared to 18,000 in your riding, so the gap isn't there as one would be left to believe by the remarks by the Member for Fort Rouge.

And then secondly, let's not . . .you know, the concern, the concern surely has to be here to here for the taxation burden that we're putting on all of our people. And I say all of our people, whether they are senior people holding on to a small or modest home somewhere in this city, in his riding, or whether they are living in rented quarters, because of the taxation that we impose on them in this Chamber and then force the municipal bodies to impose added taxes onto them, that surely adds to that greater cost. It's a case, Mr. Chairman, of trying to be prudent and trying to act with some degree of responsibility in the passing of these Estimates. And as the Member for Fort Garry indicated, a rise of 45 percent or thereabouts in this specific area would seem to indicate to me a reasonable response on the part of this Minister and on the part of this government to this particular area of concern. And it is not at all, it is not at all out of place for the Member for Rhineland to ask the Minister such questions as to who is monitoring the program, is the money being wisely spent, are we just walking into a blank cheque situation?

These are the kinds of questions that I would think that you would expect members of the opposition to ask, unless of course you have that kind of bleak future ahead of you that my friend the Member from Fort Rouge has of never having to be responsible for putting taxes on anybody in this province, never having had that responsibility and obviously never aspiring to having to accept that responsibility, that can see things only from one end of the tunnel, namely the vote-casting end of it.

MR. CHAIRMAN: The Honourable Member for Assiniboia.

MR. PATRICK: Thank you, Mr. Chairman. I want to say something on this

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(MR. PATRICK cont'd)item under Continuing Care Service because I believe it's a good program. Sometimes there is, maybe in the middle class society there is a bias that everybody on welfare is a bum. Mr. Chairman, I've said it before and I'd like to say it again, because that's not the way I like to attribute my remarks. I would like to say sometimes welfare is considered to be a very loaded word, and I believe it is. Because, Mr. Chairman, we have social problems and I believe the deserving poor, the blind, the disabled and the aged are not welfare problems, they're social problems and I think that we have to do something for these people and in this program. I think that we're approaching it with the right directions, with the right aims, and perhaps we can find out how the program can be reached to more people. And maybe there are areas the program is not reaching. I know that the social problems, Mr. Chairman, are a staggering burden on the provincial treasury, and nobody is denying it, that's true. But I believe this is something in this area we're trying to do, is to minimize the cost and reduce the cost and cut the cost down, and not to create more costs.

So, Mr. Chairman, I believe that when we discuss this department and discuss this budget, we have done it before, and somehow we've got to the point that welfare has always been sort of a loaded word. I would like to disagree to some extent with that because I believe it's a social problem, and in my opinion if we can do more for the deserving poor, more to the blind and more to the disabled and more to the aged. And these are not welfare problems, these are social problems, we are not creating more expenses, we're not building great big buildings, what we're trying to do is minimize the cost and offer assistance to these people in their own homes. The big thing is we are not building expensive facilities for those people through this program. I believe the Minister indicated just before we adjourned what the cost would be if you would have to build facilities as compared to this program. This is what I'm saying, that we are on the right track here with the continued care services, and I hope that perhaps the department can look further. There must be many people that it's not reaching, there must be areas perhaps that it's not reaching, and maybe through better information services and better information available to those people and some pilot projects in some areas that there is a large concentration, maybe we can as well offer this service, the care services program where the people are not receiving it at the present time. So, Mr. Chairman, my remarks are that there are many people who are deserving, the blind and disabled and the aged that are not a welfare problem, there's a need, and if this program can extend to that need I'm all for it, and I hope that the Minister will continue to experiment and probably use a pilot project in an area that there is a concentration of senior citizens and senior people which can offer them all facilities of this program.

MR. CHAIRMAN: The Honourable Member for Wolseley.

MR. WILSON: Mr. Chairman, I would like to get back to item (g) which is the 8.3 million and how to spend it. It's one of my favourite programs and I certainly would support it, but I feel that in the area of expenditures I would like to look at giving some of my input in this area. I would agree that the 600 new beds versus an extended emphasis in this area would certainly be something that I would share with the Minister and support. However, I think there's probably many hospitals that are probably going to have to be looked at in the rural areas that may very well have to be shifted over, because what they are really is really personal care homes now, with maybe one or two young people with a broken leg and possibly one or two people having a new baby which could possibly be amalgamated into one of the other things.

I would like to suggest though that it seems to me in my experience that these people have spent a lifetime organizing, and it would seem if you could get it down to the local level rather than have these people being told what to do by a government staff person, that possibly the funds could be turned over to worthwhile groups like Age and Opportunity and some of those types. In my own area for instance they really don't have a physical problem, a few do, but it's probably just a case of they fit into different social section called age, and I would think that if they were down at the local community level like possibly our Community Committee office where the clerk in that office could be an information service, where we already have pamphlets in that office now - where

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(MR. WILSON cont'd)that person could be an information person so that any elderly person could phone if they felt that they were depressed or lonely, or possibly phone if they needed information as to who to call.

We have been very fortunate in having Klinik and a number of other outreach programs, certainly all of the churches in our areas have outreach programs which reach many of these people. I think we have to encourage more volunteers. I think it is a disgrace on members opposite to have been able to only mobilize 85 volunteers in the last year. I think possibly rather than having a stone-face type of person, we might have to have a public relation person that can do something about mobilizing the volunteers in this province. It says here that there was only 85 volunteers, I think certainly that's low for a city our size. We could mobilize these people, get the churches involved get the community clubs involved, and even let organizations such as Age and Opportunity know that you are having a volunteer problem and that we need more emphasis on it and your department is willing to supply the funding. I think we do need an assimilation of leadership from amongst the elderly groups. I think there's many of them in the city and somebody has to co-ordinate them and possibly have a governing body over them, to turn around and look.

Also I wanted to get in and touch upon it, it might be in this area. There is a housing shortage, the Minister of Urban Affairs has talked about it, and I think it's a shame that many of these people that are locked in and are receiving home care aren't allowed to go into some of the highrises, because if they sell their home they have too much money. I think that they should be allowed to sell their home and be able to move into the senior citizen blocks where they can share some of the social benefits, rather than living alone in a house which may be eight to ten to twelve rooms which could house a very large needy family or a family that would want to buy that home. I think they should be allowed to sell their home, and that shouldn't be charged as an asset when they're figuring out the means test regarding entry into those homes.

I'll close with saying I don't agree with the Member from Fort Rouge, I think Seven Oaks Hospital is needed. However I do share with him some concerns about emphasis on outreach, but I think these can be done with volunteers. I personally, if I was called, could solve many of the problems of them pertaining to the Rentalsman and pertaining to problems with government which they don't seem to be able to get from the Ombudsman, they can certainly be more than welcome to phone me and I'll be glad to lend them a hand. I do support many of the emphasis in this. I would like while I'm on my feet, if I could direct one non-supportive thrust to the Minister. I wondered if there's some problem in this newspaper article where the Manitoba Health Services Commission wants to be able to control how the line-up goes pertaining to getting into Personal Care Homes. It seems from this article that a government appointee is the one that is moving people to the head of the line by calling them emergencies and once they get in there they then become permanent residents of the personal care homes. I wouldn't want to be put in a position where I could move friends of mine ahead of somebody who has been waiting month after month in a line-up, and I would like to see this situation pertaining to this article in the Tribune solved because I have had feedback on that area only. So my last question is, could the Minister please explain what the \$79,000 is that he receives from the Government of Canada under item (g)?

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Mr. Chairman, that last question first. There is a small group under the Canada Assistance Plan that we get cost sharing from.

Mr. Chairman, I certainly receive an awful lot of advise. I think no matter what I do I'll be all right, because I've been told that we spend too much money or we don't spend enough, and so on. But I think that, seriously, this is a program that I feel very very comfortable, because I think I am very proud of this program and as I said before, we've been told by the Federal Government repeatedly that we probably have the best program in all the ten provinces. But it is a program that we can not look at in isolation. It's not just a new program, it's a program that works together with the hospitals, the personal care beds and the people that should probably have a bed in an acute or a personal care bed.

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(MR. DESJARDINS cont'd)

I am told by the Liberal Party that it seems that there's not enough people that know about this program --(Interjection)-- Beg your pardon? Oh yes occasionally. So it seems that we're being chastized because we're not letting the people know about this program. Well my goodness look at the increases the Honourable Member from Fort Garry has stated, if we had any more we couldn't handle it at this time. And another very important thing is that we have been in the process now for the last year or two years of discussing with the Federal Government a complete change in financing the health care of our people here in Canada, and as far as we're concerned in Manitoba. And we are getting away, the Federal Government is getting away from some of the high, very expensive programs, and not only because of the cost, because they're better programs. There is nothing better than to try to keep the people at home as much as possible, and this is what we're trying to do. When you reach 65 - you know, let's not feel that we're satisfying our conscience by saying there is a bed for everybody over 65 years old and forget them. You know it's just the same as when they retire, you give them a watch, pat them on the back, and say, go on your way.

Mr. Chairman, the most important thing is to keep the people at home. Let's not get carried away that this is just a welfare program, this is a care program and it's the first priority. We might bring in another program some day, another department, or even in our department about the shovelling of snow, and so on. Those are worthy projects, but they're certainly not our first priority now. The priority is to keep people healthy, to start with, and I think that this is one area that we're weak, we've got to go in preventive methods more and more and as I say I'm pleased to note that the Federal Government announced that they will spend some money in this area. That's number one. In their own homes if at all possible, and when the house is a little difficult and so on, you go in a senior citizens' home.

Then the next step as far as I'm concerned would be an enriched senior citizen home. I touched on this slightly before the dinner hour. This would be an area where the people would get some help. It would still be their home, and they will stay in this home but there will be some help. There will be meals served for the people that can't cook their meals, and so on, and we might have somebody that would go out and help them make the beds, and so on. This is the dream that I have, this is the area, this is number one. And then you go, if the people are still in the home or in what is an enriched senior citizen home, but home care in an institution, in a home, in a large building. Now this care that we're giving, this is actually saving money, there is no doubt about it. Let me tell you that there were close to five, well 4,802 new admissions to this program, and of these, 22.8 percent would have had to be in hospital. Now remember I told you that the average per month was \$70.00, and if these people were in the hospital it would be \$70.00 a day or more, because it's a hospital, and then there's 24 percent that would have needed personal care home placement, so that, you know, that is half of that. There's some that are coming back after the hospital; there are some that got better, and then after awhile they took care of themselves. Now this is what we're trying to do.

You know we've got to get away from this idea that when you reach 65 years old well then you're sent to pasture because you're finished, there is an awful lot of good years for many of these people. And this is why, and I hope that later on we'll be able to talk about the care the geriatric care that we're talking about, where we can help these people, and unfortunately this is not what's been happening here in Canada or in most countries, you wait until a person is so sick and then you put them in a personal care bed and he's going to die there. That's not what we want at all. There's a lot of people that could come in providing they know that they will get care immediately, if they're sick they will have a room in a hospital, they will have a bed for a while, and then, if it takes a little longer, they will go into some kind of a rehab hospital.

My honourable friend he's willing all right, he's a rookie and he's learning, but you know, it's all right to read things and get a bit of information here and there, but

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(MR. DESJARDINS cont'd)make damn sure that you know what you're talking about. For instance, Age and Opportunity work with the aged people that are well, and only in Winnipeg, and for my own friend's information, they do receive a grant of \$154,000. --(Interjection)-- All right, now you know, so be careful when you make statements like this, these people are, but this is not the program that we're talking about at all.

Now, probably the most important thing is the volunteers. And I think I was told, and of all things by a Conservative, that if we're short of volunteers well let somebody know - we're not short of volunteers. We are not short of volunteers at all, it is the community that is short of volunteers, because there is no reason why governments should do everything. Not too long ago I was chastised in this House and I was accused of doing everything possible because I wanted to take over the agencies, and we're talking about agencies that the taxpayers' fund at 100 percent or 99.9 percent, and now we've got volunteers. Where are those agencies? Where are those agencies? What's the matter with the public? What's the matter with the people? It's society that should take care of the volunteers, not the government, not the government, we help. We have people that we help. For instance, we have some volunteers, and we have some volunteers that take care of Meals on Wheels, we assist them, we co-ordinate that. We have the Daily Hello, it's somebody that phones, they have a committee that phone people, older people, and so on. That's a good program. This is the next best thing as going out on visits. And then we have a friendly visiting group also. But there is nothing that prevents my honourable friend to give himself as a volunteer. Fine, organize volunteers in your constituency, and the Member from Fort Rouge can do the same thing. It doesn't have to be the government that has to do all that. Fine. You know, we can't have it both ways. We're told, get that big government out of the way, we don't want any part of it, but then all of a sudden the government is short of volunteers.

I think there is nothing wrong with any of these service clubs or anything, and they do it. You know, we're talking as if there were no volunteers at all, maybe there's not enough, there's not enough. But let me tell you something, the more programs, the more government will do, the less volunteers you have, the less volunteering you have, and that is something that I find in this society is so unfortunate because there's so much work that can be done. And that is not very costly, just a little bit of time, and that probably would be a therapy for the people that are giving this help.

You know, at one time you had to pay to go to the hospital; people were leaving in their will, they were leaving all kinds of money to the hospitals. Now what do you get, what do you get during a year? Nothing, because the government is paying for it. The government is paying for it. So therefore, you know, let's leave a little room for people to do something voluntarily without government having to say, okay, we're going to levy taxes to do it. All right --(Interjection)-- Well, who's fault is that? All right, my honourable friend, my honourable friend who received this watch would like to tell us now that maybe he doesn't like, maybe he doesn't approve of this program. All right, this is what I'm asking my friend, to be honest. Do you approve of this program or don't you? Because I'll know how to deal with your letters when they come in then to help people in your constituency. Then when they come in your constituency. --(Interjection)-- It's not . . . at all, but you can't speak one side, you can't speak one way here and then, well, you know, that's okay for the rest of the people, not the people in my constituency. If you're in favour of this program, fine. --(Interjection)-- I beg your pardon?

MR. CHAIRMAN: Order please.

MR. DESJARDINS: This program is monitored, I think that was the only question beside the Age and Opportunity group, how this program is monitored. This program is --(Interjection)-- I beg your pardon?

MR. CHAIRMAN: I know it's been a little early for the honourable members and the honourable member in particular to have read the list of No - Nos that the Speaker put on your desk this afternoon but perhaps you would peruse them over night and remember that interrupting a member when he's speaking is definitely a breach of the rules of this House. The Honourable Minister of Health.

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MR. DESJARDINS: I heard my honourable friend the rookie mention Mrs. Shapira. I don't know what he means by that. She is the director, she doesn't monitor this. Of course she has to give all the information, get the data; we have to make darn sure that we're not spending more on home care per person than if we had these people in the hospital or in a personal care home, she has to give this information. I mentioned awhile ago the policy committee. I mentioned also that we had a resource branch that looks at the monitoring of these programs. The Management Subcommittee of Cabinet is also monitoring that, and it happens that this program received very very close scrutiny by a special Subcommittee of Cabinet to see where we're going in this area. So I think that it is monitored, I think it is a very good program; I think we're going fast enough. There's always some improvement to make but this is only one of the programs . . . as you notice it is one of our priorities, because it is one of the only programs where we've increased the staff. And again, that is only twice my honourable friend didn't ask me the number of their staff, and that was the two occasions where we increased the staff; he's slipping. We had 93 in 1975/76, and we have 101 now.

I don't want to go into details as far as admissions to the personal care beds because this is the responsibility of the Manitoba Health Services Commission, but it is true that these people are helping and doing the monitoring, and again my honourable friend quoted an article and he has it in front of him; now why doesn't he read the whole article? And if he reads the whole article he will see that it was stated out there that there was a committee set up to do that, that they will give me the report and that there is no government policy established on this yet, if he bothers reading the article; but I will tell him something right now, that it will be on the question of needs only, we will do everything possible to let the board, the group of the personal care home have a lot of freedom in that, but only once we are sure that it will be on needs first. In other words, I can tell you right now, even before looking at the report of staff, or that committee, that we will not have a situation where certain personal care homes will take some people in in less need, while there is some people in need that are waiting for a bed. I don't care which one, this will not be done. After that, when that is done, when we have this assurance that we will take care of the people in need first, in priority, then I'm ready to listen to anything and give them as much leeway as possible.

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. MCKENZIE: Mr. Chairman, it's certainly interesting to the members of the committee that sat in the House when the honourable member sat over here as a Liberal and the philosophy and the questions that he asked in those days, and the way he eulogizes here as the Minister is just unbelievable. This man has been completely turned over by the Socialists and now he is in fact trying to convince me and other members of the committee, and no doubt the people of this province, that he is a hard-nosed Socialist, and I know down deep in his heart, all you have to do is read his speeches in this Chamber over the years, that he can't wear both caps. --(Interjection)-- Well I don't know, but it's very interesting to sit here and listen to the philosophy of this Minister who is carrying I guess the biggest portfolio of all in this government, and so he must be some special person that has these two wisdoms. I wonder when he sits down at the table with his staff, or with the Cabinet, in fact, how he can commit himself to one decision or the other because his record is on the books, and all of a sudden - Well it's interesting. --(Interjection)-- I'll look forward to day care, Mr. Chairman.

I have a couple of questions, Mr. Chairman, and the one that I'm concerned about is this recoverable from Canada that's mentioned. Have you recovered that money? I went through all these figures in the department of funds that's supposedly recovered from Canada, and I just took a quick calculation, it's approximately \$55 million. Can I ask the Honourable Minister, have you recovered all that money from Canada --(Interjection)-- No you haven't. What about the year past? I just wondered and I also wonder, Mr. Chairman, how you arrive at these various figures; is it that Canada negotiates these funds on the basis that they be put into these various lines in your Estimates - in this case it is \$79,100 for Continuing Care Service. Now do you sit down with the Federal Government and negotiate that this '77 year, which we're projecting here now, that you will in fact spend \$79,000, or how is it arrived at, or are you always able to recover all the money from Canada that you project, or how does it work out?

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MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Well, Mr. Chairman, first of all I would like to welcome a debate on any of my past performances in this House because I haven't changed a darn bit. I can tell my honourable friend that when I was sitting there as the health critic for the Liberal Party, I pushed and pushed and pushed for this program, and in no time I can prove that to my honourable friend, so he's a little on touchy ground, and I challenge him on any program because I think I've been as consistent, if not more consistent than anybody in this House in this department. There are certain things that are done that I advocated in a different way, and I still agree with that, I still feel that this is the way it should be done, that doesn't mean that I can't play ball with anybody else. I used to advocate that . . . awhile ago I was going to be embarrassed because I talked about a utilization fee, I still believe in certain ways you need a utilization fee, and I think one of these days we might see it in a lot of ways, we have it in personal care beds, we have a utilization fee. So if my friend wants to make any accusation, but let's not . . . cover the waterfront. Read it anytime - I've challenged you for six years. --(Interjection)-- All right, fine, okay.

In the meantime we can discuss the cost sharing with Ottawa. Cost sharing with Ottawa - there are certain people that qualify under the Social Services, and so on, and our progress - I'm not talking about Medicare and hospital, and so on - we recovered \$51 million last year. It is on certain programs, they have guidelines, for instance, we get cost sharing on day care, we get some cost sharing on this, but this is the exercise, the most important thing going on in Ottawa these days in this field of health, it is the new direction that we will be going. As you know the Federal Government has already served notice on us that the present Act, and so on, will be discontinued in four years, and now we're looking in this area that probably . . . the Federal Government quite rightly insists that we have trade-offs. So I would imagine that soon they will say we will not automatically pay half of all of your acute debts for instance, and this is one of the areas that we have pushed on home care and on personal care beds, which, as my honourable friend might know, there's only three provinces that have such a program of personal care beds that are paid by the public purse, and Manitoba is one of them. And under this, I'm very pleased to know, this is one of the directions that we are increasing this program, because this is one program that we're pretty well assured will be cost shared with Ottawa - it isn't at this time, just certain people who qualify because they are on Social Assistance, and so on. But this will be a universal program. There might be more cost to the province, I'm not saying it's going to be 50-50, that hasn't been decided yet, but this is one of the programs that . . . So, does that answer the question? There's \$51 million last year on the program in the department apart from Medicare but this is a very small group that qualify under this.

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

MR. GRAHAM: Thank you, Mr. Chairman, I would like to address a few questions to the Minister of Health at this time. Dealing with some of the continuing care programs that exist in an area that I know a fair bit about, and maybe some of the urban members don't know quite so much about, and I fully appreciate the fact that they have their problems that maybe I don't know the same degree, or don't have the same degree of familiarity with as they have, but there are areas in rural Manitoba where we have a sort of a one industry atmosphere where everything is geared to the agricultural situation, where in the small villages and towns much as they may like to provide a home care service, we find that there are no individuals available to provide that service because everybody is totally involved in the agricultural picture. I would like the Minister to consider that when applications are made for assistance from his department. I know in an area in my own constituency where there is a definite need for assistance of some kind to the elderly, where the total available manpower source has been exhausted, where those that are living in the village have fully utilized their time so there is no more time for the volunteer services that the Minister talks about; where a need for an acute care system is non-existent, where a need for a personal care type of system is not really justified, but where there is a need for a common community of interest in providing a little bit of assistance to people.

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(MR. GRAHAM cont'd)

Mr. Chairman, I think that it's only fair that I should identify for the Minister an area that is my particular concern at this time, and that is the Community of Oakburn where studies have been made of the area, where the feasibility studies have been done, where there's an exhibited justifiable need for a sort of limited care facility. And that facility may take the form of maybe even a senior citizen's home where you can get 15 or 20 people or couples under one common roof; where one person alone could provide a little bit of assistance to each and every one of them and still fully utilize his time; where the individuals are living in their homes, that one individual could probably only service two or three people, but if they were living under a common roof and in a common area, one person could look after 15, 20 or more people. So I think there is a need for that type of service. And that need has been demonstrated by surveys that have been taken. It has been basically approved, and then everything is turned over to the Manitoba Housing and Renewal and it is shuffled under the table and forgotten about, so that the people don't know where they stand. So I would urge the Minister to re-evaluate the need for that type of service, and if he has any influence I would urge him to move that up a little higher in the priority bracket so that those needs could be accommodated and the people of the area serviced in a manner that is I think consistent with the needs that are expected and promised by the present government.

But now having said that, Mr. Chairman, I would like to go back to one or two of the words that the Minister has suggested here. When he talks about a limited type of care that is available and then he talks about going into Phase 2 of a service to the community, I would like to ask the Minister if in fact he has reached that level of supplementary that he so calls his Stage 2 Program; and if he has, if that service is available throughout the entire province or whether it only exists in a few communities. And if there is an inconsistency in the level of service that is provided to all parts of our province, then I would hope that the Minister would do everything he can to eliminate some of the inconsistencies that exist in his program.

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Well, Mr. Chairman, the honourable member talks about enriched senior citizen homes. I can't see anything else, and we've covered that. And this is not the Home Care Program. The Home Care Program is to keep people in their own homes, not to bring them under the same roof. That is another program, and certainly not covered at this point.

Now as far as the old Stage 2 that we used to refer to, that is going on in many communities. But I'd like my honourable friend to remember that last year the commitment that I made, that it was these members across from us that insisted that this will be done with the will of the community. It's not a question of being inconsistent, either you make up your mind and you tell the government you do this, you just decide what you think is right and do it with or without the wish of the people or even the co-operation of the people in the community, or you go along with them. And this is exactly what's being done. There was an Act passed last year, we've been working with different groups, the regulation will be coming in. But besides that, we have been discussing that in the rural areas all over the place. Whenever there's been an application, we've sent people to see their need, to advise them, but they're the ones that decide if they want for instance Phase 2, which is marrying the boards in the acute hospital and the personal care hospital so we'll have some kind of co-ordination and be able to place the people in acute beds that need acute beds. But that is being done, so unless I misunderstood my honourable friend, I don't know where we are not being consistent. It's a question of certain areas want certain things. --(Interjection)-- Well, I would appreciate that.

MR. GRAHAM: Well, Mr. Chairman, maybe I didn't put my case too clear to the Minister. I told him - at least I thought I told him - that where there is no longer the manpower available to provide a home care facility that would meet with the recommendations that he has set forward - and I have no kick on the application of the Home Care Program - but when you're in a community which is totally involved in a one-industry atmosphere, there comes a time when there is no local manpower available, whether it be

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(MR. GRAHAM cont'd) on a volunteer or a paid basis, to provide a limited type of home care facility, because the people are totally involved in another type of life. So you find a community where there is a high degree of retired people, people that are well up in years who need a limited amount of assistance but that assistance and the manpower to provide it is not available in that area, then I suggest maybe we should be looking at expediting another form of assistance which would make a maximum utilization of the manpower that is available. And it's not inconceivable in a community of two or three or four hundred people that there is probably only three people available to provide the home care services that the Minister is expecting, so you have to make a maximum utilization of the manpower that's available at that time.

But, Mr. Chairman, I want to come to another aspect, and it was one that was brought up by the Minister himself. It concerns me because it concerns every part of rural Manitoba. If there is going to be a reduction in the acute care beds in the rural areas of Manitoba, then there is going to be available a corresponding amount of space which could be used for an alternate method. Now the Minister also indicated that he was in favour of a small fee, and I would ask the Minister if the present fee that is applied to Personal Care Homes - I believe it's in the neighbourhood of \$5.60 a day - if that fee would be available to the Boards of the various hospitals if their acute care beds - and I'll take an example, a 50-bed hospital in rural Manitoba is cut down to 25 active beds and there's 25 beds available for personal care or nursing homes - will that \$5.50 a day be available to the Board on a fee basis?

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Mr. Chairman, I would hope that my honourable friend could be a little more specific when it comes to home care. I don't say that we have no problems at all, but in general we're not doing too badly with volunteers. I'll try to get the information in this area for tomorrow. At least I've got WestMan. I can say that there's 506 homemakers in there: 267 nursing; 49 LPNs; 40 orderlies; physiotherapists 56 and volunteers 15. So it isn't that bad. And that together with the personal care . . . my honourable friend is saying, if you haven't got home care, you're going to have an institution. Well, that's it, that's right. This is why we're trying to do the reverse, do everything possible to keep the people at home. I don't want to be the one to tell them, you sell your house and move into a commune. I don't want to tell them that. As much as possible we'll keep them in. And it's doing quite well, it's doing quite well.

Now you have personal care beds also, in many of these areas they have. My honourable friend - there was a question that was asked of me today about the closing of beds. Well there is two things. There is no doubt that there are too many acute beds in some areas, especially in the rural areas. So what we're trying to do, we discuss with these people, especially in areas where they need personal care beds and we make a redistribution of beds, more personal care beds if they're needed. But, you know, these people are coming here from the rural areas, they say we need personal care beds. Well, we'll say all right, but we talk to them and we'll say okay, on one condition - we'll take advantage, and that we will do, we will grant that providing . . . We try to put a little bit of order. We try to marry the Boards, get the same people responsible in a small community for the administration of all beds, I think that's where we'll get the best use out of them, and then before we decide that we're going to build more personal care beds, we make a redistribution of the present beds. Now my honourable friend is saying if we have, like in these personal care beds we have, I think it's \$5.75 a day --(Interjection)-- Well I think it's up - isn't it \$5.75 now. I think it is \$5.75. Anyway I would say . . . We look at the budget of these hospitals. We're paying the whole cost now, so we're not going to . . . if my honourable friend is saying well, over and above that are we going to turn that over to the Boards. No, that is a revenue against their deficit or against their expenses, that's what it is. That helps to pay. If their per diem is \$15.00 and if we collect \$5.75, well there's \$15.00 less \$5.75 that they're going to get. We're not going to have that just so there'll be some other programs. It's costly enough now. And as I say, this is only one of the provinces, there are two or three provinces that cover personal care, and we don't intend to say to the Board, well here, there's \$5.75 that you can play games with that. That will go for the budget.

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

MR. GRAHAM: Well, Mr. Chairman, I fully realize the position the Minister is in. But I hope that he realizes the position that local hospital boards are going to be placed in, because if they cut down the active treatment beds in their hospitals, the Minister, and quite rightly so, is going to demand a decrease in staff. But there are certain things in a hospital or an institution that cannot be decreased. I'll give you an example, a caretaker. If you've got one caretaker, whether you have 50 beds or 25 beds, you still have to have one caretaker. You still have to have one cook; you still have to have one maid; you still have to . . . There are certain things that cannot be decreased even though you cut out the active treatment beds. So I'm asking the Minister, if you're going to cut down the active treatment beds and demand that the hospital boards reduce their budget or cut down on their services entirely, and that's not completely feasible . . .

MR. DESJARDINS: On a point of order, Mr. Chairman.

MR. CHAIRMAN: The Honourable Minister of Health and Social Development on a point of order.

MR. DESJARDINS: Mr. Chairman, I think that you've been quite generous in letting us cover this and leave the subject a bit. But now this has gone a little too far, we're strictly talking about the hospitals and the hospital budget. I think I know what my honourable friend is driving at, and I wonder if we could wait until we deal with the Estimates of the Manitoba Commission.

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

MR. GRAHAM: Mr. Chairman, the point is very well taken. But the point is also very well taken by the people in Manitoba. They want to know from the Minister whether or not he's going to be able to allow the boards to collect that money. And that is the urgent question in Manitoba today.

MR. CHAIRMAN: Order please. The honourable member will have an opportunity under Resolution 63.

MR. GRAHAM: You refused to answer.

MR. CHAIRMAN: Order please. The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Mr. Chairman, I must rise to oppose the last statement that my honourable friend said, that I've refused to answer. All I said to my honourable friend is that we wait till this is in front of us and I certainly will give him all the information that he wants, and probably a little more.

MR. CHAIRMAN: The Honourable Member for Crescentwood.

MR. WARREN STEEN (Crescentwood): Mr. Chairman, we're on the Home Care Program I trust, but I notice that we've touched all bases, and then a little bit more. I was pleased to hear that the Minister said that he's in favour of service clubs and in favour of the volunteer input that the various communities have, and that he also favours a utilization fee. I think that maybe the Minister has gone the full circle. He's gone from the Liberals to the NDP, and perhaps he might make a good Minister of Health in the future Conservative government. But the Minister talks about the Home Care Program. There's an aspect to the Home Care Program which I'm not sure whether it comes under this particular item in the Estimates or not, but I've gone through the Estimates and I've asked a number of more senior members in the House where this particular item comes under, and that is in regards to the VON Program. I notice the VON Program is a form of public health nursing and it's also a Home Care Program, and I would like to know from the Minister in regard to the VON Program. --(Interjection)-- Am I out of . . .

A MEMBER: No, right on. Go ahead.

MR. STEEN: All right. In regard to the VON Program, the Victorian Order of Nurses Program, the Minister speaks of a utilization fee that he is in favour of. Some years ago the Victorian Order of Nurses Program charged a fee, and this is about seven years ago, their fee was anywhere from ten cents per call to \$4.00 per call. Four dollars at that time was the maximum charge per call. Naturally that per call charge is up likely in the area of \$6.50 or \$7.00 a person now. But today there is no longer a fee

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(MR. STEEN cont'd) charge for the VON Nursing Program. It's free to anyone who thinks they need the program. Therefore we have lost the advantages that a utilization fee would bring upon such a program. Today every Tom, Dick and Harry thinks that he or she should have the access to a VON nurse, and the VON nurses just can't keep up with the workload. In those days of six or seven years ago the VON was funded by municipal grants, fees charged to the various patients that they were serving, and provincial grants. Today the VON doesn't get a municipal grant, nor do they get fees from the persons receiving the services, they are strictly at the will of the Provincial Government. So we are losing some of the volunteer input from the VON Program, because today they get their moneys from one agency of government, therefore do they need the volunteers that sit on the Board of Directors any more? I question and ask the Minister that.

Secondly, another problem that appears to occur regularly with the VON organization, and this was occurring before the present Minister was Minister, even when the Minister of Tourism was the Minister of Health, is that the VON never seems to know at the start of the year what the form of and what amounts of money they're going to receive from the Provincial Government. So they're always in difficulty in planning their future year as to the number of nurses to hire, the number of patients that each nurse is going to be prepared to call on and service. So I would as the Minister, if there's any chance that they can give a VON a year's notice as to funding, so that they can plan the next year, and if he is prepared to say to them, all right, if you're getting X number of dollars we expect you to make X number of home visits for that amount of moneys rather than also leaving them in limbo. I ask the Minister again, is there a need today for the volunteers that sit on the Board of Directors of the VON since all the funding seems to come from his department?

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Well again, there is a new member who hasn't got all his facts straight. First of all, as far as the Board of any agency, far be it for me to tell an agency that you should have a board or not have any board, this is something that they will have to decide themselves. Now I think my honourable friend is saying in effect what the Minister of Mines mentioned a while ago, are there volunteers where you get all your money from the public purse? Now let me tell my honourable friend that these people are on a contract. They are very pleased, if they're not pleased they're not telling me. We've got nothing on record to say that they're not pleased or to substantiate what my honourable friend has said. They come in every year with a budget, and we look at the budget. They know what they're going to have, they're going to get so much per visit.

My honourable friend said the volunteers. These people are not volunteers. The board might have been volunteers. These people are nurses that had to be paid, and now we've contracted with them and they service home care, the nursing part of it, in the Winnipeg area, and they're paid so much for each visit. Now the only concern that they've had I think is with the changing and always trying to get the, as I've said, the best for our money and to have nurses do nursing, and we have homemakers now, where at one time the VON was doing some of the work that is now being done by the homemaker and this is not going to be done any more. We need nurses. There was a shortage of nurses not too long ago, now it's a different story.

I personally have had at least two meetings that I remember with the VON. They're looking at new roles for the VON. They've been very good meetings. They realize themselves that maybe times have changed, that they don't do all the work that was done before. They do the work done by a nurse because we have homemakers, we have helpers and so on in this area and we don't want them to do that any more. Not at \$10 something a visit, or whatever it is. So, I don't know, my honourable friend might be talking about a problem that existed a few years ago, but not now. The only problem is, the changing times, they appreciate that, and so do we, and we're working together to see if we can take advantage of their service because they have been very very good and they've done tremendous service to the people of Manitoba.

MR. CHAIRMAN: The Honourable Member for Crescentwood.

MR. STEEN: Well I'm pleased to hear the Minister say that homemakers are relieving the nurses of some of their duties. I do know what the VON do. My wife was

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(MR. STEEN cont'd) a VON for a number of years, and many times she went in and gave elderly people baths and so on, and these are functions that an RN in my opinion should never be doing. I am sure that we have people less skilled and perhaps greater brawn that can go into these homes where we have elderly people that need such care and that the VON should be spending more time doing professional services. So I'm pleased to hear that. I am pleased also if the Minister is correct when he says that the relationship with the VON is good and that they are on a contract and that they're happy. I have heard differently, but I'll take the Minister's word for the time being.

MR. CHAIRMAN: Resolution 58(g)(1)--pass; (g)(2)--pass; (g)(3)--pass; (g)(4)--pass. 58(h) Personal Development and Rehabilitation Administration, Salaries, (1) \$188,600. The Honourable Member for Rhineland.

MR. BROWN: There's very little information about this particular item given in the Annual Report. I wonder if the Minister could outline some details. I wonder whether this is the group of advisors who recommended the purchase for one dollar the institutions in which the government has participated in grants for the mentally retarded. Much of this money was raised locally and I was just wondering when they purchased these, whether some of this money would be returned to this organization that has been raised locally.

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: This was covered. The whole night we went through the whole thing, but this is not the area now. I think I explained how we were dealing with these people. And I'll repeat, but I'm not going to be engaged in a debate again. We've had this debate. All we're interested in is in protecting the equity of the public purse, that's all. We don't intend to take anything away from anybody.

MR. CHAIRMAN: The Honourable Member from Rhineland.

MR. BROWN: In that case then, the money that was raised in grants for some of these institutions is that what we returned to that particular organization again, or what is the plan there?

MR. DESJARDINS: We've only had two agreements signed, and I'm certainly not, with this information, that's not enough information that I can make a flat statement, it depends where the grants came from and so on. If the grants came from the taxpayers' money, it's the taxpayer's money. Now if my honourable friend is talking about, I kind of suspect that he's talking about one in his constituency, or very close to his constituency, we're negotiating with these people now on this thing. But I repeat, we're not interested in trying to take anything away from them at all.

MR. BROWN: Well I didn't intend to engage in a long debate on that particular topic, I just wanted some information. But the Minister tells me that this is really not the right item on which to discuss this, so I wonder if he could outline really what are we discussing at the present time?

MR. DESJARDINS: I think if my honourable friend can read the short description to start with, that should give him a pretty good idea, and then I'll try to answer his questions.

MR. CHAIRMAN: The Honourable Member for Wolseley.

MR. WILSON: Mr. Chairman, I wondered if the Minister could tell me where I might enter a plea on two projects. One I believe is associated with his department outlet, RUT, 189 Evanson, and it says here that the office co-ordinates development. Are these the people that make the decision on who will be funded by the government and who might not be? Because there's some indication, and there was a plea in the monthly News Letter that their funding would be stopped. And we were very concerned that this post-psychiatric program - as you know over the last several years most of the post-psychiatric people have moved into Wolseley, and because of the social programs - and I've been there - it would seem a shame after all of them have relocated in the particular district to sort of yank the funding at this time. I wonder if the Minister could indicate is this where I could speak on that or does he have a positive approach, that you are going to go back in and help out this group?

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Can you be a little more specific? Are you talking about the program that was supposed to be at Grace, or what?

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MR. WILSON: Yes.

MR. DESJARDINS: No, that is cancelled, we have no program at Grace now. So if you want to make your speech, go ahead.

MR. CHAIRMAN: Resolution 58(h)(a)-pass; (b)--pass; 58(j) Rehabilitation Services to Disabled, Salaries, \$125,400. The Honourable Member from Rhineland.

MR. BROWN: I understand that this is the rehabilitation services for the physically and the mentally disabled. I would just like to know, Mr. Minister, what are we going to do to employ those people that are capable of being employed? The major problem for those people who are physically handicapped and employable is transportation. I understand that presently there is no transportation assistance for those people who are physically disabled, and if these people obtain employment, the cost of transportation for them to and from work will run anywhere between \$7 and \$9 per day. Transportation assistance for the employable physically handicapped is a necessity, and we should give more transportation assistance also to those who are unemployable. Presently I understand that for one dollar they get one trip per month to go and see their doctor, the rest of the time they are confined to their quarters, and I feel that certainly more could be done in this particular area. And I would like to know what program we have for the rehabilitation for the mentally disabled, what program is being carried on in this province.

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Well, Mr. Chairman, on the first count my honourable friend is wrong. We have assistance for travelling. Very close to his constituency for instance they have a bus that take the people from Morden to your home town of Winkler, and so on. So I don't know where you get this information. As far as what programs we have, it's the workshops. Physically handicapped - well we're talking about the mentally handicapped here - in fact the same answer for that group also.

MR. CHAIRMAN: Resolution 58(j). The Honourable Member for Sturgeon Creek.

MR. F. JOHNSTON: Mr. Chairman, it has "provides rehabilitation for service to physically and mentally handicapped." I wonder if the Minister could tell me if they have increased the program or are continuing the program where a person is in a nursing home and needs some physiotherapy, a person with a stroke that has to have physiotherapy which enters into this. I know that there was a time when somebody in a nursing home could be picked up once a day or once a week as it was required to go over to one of the rehabilitation hospitals and have therapy for their problem, and in many cases when older people with strokes this was a tremendous benefit to them from the point of view that they would have the feeling that they were being worked with and they were possibly having every chance of overcoming their physical problem in this respect. Is that program still being carried on?

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Mr. Speaker, I believe that that program has been increased. It's not too long ago, I think it was only the rehab hospital where they had a physiotherapist that was covered under the plan. Now most of the hospitals have them in rural areas also, and people are certainly free to use them.

MR. CHAIRMAN: The Honourable Member for La Verendrye.

MR. BANMAN: Thank you, Mr. Chairman. I would just like to speak briefly on a subject of concern in my constituency and that is to do with the Sheltered Workshop Program, and I believe that this is probably the area that we should be talking about it. I believe it's now just about two years ago that we had a group of students in the Steinbach area that received government funding for the summer months, and they prepared and did quite an extensive survey on the feasibility of having a Sheltered Workshop within the town of Steinbach which would then serve the rural areas as well. To date I think that not too much has happened and I wonder if the Minister could tell me at this time if the department is going ahead with Sheltered Workshops in any specific areas, and of course specifically whether there is any activity with regards to the one that received fairly substantial coverage, like I said, in the report. I think it showed that we did have a group of people there that were somewhat mentally disabled but were capable of working in a workshop of this kind.

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

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MR. DESJARDINS: I haven't got all the details on Steinbach but I can tell my honourable friend that within the last year - I think it's a year, or maybe thirteen months - we've increased the grant for each person from \$50 to \$80 in those workshops. So we certainly increased that, practically doubled it. There's more details on Steinbach, I'll take that as notice, but I'd like to have the specific questions that my honourable friend would like to give me.

MR. BANMAN: Yes, I understand that the Shelter Workshop Program - as the Minister knows we've more or less had a group of people in Steinbach that have really pioneered a lot of the workshop for these people that are mentally handicapped, and we've had a group of people doing a tremendous job out there. Now the survey that I referred to specifically is a more advanced type of workshop. Right now we have a group of people in there that are working, are making, manufacturing everything from signs to park benches and they're doing a tremendous job taking care of these people and also doing service to the community as far as producing things that can be bought by different people. But I understand that the Sheltered Workshop Program was going to go one step further and would be for those people who are not as severely handicapped as a lot of the other people that are presently employed in the one we've got there.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: All I can say to that, Mr. Chairman, that if their application ends, if their program is in the department it's being assessed now, and they should be informed fairly soon. I can't give any detail on that, it's being assessed now.

MR. CHAIRMAN: The Honourable Member from Minnedosa.

MR. DAVID BLAKE (Minnedosa): Mr. Chairman, just while we're on this particular item of workshops for the mentally disabled, I would like to briefly touch on the one in my constituency, I refer to the Rollingdale Home in Cardale that the Minister is aware of, and I would like to know if the reports and the progress of this home that he is receiving verifies the feeling of the people in the area. This home was started on a volunteer basis and there's been some tremendous work done in that home, they renovated an old school house and have added some additional facilities. They do everything from refurbishing furniture and last summer they went into a garden operation and had a massive tea with an auction sale and sold the garden produce and whatnot and the number of patients or clients, whatever we should refer to them as, has increased and now we find that there is even a greater demand, there are people showing up in a radius of 30-40 miles that want to come to this particular home. And I just wondered if the reports that the Minister is receiving are as encouraging as those that I get from the people involved in the program, most of them on a volunteer basis.

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Yes, Mr. Chairman, we're very pleased, it is rather a new one as far as the government is concerned, I think we just started funding it. It's Cardale that you are talking about isn't it? All that I hear is quite favourable.

MR. CHAIRMAN: Resolution 58(j)(1)--pass; (j)(2)--pass. The Honourable Member for Wolseley.

MR. WILSON: Mr. Chairman, I wondered if I might ask the Minister a question under this section if we're dealing with the physically handicapped. Is there anyone in this department that monitors the programs of the Department of Public Works? I'm concerned that if there's not an exchange of information that many of the new public works might not have facilities for the disabled and handicapped, mainly the wheel chair people to get in and out. As you know, in my reply to the Throne Speech, I criticized the government for Memorial Ward washroom, which of course lacks facilities for the disabled and the handicapped, and that's the kind of thing that I'm concerned about, is that if the government is building public buildings that the Minister should have somebody in staff to exchange ideas with the Minister of Public Works to see that, to make that allowance.

MR. CHAIRMAN: Order please.

MR. DESJARDINS: Mr. Chairman, just to help my honourable friend. This is the responsibility of Public Works, and they're aware, it's not a question of duplication, this is something that you're dealing with buildings and so on, they are aware of that and I think that we have certain legislation also and this should be discussed with the Minister of Public Works.

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MR. CHAIRMAN: Resolution 58(j)(2)--pass; (j)(3)--pass. The Honourable Member for Rhineland.

MR. BROWN: I wonder, Mr. Chairman, whether the Minister can give us any indication of how many mentally retarded or physically disabled people are receiving assistance under this expenditure?

MR. DESJARDINS: Are there any other questions while I try to get that information.

MR. CHAIRMAN: Resolution 58(j)(3). The Honourable Minister of Health and Social Development.

MR. DESJARDINS: 1,255.

MR. CHAIRMAN: 58(j)(3)--pass. (j)(4) External Agencies--pass. 58(k) Institutional Menatal Retardation Services - Salaries \$13,547,500. The Honourable Member for Rhineland.

MR. BROWN: I wonder, Mr. Chairman, whether the Minister can tell me how many people are employed in that salary; I would like to know, also, how many licensed psychiatrists are working under that particular salary.

MR. DESJARDINS: There is approximately 25 psychiatrists, and 1975-76 there were 1,277, it is now 1,202, there's a reduction of 75 staff man year because they're being re-deployed on the staff of Community Field Services. This is the idea, we're as much as possible going to the community with these people instead of just sending them either in Brandon and Selkirk.

MR. CHAIRMAN: The Honourable Member for Swan River.

MR. JAMES H. BILTON (Swan River): These people that the Minister mentions that are being distributed into the homes as I take it and receiving treatment, do they get psychiatric treatment these people, by visits to their homes or do they have to report to the institution?

MR. DESJARDINS: I think that eventually we'll have some smaller community residences also where they'll have permanent stay, but many of them will be going to a day care program and also to the hospital and so on. They're not in-patients, but they're coming in the ambulatory work of the hospital services.

MR. BILTON: I consider it an excellent effort, Mr. Minister. Would it be possible for you to give us some idea as to the number of patients that are under this plan that you just outlined?

MR. DESJARDINS: I think that I'll have to, if I can find the patients, I'll have to take that as notice. We have less patients now in both Brandon and Portage, but we're going in that direction, we're just starting now, it hasn't gone that far yet but we're progressing in that direction. I want to say that there was another facility that we had that we've closed and we're going to save money. It's the Eden facility.

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. MCKENZIE: Mr. Chairman, I wonder in regard to the Health Centres that's mentioned under item (k), what type of supervision in the cleaning services, and the one that comes to mind is the Brandon one where people from my constituency have been patients in that Brandon Hospital and the odor in there when the families went to visit them was so bad that they couldn't even go in the building. They've been in touch with the staff and got kind of brushed off as if it wasn't a serious problem, but I assure you it was a serious problem because I checked it myself. I just wonder if the Minister has any knowledge of it and if in fact that it deserves his attention, but the occasions that were drawn to my attention I went there and personally seen how bad it was.

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Mr. Chairman, before this backfires I'd better explain something here, I made a statement that is not correct. I thought I'd have a rise from the health critic of the Conservative government. I said that we would close the Eden facilities and I didn't even see him blink. That's not true, it's doing quite well.

What can I say to my honourable friend. I remember the odor in this building was very bad not too long ago and I asked the same question. I thought I was in a barn somewhere for a few days. I'm sure that we have a very good staff out there who are

(MR. DESJARDINS cont'd) doing . . . the conditions are not always the best as my honourable friend knows, I would imagine that all we can do if there is any other time that you have the same problem is bring it to the attention of the administrator, I'm sure that they would know themselves, but if it's something that was lasting for awhile I'll investigate. Do you know if that's been corrected, my honourable friend know, or is that still . . .

MR. CHAIRMAN: The Honourable Member for Roblin.

MR. MCKENZIE: Mr. Chairman, the one patient was removed and the other one is now deceased so I wasn't back again. This was over the space of about 30 days and I'm sure that the staff knew about it, because I drew it to their attention and the parents of the family drew it to the Administrator and to the cleaning people. Whether it was an oversight or whether . . . I just thought I'd alert the Minister to it, there might be a problem there, it would be worth reviewing at some future date.

MR. DESJARDINS: Excuse me, I know that I visited Brandon and I didn't see any problems as mentioned.

MR. CHAIRMAN: The Honourable Member for Fort Garry.

MR. SHERMAN: Mr. Chairman. I would like to ask the Minister if this service includes any services of a psychiatric or mental health or therapy nature that go into the prison system in the province, that go into, for example, Stony Mountain Penitentiary, or what services are being maintained in that sphere, or does this come under a different appropriation. I note that later on we're dealing with Psychiatric Services under Central Medical Services and if he wants me to withhold my question until we reach that vote then that's agreeable.

MR. CHAIRMAN: That would be under Resolution 59(b).

MR. DESJARDINS: It would be under Forensic . . . Oh yes, it would be on page 29(b) Central Medical Services. --(Interjection)-- 59(4) Central Medical Services (b) Psychiatric Services.

MR. SHERMAN: Okay, that's fine, Mr. Chairman.

MR. CHAIRMAN: Resolution 58(k)(1). The Honourable Member for Rhineland.

MR. BROWN: I would just like to have the Minister clarify the statement that he made on Eden Mental Health Centre, that Eden Mental Health Centre was going to be closed. As far as I was concerned I thought that the Eden Mental Health Centre was serving a need in the community and was doing an excellent job, so I would just like to have some clarification from the Minister on that particular item.

MR. CHAIRMAN: The Honourable Member from Wolseley.

MR. WILSON: Mr. Chairman, my question is one because I too am concerned about the aspect of human life and I tried to get information from the Minister of Corrections. But I wondered, do you keep track of how many people when they're into these institutions would commit suicide, do you keep track of those figures?

MR. DESJARDINS: No, I don't.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I have one set of questions for the Minister concerning the rights of prisoners in the mental institutions - the patients, pardon me. A slip of the tongue, Mr. Chairman, it's that time of night. I guess the issue I really would like to raise in this respect is the question that has been brought to my attention by several people, that many times patients who are put in mental institutions by psychiatric order or by whatever means are not always first given the full information about what their rights are as patients; this involves things like being prescribed treatment, particularly shock treatments without first their approval and secondly, knowing what the full impact of those particular treatments are, which I believe is not the way that patients in normal hospitals would find it. While there is always a fine line between the rights of the doctor to prescribe treatment that usually there is some degree of voluntarism on the part of the patient to agree whether in fact they would be given those treatments.

I would simply like to know really, Mr. Chairman, from the Minister, whether there is that kind of problem or kind of difficulty in the treatment in mental institutions, whether in fact there is a very clear delineation of the rights of patients in these institutions and the right to know exactly what their position is, what treatment is prescribed

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(MR. AXWORTHY cont'd) and that they will in fact be afforded the right to agree or disagree with that treatment or have rights of appeal in certain circumstances, I would be interested in knowing that.

MR. CHAIRMAN: The Honourable Member for Minnedosa.

MR. BLAKE: Mr. Chairman, I just want to go back to an answer the Minister gave a few moments ago, where he said he had no record of the number of suicides in mental institutions. I find that a little hard to comprehend. You mean there's no record kept of the number of . . . --(Interjection)-- your department, he's referring to your department, that's a bit of a sly answer. Surely there's some record kept of the number of suicides in mental institutions in Manitoba.

MR. CHAIRMAN: The Honourable Minister of Health and Social Development.

MR. DESJARDINS: Mr. Chairman, like every hospital and so on you keep records, I imagine that in an institution if there are so many suicides that the death certificate would show, the death certificate of any people that died in Manitoba it will show as suicide, yes. The Vital Statistics would have that, but I don't keep that.

While I'm on my feet - there's some people that are admitted voluntarily, then you must have their permission before you get these treatments. Others, it is considered the proper treatment, and they try to explain to the patient but you don't need his signature and his okay on that.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, I wonder if the Minister might not be prepared to take a look at that particular issue. Whether in fact he would be satisfied and the government would be satisfied in the care and treatment of patients in the mental hospitals, whether in fact they are being afforded what would be the standard rights of individuals in this kind of case and that they would not in fact have some of these rights infringed upon for treatment reasons.

Again I raise the issue, Mr. Chairman, not from a basis of a great deal of knowledge, but from certain representations that have been made to me concerning this problem, and from the sense I must rely in part upon the ability of the government itself to examine the issue, and I wonder if it wouldn't warrant some attention being paid to it simply on the basis that if there seems to be problems being raised then it would seem justified to at least examine to what degree we could establish a basic standard of what the rights should be and if it does require changes in the Mental Health Act or otherwise,

MR. DESJARDINS: Excuse me, if I may, the whole question, and we could probably be in quite a debate here because at times I think we could probably prove and our provincial psychiatrist, that at times we should have more rights to help the patient. But anyway the Law Reform Committee is looking at the whole thing. It's possible that we might have a change and new legislation or amendments to the legislation.

MR. CHAIRMAN: The Honourable Member for Minnedosa.

MR. BLAKE: Thank you, Mr. Chairman. I don't relish pursuing this particular question but if I were to ask the Minister how many suicidal deaths there were in the Selkirk Mental Health Centre say in the past year, how would I get that information, or how would he get that information to pass it on to me. What I'm saying, they must be aware of the number through his department somewhere.

MR. DESJARDINS: I think that maybe you should start by looking at the Annual Report. I believe that this might be in there. If not, I would have to get this from Vital Statistics to dig it out and so on. I'm sure that we can get that information if need be. --(Interjection)-- Fine. Well, I said Vital Statistics, that any time a person dies in Manitoba there is a registration form that has to be filled before a burial permit is issued and the doctor or the pathologist or the coroner must fill this and there is a box there that will give you the cause of death. So we would have that, it might take a while before we can get that information. I don't know if they keep records, the Administrators of these hospitals but I don't imagine it happens that often, he would be pretty close stating that, you know, the number of these. --(Interjection)-- Yes, I would hope that there's not that many that they'd get lost.

MR. CHAIRMAN: Resolution 50(a)(k)(l) . . . The Honourable Member for Wolseley.

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MR. WILSON: Mr. Chairman, the reason for raising that is because I raised the same thing with the Minister of Corrections, the care and treatment of people. If we are suffering a certain percentage or a certain amount of people, I want to be satisfied; if the number is low then I would be extremely pleased. If the number is increasing then I have to ask myself the question, as a member who examines the estimates of \$16 million, are we doing everything to prevent these suicides, what precautions, and what is the government's existing policy for prevention of these types of things occurring and maybe some time later on the Minister could supply us with that information.

MR. DESJARDINS: You know this kind of question, what am I going to say! I don't think that you can control all the suicides and, of course, especially in an institution like that everything possible is done to prevent that. In Manitoba last year, all Manitoba, that's not in any institution, there were 101 suicides - known suicides. There might have been a lot of accidents, car accidents, that are actually suicide. People just met another car dead-on or hit a post or something, a pole, I don't know, but the known suicides, there were 101 in Manitoba last year.

MR. CHAIRMAN: Resolution 58(k)(1) --pass; (k)(2)--pass; (k)(3)--pass?

MR. SHERMAN: No, Mr. Chairman.

MR. CHAIRMAN: The Honourable Member for Fort Garry.

MR. SHERMAN: Just one question, Mr. Chairman. I'd like to ask the Minister, what is meant by External Agencies under Institutional Mental Health Services.

MR. DESJARDINS: There's the Canadian Mental Health Association who provides community-based rehabilitation services to ex-patients from these hospitals and persons in the community with mild disorders. There's a \$33,000 grant and that is the funding of the Eden Mental Health Centre which is \$594,000.00. That's it.

MR. CHAIRMAN: (3)--pass; 58(l) Institutional Mental Retardation Services (1) Salaries. The Honourable Member for Rhineland.

MR. BROWN: I wonder if the Minister can tell me how many people are involved in this expenditure of \$6,965,000?

MR. DESJARDINS: It's the same answer, not the same number, but the same answer that I gave on the other item. There were 757, now there is 716, and that's a reduction of 41 staff man years redeployed to the staff of Community Field Services.

MR. CHAIRMAN: The Honourable Member for Minnedosa.

MR. BLAKE: Mr. Chairman, I'd like the Minister to comment on the facility at Ninette, the Pelican Lake Training Centre, and could he tell us how many patients are there, and the plans to increase the number of patients, are they working out satisfactorily, and is this facility going to be maintained and possibly upgraded?

MR. DESJARDINS: It's providing 70 beds to alleviate the overcrowding of the Manitoba School, and it's working very well, and we want to keep the same number, we don't want to expand that number. That's enough.

MR. CHAIRMAN: 58(l)(1)--pass; (2)--pass; (3)--pass; (m) Dental Services (1) Salaries. The Honourable Member for Rhineland.

MR. BROWN: While we're on this particular item, I wonder if the Minister could tell us how many people were employed in that particular item. In 1974 we had an expense of \$457,000, and how many are employed in that particular item, now there is \$795,000. I would like to know that these dental nurses and so on who are taking training in Saskatchewan whether they are being paid while they are receiving their training, and I also would like to know whether the cleft palate children are going to be covered under this particular program? As you know, Mr. Minister, I came to you with a case the other day where it was supposed to cost this family \$5,000 for dental care for their child who had a cleft palate and I would like to know whether cases such as this are going to be covered under this particular program once it is implemented.

MR. DESJARDINS: Mr. Chairman, I think that perhaps I should make a short statement on that because this is a new program and then we can go from there.

I'd like to say that the Manitoba Children's Dental Program will begin in the Interlake Region, the Duck Mountain and Swan Valley School Divisions and the City of Flin Flon. In the Interlake the following school divisions will be covered: Evergreen, Interlake, Lord Selkirk, Lakeshore, Karpaty School District, Frontier School Division in the Grand Rapids

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(MR. DESJARDINS cont'd) area and part of the Whitehorse Plains School Division. All parents in these areas with children six years of age, as of September 1st, 1976, will be notified and will be requested to fill out forms authorizing treatment for their children. The services will be provided in the child's own school wherever possible, and in some schools existing space will be renovated and in smaller schools portable equipment will be used. A dental van will be used to provide back-up service to more remote areas. The initial examination and treatment plan will be done by a dentist. The examining dentist will prescribe services to be done by a dental nurse and those which must be referred to a dentist, and all special cases such as handicapped, retarded children will be referred to dentists. Dental nurses will undertake prevention and treatment procedures under the general supervision of a dentist.

If agreement is reached with the Manitoba Dental Association, a fee for service referral system will be established. Parents whose children need referred treatment will be able to go to their family dentist if the dentist has agreed to opt-in to the program. All dental work authorized under the program will be paid for by the government.

Services covered by the program include X-rays, clinical diagnosis, preventive treatment such as cleaning and fluoride painting, fillings and extraction of baby teeth. Parents not wishing to register their children for the program will not be reimbursed for the cost of dental services incurred at private dental offices. Children entering the program would be recalled and examined yearly.

By placing dental clinics in schools, the department will want increased public health services to school children, minimize transportation of children and cause less disruption to classes.

Dental nurses will be trained at the Wascana Institute of Applied Arts and Science in a two-year course and they are on a bursary. The department has requested the Government of Saskatchewan to supply 40 additional spaces for September, 1976 and students will be recruited from Manitoba in the main. However, there will be a need during the first few years of operation to import some nurses from Australia or Great Britain and we will recruit some nurses there. For the program that we had, there were 52 1/2, and now there are 73 1/2 for this year.

MR. DEPUTY CHAIRMAN (Walding): The Honourable Member for Rhineland.

MR. BROWN: Mr. Chairman, the Minister did not answer my question on the cases of the cleft palate. I wonder if he could give an indication of whether these cases are going to be covered and when are these cases going to be covered?

MR. DESJARDINS: For a number of years we've had an amount reserved for that and it was supposed to be taken care of by the dental school and they've returned the money, they didn't have the staff to do it and we are discussing this now. Our Director of Dental Program, Dr. Leake, is discussing that with the Dean in the university.

MR. CHAIRMAN: The Honourable Member for Assiniboia.

MR. PATRICK: Thank you, Mr. Chairman. I wish to ask the Minister a few questions on the dental program. The Minister indicated that the first year will start with age 6; the program will be just precluded to say age 6 children, or will there be a program for all children or is it six, seven or nine? Will it be phased in at different ages or the whole school will be covered which is from age six till sixteen or eighteen?

--(Interjection)-- Just age six, it'll be just one age group, that the starting point will deal with one age group. Perhaps the Minister can indicate to the House then --(Interjection)-- First year, that's right. Can the Minister indicate to the House how many children will be involved. Is it a couple of hundred or a thousand? How extensive is the program or we'd like to know how small the program is?

The other point I would like to ask the Minister, I know he indicated that he'll be working under the control of the dentist, my question would be just how extensive the program will be? Will there be diagnostic preventative measures for these children? He mentioned Duck Mountain School, Flin Flon, Interlake and I believe one more, so in the four areas I'm sure that he'll be able to tell us how many children will be involved, you know, at age six. It seems to me it will deal strictly in the schools, that's what the Minister indicated so it may not be that many.

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(MR. PATRICK cont'd)

The other point that I wished to ask the Minister, he indicated that as far as the dentists are concerned it will be "fee for service" basis. Can the Minister indicate how much planning and consultation has gone on with the Dental Association in the past year in development of the program to make sure that the program will be successful and that it'll be an operative and worthwhile program. You know, perhaps the Minister can indicate what influx the Dental Association had into this program, the local dentists in these areas must have had some communication with the Minister or with the department in developing the system and the program, I mean in areas that the program will start. The other point is, I wanted to ask the Minister will it also deal with children, if it will go into next year into older children? Will it deal with such things as braces for children that require them and a complete diagnostic program instead of just a dental program? Can the Minister give us some of the answers to these questions?

MR. DESJARDINS: Mr. Chairman, in this area for the first year there should be approximately 1,400 covered, that's providing that they want to join the plan. It is the 6-years only for the first year now. I say only, that's the general rules but if we go in an area where there is a small school and there's two or three, we're not going to go there for two or three, we probably would take, well maybe in a very small place, the whole school immediately because it would cost us more just to go out and see three 6-year olds and maybe fifteen of the others, so we would do them all. This will be done in school, normally in the schools, especially in large areas, but we will be flexible on that. There is no point in duplicating in a small area if they have a public clinic or even if there is a dentist, we're ready to discuss this with the dentist.

The fee for service, when I talked about fee for service I was talking about referrals, now I'm not talking about the first examination - definitely not the first examination fee for service. It'll be probably on salary or at least a sessional payment, but not fee for service, it'll be sessional probably.

Yes, there were a lot of discussions. If my honourable friend wants me to I can tell him of all the meetings that we had and I have three pages here. But it boils down, if I'm asked to do it I will, but it boils down to this, that we discussed ever since I started talking about this when I became the Minister, one of the first things I did is had a meeting with them and they repeatedly said that they were ready to discuss anything and everything. But it boils down and there is two things, I want to show that we had as much discussion as humanly possible, and I'm saying that that doesn't mean that there has been an agreement. We were told that they were ready to negotiate and discuss everything but when it came down to brass tacks, there was some "givens" and the given is this that yes, there will be a role for the dental nurses, and these people will be paid directly. We will run this, it is not an idea of placing this under the dentists. Yes, we will have those clinics in the schools.

It has been proven - they've had a private plan for instance in Quebec that they're going to scrap, if they haven't scrapped it already, and they will go to this kind of a plan because they did not have the utilization. They found out that when the government got in this program, and if you just went on with the dentists in their offices and so on, that it was approximately the same number of people that were going anyway, and so we would be covering these people and they didn't have the utilization that they were looking for. So this is why we want to bring this . . . no disruption and so on. Those are two givens.

I've met with the dentists many times, but just a month ago or so I've asked them if we should have two committees, the committees to look at standards and so on, to discuss the standards and discuss negotiating with the dentists where we could use them. For instance, in Swan River, there's a dentist there we will do everything possible to use, if they want to. If they're not interested in the plan . . . You know, we accept full responsibility for saying this is a government plan and we will use the schools as much as possible and we will use the dental nurses. This is a given, we accept full responsibility for that. Now we certainly would hope that the dentists will want to work, will want to assist, and as I say, I met with them and asked to set up two committees. Dr. Leake who was hired to run this program, is to chair a committee on

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(MR. DESJARDINS cont'd) . . . standards and so on, to discuss all these facilities.

There's a lot of areas that we could talk . . . And I've asked my good friend the Honourable Member from St. Johns who has been negotiating, who is working on legislation with these different professional groups and so on, because I didn't have the time to spend, the time needed with them, to meet with them and he's met with them and I'll ask him to, when I sit down, to maybe elaborate a bit. We've asked him to chair a committee where we can discuss the fee for service and where we can help. In other words, the standards, Dr. Leake, a professional, and then in discussions in planning with them and the fees and so on with Mr. Cherniack. So could I invite the Honourable Member for St. Johns to give us a report.

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

MR. SAUL CHERNIACK, Q.C. (St. Johns): Mr. Chairman, I'm not sure that I even reported direct to the Minister yet in connection with my discussions with the representatives of the dental fraternity. I do have to say that it was clear to me that the organization of the dental profession was disappointed in that it was not able to dictate and manage and control the program which the government decided to embark on.

At a meeting, the first meeting I attended, it became very clear to me that the Minister and his staff had been having quite a large number of discussions with the representatives of the profession over some period of time and that the profession kept insisting on its desire to operate the program; and the Minister made it clear to them that the government was not going to give up its responsibilities or farm out its responsibility or contract out its program to the profession as such. At that stage he suggested the formation of these two committees, the one with Dr. Leake on the professional standards and the one that I would be involved in regarding the payment for the services of the dentists. They agreed to participate in both committees and it became quite clear that they were rather lukewarm about the extent of their participation in the program itself insofar as the discussions that I was trying to generate dealing with payment for the services that would be provided by the professional dentist.

It was clear that in the initial stage when the children would be examined to decide on their dental needs, it would be in the school or in the hospital, or in any event in a dental office which would be provided near the school facility, that the only way to operate that efficiently and economically was to pay the dentist who would do the initial examination on a sessional basis. The sessional basis could be for the day, for half a day, for the week, for the month, for the year, whatever would be possible to work out. But that there would not be a fee for service under those circumstances. All this work would be done in the school environment. And when that examination would have taken place, the dentist would then assign a certain area of work to the dental nurse - I'm not sure I'm using the correct technical word - yes I believe it is, to the dental nurse who will have been trained to do certain procedures which in the past have been done by dentists which would now be done by this dental nurse paid under the program. Then certain work would be of a nature that would have to be done by dentists and they could then be referred to a dentist who would agree to work under the plan on a fee-for-service based on a pre-agreed upon schedule of fees. The discussions then took place with the dentists as to the sessional fee, be it by the day or the half day, or . . . and, I should say, the other hand, the fee-for-service for the individual treatments that would be given.

I have to say that we did not come to a conclusion because . . . well, because we had not really fully completed our discussions. We have further meetings to be held and if we are unable to arrive at an agreement as to the fees then the government will be forced to establish its own schedule and then see whether the dentists will work under that schedule. I am now just standing back and hoping that we can arrive at an agreement but I am not promising that we will because we may not be able to do that.

I think that's all at this stage that I can report because the avenues, the channels are still open. We are now gathering information as a result of which we will be able to continue discussions with the dentists; they are attending the meetings, I hope we can come to an agreement and I will be reporting to the Minister in due course.

MR. CHAIRMAN: The Honourable Member for Assiniboia.

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MR. PATRICK: Thank you, Mr. Chairman. Mr. Chairman, I'm quite concerned because it appears there's much to be settled and we're starting a program, and I don't believe the program will be successful if we haven't got . . . many of the items that should be settled aren't settled at the present time. I know that the local dentists were greatly concerned that if the plan starts in an area and the dentists are on a salary basis, that many local dentists in local areas don't want to go out in the country to start with because they can't make the kind of money up there that they can in the city. And for that reason they say if we're going to lose 30 or 20 percent of our business, there's no way that we're going to stay in any remote area. So that's the first concern I think, there must be an input by the local people in that area in how they work on a fee-for-service base or whatever the arrangement is, but I think it's most important that we work with the local dentists, because if we don't, we'll find out that these people are going to leave and come back to the city where it's much easier for them to make good money or perhaps better working conditions and easier to make money instead of some remote area. Because that's the argument that the dentists presented a while ago in the hearings, when they said, look if you bring people on a salary basis to go into an area where we have a hard time keeping a practice, then you won't be able to keep them. So that's number one. I think that we have difficulty attracting dentists to remote areas and the other point is we've got to be careful that we keep them there.

The other point is what do we do, and I know the Minister mentioned Flin Flon, Interlake and Duck Mountain and I believe there was one other area that a program will be started and dealing with so many children. But, Mr. Chairman, I know that there are many areas that children don't get an opportunity to see a dentist at all, remote areas that . . . What do we do there? Is that van or the mobile unit, will it be able to reach some of these places. I'm not arguing that Flin Flon shouldn't have it but I'm sure Flin Flon may have, unless it's going to reach out into areas outside of Flin Flon, well that's fine then we're reaching some of the remote areas. But if it's just the town or the City of Flin Flon where you probably have half a dozen dentists, I'm quite concerned.

The other point, Mr. Chairman, again, this program to be successful, we have to have staff. And if the Minister will give us some indication . . . I know he said he asked for so many seats in Saskatchewan for training of dental nurses and so many chairs to be vacant. I don't know what kind of a staff requirement is required. Has the Minister or the department made any kind of a survey, how fast they'll move with the program, where will it start, will it continue in the northern part of Manitoba in the remote areas where there is no dentist facilities and what kind of a staff is required. I think that survey should have been made, somebody must be doing this study at the present time or somebody must have done it. If it's not done, I believe it should be done, because I don't necessarily feel that we'll be able to send our students to Saskatchewan and have all the help that we will or that will graduate from that institution, I believe it's a three-year course or four-year course, so it will take some time. Two-year course, the Minister indicates. If we need a large staff, could we have not made some arrangements with the University of Manitoba or Red River Community College to offer the same course, can the Minister indicate, because I do think, I feel that the staff is important. Some communication with the dentists in the rural communities is important because the few that are in the remote areas, we don't want to lose them because that's where the services are required. It seems that we're talking about the program but much hasn't been decided and I'm quite concerned, Mr. Chairman.

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

MR. CHERNIACK: If I may, I ask the indulgence of the Minister. I have a commitment to leave and I did want to respond only to that portion of the matters raised by the Honourable Member for Assiniboia which deal with the report I just gave, then I'd like to leave and leave it to the Minister to answer the other points.

The point we made to the dental group was that we . . . my instructions were that we wished to make use of the local dentist. We wished to engage his services. We did not wish to bring in salaried dentists, but that we would want to negotiate a fee which would be reasonable and which would be within our budget. I don't feel that since it is a pilot program that we're going on, that the government can undertake more than it can, may I say, bite off in terms of the dental ability of the department. But because it's a test program, I believe the pilot program is within its capacity to handle and if necessary on a salaried basis, but the whole point of our discussion was to try and involve the dentists on location. And the point was to consult with the dentists to see whether this was possible, the idea being that the parent of the child should be able to decide on the dentist that parent wanted for that work which was to be referred. But then it was expected that the dentist who would do that work will have agreed to accept the fee which we hope to negotiate. Should that prove to be impossible, and I don't think the government can afford to be in the position of having negotiations which can stifle a program, should it prove impossible to have that kind of an agreement, then the program is still small enough so that it could be handled with the resources of the department itself and the salaried dentists.

I'm hopeful that our discussions will continue which will result in our being able to use the local dentist on that sessional basis and on the fee-for-service on the referral. But we have to, in order to protect the future of the program, to ensure that we are able to proceed even if we find that some place may not have a dentist at all or indeed that the one dentist that is there isn't able to prevent the program from proceeding because we are unable to negotiate with him. So I don't feel that from the standpoint of cost of the fees that we are not ready to go ahead because . . . I suppose it would be impossible to go ahead for the whole province but it certainly is not impossible to go ahead with that test program.

MR. CHAIRMAN: The Honourable Member for Swan River.

MR. BILTON: Mr. Chairman, the Honourable Member for Assiniboia to some degree has covered some of the points that I intended to make. However, I feel I should take advantage of this opportunity of expressing my views on this particular subject. I applaud the government for making this move but I'm at a loss to understand why they are moving into settled areas. It's the same old story, the majority of the dentists, as with the doctors, are centered here in the City of Winnipeg, but nevertheless, there are communities throughout the province that do have dental service at the moment. I have no brief for the dentist, don't misunderstand me. But, as a member of the task force I remember so well that one of the problems in Northern Manitoba was the fact of dental care which was so lacking. If my memory serves me right, I think there was one dentist in the employ of the province who took care of the population along the Bay line and all the remote areas to the best of his ability and he was accompanied by a dental nurse. And it was a situation that was almost impossible. And obviously the department over the years have taken notice of the situation along with other items they've found in this particular direction. But again, I say, I'm at a loss to understand why the department has not taken the services where it is so sorely needed at this particular time, and that is in the remote areas of Northern Manitoba.

Now the Minister did mention Swan River. We have three dentists in Swan River. We have one dentist that was bold enough to go to considerable expense to set up a clinic of his own. Not only did he do that but he induced a dentist to come, which was good for the community. It seems to me now that under this situation that the parents that wish to continue to have a family dentist take care of their children, they will have to pay their shot, the Minister made that abundantly clear, and those that wish to go to the dentist that's imported in the school or the caravan or whatever they're going to have, will, of course, get it under the auspices of the province.

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(MR. CHERNIACK cont'd)

How this is going to work out, Mr. Chairman, I don't know, but I think it's rather unfortunate that we should not only have the three dentists serving our community and several doctors and receive this service, and there are other areas, remote areas that have not received this service for time infinitum and so sorely need it. Why is it that the department is not moving into those areas and taking care of those areas with their pilot program, if you want to call it that, and see to it that it justifies itself, and it satisfies the Minister, satisfies the government, that it's worthwhile to branch out. Why not start in the worst places first, to use a better term, and carry on as we are now in other parts of the province, where we are reasonably well served.

MR. CHAIRMAN: The Honourable Member for Assiniboia.

MR. PATRICK: Mr. Chairman, I have a couple more questions that I can pose to the Minister before he answers. Can he indicate to the House or tell us who is in charge of the whole program, who is running the program?

The other question is, the concern that I have, what kind of supervision will there be in the schools? I know that the Minister indicated that the nurses, trained nurses will be in charge. Well I still feel that there must be some supervision in the schools, the nurses have to work under a professional, under a dentist, and it appears to me from what was indicated that the dentists will make a visit to the school and do the important repair work and I am concerned because I thought the whole program will be operated under the supervision of a dentist, and at the present time it doesn't appear so. So can the Minister indicate the answer to those two questions while he's answering the rest.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: First of all, we must get back to the reality and remember that I am not talking about denticare as compared to medicare. This is a program for children. We will start with six-year-olds the first year, and then six and seven, and the following year five to eight and so on, until you've covered about three to twelve. The person in charge is Dr. Leake who is on the Faculty of Medicine and Dentistry at Western University, who had a large clinic there, working for the City of London and who had 12 doctors working under him, and who was unanimously recommended as number one. We were very fortunate to get from the universities, either scholastic or programs and so on, all the information, all the advice that we've had all across Canada. This is the first year we're starting, we've chosen different areas to see how it's going to work to see the kind of staff that we have, that we need.

The three "givens" are these: Especially in the cities, and the largest, through the clinics will be in the schools - that is a given - we accept the responsibility. There certainly will be a job and we are going to use dental nurses to do a lot of the work that's being done in, I don't know what it is, 20 or 30 countries and so on, and it's working quite well. And the third one: For the first examination, there will be no fee for service; for referrals, yes, that's all. We have Dr. Leake himself, with another member of the staff, were over in Swan River to discuss that with the dentist there. We are ready to use them, we would like to use them if they wish, if they're interested, we can't force them to come into the plan. Now, remember, we'll use them for first examination but even if they don't want that and we will not dictate to the parents where they go for referrals, unless the fees are prohibitive. If they don't want to co-operate or to come in the plan at all, to opt in at all, and if we have to pay too much that that will be considered. But we certainly would like to use the dentist and encourage them and help them.

Now in a place like Swan River, we're ready, there's a large clinic, we're even ready to discuss the possibility of using that clinic in the area because there is no point in duplicating everything there. Now my friend said, well we shouldn't go in other areas, it is the school children and it will be a universal program. It will be all across for those that wish it, all across Manitoba as soon as possible. Now, we haven't got the staff to start that.

Yes, definitely, we're looking at a school for Manitoba here, but we have to start immediately. I think there were 25 places in Regina, and we've asked for another

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(MR. DESJARDINS cont'd) 40. It's not that easy, you have to have the staff and so on, and this is what we're working on. But besides that we will be recruiting, probably in Great Britain and so on, to get a few to get this thing started. This is what they did in Saskatchewan, and this is what they did in many areas.

Now because it's Swan River, it is in the area of Swan River, it is within 25 miles and so on, and there's some areas that they haven't got a dentist, but we would like to use the dentist in any area. Now, of course, if he doesn't want to participate, fine. He could still, if he's ready to take these referrals, fine, because we will not decide where they go, providing that these people are opted-in the same as the medicare.

So, yes, I think I answered who. Supervision will be Dr. Leake and his team in the schools. The first visit will be done by a dentist, will be supervised by a visit, the first person that will see every child will be a dentist. Certain work will be referred to the dental nurse and some referrals, and I would say most of it, for a kid six-years old, if you take him right away, and later on when you have the three-year old, even more so. There's not going to be that much referral and every - what is it - every second year or every year and so on, a dentist will see this child again. Now the referrals might be certain difficult cases or because of the child himself, it might be a nervous child and so on, that we're not going to take a chance, it will be a dentist that will decide. It will be a head of a team. But there certainly will be a role and is a role for the dental nurses.

So as far as co-operation with the dentist, we're ready to go as I said, those were the three givens. And that is where the dentist, there is no doubt, I'm not going to play games, they're not happy with that, they would like us to say, okay, you go ahead, you run the plan and we're not ready to do that. Although I might say, that in the negotiating that we've had with them, at one time I invited them to bring in a proposal for a pilot project which they never did, to see if they could work it.

We have two regional dental officers and one supervisory clinical dentist, three dentists supervising the seven nurses, that is this year only. Every team in that area will have a dentist as the head man and so on. The referrals will be fee for service. They can go to any -- (Interjection) -- Yes, we've got some and we're recruiting, we have another one that we'll recruit pretty well any time now. And we have enough to certainly get this thing going, and then, we're not going to go and hire all these people when we're negotiating with the dental profession. We want to use the profession here.

Now my honourable friend said something about the rural dentists are busier than all the others. They're very busy. Some of them are not interested, and we are not taking the business away from these people because there is not that many of these children that are attending the dentist now. They don't bother. There is approximately between 35 and 40 percent around that area that might go to the dentist once in awhile, not necessarily at six years old. So then I think if anything, that will educate the children and I think that once they've started that, that they will be more aware of the importance of going to a dentist more often. So there's certainly no surplus of dentists, a dentist could make a real good living here in Manitoba, I can assure you, and for many years to come. Now if we're successful, by taking the child when he's three years old and so on, that we start him well, and there's less work for the dentist, well so much the better. That's what we're after.

MR. CHAIRMAN: The Honourable Member for Crescentwood.

MR. STEEN: Mr. Chairman, the Minister speaks of the educational and preventive nature of the program including dental treatment on a limited basis, and particularly the children's program. In speaking to people in the Dental Association, they tell me that in the United Kingdom that one-third of the children reaching the age of 16 are wearing dentures. So I'm pleased to hear that a program is getting off the ground here in Manitoba.

The Dental Association, as the Member for St. Johns has said, has had a number of meetings either with the Minister or the Minister's representative, and they have voiced some concerns, and these are concerns that bother myself. One of their concerns, which the Minister has spoken very briefly on, was the utilization of existing manpower

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(MR. STEEN cont'd) within the Dental Association, and they would like to see the number of hygienists expanded. I have a question for the Minister, and my question to the Minister is: What is the difference between what a hygienist can do for a patient and what a dental nurse can do and what a dentist can do? My understanding is that a hygienist can clean teeth, do X-ray work but cannot do any actual work on the physical tooth. The dentist is the only person permitted by the Dental Act in Manitoba to do any work on the actual tooth itself whether it be filling a cavity or extractions. Now where is the dental nurse going to fit in between the hygienist and the dentist, and why is a dental nurse with two years of training going to be better than a hygienist with one year's training versus a dentist who has five years of training?

The Dental Association in Manitoba has also expressed some concerns about the phase-end of this program and they refer to the Saskatchewan program which has been found to be excessively expensive and has failed to meet its objectives in the first year. Perhaps the Minister can comment on that remark that the Manitoba Dental Association has in their comments regarding his program.

Another concern that I have is that Manitoba started graduating dentists back in 1963, if my memory serves me correctly, and we have been graduating in the neighbourhood of 18 to 20, upward to 30 dentists a year, and in Manitoba, over the last 15 years, we have virtually caught up with the demand for dentists in most areas of the province, over the last 15 years. And members of the Dental Association are expressing some concern about whether there is going to be the need for dentists and are dentists going to be able to, as the Minister said, make a good livelihood in this province in the years to come.

This year, for example, there are 28 persons that are graduating in the dentistry class, 24 of them, I am told, have already found spots in which to practice, 12 of them in the metropolitan Winnipeg area and 12 of them in rural Manitoba, 4 of them are still looking for a place to practise is the word that I get from the dental school. Here it is the middle of April, or almost the middle of April, and these persons are capable of starting to practise on the 1st of July after they do their final set of exams and here are four persons who have a great deal of money and time invested into the study of dentistry, and yet they haven't found a spot where they're going to practise this coming year.

--(Interjection)-- Well I know there are three dentists in Flin Flon and there are three in Swan River and there are seven in Dauphin and there are seven in the Town of Selkirk and two in the Interlake area. I have the list of who are registered members of the Manitoba Dental Association and I have gone through it to see who was practising, where and why.

But I would like the Minister, if he can tell me, just where does the hygienist leave off and where does the dental nurse that is being trained out-of-province take over, and where does the dental nurse stop before the dentist starts in doing this service, and do we really need a dental nurse? Can the hygienist and the team of dentists not actually do the job?

And another question I have to the Minister is, can a dentist supervise seven nurses? Obviously those seven people are going to be seeing people at the same time. Now is this dentist going to be able to supervise these seven constructively and keep a close watch on them, particularly if these dental nurses are permitted to do actual physical work on the children's teeth. And a great concern that I would have, and I'm sure the Dental Association has the same concern, that when you're doing work on children or adults we have to kill the pain from time to time and do a little freezing and so on, a lot of people have a reaction to the freezing and the anaesthetic and is a dental nurse properly and sufficiently trained to handle such persons? I'll have a few more comments later, Mr. Minister, but I think perhaps I'd like to hear some of your answers.

MR. CHAIRMAN: The Honourable Member for Fort Rouge.

MR. AXWORTHY: Mr. Chairman, before the Minister answers I just have a supplementary question, I don't want to get into the metaphysical debate as to where a hygienist begins and a nurse ends or vice versa. But in the representations made last year by the hygienists, they felt that if there was to be an increased training program to allow them to upgrade themselves from hygienists to dental nurses that they would be

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(MR. AXWORTHY cont'd) given, hygienists in Manitoba would be given first option for that upgrading program through the application of scholarships or admissions and I was wondering again that in this program, the arrangements that you've made with the Wascana Centre, how are the applications for those to be selected? Will, in fact, first offer be given to the hygienists and will they be given scholarship or bursary assistance to take this additional training in Saskatchewan so they can upgrade their performance. I'm still not sure, and maybe I haven't been listening carefully, but I'm not sure, if the Minister can explain, that in order to initiate the program this fall that there are sufficient dental health nurses presently available or, in fact, he is going to have to import them from elsewhere to get the program initiated. I'm just really wondering whether there are not available sources again from the province itself and whether this recruitment overseas will be a long term program or just be for the one year at which point we will then be able to supply it with people who have gone and taken their training in Saskatchewan and come back. So perhaps he could provide an additional set of answers to that.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: First of all, yes, the hygienist was and will be given the first chance. Of course these people have to repay the time by working here so this is something they must select, it's a bursary. In fact, I think that they are civil servants now, before going out there. We will have a school here, this recruiting is just short term to get the thing going, probably some of them might be used as staff also in that school depending on what is needed.

As far as the dental nurses, yes, the dental nurse - remember we are talking about children now, not adults - the dental nurse can freeze, can drill, can fill and can extract baby teeth. That is the difference, and that is being done. It's not something new, it's new to Manitoba, but it's something that has been done, a program that has been done and proven very successful in many areas.

One thing that I reject is that we have enough dentists here, that is not the case. You have the same situation that many of them don't like to go outside of the larger centres, especially of the city, because there's many many more dentists that are needed in the Interlake for instance, and up north and so on. You ask anybody from the north if they're satisfied with the service there because you need more dentists there.

MR. CHAIRMAN: The Honourable Member for Wolseley.

MR. WILSON: Mr. Chairman, I was listening to the comments and the Minister's suggestion that this is going to be a universal program across Manitoba and I immediately felt, there goes our city staff who have been doing preventative and educational work in the city schools for a good number of years, and I couldn't help but get an oversensitive and again possible cynical situation when we talked about this was going to be a start-up program and I felt to myself, okay in the North, okay in the remote areas, and now I find it is going to be a universal program, I find that the dental nurse is going to be able to almost do it all, so then I immediately respond, can we afford this program. It seems to me it's just a foot in the door, and it's another socialistic program and I found it a very strange set of twins, the Minister, a lukewarm socialist and my member friend from St. Johns teaming up to look at this particular program and to carry it on so it will be universal. So I suggest that this is going to be a very costly and excessively expensive program as the Member from Crescentwood alluded to.

The Minister has very soft spokenly talked about standards and going to use the local dentist and talked about 1,400 children in the age group of six, but then he crystal-balls the future which I've always been accused of and predicted a universal program somewhere down the road. He also talked about 40 people or 40 seats being trained or something in Saskatchewan, and an indication of importing dental nurses from England and Australia indicates to me that it is not going to be a home grown program of people in Manitoba being given opportunities, the man heading it up is not from Manitoba, nor are many of the people that are going to be hired. And it would seem to me that when we talk about braces, caps, gold teeth, and root canals, some of that may be done by dentists, but in the long run -- (Interjection) -- No, well fine, you're talking in age three

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(MR. WILSON cont'd)to twelve and many twelve year olds have braces and things like that. And I think that the dentists probably had a reason for being oversensitive because in my opinion I think it spells a very severe blow to many of their investments, especially those with clinics in the north.

I'm very very concerned. We talked about fees, the Member for St. Johns talked about two sets of fees. He talked about a predetermined fee schedule and he said if they couldn't agree then the government would possibly set a schedule. I felt that I should use this opportunity of taking a new thrust and predicting the future of this program which at this time is entering on a very very dangerous course of universal care for all the children between the ages of three totwelve in Manitoba, and that smacks of socialism right imported from England. And you've got my support for taking these floating crews of civil servants up into the remote areas of the north to fix their teeth, that's fine, but when you start coming in and having all our fixed staff, members like Dr. Konyk who possibly have been here for years looking after and supervising our school children in Winnipeg, and all these people are going to be out of work because you're going into a dental nurse program, then I think it's high time that the Fifth Estate up there let the public know where we're going. And that's my concern, where we're going. So I simply say that I do not approve of this accelerated program; if we are talking about children aged three to twelve you're talking about a tremendous percentage of our population coming up, and I just don't know if we can afford it.

MR. CHAIRMAN: The Honourable Member for Thompson.

MR. KEN DILLEN (Thompson): Mr. Chairman, I rise at this time because I'm not sure what the Honourable Member for Wolseley is saying. I hope I understand him right, that if I think his main concern was for the City of Winnipeg staff who are presently performing the same kind of service that the Minister is proposing for remote areas. But you would think that whether they are on city staff they are being paid from the same source. If I take \$2.00 out of my pocket, one is a dollar that is being paid to the province and one that is a dollar being paid to the city, you know what is the difference, it's all coming from the same place. But somehow because they are being paid by the city that is not socialism, but if they are being paid by the province that is socialism, and that is just a lot of . . .well, I won't say what I want to say, but I think that everybody in this House understands exactly what I am talking about. You know for somebody to get up in this House and to suggest somehow that the dental care of children somehow is socialism, how can you explain that in Tory Ontario. You know they have had a program where they have set up trailers next to schools in remote communities, adjacent at least where they're accessible by highways to care. . . you know, they have entered into contracts with doctors on a fee-for-service basis to provide that service to the school children for years, it is not something new. But somehow if it happens in Ontario because it is under a Conservative government, that is not socialism, but if the same thing happens in Manitoba under a socialist government, it is socialism. I can't believe that the member really understands what he's talking about, because he hasn't got the faintest clue about what socialism is all about if that's his perception of socialism.

There was people talking in this House a little while ago about the number of dentists up north, and they cited a couple of instances; somebody said there was a dentist in Selkirk, apparently that's up north but for us people who come from the north, that is not north, it's just slightly north of Winnipeg. There are no dentists in Berens River, there is none in Poplar River, there is none in Pauingassi, there is none in Little Grand, there is none in the Island Lake area with a population of over 3,000 people, there is none in -- (Interjection) -- Snow Lake is another area? -- (Interjection) -- The Member for Minnedosa is making a contribution again from his seat when he says there is none in Rapid City, there's none in, whatever other little place that you talked about, along with the member for . . . but that is all the more reason why this program should be introduced, and I really don't see what the concern is on that side of the House, that somehow this is regarded as socialism.

We should be more concerned not whether it's on the basis of philosophy that this program is being introduced, but on the basis of the children that it is designed to

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(MR. DILLEN cont'd) assist, you know, if we don't get at the health of children at a very early age, particularly as it applies to the interior of the mouth - and I don't care if we went on a massive campaign to encourage people to enter the School of Dentistry tomorrow, that we wouldn't have a sufficient number of dentists in ten years to provide for those children who require the help now. And the fastest possible means that we can proceed with this will have the effect of reducing the amount of health care that will be required by those same individuals as they grow older, because they are not receiving the care that they require now. If there was some legitimate concern on the part of the opposition it would be that this government has waited so long to introduce this program, that if it had been done in 1969 along with the other major programs that were introduced at that time would be far more significant for the opposition and members of the Liberal Party to be jumping on, because that's where my concern would be -- (Interjection) -- that's right, including the other people on that side of the House. It probably would be two socialists that sit in the Liberal benches that introduce that resolution. In my experience with socialists they don't hold a candle. But the resolution is a good resolution, it was supported by members on this side of the House and now they oppose it. I can't understand it.

MR. CHAIRMAN: The Honourable Member for Crescentwood.

MR. STEEN: Mr. Chairman, I would like to thank the Minister for his definition of what services a dental nurse can do, and say to the Member for Thompson that having dentists paid for by the public is nothing new. In the '30s and in the '40s my own father was hired by the Winnipeg School Division at \$6.00 a day and he worked for them on a part-time basis for many many years, and the program that is carried on at the William -- (Interjection) -- that's the problem, he had to practice privately on the side, but the Member for Wolseley did make some reference and concern about the City of Winnipeg dentists.

If the province was ever to hire the city's dentists away from the city that would be a first because my knowledge of the city, they out pay the equal employee from the province by about \$3,000 per year. -- (Interjection) -- That's right, that's right. I know this is getting off dentistry, but the City of Winnipeg has engineers on staff making equivalent to your Deputy Minister, which I think is a crying shame. Earlier when I was speaking on this particular subject I mentioned the Manitoba -- (Interjection) -- Oh, yes. Well the mayor is worth a lot

MR. CHAIRMAN: Order please. Order please.

MR. STEEN: I asked the Minister a number of questions and I related to a brief that the Manitoba Dental Association has prepared and obviously sent to the Minister and so on, and I mentioned a number of facts from it, and one of them was their concern that the Saskatchewan plan is excessively expensive and has failed to meet its objectives in its first year. Would you comment on that?

Just one more comment regarding the Member from Thompson. He talks about the number of spots that do not have dentists. Well from my own knowledge of working with a lot of dentists, that it takes a population of at least 2,000 in order for a dentist to derive a satisfactory practice; so it's natural that Rapid City and Clanwilliam in the constituency of Minnedosa don't have dentists and Berens River and many other places don't have dentists. -- (Interjection) -- They have road access to them. Well maybe your flying airforce will get the people from Berens River to the dentist in Flin Flon or in Thompson, or other areas. Surely you don't expect that dentists when they graduate from the Dental School are going to go and start up in a town or a settlement of 600 people, he could never make a living. And the Minister I'm sure would agree with me, that he couldn't afford to put a dentist into many areas that are populations of 600 to 1,100 or 1,200. If the Minister would comment on the Dental Association's concern about the Saskatchewan program and why they feel it is a failure, and perhaps he can defend his position, I'd like to hear that.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: I certainly have enough problems here without trying to defend Saskatchewan, I can tell you that. Maybe if I was employed by the city, I'd make

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(MR. DESJARDINS cont'd) enough money to work for two provinces.

I might say this though that if you compare apples and oranges, it's going to be fairly difficult to come even. -- (Interjection) -- First of all let me say that Quebec started with a program, it's either a private or public plan, that's the battle, if there's any battle, and they scrapped that, they scrapped that and they're looking . . . and they're certainly not an NDP province there, and they are going to the Saskatchewan plan. If you talk about the educating and so on, you talk about the cost and the educating and so on, but we would have to do that anyway. If we don't use the dental nurses, fine, you don't have to educate them so you don't have to cover that plan. Then if the private clinics set up these large clinics that they are talking about where you are going to have assembly line business well then they are paying for that; but then we're going to pay in the long run, we're going to pay through the nose.

Now these will be set up and it's costly, it's going to be costly first to set up these in schools and so on. And as far as the city, I might tell my honourable friend who again knows only part of the answer, I might tell him first of all that I think he's standing alone on there so far unless there is a division, because there was a resolution brought in by the Member for Assiniboia that was unanimously passed in the House. Maybe he wants to campaign against the dental program in his constituency, between that and then trying to get rid of all the people that are working in this area, he doesn't want any institution there at all. I guess he wants to be what Charleswood used to be or something like that, he's concerned about helping everybody but don't put him in his . . .

And as far as Dr. Konyk, I might tell my honourable friend that this morning, this morning he was discussing with our people because he didn't have enough work, he wanted the Provincial Government to hire, for the city, he was representing this city, but he wanted us to contract with the city's dentists because they haven't got work, they only do welfare cases. So again I say when you make these statements make sure you know all the facts. As I say this is something that we accept the responsibility for this plan, we've had a lot of discussion with the medical profession and they have stated to us that there is - not the medical, I mean the dental profession - that they said that there is no area where they're not ready to negotiate, but as soon as it was decided that it was a public plan well then they lost interest, they would like to build their own clinic where they will have the assembly line business and this would be a captive, I think, if we had to do it all over again, it might be in some areas in the medical profession that we shouldn't move in that direction and use more para-medical people and this is what we are doing in this program. It's a new program for Manitoba, but it's not something new; as I say, there is many countries that . . . and it's working very very well. There is quite a few people that are looking at the program. Saskatchewan didn't start it either, they modified it, and we're ready to modify it, we're ready to use the facilities to encourage the dentists as much as possible, to co-operate with them, to work with them, to hire them for sessional fees, to be part of this team, in their areas if they want; but most of them are very very busy, they're not that interested. And then besides that, we're ready to work with them on fee-for-services for any referrals that we might have.

MR. CHAIRMAN: The Honourable Member for Wolseley.

MR. WILSON: Mr. Chairman, I'll be very brief, I just wanted to make a couple of things clear. My objection was to the fact that several of the members opposite said "pilot program." I put quotations around it, and I appreciate that initially they were talking about the 1,400 six-year-olds, and then as we got on they were talking about a universal program across Manitoba to cover all three to twelve-year-olds. And I say, the Minister said that he's going to have problems here in his answer to a question about excessive expenses in Saskatchewan. He talked about the high costs. And I say is it necessary to go into a brand new program when we can't even solve some of the other ones that members opposite have introduced. It just seems to me to be an accelerated thing and I'm concerned about where we're heading and what costs we are going to be involved in.

They talked about the private versus the public and we all know that the private

(MR. WILSON cont'd)sector is going to lose out. We talked about, as I say, that it was a new program and I just can't buy that it's just a pilot program when you're training 40 people in a neighbour province and you're talking about bringing in people from other countries. As I say, my crystal-balling is that it's going to be an extremely expensive program, one which we should not be entertaining in this time of restraint and we should be concentrating on some of the geriatric problems. And I would go along with a preventative program which I endorsed when we were talking initially about the north, we were talking about sending these crews up, because in Winnipeg we already have people that examine school children in the school system. If that's all it was going to be, tremendous. But when you say to me that you're bringing in dental nurses, I will not be naive enough to believe that you will actually, eventually some day, in a trailer or in the schools themselves, have a system where these nurses are filling teeth, extracting baby teeth and all of these things that are really the job right now of a dentist.

MR. CHAIRMAN: Resolution 58(m)(1)--pass. Resolution 58(m)(2). The Honourable Member for Rhineland. The Honourable Minister of Mines.

MR. GREEN: Mr. Chairman, I guess we're at a new item, it might be an appropriate time to adjourn. Not this item?

MR. CHAIRMAN: The Honourable Member for Rhineland.

MR. BROWN: Thank you, Mr. Chairman. I am a little puzzled. Last year we spent \$1,048,300 total on the Dental Services Program and . . .

MR. GREEN: Mr. Chairman, I thought that we had finished the Dental Services Program. -- (Interjection) -- Well, I still ask, if there's an indication that we're going to be here -- (Interjection) -- Well, Mr. Chairman, is there a possibility that we'll finish this part of the item in a short period of time? If we can, then we've conveniently dealt with the Dental Plan. If not then we will -- (Interjection) -- Well if the honourable member says that he's going to be some time then we'll quit. -- (Interjection) -- All right, well let's try.

MR. CHAIRMAN: The Honourable Member for Rhineland.

MR. BROWN: I'm rather puzzled, Mr. Chairman. Last year we spent \$1,048,300 on this program and I understand it was just implemented, and I wonder how much of that particular item went towards dental care. The same thing with this year's expenditure. We will be spending \$1,505,000 and I wonder how much of this money is going to go towards actual dental care.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, we had some programs in there that we've talked about. Now this new program that I've announced that we're going in these areas, that's the difference, that's the approximately \$500,000, this new program for children, dental plan. Now we're still carrying on the other program, eventually everything will be married together with the same group. It's the same staff and so on but we have programs and now this additional half million dollars or so, roughly, that is for this part of the children's dental care.

MR. CHAIRMAN: The Honourable Member for Rhineland.

MR. BROWN: In other words then the administration of this particular program is about one million dollars. The total administration, yes.

MR. DESJARDINS: Yes, this new program is approximately half a million dollars, and that is the staff, the training and the equipment, salaries and so on. That's for this year, there's half a million dollars.

MR. CHAIRMAN: The Honourable Member for Brandon West.

MR. MCGILL: Mr. Chairman, perhaps the Minister can tell us how much money is involved in buying chairs at the Wascana Institute for the training of Manitoba dental nurses? How much money is involved in that program?

MR. DESJARDINS: What it cost us is approximately \$3,000 a year per student.

MR. MCGILL: Then how many chairs you have paid for or places have you paid for for the coming program?

MR. DESJARDINS: About 22, 25 this year and then we should have approximately 40 or so for the next year, that's the chairs that we've asked for.

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MR. CHAIRMAN: Resolution 58(m)(2)--pass. 58(m). The Honourable House Leader.

MR. GREEN: Committee rise, Mr. Chairman.

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

IN SESSION

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

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

MOTION presented and carried.

MR. SPEAKER: The hour of adjournment having arrived, the House is adjourned, will stand adjourned until 2:30 p.m. tomorrow afternoon. (Tuesday)