Time — 8:00 p.m.

COMMITTEE OF SUPPLY - HEALTH

MR. CHAIRMAN, Jerry T. Storie (Flin Flon): This Committee will come to order. We are continuing with the consideration of the Health Estimates, Manitoba Health Services Commission, the Hospital Program.

The Honourable Member for Emerson.

MR. ALBERT DRIEDGER (Emerson): Thank you, Mr. Chairman, I just have a few comments and questions that I'd like to direct under this heading here regarding hospital facilities in southeast Manitoba.

I want to express my appreciation to the Minister for extending some of the information for me regarding the arrangements with our neighbours to the south, south of the border that is. I think we have a very compatible type of arrangement right now in terms of the health facilities and I want to compliment both sides in terms of the arrangement that is in place at the present time.

My understanding is, from the information that I have received, that the services that are provided by our American friends in Roseau and in Warroad, that Manitoba Hospital Services Commission pays for these services and it's accepted that way across the line as total payment for the services rendered. I think it's a very unique and commendable type of situation that we have especially when you consider that there's limited services in the southeast for these kind of services and they can be provided within a short distance across the border.

I'd like to refer specifically to the Vita and District Hospital Board who over the past short period of time or over the past years have had some difficulties in resolving some of their problems there. I think, pretty well most of them have been resolved and they've been internal problems. They haven't necessarily affected the Manitoba Health Services Commission except maybe in an advisory capacity, most of the problems were of an internal nature.

However, I'd like to draw to the attention of the Minister the fact that the facilities that we have in Vita right now, when you consider that this hospital in Vita has been built many many years ago, the building is a very old building; there's been some renovations done on it —(Interjection)— Oh my gosh. I'll try and get back on this subject, Mr. Minister, because you pointed out what just happened. Anyway I think the Minister realizes the facilities that are available there. We have problems with the facilities when you consider the amount of people that they really should service. At the present time many of our people in the southeast go across the line and get very capable services there.

The concern I'd like to express is twofold. What happens if the relationship breaks down with our neighbours in the other country which, hopefully it never will, but if this should happen to be the case or if they change their rules, their arrangements, and it's a wide open thing, it's not pinned down or written down and I don't criticize that, but what happens if, all of a sudden, these things get a little strained? Hopefully, it will never happen but with the kind of facility we have serving the southeast out of Vita, with a doctor there who's doing his best, but we have one doctor and it's very difficult for him to be on service or on call all the time. I think an effort has been made to try and get an additional doctor established in the area and I understand that a proposal has been presented to the Manitoba Health Services Commission, in terms of improved situation there and maybe additional doctor services.

I think that the Vita and District Hospital Board, the members that are on it, fully appreciate the limitations that are there for that kind of service. Their expectations, I think, are reasonable, they don't expect the kind of facilities that we have in Steinbach, St. Pierre or Winnipeg. I think they're prepared to accept a reasonable proposition, as I forwarded to the Minister, in terms of providing some reasonable health services in the area.

I'd also like to suggest to the Minister, and I realize this is all part of planning and what have you over a long period of time, but when you consider the distance involved, from example, Middlebro and Sprague, whether there could be some interim units set up there, and improving the facilities at the Vita Hospital. The request has been made and I have to express a little bit of disappointment when I looked at your project that nothing was in there for the souteast area, in view of the fact that I think the hospital Board presented a reasonable proposal to the Manitoba Health Services Commission. I would hope that within a reasonable period of time that this could be looked at because two things that could enter into the picture, as I mentioned, is the fact that if the relationsips with our American neighbours to the south break down. The other thing, and I think this is of major importance, there is a possibility of border closings on a few of these ports of entry. If this should happen that they close some of these ports of entry as, some of the motivations on the American side happen to be there, it would create a real problem. I would urge the Minister that he priorize the situation in the southeast Manitoba because if all of a sudden the Federal Government or the Americans who are proposing right now in some of their cutbacks, to close some of the ports of entry then it gets extremely difficult for some of our people to get across to the American side. If there's only going to be one port of entry left at Middlebro or wherever it is, then it creates a long drive for them to get around all the way to get health services. Then, Mr. Minister, I would suggest to you the pressure is going to come on doubly hard and I would hope that there was planning in the back wings right now so that we could look objectively at improving some of these services.

I, at this time, would hope that maybe the Minister can give me some indication as to where we're at with the proposal that was presented by the Vita Hospital Board, and whether there could be some priorization of this, in view of the fact, that we can see some of the problems coming up, as I indicated, the distance involved, the people in the area. They're living in a

low-assessed area; it's hard to provide services in terms of ambulance service; it's difficult to provide the kind of service. Here in the city it's pretty easy. It's not that bad, we have facilities available, the best of care available to these people, but it makes it extremely difficult when you consider the fact that some of these people have to travel maybe 120 miles or more to get to proper services. In view of the fact that there is a strong possibility that some of these ports of entry will be closed that the Minister could maybe move up the priority of the health services in southeast Manitoba.

MR. CHAIRMAN: The Honourable Minister of Health.

HON. LARRY DESJARDINS (St. Boniface): I thank the member for his comments. There is no doubt that in areas I recognize that we'll have to look at, first of all - although we've passed this - the personal care home, although it was probably the first one, we had personal care home juxtaposed to the hospital - now its gone the circuit. Soon it'll be Vita's turn, but I must admit that Vita, as such, is a community that's underbedded like many other areas, but the region is overbedded. So, that is one of the problems that we have. As far as the hospital, well, I'm not going to try to guess; there's enough problems without one worrying about the problems that might happen if we declare a war with the United States or things get a little more difficult. So, the point that I'm trying to make is we're satisfied now with the arrangements that we have with the people; the doctors at Roseau, the information that I gave the Minister, we know that there is no doubt that if we didn't have that facility we would have problems. The Commission has to look at the situation. The Committee of Medical Manpower is also looking at it. Soon the Commission will be discussing with Vita. We feel that probably the best thing would be the unit such as they have at MacGregor. In other words the hospital is not being used the way it should. It's a building that eventually might have to be replaced. But, I think that before we decide to do that - that might be one of the reasons it's not on the immediate list - we'll have to look at the situation. It might be that we would want a clinic kind of juxtaposed at the personal care home, some holding beds and so on. I think this would be needed because of the distance also as long as people can have the arrangements where it doesn't cost us anymore; in fact, it would probably cost us less because they have the facilities out there and the States will keep using that. I think the people would prefer that because it is closer to many of them anyway.

So, I recognize that there certainly would be more problems if we didn't have the kind of a working arrangements that we have with the doctors and I think chiropractor and optometrist and so on in Roseau. So, we're looking at it. I think one of the problems being drawn to my attention is that, at that border that there's only certain hours that are in operation and that at times make it difficult, I guess, for patients to go to the hospital. Of course, that works both ways also for the people that would come from the United States. It's the same problem.

But, anyway to recap: we're going to look at the situation if we ever enrich the Personal Care Home Program. As I stated Vita itself is underbedded but the region is overbedded. The hospital - we're not too sure - I'm not going to say today that we're going to replace that hospital. That hospital is not being used that much. So, it might be that the Commission will want to look at functional program; will want to discuss with Vita and maybe get something like they have in MacGregor that seems to be working well; that you'll have the personal care beds; that you'll have a few holding beds and have some type of clinic juxtaposed to the personal care home.

As far as the manpower, the doctor, the Manpower Committee is looking at that and the Commission is looking at the old program and we're keeping our fingers crossed and I see no reason why the relationship with the States will not continue.

MR. CHAIRMAN: The Honourable Member for Emerson.

MR. DRIEDGER: Thank you, Mr. Chairman, I would just like to take this opportunity to maybe encourage the Minister if he has an opportunity to visit the health facilities in Vita. I don't know whether he has had that opportunity in the past at all. I know that the previous Minister of Health has been out there and expressed his concern and felt that something had to start moving in that direction. There's a few things that enter into this thing, for example, the babies that are born on the American side, in American hospitals, end up with dual citizenship. These are things that might appear not that serious at this stage of the game but they have that option up to the age of 21 which citizenship they want to take out. At the same time, until they've done that they can't vote. You have three years, if they want to, they can make the decision, but many of them take that option that they don't necessarily make a decision until later on. These are all things that, I think, somewhere along the line we have to pay attention to and try and zero in on some of the problems. This surfaced just in the last election again, many of our people in that area, youngsters that were born 18-21 years ago, are faced with this kind of thing and they have a bit of a problem making up their minds which way they want to go. I think that should be spelled out specifically and some attention should be paid to that.

The Minister indicated that the border hours were limited and the possibility of closing hours, but that it applied to the Americans as well. I can guarantee the Minister there's nobody coming across from the American side in my area that has need for the health facilities that we are providing because they are way too limited. There are much better facilities there. —(Interjection)— The Minister says they come to Winnipeg but I'll tell you something, in my area they certainly don't cross the border at any given time. If they need health facilities in Winnipeg they come across at Emerson but they certainly don't cross in the southeast area at any one of the Ports of Entry to go and visit the Vita Hospital because the trade is all one way so I just want to make that point.

The expectations, when we consider the kind of doctor ratio-per-patient in the city, as compared to the thousands of people who rely on one doctor, the Minister indicated that hospital was not utilized fully. I would encourage the Minister to maybe have his peo-

ple check out why it is not necessarily utilized to the maximum. Certainly there are enough people, thousands of people out there that need medical attention and when he uses the statement that it is being underutilized, maybe one of the reasons is the facilities, the other reason possibly is that there is limited doctor service available because we only have one doctor for maybe 5,000 or 6,000 people out there. If the Minister is not going to start getting this into the program and realizing some of problems that are pending, then it will come down very hard later on somewhere along the line. The sooner the Manitoba Health Services Commission and the Minister accept the fact that there is a problem there, we don't have the kind of services, for example, like the people from Northern Manitoba who have an emergency situation can be in a Winnipeg hospital long before the people from my area can. By the time you phone, an ambulance from certain areas has to go out 30 or 40 or 50 miles on some of these country roads, whereas when you take from some of these northern points where they can land with a plane, they rush them into Winnipeg, they have better service than we have in the southeast corner. I think that is one of the most - how should I put it? - not derelict, but the least facilities and services available aside from the American side now. Those problems are also coming up and the Minister says, well, he doesn't have to worry about things that will happen in the future. These things are going to be happening and the Minister better have some planning in place before it happens because otherwise there will be a lot of criticism and that's why I raised the issue here today.

MR. CHAIRMAN: The Honourable Member for Gladstone.

MRS. CHARLOTTE OLESON (Gladstone): Thank you, Mr. Chairman, through you to the Minister. I wanted to ask about the major hospital upgrading project at Gladstone; it's listed on page four of this material that you put out the other day. I wanted to ask what the upgrading project is at Gladstone Hospital?

MR. DESJARDINS: It will be about 4,000 square feet of new space for the hospital and the clinic.

MRS. OLESON: Mr. Chairman, what type of space? How is this to be used? Is it hospital ward space, office space?

MR. DESJARDINS: It's the general improvement of the patient service area, diagnostic, lab and X-rays and so on. It's for the service area not more beds; also doctor's offices.

MRS. OLESON: How much money is looked at for this project? When is the work supposed to be done? I see that this is architectural planning for this year. Is this a project that is going to be started this year, or is it just in the planning stage and will start next year?

MR. DESJARDINS: I gave quite a full explanation of that the other night. We don't intend to give you any amount on this at this time because it is only for the planning. What is approved this year is money for the planning. Next year, if there is still some planning to be done that will have to be approved, probably it'll be finished and it'll be placed in front of Cabinet and if there's a recommendation to be made that we go to tender, then they would start building immediately. So, this building will probably be done sometime next year.

MR. CHAIRMAN: The Honourable Member for Niakwa.

MR. ABE KOVNATS (Niakwa): Thank you, Mr. Chairman, I just have a few comments that I would like to make, nothing of great seriousness and nothing really to pick fault with the Honourable Minister or his department. But, there are a few comments.

First of all, this new CAT Scanner for the St. BonifaceHospital; I understand that there's only one other CAT Scanner in the province and that's at the Health Sciences Hospital and that there has been a building to house this CAT Scanner at the St. Boniface Hospital. Can the Honourable Minister give me some information on the CAT Scanner, its usefulness and why we have only had one in the province for the last few years, and why would we even be considering - it says a new CAT Scanner - would we be considering a second-hand one perchance?

MR. DESJARDINS: Mr. Chairman, a few years ago I guess we'd look at that the same as we probably looked at the cardiac unit at St. Boniface Hospital. It was felt that there was only one. There was a committee of both hospitals that recommended only one at the time. But, as it's being used more it has been made obvious that there were good points and it was recommended by all that there should be a second CAT Scanner at the St. Boniface Hospital. It takes time to plan these things. There is a period that you're not too sure if you should go to a second one; these things are very costly; you have to get the experts, the personnel. The situation is now that we feel that there should be another, in fact, the former government thought the same thing. We agree and this is why we went ahead.

Prior to November 1, 1979 the Scanner operated eight hours a day, five days per week plus callback for emergencies; in November, 1979 the hours were extended to 12 hours per day, five days a week plus callback; in November, 1980 approval was granted to operate 4.5 hours each Saturday; in June, 1981 the hours were extended to 8 hours each Saturday and Sunday. So, you see that it's being used more and more until you couldn't use it anymore, so you have to go to a second one. In February, 1982 the hours were extended from 12 hours a day to 15 hours a day, 5 days a week plus callback. Therefore, the current hours of operation are 15 hours a day, 5 days a week, 8 to 11; 8 hours a day Saturday and Sunday, 8 to 4 o'clock plus emergency callback; I think it's quite obvious that we need a second one. We have excellent personnel at St. Boniface Hospital with Dr. Hill and others and this is why it was decided to go ahead and it's been approved this year.

MR. KOVNATS: Thank you, Mr. Chairman, I was just going to compliment the Minister for bringing it in and

he gave credit to the former government. I'll give credit to the Minister for following the efforts of the former government. I don't think we're looking to see who gets the credit for it. It's just a heck of a good thing and the amount of hours it's being used is the important aspect.

I came into contact because my wife's cousin was involved at the Health Sciences and he required some time at the CAT Scanner and I have some information on it about how it takes 18 frames a second or a minute and it's a million-dollar machine. But I am told that this machine does break down on occasions and it is on such a full schedule, like 7 days a week and from 7:30 in the morning till 9:00 o'clock at night and that there are parts that are not easily accessible for these machines, and when it does break down it does put these people at a credit inconvenience. I would hope that with the coming of this second machine at a different hospital that the Health Sciences or the Manitoba Medical Association would make some sort of arrangements to see that spare parts are available; at least, if you've got two machines that you'd have spare parts available at all times so that the important machine is never out of service.

The question that I was going to ask is: is this CAT Scanner in a special building at the St. Boniface Hospital, and is the whole project developing or is it just a CAT Scanner, or is it a whole new concept in this type of therapy or checking out whether there's this type of cancer? Are the proper precautions being taken? Is there any sort of a side effect that the patients might have to go through with the rays that come from these machines? I'm not looking to be critical; I'm just wondering whether in fact there can be anything of a hindrance rather than a good point to the machine?

MR. DESJARDINS: Yes, Mr. Chairman, it's a very expensive machine and we are probably getting better use of it - the one at the Health Sciences Centre, the present one - than any other provinces in Canada. I think it's obvious with the hours that I mention. Now, as I say it's an expensive machine that has to be kept in working order. We've had good success. The maintenance is done whenever hours that it is shut down. So far, it's been working well.

As the statement that I made, it is a building at St. Boniface Hospital which will provide space and equipment for a new cobalt radiotherapy unit; a new CAT Scanner; a new space for diagnostic ultrasound and for a wide range of oncology services. As far as the safety of the building, the walls are all lead-lined and we've looked carefully at every need and everything has to be approved by the Cancer Society and Dr. Israels has monitored everything to give his okay on the building on the project. So, we're quite pleased with the way it's going.

MR. KOVNATS: To the Minister, thank you very much for that information.

There seems to be some difficulty between the different hospitals. There's quite a competitive arrangement between hospitals, between the St. Boniface and the Health Sciences particularly with open-heart surgery, and I wouldn't want to cause any more problems than the Honourable Minister has at this point with the developing of open-heart surgery at the Health Sciences.

I would like to refer to the pediatric department where I know that at the Health Sciences, it's second to none. It's well known throughout the whole of North America and possibly the world in the manner in which they handle their pediatrics. But, we do have a pediatric division at the St. Boniface Hospital and they seem to be the poor country cousins in comparison. I don't think that they're being funded in the proper manner, or is there some arrangements being made that one hospital is being funded because that's the main hospital for pediatrics? And is St. Boniface just going through the motions to handle the cases that sort of drop in? Or can the people at the St. Boniface Hospital develop their pediatric department with the help and financing of the Minister of Health so that it can be of an important nature to whole of the St. Boniface area?

As the Minister obviously knows, I support that area moreso than I do others but I have to consider the other areas. I'm not turning my back on the other areas. I'm looking to see that the pediatric department at the St. Boniface Hospital be expanded to the point and if it's not going to be expanded I would think that the Honourable Minister must advise the people concerned that they're not going to have an expansion, that they're on sort of a hold system at one of the hospitals. I mentioned pediatrics but it could be any other division, but it's pediatrics that I'm interested in at this point because I was talking to a particular doctor about it and they brought me up-to-date. Can the Honourable Minister advise me whether the St. Boniface Hospital Pediatrics Department will be expanded and, if not, will be people who are at the St. Boniface Pediatrics Department be advised that they will not have an expanded operation?

MR. DESJARDINS: Mr. Chairman, I think I understand the concern of the honourable member but he's been on both sides of the issue. I think he started by saying there's competition between these two teaching hospitals, we have to be careful not to have duplication; he's gave an example of the cardiac unit and the problems that we had and then he introduced where the No. 1 the priority has been at the Health Sciences Centre, that's true, and we certainly don't want to duplicate everything, we look at the needs of Manitobans. There is no doubt that there is this kind of competition between the two hospitals who would like to have their own everything. We're not about to do that, it would be too costly.

We've never refused anything at the St. Boniface Hospital because there hasn't been a request. I certainly don't intend to go wherever we're not expanding and say "hey this year we're not expanding anything in your department." I don't think that the member is suggesting that. The thing is that they have to priorize, now maybe people are taking short-cuts and talking to their MLAs about something they would like to see and I'm sure that that is probably true of every discipline of every hospital, especially the two teaching hospitals. But we don't operate like that, we'd have nothing but trouble if we encouraged them direct negotiation with the Minister or the department.

This is done through the Board of the hospital, that's why there's a board and they also have their

medical committee, their medical director. This is something that they have to priorize themselves and they know that there is limited amount of money for new projects and they make a proposal. Now, we have no such proposal in front of us so we haven't refused anything. If this is presented, if he is faced with the same situation again, I think that the member should suggest the first step is that they should go to is their board and I think they know that already.

MR. KOVNATS: I think the Honourable Minister is not really accepting my words in the manner in which they were meant. I wasn't saying that we should be expanding the pediatrics division at the St. Boniface Hospital, although I guess I wouldn't be against it, because we do have a good pediatrics division at the Health Sciences. I'm just saying that the people at the St. Boniface Hospital, or any other hospital that has a pediatrics division, should know that they're on a hold rather on an expansion basis, that's all I'm suggesting. I'm not saying that the Honourable Minister start throwing money into these different projects because I know that you could probably spend a heck of a lot more money than what you are and you're going to be criticized for spending what you are spending and I'm not looking to see that you get criticized any more, not for another three-and-a-half years, and then we will see if we can criticize you. At this point I think that we're all working together for the good of the people in the Province of Manitoba

I have a couple of other things that I wanted to bring up and I know that time is of the essence tonight and I'm not going to keep talking too long, just a couple of particular projects that I was involved in or that I was interested in. I've seen the out-patients working at the St. Boniface Hospital and at the Health Sciences and all of the others and I know that they do a good job. Some of these out-patients, rather than being out-patients, have to go in and become hospital patients and I'm not sure what the cost of a hospital room is, $100 a day, something like that? Would the Minister just nod his head, is that about what the cost of a hospital room is today? $200 a day, $150, $300? What my idea was is not really so out of the way. Has the Honourable Minister or anybody ever considered that these people who have to take up a hospital bed at $300 a day, is there any way that we could put these people into a, not a nursing home but something similar to a hotel, at maybe $50 a day which is 1/6 of the cost of putting them into the hospital. Could the hospitals develop their own, for lack of another word, hotel, that is associated with that hospital so those people who are coming in from out-of-town would have a place to stay rather than just putting them right into the hospital at $300 a day. Could we not put them into an area, into a hotel-like structure close to the hospital so that they could take their treatment at the hospital, go back to the hotel, for lack of another word, and the savings I think would be tremendous; or is it just pie in the sky, is it a stupid idea on my part, has it ever been thought about before, because I can see the savings could be fantastic and it would free up some of the hospital beds in the city. Has it ever been thought of before?

MR. DESJARDINS: Mr. Chairman, that would have been probably - I'm not certainly criticizing the member there is a lot of good points - that would have been more valid a few years back. There has been a fantastic amount of progress done in this field. One time a woman giving birth was kept a week, ten days, now they're even talking about discharging a woman 24 hours after giving birth. There is all kinds of that, that's why you need the facilities to receive the day patient or the people that are not registered as in-patients and there is all kinds of progress being made on that. Home care also will do a bit of that and we're looking to see if more could be done in doctor's offices. At one time it wouldn't be covered if people were not admitted to hospital. There's been a tremendous improvement on this.

The member has a good point when he talks about hostel and there is one being developed, dialysis also is a big improvement. It's costly but it's a lot cheaper than if they had to come to the hospital. So home care is doing some of this and extended treatment hospitals, to a point, are getting people out of these expensive beds. There was one point that was quite interesting. The hostel-type facility to people that come from out-of-town that have to come to the city, because the facilities are not in the remote areas and rural areas, there is a pilot project now, there is one setting up this year at the Health Sciences Centre and that is going to be a pilot project to see how it works and we'll have to assess it and maybe it'll part of our programs for other hospitals in the future.

MR. KOVNATS: It's getting close to the last of the questions. I do recall a few years back when I was involved with the City of St. Boniface under the advisory capacity, not as an elected member, we went through a routine of somebody had donated a rescue wagon to the City of St. Boniface Fire Department, a rescue wagon that was well-equipped which was something that the City of St. Boniface couldn't have afforded. It was really well-equipped and it was a beautiful rescue wagon except that we couldn't afford to maintain it by putting qualified people on it. The rescue wagon really wasn't required. It wasn't an emergency that we have it but some well meaning person said, all right, you're going to have this rescue wagon because I think that you should have it, and we said, thank you very much. I think it was used, it wasn't just taken and accepted and not used, but it was used at a cost and really we didn't get the full value of it. The only reason I tell you that story is now I'm going to get back to the Deer Lodge Hospital. Can we afford the Deer Lodge Hospital or are we going to be compensated by the Federal Government to take over the Deer Lodge Hospital?

MR. DESJARDINS: All people treated at the Deer Lodge Hospital are Manitobans. If we have an insured program they all qualify. We're fortunate now that the Federal Government is paying for it because we would have to deliver that service anyway. The intention, if we go ahead with this program, they will pay all construction, the way it looks now, for what we need, they'll pay the whole cost of construction which will be $30 million in round figures. So we won't pay anything in construction; we won't have to borrow any money at all. It gives us flexibility because we'll build

what is needed. We won't be stuck with something and have to deliver the same thing. We would probably, in return, have to guarantee, everything being equal, that we have some many beds that a veteran would have the first chance of, would be admitted first. Everything being equal I think there's, I don't know exactly how many beds, but anyway, there are not that many, that won't cause a problem and they don't have to be just in one space, one area.

It was very costly, it's all taxpayers' money, to run Deer Lodge; the way it was being run; there weren't enough facilities and they had a lot of expensive programs. So all in all the taxpayers of Canada and Manitoba will save money, plus the operating costs of 150 beds will be paid by, if this agreement goes through that we're negotiating, the Federal Government for at least the next 10 years, the 10 years after construction is finished. So I think it's a darn good deal for us. We're not paying anything for the property and we're getting valuable property. Also it is going to belong to the province and we'll develop that kind of a gerontology centre out there for these people with the help of the Federal Government who will pay the cost of construction and the operating costs for 10 years at least, of 150 beds, and for what? To deliver service that, because of our programs in Manitoba, we would be required to deliver anyway.

MR. KOVNATS: I guess we can't look a gift horse in the mouth and I think it could develop into something real good and I'm not against it. I just say be a little bit wary and let it not cost us more than what we can get out of it and I think we've got to be a little mercenary and remember what we can get out of it, taking into account that the veterans who have first choice, God bless 'em, you know they were the ones who defended our country and I think are entitled to that sort of a first choice in looking after their health at this point.

Just a couple of other small little items now. I received a letter from a Nun in St. Boniface advising me that there is an abortion clinic being sponsored or being supported by the Provincial Government. I've not gone to the Minister on this, I was just a little reluctant to do so at this point but I just got the letter a couple of days ago and advised that there was an abortion clinic that was being sponsored by the Provincial Government. I'll go on record as saying: "I hope not." I'm going to ask the Honourable Minister, is there such an item in the Estimates of the Department of Health?

MR. DESJARDINS: First of all, before we leave Deer Lodge. When I was talking about certain beds, that's not all the beds, that's only one category of beds. There would be so many beds that will go to the veterans first. Besides that, beds that we need, nothing to do with veterans, there'll be another 250 beds billed at $50,000 so the province is saving $12.5 million on those beds.

Now on the clinic, I'm not aware of the clinic. There was a clinic, I think, that received some help, some funding from the Federal Government. I think Axworthy had a program. The Women's Clinic is sponsored by fee-for-service doctors like everything else and, as far as I'm concerned, we're obeying all the federal laws on that. There has to be a committee and now if those committees are stretched, you know, you can't dictate to every doctor but we're doing everything we can, as the former government, to stay within the law that governs such things here, in other words, therapeutic abortions only.

MR. KOVNATS: I would hope that, not only are we staying within the laws of the country, we're staying within the laws of our morality. I had quite a discussion with my wife and we don't quite agree on this and it's something that really caused me to be a little bit upset because, as I just finished stating, I think we've got to be very strict on the idea of having these abortion clinics and I can accept some abortion, not on demand, but some abortion with the type of groups that will have a say as to whether these abortions can take place. I was discussing it with my wife and she says, you know, you can just go across the border into the United States. Like we're sending our people from the southeast corner, as the honourable member was saying, we're sending our people from the southeast corner into the United States for their hospitalization and for their medical needs. Are they going to be able to go down there also for their abortion needs if it comes to that and would the people of the Province of Manitoba be paying for them to take that type of a service in the United States?

MR. DESJARDINS: Mr. Chairman, I want to make a point quite clear. The clinic that my honourable friend was talking about there's no abortions being performed there at all. There's counselling, they might refer them for abortion, then they have to go through the therapeutic committee of different hospitals. Now if they're referred to the States the government is not paying any operation for any abortion in the United States at all. There was talk at one time, the Federal Government talked about setting up some abortion clinics and it's been suggested in Manitoba. Not too long ago there was a recommendation from some doctors at the Health Sciences Centre but that has never been acted upon.

MR. KOVNATS: The Honourable Minister's given me the answers I like to hear but I would just like to go a little bit further. To get back to the Honourable Member for Emerson, when he was making remarks about how the people in the southeast corner, Sprague and Piney and Menisino, and I was just thinking about a particular case in Menisino where the young lady went across and had her baby at the hospital in Roseau, and I would think that Manitoba Medical would cover the expenses of her having her baby across the border. Can the Honourable Minister tell me, right at this point, rather than have her baby, if she went across and had an abortion, would the Manitoba Medical cover that cost?

MR. DESJARDINS: No.

MR. KOVNATS: One more question. I would like to refer to the Misericordia Hospital where they have been trying to get an overpass or an underpass from their parking lot to the hospital over the last so many years and I have been directly involved in that; it's not a conflict of interest any more and it might have been

a few years ago. But what is to stop the Manitoba Health Services from supplying them with a safety factor? Because somebody's going to be killed over there as they come from that parking lot to the hospital. There's no protection at all because they come off that Maryland Bridge; they're just whipping around there and somebody is going to get killed because the type of people who do visit at hospitals are older people and they can't move quite as fast as some of us young ones. They're going to get hit by a car and they're going to have to, rather than just visit, they're going to have to stay in the hospital if they're not lucky.

But what is to stop the Department of Health or the Manitoba Health Services from supplying them with some sort of a facility to get across from the parking lot to the hospital and back again after they finish visiting? I don't think I can accept the answer of, let them walk down a block to the lights and carry on from that area there. I'm looking for something that is easily accessible.

Can the Honourable Minister advise me as to a crosswalk or an underwalk or some sort of facility?

You can't put a light on that corner, there's just no chance for the driver. So it has to be either over or under. Can the Honourable Minister advise?

MR. DESJARDINS: That's exactly what's going to happen. It'll either be under or over. The planning has been approved. They're in the process of planning. I think that parking lot will and their steam building also, there'll be either an underpass or an overpass, but the planning is being done now. They've been authorized to go ahead with the planning.

That'll be the first part of the building I think whatever has to be done, from what I understand.

MR. KOVNATS: Well, I would hope that the previous Minister had some involvement in it because, you know, everything is just coming up roses. Everything that I've asked about, the Honourable Minister has been able to give me the right answers and I'm quite satisfied. I hope that in another year or two when I ask him somewhat the same type of questions that they have expanded on the operations that he suggested that were going to take place today.

One last item and that is the service provided to the Northern reserves. I know that a general practitioner doctor — and let me just go back a little ways — I'm told that in the Province of Manitoba that there is one doctor for every 550 people, approximately, —(Interjection)— or 600 people something like that? Let's say one doctor for every 600 people. Why can we not — and I've got to wait because I want the Minister to be able to answer this — leave him alone for a minute and I'll ask him a question and I'll be finished. Thank you. Okay.

Now I know that we have trouble getting doctors to go into Northern Manitoba. We ship them up from Winnipeg or from some of the larger centres; we fly them up for two or three or four days to the reserves, some of the general practioners, they go into the reserve and they do their job and after four days they come out and the nurses are up there and they have to handle the situation themselves, but the doctors, we have trouble getting them up there.

Is there any discussion with the Manitoba doctors right now, during their discussion as to increases in fees, as to whether they will co-operate with the Province of Manitoba and allow some of their new doctors or even some of the doctors with experience, to set up a residence in Northern Manitoba at least for a short time? Is the Honourable Minister negotiating in that way, or has he just set up his mind that he's going to negotiate on increased fees and things of that nature? But are we going to be getting any additional services from the Manitoba doctors in return for giving some of the concessions? I would think that there's going to be some concessions made both ways and I'm just guessing at this point because I really don't know. Would one of the concessions be that the doctors would supply us with better service for Northern Manitoba?

MR. CHAIRMAN: The Honourable Member for Wolseley.

MS. MYRNA A. PHILLIPS (Wolseley): Yes, Mr. Chairperson, in response to the question raised by the member opposite, I can't leave the issue of the building program at the Misericordia Hospital in the state it will be now on the record.

I want to make it very clear to the Member for Niakwa that the building program was scheduled by the previous NDP government. The plans were put on hold by the previous Tory Government and just recently since we became elected in November, my colleague the Minister of Health announced the resumption of that program. So if anybody was injured or was in danger of being injured or maimed or killed crossing Sherbrook Street to get from the parking lot to the hospital and if the member is legitimately concerned, my question is, why was he not concerned over the last four years and all of a sudden is concerned?

I want to commend my Minister for going ahead with the building program at the Misericordia Hospital which, as people in the room know, that it is in my constituency. I've met with the board of that hospital and they're quite delighted that the plans are going ahead for not only the building and expansion of the hospital, but also the parking lot across the street with under or over access through that busy thoroughfare.

MR. KOVNATS: Mr. Chairman, to the Honourable Minister, I don't think that any of the comments that I made this evening have been political in nature. I have complimented the Honourable Minister and I've been questioned by the Honourable Member for Wolseley and I think that it's very very unfair. If that's the type of operation — I really didn't ask the Honourable Member for Wolseley the questions. I got an answer from her and she asked me, why wasn't I concerned in the previous four years?

Well, just for the record, I was concerned in the previous four years and it was discussed. I have spoken with the people at the hospital. There weren't the monies available at that time and I accepted that. I just finished telling the Honourable Minister not too long ago that he's got a problem because he just can't go throwing money around, he's got to have something legitimate. To get me set up with the Honour-

able Member for Wolseley in her remark that, where was I four years ago? I was here representing the Province of Manitoba.

I was the Deputy Speaker of this Legislature and I was doing a damn good job. I wasn't standing up in my place as Deputy Speaker and making some detrimental remarks about the Speaker of the Legislature. Maybe it was because I had a good Speaker at that time, but I think that we do have a good Speaker at this time and, you know, I'm just getting all these things off my chest at this time, Mr. Minister, because the Honourable Deputy Speaker who is the Chairman of this Committee stood up there and criticized the Speaker of this Legislature.

I listened to some of the remarks and I didn't appreciate it. I've got it off my chest now too because I don't think that the remarks that you made or, the honourable Mr. Chairman, that were made by the Deputy Speaker were called for. I don't think the remarks made by the Honourable Member for Wolseley were called for either. Where was I four years ago? Representing the people of the Province of Manitoba and I'll be here a lot longer than that government on that side after the next election.

MR. CHAIRMAN: The Honourable Minister.

MR. DESJARDINS: Well, Mr. Chairman, I'm glad that he finished in that joking mood, his remarks.

I might say that I don't think anybody was criticizing the member. We've had a good exchange in this department. I think that last Friday, certain members felt that they wanted to be on the record. They chastised the present government which was fair enough on the construction of personal care homes. I certainly must defend the right of the Member for Wolseley. After all, this hospital is in her own constituency and she wanted to make some remarks so I don't think that anybody should take it as a personal affront. I think this is something the members can speak and we have no control over what will be said. It's not necessarily a criticism but the member had stated that things were so easy — I think this is what called it on — that everything had been done or planned by the former government. There's a lot of things that had been done but I think the Member for Wolseley wanted to say well, this is an area — and I'm not that concerned about the credit — but, this is an area that we had approved, that wasn't approved before like many of the things. If you remember the members of the Committee that I've tried to give credit to the former government and said this is something that was approved. So, I don't think we should start a quarrel on that. I don't think the member should be too touchy. Every member of this House can put something on the record and, as I say, last Friday many of them wanted to say that we were not reasonable; we weren't right in not giving them personal care homes and so on. This was something the member obviously is quite interested in because it's her own constituency.

Now, to go back to the question. I think there was a question about the service up north, especially to the Natives. This is something that actually is the responsibility of the Federal Government, but we're not waiting; we can't wait forever. We're trying to participate. Of course, anybody in the north will get a 10-percent increase in fees; that's one thing. Then there's some people that we've made arrangements with - the Four Nations, I guess, and then whenever possible also with the MMA, and they've sent people either on fees if they wanted or I think there's been on sessional payments. I think they've had the choice; it was left to them and at times they can benefit by sessional and this was done. There's always a lot of improvement we could do. I certainly feel that the member is right, that the medical profession should be given this challenge of providing services, seeing if they can improve the services all across Manitoba. Of course, our Committee on Medical Manpower is studying the situation also. So, it isn't perfect but it's not that bad at this time.

MR. KOVNATS: I'm not too thin-skinned, to the Honourable Minister. I sometimes let things bother me more than I should. It seems to me that I was complimenting the Minister for what he had done at the Misericordia Hospital and then you know the remark just didn't seem to be consistent for the remarks that I had made. I again compliment the Honourable Minister for planning this crosswalk. I compliment the Honourable Member for Wolseley for assisting the Minister in putting in the crosswalk, if she had anything to do with it; I imagine, that as a representative in that area that she has had something to do with it.

But, for the last well half-an-hour or so since I've been talking, I've been talking about the hospitals in the Province of Manitoba. I don't have a hospital in my constituency, but the people in my constituency go to hospital. So, therefore, I think that all of the hospitals in the Province of Manitoba are mine, so I can talk on them in the same manner as somebody who lives right next door to them. So, I don't think that what the Honourable Minister said concerning the Honourable Member for Wolseley and her constituency really bears any importance. I think that we all represent Manitoba and we represent hospital locations.

One point - you know, I had almost forgotten and I know that the Honourable Member for Portage wants to ask just a few more questions - it was concerning pediatrics in the North where we have to send up somebody qualified in pediatrics to bring back the patient via aircraft. I know that there has been some aircraft set up and I hope the Honourable Minister is listening because it's just going to be one more question that we do send up very qualified pediatricians to bring these people in because these young children have to come into Winnipeg where we have the facilities. They might be in the guardianship of a qualified nurse, but what happens is that this pediatrician goes up and brings the child back and it's all done by aircraft because time is of the essence. What facilities, or in what manner does a pediatrician or anybody from the City of Winnipeg going up to bring one of these children back, what command do they have of an aircraft to bring back the patient? Who pays for it? In fact, are there government aircraft available to bring these patients back into Winnipeg, and if they're not, do they just go and do they hire somebody else by luck? Is there any sort of a routine to look after these things?

MR. DESJARDINS: Mr. Chairman, we've covered

that when we covered the Northern Patient Transportation Program. Anything up north, there's a fund there. The people that have the control would be the local doctor who would issue the warrant that the plane will be used and this is what happens. Now, if you're talking about the real young babies, if they have to be brought in the City they will be brought in an incubator. Anytime that a patient needs transportation and the doctor feels it's an emergency and it warrants this service he gives the order and there's no problem. These people would be brought in.

MR. KOVNATS: Just in conclusion, I want to thank the Honourable Minister for answering some of the questions because I was here last Friday and I just restrained from asking any questions. I was here last Thursday and I restrained from asking any questions. I thought I would have the opportunity of asking the Honourable Minister questions on all of this under Salary or under this particular department and the Honourable Minister has complied. He's answered the questions as honestly as he could. I'm almost in complete agreement and I give him credit and the previous Minister of Health credit and anybody else who's had anything to do with the upgrading of hospital services or medical services in the Province of Manitoba. I don't think we can be critical of that. Thank you very much.

MR. CHAIRMAN: The Honourable Member for Portage la Prairie.

MR. LLOYD HYDE (Portage la Prairie): Thank you, Mr. Chairman. To the Minister, if I may just to refer back to the Deer Lodge Hospital. I am certainly in full agreement with the move that the government has taken in respect to the Deer Lodge Hospital. Of course, as we all know, this has been in the talk in the books for a number of years but I'm pleased that it has finally has been decided to move on it. Also, Mr. Minister, the fact that you are going to be looking to the concerns of the veterans in the allocation of bed space to them. I'm sure that you're quite aware, as I am, that the veterans look to that hospital as their home; that is their home. I expect that I may have to return there some day. I spent nine months in that place following my return from overseas and I expect likely someday I'll have to return there and I hope there's a bed vacant for a veteran. That is what I wanted to mention to you, Mr. Minister, just to make sure that I expressed my thoughts in regards to the hospital. It has been a kind of a sore spot, you might say, in my mind for some time to see the large portion of that hospital being vacant the way it was; left vacant for so many years. It's a good building and no doubt will need some changes and renovations but however, that can be looked after. I wanted to make it be on record that I certainly am in favour of the move that's taken place.

MR. DESJARDINS: I'd like to make a correction. If this goes through I'm sure that the member will not return to Deer Lodge. He might return to another facility but the other arrangements will be made. That's what we're talking about guaranteeing beds for return people. I think that it looks like a very good deal; everything will be torn down except the building on Lodge Street which was built in 1959 so it's in fairly good shape. There'll be some renovation and the rest will be torn down and rebuilt. As far as the veterans, we have informed the Federal Government that we want to make sure that problem is taken care of and that's their responsibility.

I met with all the different groups, representing different groups of veterans. I met with them together, we had a good meeting, they expressed some concern and this is a commitment that I made to them. I suggested that they should meet with the Federal Government, we're being assured that the Federal Government, before we do anything, will meet with them again. Then I intend, to make doubly sure after we sign the agreement, there are not all kinds of questions, to invite them to a meeting, in fact, they've asked for this meeting and I agreed. Once they've had their federal meeting and if need be we'll have another meeting or that would be the first meeting with representation from the Federal and Provincial Governments to make sure that there is no misunderstanding. We want to know now any services they want us to give these people, fine, but they will have to pay for that. We're ready to deliver anything but if they want to keep something for the veteran they will have to pay for it but we want to know now we don't want to be stuck later on saying there's been an understanding with the veterans. Before any agreement I intend to show them the agreement, let them look at it and to get their recommendation and try to straighten that out before we finally sign any agreement. So we're quite satisfied, the member is absolutely right, this has been going on since 1965 or so when this first was brought up so it's quite a while ago.

MR. HYDE: Mr. Chairman, I'm sure that no matter what you do you'll not have the full agreement by all veterans, that's to be sure, no matter what you do you'll not be able to satisfy them all but it's nice to know that the consideration is being given, you've given the veterans group the opportunity to express their concern about the future of the veterans.

MR. CHAIRMAN: The Honourable Member for Fort Garry.

MR. L.R. (Bud) SHERMAN (Fort Garry): Thank you, Mr. Chairman, there are a few questions I wanted to conclude with the Minister on the subject of hospitals program as we move to the end of the examination of his Estimates. My colleague, the Honourable Member for Niakwa, brought up the subject of Misericordia in a limited way and I wanted to ask the Minister some questions about his statement a few weeks ago with respect to regeneration of the Misericordia Hospital. I want to say, at this juncture, Mr. Chairman, that I was interested in the gratuitous comments of the Member for Wolseley where the Misericordia Hospital was concerned. I would remind her that the Capital building program of the previous government, in the health facility field, approved, into construction and under way totaled $234 million. I would remind her that our government sorted out a problem that had plagued two previous governments to get the Health Sciences Centre regeneration under way and committed $75.6

million to that.

I would remind her that although she may represent Wolseley today, Wolseley was represented by a Progressive Conservative member at that time. Wolseley, although it draws for its patient load from patients all over the city, is essentially considered a South Winnipeg hospital and if one, I suppose, were to look at the political demarcation lines in Winnipeg, as in Manitoba, I think it's no secret that essentially the northern part of Winnipeg is regarded as oriented towards the New Democratic Party, the south end of Winnipeg is regarded as oriented towards the Progressive Conservative Party. I could have approved redevelopment of Misericordia the day I was made Minister of Health, instead of that we moved on Seven Oaks, we moved on the Health Sciences Centre, we moved on a $234 million Capital construction program, in general, and we priorized Misericordia, to move on it as soon as we could. I did not elect to go with Misericordia first, or even close to first, in our list for a number of reasons, not the least of which was dollars. The most important thing was to get the major tertiary care centre and major referral centre in the province back into shape. When we could move on Misericordia we intended to move on Misericordia. If she has succeeded in obtaining a crosswalk for Misericordia Hospital, good for her I congratulate her. Whe she stacks that up against a $234 million Capital construction program I'll be prepared to trade notes with her, until then I regard her comments as highly cynical, highly political and highly gratuitous.

Now, insofar as the announcement of the Minister with respect to regeneration of Misericordia's concern, Mr. Chairman, I wonder if he could elaborate on the plans for Misericordia, whether he is talking simply about another rehash of the functional program which we went through and which I believe the previous government may have gone through, or whether he is talking about a $40 million to $50 million regeneration of Misericordia Hospital, when it will get under way, and what it will entail over and above a safety crosswalk.

MR. DESJARDINS: Mr. Chairman, that vastly functional program is going to architectural planning and drawings and the intent would be a hospital around the figure of maybe $40 million. Mind you it's not going to give you any more beds but it's something that ought to be done, if anything be very close, in fact we might lose one or two beds or something, roughly 400 beds but something would have to be done or we could lose the hospital.

MR. SHERMAN: How many beds, Mr. Chairman, 409 beds right now and it'll still be approximately 400 beds and what will the regeneration consist of, largely the replacement of the centre core?

MR. DESJARDINS: Mr. Chairman, on the planning I think we'll have a better idea when they show us their drawings, that is, I couldn't give you the details at this time. I know that on one side they'll start with the parking and the boiler and the steam room, that'll be in the present parking and then it'll be either underground or overground access to the main hospital. A lot of it will be replacement, I think the central part will be replacement and there'll be renovation in the north and south buildings.

MR. SHERMAN: What changes in categories of beds and bed configurations are being contemplated? Are there going to be beds designated there as extended care beds that, up to this point in time, have been active treatment or obstetrical beds?

MR. DESJARDINS: No, this is going to remain the acute bed hospital. As I say we can't afford to lose any beds there. It will be practically the same number of beds, the same kind of beds, but there'll be replacement of some of the buildings and certainly improvement in others but most of it will be replacement. Well, figure it out for yourself, it will be for 400 beds, it will be about $40 million or so, but when it's finished the same hospital will be new with newer, more modern facilities.

MR. SHERMAN: Mr. Chairman, I want to ask the Minister about a couple of other hospitals but because this is related I want to ask a question on obstetrical units at this moment and where the present government stands with respect to consolidation and rationalization of obstetrical units. Is the government contemplating any rationalization program and would Misericordia be contained and retained as an obstetrical centre, as a maternity hospital in that rationalization?

MR. DESJARDINS: If you're talking about Misericordia, that is being reviewed at this time. Now there's no plan to deal with the whole matter here in Winnipeg but I've asked the Commission to review that and bring some recommendation in view of the problems that we've had and we seem to have, every time we build a hospital in the city. There's no doubt that we'll ask for an opinion. I think we've already received some opinions from the medical profession and this will be vetted or discussed with either the college or the MMA once we get a recommendation from the Commission.

MR. SHERMAN: How many live births are there at Misericordia a year at the present time? Can the Commission advise the Minister and advise the Committee? Is it anywhere near a thousand?

MR. DESJARDINS: It's approximately 800 at this time.

MR. SHERMAN: Mr. Chairman, I want to ask the Minister about Concordia. He had said in his statement that among projects that will be pursued in addition to the program that he announced dealing with construction this year, he had instructed the Commission to continue to work in the "refinement of functional programs for the following hospitals and personal care home projects," and in that list and in that category he included Concordia Hospital, the addition of 136 acute-care beds plus expansion of emergency and out-patient departments.

It was the intention of the province, under the previous administration, to encourage Concordia Hospital to go to construction of the two desired and

required additional lifts on their hospital in 1982-83. Does the Minister's statement mean that the new government is intending to pursue that initiative or does this really put the Concordia Hospital situation back in a temporary holding pattern?

MR. DESJARDINS: Mr. Chairman, I think that the answer would be that the department, and I as the Minister and the Commission, feel that should keep on receiving our attention but it is not obviously on the same priority list as those that I announced so far but we felt it important enough that in a couple of years it might not be the biggest priority at this time, but in a few years from the time that the functional program is looked at, I would think that there should be some recommendation in front of Cabinet next year. If this is done, if it advances all these steps, next year there would be the planning and it could go to tender the following year so it could be three or four years from now. It could still be in the 5-year plan.

MR. SHERMAN: Does the Minister have any plans, Mr. Chairman, with respect to the Municipal Hospitals, the City of Winnipeg Municipal Hospitals, the King George and the King Edward essentially — not so much the Princess Elizabeth — but the George and the Edward?

MR. DESJARDINS: That's what I thought. There was something announced that it is ready to go now but as far as the functional thing, yes, that is pretty well the same as Concordia Hospital. We will look at the situation. One of the reasons that one was delayed was because of Deer Lodge. We'll see what happens in Deer Lodge.

MR. SHERMAN: Is the government considering taking over the Municipal Hospitals from the City of Winnipeg?

I might say, Mr. Chairman, I'm not trying to start an argument with the Minister. I would not be opposed to that; I want to know whether he's thinking about it.

MR. DESJARDINS: All I know is that they've asked to discuss it with us. We will later on when the Estimates are finished but we haven't made any commitment or we have no indication what we'll do at this time except that we'll talk to them because they've requested it.

MR. SHERMAN: Do the long-range plans for the Municipals still include a personal care home on the campus?

MR. DESJARDINS: Well, Mr. Chairman, as I said previously, a lot depends on what happens at Deer Lodge. That might change our thinking. If we don't have Deer Lodge I think that some of the action will have to take place at the Health Sciences Centre. Now if we develop Deer Lodge as we propose to do it, then we'll have to review the situation at the Municipal Hospitals.

MR. SHERMAN: Mr. Chairman, the weather of course is in the Minister's favour at the present time, or any Minister's favour at the present time, but going back approximately to the month of February, in the latter months of the winter, can the Minister report to the Committee that he is satisfied with the volume of patient-load in the general community hospitals in Winnipeg?

There certainly were concerns expressed during the winter by Misericordia, at least, and I believe one other major hospital in the city about overcrowding and emergency departments being unable to accommodate people other than in stretchers in corridors at the hospitals, blocked beds — which is a term that I don't particularly like but it's a term that's generally understood I guess — and overcrowding in general.

Obviously that condition is more likely to occur in January than it is in July and we're moving into a season now when perhaps the pressure is a little easier but I'd like to know where the Minister stands as of January, February and March of this year with respect to patient-load and patient-demands at Winnipeg hospitals, basically Winnipeg hospitals. I don't think the problem is anywhere near as great in rural communities.

MR. DESJARDINS: There's no problem in the rural area. There's still problems in pretty well the same period of the year as was mentioned. I believe it was a little easier this year although the problems existed but we look when Seven Oaks is fully opened as, hopefully, relieving some of the pressure. We'll be able to tell next year.

MR. SHERMAN: Mr. Chairman, in reviewing the budget for the hospital system, I don't believe the Minister mentioned and I didn't ask him that I recall, for the situation with respect to community health centres and community clinics. Is the 14.7 percent a general rule-of-thumb budgetary increase that's being applied in the hospital and personal care home field; also being applied in the community clinic field.

MR. DESJARDINS: Yes, the same increase applies to them. I might say that this was something that when we were in government previously we had quite an interest in that. I should say that I haven't had time to do too much yet but, I've been instructed by the colleagues in Cabinet to look to see if there's anything to salvage or if we could go in that direction also. So, the value of that system is going to be looked at.

MR. SHERMAN: But at the present time the spectrum of community clinics or community health centres in Manitoba is as it was a year ago. Is that correct? So that means that Norwest Co-op is out of business except for the day care centre and that means that the Citizens Health Action has been integrated into the Health Sciences Centre Outpatients Department for geriatrics. Is that correct?

MR. DESJARDINS: Yes, there's been no change on that at all at this time. The increase will cover this also as I stated, but there's no change at this time.

MR. SHERMAN: Mr. Chairman, an area that I'm very keenly interested in is blood fractionation and the Rh Institute and appreciate frankly that fate and fortune were such that they gave me the opportunity to participate in some considerable progress in that area

where the Rh Institute is concerned and where Manitoba's status with respect to the blood fractionation industry in Canada is concerned. I'm pleased that the capital project which will find a new plant for Dr. Bowman and the Rh Institute on the campus of the University of Manitoba is going ahead at a multimillion dollar figure, a multimillion dollar level.

But, I'd like to ask the Minister where we stand on agreements with the other provinces in Canada and with the Canadian Red Cross and I suppose, necessarily, with the Minister of National Health and Welfare on the division of blood fractionation responsibilities. At the time we that we left office we believed that we had an agreement which would find Manitoba through the Rh Institute being empowered or entitled to produce 50,000 litres of plasma fractions per year out of a total market requirement, I believe, of between 200,000 and 250,000. The other 200,000 that wasn't going to be fractionated here in Manitoba was going to be handled by Ontario and Quebec. We hoped, in fact, that our quota might go as high as 75,000. Certainly, we wanted to be sure that we could supply the plasma fraction requirements of Western Canada from here if necessary. What's the status of those discussions and that quasi-official agreement at the present time, Mr. Chairman?

MR. DESJARDINS: Mr. Chairman, there was a committee, as my honourable friend knows quite well because he was one of the members as Minister of Health, and his colleagues at the time set up this committee with Mr. Frank Anderson representing Manitoba. A lot of the details are not set up as far as the blood. I think that it will be 200,000 litres in all, and will provide 100,000 and the other 100,000 will be split between Quebec and Manitoba. Now, the concern, there was a tentative - we hope it's just tentative - arrangement made that we could recapture by the sale of blood half of the cost of the construction. We feel that could be improved and brought it to the attention of the western Minister and there's been an informal promise or commitment that they would support me to try to improve the situation. It has been placed on the agenda of the meeting that we'll have with all the Provincial Ministers and the Federal Ministers later on this month - I think it's the 26th and 27th; somewhere around there. As far as the National Minister, I don't think she's involved in that at all. I think that it is set with this committee pretty well. In fact it's past the stage. I would imagine that she's given her approval already. We're not concerned with her on this at all.

MR. SHERMAN: Is everything settled and acceptable insofar as the Canadian Red Cross is concerned? There was some difficulty in the initial phase of the undertaking with respect to the Canadian Red Cross. I think they had some concerns and some legitimate ambitions of their own. There was considerable discussion required in order that everybody understood each other and that all parties understood that the objective really was the security of plasma fraction supply in Canada in the most modern and the most economical and efficient format. Has that been resolved satisfactorily with the Canadian Red Cross?

MR. DESJARDINS: Mr. Chairman, I'd be exaggerating if I said that they were jumping for joy but they are not fighting anymore. They've accepted the decision of the committee; they would sooner control the whole thing but, they've accepted.

MR. SHERMAN: Are we marketing expertise in fractionation to Quebec which was also part of the original discussions?

MR. DESJARDINS: There hasn't been any discussion between our people and Quebec lately but now that the announcement has been made we expect to hear from Quebec fairly soon. I think that was their intention before and I would imagine that they will try to explore that again.

MR. SHERMAN: Would the Minister have a boxcar date that he could put on completion of the new Rh Institute Laboratory?

MR. DESJARDINS: Mr. Chairman, I'm told that until the full program is finished it could be as long as two-and-a-half years. There'll be a year for construction, another year-and-a-half for full licensing by the Federal Government. This is what we expect.

MR. SHERMAN: Mr. Chairman, can the Minister advise the Committee what the average length of hospitalization is in Manitoba at the present time? What is the average length of stay of a patient in a hospital in Manitoba, or more specifically in Winnipeg?

MR. DESJARDINS: I believe we covered the whole program. It's approximately 9.8. Winnipeg would be less, it would be around 9. But, of course, I'm not including the beds that are being used as a personal care bed.

MR. SHERMAN: Is the long-range planning group that the Minister is putting into place going to be looking at that subject and looking at that question with an attempt to get it down? Can the Minister confirm that the average length of stay in hospital in the State of California, which I'm not recommending necessarily as a panacea or a guideline, but just for comparison sake, the average length of stay is approximately 5.5 days and I know the Minister is going to tell me that the patients have to pay their own bills and I understand all that but the fact of the matter is that there is a substantial difference in terms of bed turnover in many other jurisdictions compared to Manitoba? Will his medical advisors and hospital advisors and long-range planners be looking at this among other subjects?

MR. DESJARDINS: Mr. Chairman, I think the member covered the problem. If you have to pay for it yourself sometimes you're not going to stay the required time, that could be dangerous. If everything is free well then you're not going to be in any hurry and you can stay a lot longer and it's going to be costly. I think that's so important to have the proper guideline also and keep pressure on beds because if we have too many beds they would all be, no matter how many beds we have, they'll all be occupied, and that's the problem. I think

that we have to make sure that we have enough hospitals to serve people. It puts the pressure on the medical profession also, we need the beds and I think that we have to have their co-operation to assist us because we can't discharge patients, it has to be done by the doctors and I understand that this is improving all the time.

Of course the different programs that we have should be quite helpful once we have all these programs in place. We have home care, we can have respite care. Many people associate home care with older people but that's not necessarily the point. Before home care the people would have to stay in the hospital, or before extended treatment care, after an operation for instance, now they can go home and get certain help where they don't need the same type of care or so many hours of care and the expertise care, that could be done in the home with home care, so there is an improvement but we have to keep on the pressure and we have to be careful with the beds we build. At one time there was no doubt that we had probably too many acute beds and not enough personal care beds. That might be one of the reasons why there is, although you'd think that the opposite would be true, that the stay in the hospital in the city would be longer. It isn't the case and one of the reasons I would guess would be that all the rural area is overbedded but that's not as costly as these teaching hospitals and these general hospitals here, for instance, it's not as much a problem.

MR. SHERMAN: Mr. Chairman, the latest testament I have for the average per diem cost of an acute care bed in Manitoba in 1981-82 was $194.30, that's the daily cost, on average, of operating an acute care bed. The average for extended care beds was $119.10. Can the Minister advise the Committee what those projections are today and I think it's more complicated than simply multiplying them by 10 percent or simply adding 10 percent? Does he have a projection for the average cost of an acute care bed and an extended care bed in a Manitoba hospital today?

MR. DESJARDINS: Mr. Chairman, before I do that, just to make sure that I don't forget, I want to make a correction here, the member had said that Northwest Co-op would continue just as day care, continuing to provide medical, day care and outreach services, the three not only day care.

The average per diem cost, let's say that I can start from 1969, that was terrific it was $37.80 all hospitals, the acute care was $40.10, extended care was $24.85; let me start in 1979-80, the acute care was $150, extended care $93.80, all hospital $144.35; 1980-81 was $188.80 acute, $108.55 extended, $177.20 all hospital; 1981-82 estimate $224.29, extended $128.96, $210.51; and 1982-83 estimates $257.27 for acute, extended care $147.91 and all hospital $241.46.

MR. SHERMAN: Mr. Chairman, the net result on the positive side of the Diagnostic Ultrasound Program and the High Risk Maternity Program that's in place has been a very gratifying improvement in child and maternal health statistics, certainly in infant mortality and perenatalogy statistics. If there is a downside to it, and I don't suggest that the downside outweighs the upside, it doesn't but nonetheless it has to be recognized. If there's a downside to it it is to be found in the pressure that the use of these techniques and this programming and the wide-spread application of these referrals has had, in their impact on pediatric ICU beds, newborn ICU beds and nurses in the tertiary care hospitals in Winnipeg.

Some months ago, in fact, there was noticeable and vivid pressure on the ICU nursery at St. Boniface and I think that the pressures were being felt in ICU nurseries in other tertiary care hospitals. The programs announced by the Minister for 1982-83, although referring to additional hospital beds and hospital upgrading and hospital improvements and expansions, do not speak specifically to this question of intensive care nursery beds and ICU pediatric nurses. Can the Minister advise the Committee as to whether the Diagnostic Ultrasound and High Risk Maternity Program are, indeed, having this kind of a permanent impact and affect on the ICU nursery and the ICU nurse and, if so, what does the commission plan to do about it in its 1982-83 program?

MR. DESJARDINS: Mr. Speaker, I don't know if you could win on a situation like this. There's no doubt that the cost is increasing, but there is no doubt also that you're providing better care. So what value do you put on that care? What kind of judgment can you make on that? I know that we are expanding the ICU nursery at St. Boniface and we're looking at the situation and spending more money in that direction. I think there's no doubt that it probably would save quite a few lives, but it's also a very costly program. I don't know what else I can say on this at this time.

MR. SHERMAN: Well, I'm not challenging the ethics or the morality of the program, Mr. Chairman. I'm asking the Minister how the hospitals are coping with it. Are there enough ICU nursery beds and are there enough ICU nurses? There certainly were indications a year ago when these two programs really got on stream and really began to establish themselves, that this was one downstream effect that probably hadn't been properly anticipated.

What is the Commission's response on May 3rd, 1982, to that problem and that pressure?

MR. DESJARDINS: The response is as I indicated that we're satisfied with the programs at the Health Sciences Centre. Grace is maybe not the same high risk as these two hospitals, that's progressing fairly well. But we're expanding the ICU at the nursery at St. Boniface Hospital because of need. There's more problems there so I guess we're saying that we have to beef up the program if we're looking at the total program.

MR. SHERMAN: But at the moment then the ICU nurseries are not facing pressures that can't be met. Is that what the Minister is saying?

MR. DESJARDINS: They're feeling pressure that can't be met if we don't expand St. Boniface. That's our answer to it. There is pressure. We feel, though, that we will meet that pressure by the expansion that we're suggesting.

MR. SHERMAN: Could the Minister advise the Committee, Mr. Chairman, where we're headed with the day hospital concept using the day hospital at St. Boniface Hospital as a, not a pilot project, but let us say a pilot example? Do his and the government's plans and contemplated intentions for the future include a wider application of the day hospital concept?

MR. DESJARDINS: Is the member talking about what we at times refer to as Day Care for the Elderly?

MR. SHERMAN: Yes, but not attached to a personal care home.

MR. DESJARDINS: No, no, that's being discussed I think with the St. Boniface, with the Youville Foundation, the Brandon group and we're very impressed on that, but there's no decision made. Of course, this is an area where we would — I think it would be dangerous to try to impose it on anybody — I think that after discussion we would hope that some of these hospitals will come on their own and really want the program, I think that's the only way it's going to work, but there's no decision made as yet.

In discussing that, we had suggested to Dr. Hampton that he should meet with the Youville Foundation. He did that. He thought that was a good idea and we're going to try to establish some kind of an advisory committee through the Minister and I'm looking certainly at these two as the leaders right now. Anyway, it may be expanded to the rest of the province later on and we will discuss this with the hospitals also, as well.

MR. SHERMAN: Well, there's a new, young geriatrician in place, in office, at St. Boniface Hospital. Is that not correct, from Liverpool?

MR. DESJARDINS: Yes.

MR. SHERMAN: Well, is that facility operating as a day hospital or is it operating as a chronic care or extended care, long-stay institution?

MR. DESJARDINS: It's operated as extended care, but from what we know of Dr. Paul, I think they will be requesting that one of their programs will be a day hospital. We certainly intend to look favourably on that request at this time.

MR. SHERMAN: Mr. Chairman, I just have one remaining question on this aspect of the Minister's Estimates. It may be a long one though. I hope it isn't too long. That is, the state, fate and future of Children's Hospital, the former Children's Centre at the Health Sciences Centre, now renamed the Children's Hospital again and the new plant, the new physical plant that is going up there.

I understand fully that the five-storey bed tower that's being constructed on the site of the old or existing Children's Hospital is going ahead without change. I know that there was some confusion generated by media reports a few weeks ago on this subject and, subsequent to that, officials of the Health Sciences Centre held a press conference and issued a media statement and assurances to the Minister and the public that that building is not going to be changed. It will continue to be a bed tower for children — I don't know that I've got the figures right in front of me — but I think perhaps do have, Mr. Chairman.

In any event, there were at least 100-plus beds scheduled for that building and it apparently is going ahead without any changes or modifications or alterations. But that assurance really was of little comfort to many, including myself, who were interested in the future of Children's Hospital as a separate, identifiable and autonomous unit on the Health Sciences Centre Campus because I believe other meetings have been held with respect to a building to be constructed during Phase Two of the development of this Centre which is going to integrate a great many services for children with services for adults. I believe that those services include the Emergency and day surgery, operating rooms, even a burn unit and that that new building is going to be an integrated centre which serves both children and adults. So the reassurances about the Children's Hospital as such are not satisfactory to a great many people and they're not satisfactory at this point to the Opposition.

We would like to know, what is the status of the apparent intention on the part of some to integrate children's and adults' services downstream in a building that is not under way on the Health Sciences Centre Campus yet, but is scheduled to be built after Children's Hospital is completed?

Retention of identity simply for medical and surgical beds where children are concerned is not by any means the total object of the exercise in the view of many, Mr. Chairman. The conventional wisdom is North America today is that the best care for children is provided in an environment which is designed and geared specifically and exclusively to serve children and not to co-mingle them with an adult community. I don't want to get into all the sociological and philosophical arguments that have been advanced in supporting that position in the debates. Suffice it to say that all across this continent the recognition has been dawning that children's hospitals should be children's hospitals and children should live in a hospital environment that is as comfortable and as happy and as conducive to their tender years as possible. That environment is impossible when they're in a facility that is also serving adults.

So I just want to assure the Minister that there is still deep concern about the future of children's hospital as such. A bed tower is fine, that's one thing but those who are interested in the future of the children's hospital want the whole children's medical-surgical hospital environment to be self-contained and separate.

MR. DESJARDINS: Mr. Chairman, I'm pleased to receive the impression and the advice of the Member for Fort Garry. As far as I am concerned it's a little premature to talk about these things. Yes, the member is right, we've asked for a review, the Manitoba Health Services Commission look at the capital spending and that resulted in continuing support for construction at the children's hospital tower — the new six-level main entry — and the support service, the laboratory service building at the centre.

Now, we have nothing in front of us at this time. I

think there is a possibility that there be a recommendation for joint space for the areas and the services that were mentioned. I can assure the member we have the same concern that he has but we will have to look if there's a presentation made to us. I've requested that they give us whatever they have to give us; any recommendation or any proposal that they place in front of us as soon as possible because of the concern but no doubt we will look at it.

We'll look at the positive and the negative points and then we'll have to make a decision. I think it's normal that people who want to go a certain way will be concerned. We'll have some concern until a decision is made but it would be premature for me to even discuss it at this time because we have nothing in front of us. If they have certain recommendations to make and we'll have to look at the financial implications for one thing and then all the bad points as was stated by the Member for Fort Garry. Right now, we have nothing in front of us so I have very little idea what they're going to suggest or recommend, if they do recommend that there be joint space share for the two. I have no assurance that they will do that either.

MR. SHERMAN: Mr. Chairman, on a related question. There had been a very high priority given to the establishment of a peri-natal unit at the Health Sciences Centre at Children's and at the Women's Centre. Plans had called for the integration of the intensive care nursery with the rest of obstetrics and the rest of the whole neo-natal program.

My understanding is that as a result of different thoughts and objectives and ambitions that are being brought to bear now in the discussions with respect to the redevelopment plan in general at the Health Sciences Centre that that whole thrust and initiative to establish an intensive care nursery related to, physically tied to neo-natology and obstetrics, has now been pushed back almost a full decade on the schedule and we're going to have to continue to operate, mothers and their newborns are going to continue to have to operate in separated environments at the Health Sciences Centre where the intensive care nursery is separated physically some distance from obstetrics and neo-natology and that we're not likely now to get that integrated unit with an intensive care nursery and obstetrics tied together for something like 8, 9, or 10 more years.

I would find that a very serious error and a very serious setback to child and maternal health and to peri-natology in Manitoba. I think if that is the present thinking of those who are looking at the redevelopment plan that the Minister and the Commission had better intervene directly to assure that no such unacceptable postponement or delay of that kind is permitted and that the thrust and initiative for the immmediate future remain an initiative that's aimed at integrating the intensive care nursery with the rest of the obstetrical program. Can the Minister comment on that?

This information emanates from ongoing meetings and discussions that are taking place among various committees and clinical components of the Health Sciences Centre and the hospital's administration with respect to the total redevelopment program. I think it flies in the face of the objectives that many of us, including the Department of Child Health had agreed upon at the time that the redevelopmemt plan was finalized and announced, Mr. Chairman.

MR. DESJARDINS: Mr. Chairman, I think that unfortunately there's too many rumours that come in from different clinical chiefs and different people that are so worried that they're not going to get what they feel is coming to them. Nothing has been changed what has been approved by the former government. We intend to do exactly what the member stated.

The situation is that we will renovate the high-risk unit for the time being on William at the Women's Pavillion. I think the concern is they figure well if that money will be spent they'll probably want to leave it there, that's not the intention at all. Later on, as soon as that'll be built there will be the different unit as was stated. There's nothing changed at all.

MR. SHERMAN: Well, I'm glad to have the Minister's reassurance on that, Mr. Chairman. No doubt, comments and perspectives will occur with respect to the thinking and the participation of individuals, groups and components in the refinement or re-development plan from time to time but I would hope that the Minister and the Commission hue to a pretty sensitive and understanding line where Children's Hospital and neonatology is concerned. I'll certainly be looking to them with interest as the re-development program at the Health Sciences Centre continues and I hope that they will guarantee the integrity of Children's Hospital and of individual, exclusively presented care for children and the necessary advancements in neonatology that will complement all that we're trying to do in child and maternal health.

I recognize the ambitions of different interests and interest groups and clinical components at the Health Sciences Centre and I know that it's a difficult thing to accommodate them all and try to be fair and equitable about it. Oftentimes the voices that attempt to speak up for certain elements and certain units, Children's Hospital among them, are lost in the welter of other ambitions that are being pursued and I would just ask the Minister's reassurance that will not be the case and there will not be disappointments and frustrations and setbacks put in the way of those people in the Department of Child Health who have worked so hard to achieve this objective.

The Minister has suggested to me that so far these are all speculative and he hasn't had any firm changes or plans or refinements of this kind put in front of him, when that occurs he'll be looking at them very intensively and conscientiously. So, at this juncture, I can't ask for any more assurance than that, Mr. Chairman, but I hope that those who have worked long and hard in this province for Children's and for maternal and child-health care will be re-assured, and can be re-assured, by the Minister's office that there are no arbitrary disruptions in planning that are being contemplated or that are going to be permitted; that if there are any changes, they will be changes that can be justified as changes that will be made in the interest of all and for the best of all concerned; that they won't be arbitrary, unilateral changes made as a result of competing interests and competing interest groups where one side loses out unfairly.

MR. DESJARDINS: Mr. Chairman, I think I could give this assurance as far as I can possibly commit myself or deliver. There might be something that I can't foresee at this time but this is the road we intend to go.

MR. CHAIRMAN: Hospital Program—pass. Should we return to include the items to be considered under Resolution 79.

THEREFORE BE IT RESOLVED that there be granted to Her Majesty a sum not exceeding $828,806,500 for Health, Manitoba Health Services Commission for the fiscal year ending the 31st day of March, 1983—pass.

Returning to Item No. 1, Executive Function, 1.(a)(1) Minister's Salary. 1.(a)(1)—pass.

The Honourable Member for Turtle Mountain.

MR. A. BRIAN RANSOM (Turtle Mountain): Yes, Mr. Chairman, thank you. When I was still the Minister of Finance and meeting with some of my colleagues from across the country at the time and we were talking about the Federal Government's moves to cut back funding in some areas and to gain, visibility I believe was the term the Federal Government wanted for their input dollars, one of the Minister's of Finance at the time suggested that perhaps the way for the Federal Government to gain visibility for their dollars spent would be to take over the responsibility for the Health Care system in Canada and for the provinces to assume complete control over the Educational system. The suggestion being that the Federal Government would have total control over Health, the provinces would have total control over Education. I'm wondering if the Minister has had that suggestion made to him, Mr. Chairman, at all in any of the discussions he's had with his colleagues in the Health field?

MR. DESJARDINS: No, Mr. Chairman, this is the first time I've heard that. I must say that I've only had one meeting so far, a very short meeting to be specific, that was with the Minister of Health of the three western provinces, in fact, one of them was replacing the Minister of Health, he was Acting Minister of Health, so there was no discussion. My first exposure to the Ministers of Health of all Canada and the Federal Minister will be later on this month when we have our annual meeting in Ottawa.

I think we'd have to think on that for awhile. If they want visibility, if they want to finance it, we could give them all the credit but I think that, off the top of my head, as I say, this is something new that we'd want to look at. I think that we have to not really surrender these responsibilities, certainly not at this time. I think that the province has the responsibility to deliver the service. One thing that I would suggest to the Minister, though, if they want to do something with Medicare, in some of these areas I think they have to do a little bit more of the funding. I don't think the arrangements that we have now, block funding, they can say: "Here, there's no strings attached," and then come and want to start bringing in all kinds of legislation to prevent opting out and those kinds of things. I think that is the responsibility of the provinces. I personally would like to see us go back on cost-sharing on this, at least we would know that they would pay for this. I think that over the years we will have to pay more than 50 percent of the cost even if we allocate a certain amount of money that comes from the feds, what is considered our fair part.

Another think that I'm very, very concerned about is that they're going to stay with Medicare. There is no way that Manitoba can compete with other provinces, that we could talk about parity with other provinces, that is not a responsible statement to make. I think that we would be fooling the medical profession and anybody else if we felt that, yes, we can talk about parity with other jurisdictions, other provinces, that just can't be done. I personally have no objection if the medical profession would be the best paid profession in Manitoba, providing they realize they're Manitobans, providing the state of the economy reflects on any settlement that we make with them also and providing that we don't give it all to one group. They could be right at the top and I think that probably they should but that is another problem.

Now, if this allowed to go on, they're allowed the settlement I am told they're going to have in Ontario, the settlement that they had in B.C., for instance, if that's going to go on and if they're going to go ahead and leapfrog one province and then the other, if they're going to keep on like that, I don't think it's humanly possible for Manitoba to compete and I think then, if there's going to be any danger to Medicare, for instance - and I guess we could say to a degree all the health field - but I think we'll have to go along and the Federal Government will have to look at some of the recommendations of the Hall Commission. It might be that they might to pay the balance for some of the provinces that are have-not provinces. I expect to bring this up when we meet with the Federal Minister because there is no way that we can compete forever and ever with other provinces and have parity with other provinces. I can't see Manitoba doing that at all. So if that is the only way to go unless there's some kind of a guideline or some formula, I think that the Federal Government will have to assist the have-not provinces or we're going to lose Medicare in our provinces.

MR. CHAIRMAN: The Member for Turtle Mountain.

MR. RANSOM: Mr. Chairman, this arose in an informal discussion. I guess it wouldn't be proper for me to suggest the names of those Ministers that had put this idea forward and discussed it. But it did arise out of the charges that had been made about the diversion of health care funds and diversion of education funds and possible cutbacks, at the same time the controls that the Federal Government was going to put in place and there was talk of lack of visibility at the time.

I think it was put forward in quite a serious way intending that perhaps this might be the way to get the national standards and give the Federal Government the visibility and the provinces, of course, see the advantage of retaining control over education. It was felt if they retained control over education that they didn't care. These are Ministers of Finance speaking, I must reiterate again, that they didn't care too much who had responsibility for delivering the health care system. Just something the Minister may encounter in meetings with his colleagues.

Just one thing, I wonder perhaps, Mr. Chairman, if

the Minister happens to know offhand approximately what percentage of the overall funding for health care would be provincial and what percentage would be federal in the province now?

MR. DESJARDINS: Mr. Chairman, with this new federal budget and the negotiating that's been going on between the different provinces and between our Minister of Finance I must admit that I don't know where we're at. I know what I'm asking for. I can inform the members that the Minister of Finance should be following me — not tonight — but he's the next one if I finish tonight. I think those questions —(Interjection)— I don't know but he should know more than I do because I haven't the faintest idea to be honest with you.

Now this other concern to get back on that. I see the responsibility of the Federal Government, I like to see a strong central government. I think certain programs like Medicare and health care and education, I think the Federal Government has to be involved in the financing, not necessarily that they have to have this high visibility that they have to run it, I think that we'd have to be very careful because I think the Constitution will have to be changed again because we're going to lose certain rights that we have now.

But I think the responsibility when they have programs like that is to have a minimum of what they want every Canadian to have. I don't think we have to go to the maximum with the Federal Government and all our neighbours in other provinces that might be more well off than we are have to pay for all that. But, I think there has to be a kind of a concensus of at least a minimum that will be sponsored and that should be by the taxpayers of Canada, I would think because that's the name of the game. That's why you have a country.

Now, if any provinces want to have an enrichment or other programs well, that would be up to these provinces and I think that's the best way to go. But if there's a universal program I think that it is the responsibility of the Canadian Government to make sure that the minimum can be supported financially by the provinces. If that is not the case they have to make a contribution to the have-not provinces so that at least all Canadians will be assured of at least a certain standard of care. If the richer provinces want to enrich it, that's their business.

MR. CHAIRMAN: The Honourable Member for Portage la Prairie.

MR. HYDE: Thank you, Mr. Chairman, I'd like to ask a question to the Minister in regard to the Dental Health Plan for the students. I'm sorry that I wasn't able to be in attendance when you discussed your Estimates on that particular program.

However, I believe, Mr. Minister, you are in receipt of a letter from the Portage Divisional Board requesting from you that consideration be given to them and including them in the dental plan for that school division as soon as possible. It had been brought to my attention by the school board where they feel that we do in the Portage area have ample dentists to handle that demand on that program. They have asked me to speak to you and see whether you would give it your consideration as soon as possible.

MR. DESJARDINS: Well, Mr. Chairman, I think the member knows that the aim that we have is as soon as possible all the province will be covered. Now, of course, the same representations are made pretty well by all areas where the dental program is not in force.

I think the first priority, I had announced when we discussed the dental program in the department, that the first priority will be not to go back. In other words, certain school divisions are covered and the intention is to go from kindergarten to about 18 at the end of the school age. We don't intend to stop at 14 to start somebody else. Now those that we started at six are approximately 14 now and we intend to carry on until they're 18; not necessarily go lower; not necessarily to go to kindergarten at this time, but at least we start at six and the following year we take six and seven — these people are seven now — as they go along we want to cover them until they're finished.

Now, I had announced, in fact, I'm meeting with the Dental Association tomorrow, we're discussing a plan. I gave some indication of what we wanted to do; that I would hope that it would be a mixed plan. This is quite a lengthy explanation. I suggest that the honourable friend should look at Hansard because that was covered. I didn't announce all the details of the program because I want the flexibility and I'm developing that and the staff are developing that with the Dental Association. We hope to develop with them. So far the relationship and the co-operation has been very good.

MR. HYDE: I wonder, could you indicate to the House, Mr. Minister, your long-range plan? Are you going to be dealing with the divisions in the South as well as the ones to the North? I'm of the opinion that so far you are mainly serving the areas to the Northern part of our province. I'm wondering if you're going to expand that and give consideration to the Southern portion of the province as well.

MR. DESJARDINS: There's two programs we've had to beef up the service in the North where there was nothing at all. But if you're talking about the Dental Program for the children, there's no coverage in the North as such. I don't think there's much point in talking about where we're at; what we're covering. The intention is that we cover the whole of Manitoba. Everybody from kindergarten to high school, to 18 or so.

Then, we're discussing with the dental profession also the assistance under a form of pharmacare to dentures and necessarily dental work for the senior citizens in this province. Now, this is not all going to be done in one year, this is done gradually as we could afford it as the planning and depending on the program that we develop with the dental association.

MR. HYDE: Mr. Minister, I notice in the list that I have got here where Pine Creek School Division, well that's our adjoining school division to the Portage division and it would be very nice if you could see fit to take and broaden that program to include the Portage School Division.

MR. SHERMAN: Mr. Chairman, I don't intend to be

very long on the Minister's Salary, I think that most things that should be and would have been discussed under the Minister's Salary have been covered under the process of examination that we have given to his Estimates in general, I think that has been good. I appreciate the Minister's responses and co-operation, I certainly wish the Minister and the Department of Health and the Manitoba Health Services Commission well as they embark on their role for the next few years of meeting the responsibilities of the province and of their offices where the emerging and evolving Health needs and changing Health realities and requirements of Manitobans are concerned.

I just wanted to take a very few minutes, Mr. Chairman, to conclude by suggesting to the Minister, once again, that probably the most important challenge that we all face in the Health field is reform of the system. I've talked in the past about requirements that I think are needed with respect to Medicare and I have said in the course of those comments that in order to reinforce Medicare we've got to reform the hospital system. If one examines the situation, Mr. Chairman, I think one fairly has to observe that since the Hospital Insurance and Diagnostic Services Act became a part of our Canadian way of life and our Canadian Statutes in 1958, in other words, since universal hospitalization came into existence in 1958, there have been no significant changes to the hospital system in this country. The same dynamics that were in place in 1960, two years after universal hospitalization, are in place today and they are, in their own way, grinding every government down and grinding every Health Minister down and they're also grinding Medicare down.

I believe that to get at the improvement and strengthening of Medicare and the system in general the Minister and his colleagues across the country, and all connected with and interested in the system, have to undertake reform of the hospital system. I pointed out the other day that approximately 30 cents of every dollar that government spends is spent on health care and of that 30 cents 18 of it goes on the hospital system. I think, Mr. Chairman, that we have to introduce measures that are going to bring productivity into the hospital system. I know that that's very difficult to do under a universally insured system where government really is the piper; where government really is the person paying the bills; where there really is only one paymaster and that is the taxpayer by way of his or her government. I'm not convinced that people of imagination and effort cannot achieve productivity if they try, even under a system like that, even under a state-supported universally-insured system. I think if the right kind of commitment is brought to the table, and I mean the table in the larger sense, that we can discover and uncover among our respective thoughts as we trade them with each other some methods for bringing productivity to the system.

At the present time the hospital system is run by what I would call defensive management, it's certainly reactive management. I'm not blaming hospital administrators for that, that's the way the system is. What we need in the hospital system is creative management, we need incentives for administrators, health care managers, to improve their product performance and their productivity. I think that there are possibly a dozen or more initiatives that could be taken to inject that kind of climate, that kind of environment into the hospital system, but if we start looking at a dozen or 15 we will be discouraged from even embarking on the job. I think that we should begin by looking just at one or two and getting the process under way.

I think one of the things that could be done and should be done is that governments should very seriously look at three-year planning horizons. I know the Minister is talking about long-range planning and certainly in his Capital program he refers to a five-year plan and that's all well and good but I think in the hospital system we have to start looking at three and four-year planning horizons. You can't look at ten-year horizons obviously, ten years is too long. Further to that no government could make a commitment for ten years. Even five years is difficult but there is no reason why hospital budgets should forevermore be locked into the one-year planning horizons. I did it and my predecessors have done it and my colleagues of the day did it, that doesn't make it right; that's because that's the way it's always been. The Treasury Board called for it to be longer and I think that the reality today is that Health Ministers all across the country should be looking at a much longer hospital budgeting horizon than one year. I know that that's difficult but I think we have to strive for that because that's the only way we're going to inject imagination and initiative and ideas and enthusiasm into the management component of the hospital system.

If the hospital administrator or health care manager simply has to work on that one-year budget and if he knows that if he comes in under budget his base is likely to be reduced the next year then there simply is no incentive for developing new methods, for improving productivity. I think we have to reach a point - and if the Minister does it he won't get any argument from me - where we say to hospital administrators that if you come in under budget you can retain your surplus and apply it to initiatives that you would like to pursue and you won't be penalized next year, your base won't be reduced, that as a very minimum over a three-year period planning horizon will guarantee you that your base each year will increase by the inflation factor whatever it might be. That is a very minimum. It might even be possible to increase it beyond that but as a very minimum you will get your existing base plus the inflation factor, you won't be cut back. Now let's see what you can do over the next three years in improving productivity. I think we have to come to that and notwithstanding the difficulties that an elected Minister of the day faces in terms of the revenues for that year, in terms of what his Minister of Finance says to him that year, in terms of what his Treasury Board says to him that year, his colleagues have got to recognize that this is the only way that he can inject productivity and realism and efficiency into the hospital management system. I think that's one thing we should be looking at.

The second thing that I would like to recommend is a system of what is known as utilization review and I think I referred to this in other comments to the Minister or other material that I have passed on to him. Under that technique physicians, doctors, the medical staff of hospitals, doctors who practice and have admitting privileges at a particular hospital review the

work of themselves and their peers insofar as the use of health care resources is concerned.

You know, the American Surgeons Association did a survey a couple of years ago on hospital costs in the United States and they candidly expressed in the results of that survey that the doctor generates 70 percent of medical costs and hospital costs and health care costs in the country - the doctor generates 70 percent of the health bill. Now, that is so, because the doctor makes the three key decisions in health care: admission, the resources and techniques and technological services that are going to be used by and for that patient, and discharge. Since he or she, the doctor, makes those three key decisions, he obviously plays the most fundamental role in determining what hospital costs and health care costs are going to be. The technique of utilization review calls for a review among one's own peers of the decisions made in terms of admission, use of resources and discharge, where patients in the hospital are concerned.

It might not provide any miracle solutions, but it certainly would bring the medical profession and the medical staff into direct involvement with the decision-making processes of health care administration and I think that would have two beneficial results: 1. It would, I think, provide the opportunity for this productivity improvement and creative management that I'm talking about; 2. It would involve the doctors in health decision-making in a way that would be very beneficial to their morale, and might offset some of the unhappiness and disenchantment they feel about the Medicare system in general.

I must suggest to the Minister that, I think, all of us have to be looking at these things and many more. There are many other things that have to be done to reform the hospital system. The point is we've got to get started, and the point is nothing really has been done that I know of, of a significant nature in this direction since universal hospitalization came into the country. We've had it for 24 years now and it's still going down the same track, in the same direction, and it's just generating more volume, more pressure and entrenching itself deeper and deeper in its conventional format. We've got to break it out of that format and achieve modernization of it. If we do that we will then be able to reinforce the whole system including Medicare. This Minister isn't going to be able to do that overnight; no Minister is going to be able to do it overnight. We could do it by 1995 if we all worked at it.

So, my concluding remarks, Mr. Chairman, would be in that vein; that I wish the Minister well and I congratulate him on the position that he occupies and on the staff that he has around him and I urge him to look at undertaking some bold initiatives that may cause him some problems for a year; that may cause him to be the target of some criticism for a year or two, but in the end if he achieves them he will be proven right because the system is in a condition and the economy of the country is in a condition today where, if we don't undertake that sort of thing the whole health care system, hospitalization system and Medicare system is under siege.

Mr. Chairman, I would ask the Minister to ponder on those things and if he concludes that there are some initiatives of that kind that he can undertake I can guarantee him that they will be addressed in a non-partisan way by me.

MR. DESJARDINS: Mr. Chairman, I accept the advice and the statement of the member, the way they were given I'm sure. I might be a little less of a pessimist than he is. I seemed to detect in his address in the House last Friday and today, that there is quite a bit of pent-up frustration. I agree with him that there is difficulty; I agree that we have to look at the situation; I agree that we should not be afraid to make change, that we shouldn't feel that we're locked in but it's going to be, as he knows, I think that he stated that it wouldn't be easy and I think that's an understatement. But I don't think things are really that bad.

I think, first of all, as far as one of the points that were made today that we discussed the doctors reviewing the procedure for admissions and discharge and so on. I believe that in many hospitals this is being done. In most of the larger hospitals they have their medical committees and they're looking at that and as far as the planning for more than one year, that is true, but I think that up to a certain point that also is being done. I know that I was on the Board of the St. Boniface Hospital and I was also on a committee on the Planning and Priority Committee of St. Boniface Hospital and they're advancing programs that they are discussing with the Commission, but they are planning themselves and they're planning years ahead on some of these programs. It's not just construction and I think that with the five-year program that we have on capital construction with the flexibility that I try to give it I think that we could meet this because we could adapt fairly easy and change the situation.

I believe also the medical profession plays a very important part and that it does now. Sometimes an outsider might be forgiven if he feels that all the medical profession and government are fighting, at each others throat all the time; that's not the case. For instance, there is two parts the same as the nursing profession, there's the nursing MONA and then there's MARN and that's two different things and I think that, if anything, there has to be a clear-cut definition or division of these two. I don't think it's feasible to discuss with the same meaning, with the same people, to discuss advancement and health care when you're discussing fees because it hasn't got that kind of atmosphere at all.

The former Minister and I meet with the College of Physicians; we've never refused a meeting. I'm sure I can speak for him on that. We meet regularly and they have certain things that they bring in. There is an advisory consultative committee that's even with the MMA but that will never work. For some reason it hasn't been used by the Commission under my friend or the MMA but the situation is there and that was meant to try to, how should I say, de-emphasize if something difficult is coming. For instance, that is the area that should have been mentioned, they should have been discussing the question of compulsory binding arbitration, they could have been doing that for a year; that is, defuse any possible problems.

There are all kinds of committees and advisory committees and I've had nothing but co-operation with these people. I have no problem; that's why it's so easy and I can say so sincerely that the relationship

that I've had with the medical profession has been excellent.

The MMA, and here I'm just trying to make a point I don't want to even argue this at this point, but have decided and they have right as much as anybody else, it is the trade union part and it is operating the same as any other union. We've tried at a consultative committee to bring in these things to defuse these things. They weren't interested in that. Another thing, I think it's time the government also challenges the medical profession; not only that we accept challenge from them that we're always wrong and we say to them, "all right, you've got to help and you've got to come in with solutions, for instance, to make sure that we can have doctors in certain areas." I think that is something they should do. I think we have to improve that. I think what we need more than anything else is co-ordinating all these things.

The planning three years or five years in advance, you've got to be careful. I accept the principle and I think something will have to be done but you have to be careful. If you do that with a hospital there is no way you can deal with one hospital alone. You have to look at the needs of Manitoba so that's going to make it that much more difficult.

I have reservations about saying the intent, the principle of trying to help them, give some incentive, no problem. But the kind of incentive saying, you keep the money if you say it, that could cause us the same problem that I kind of touched on when we were talking about proprietary nursing homes and so on. It might be that you'd have to be very careful where the savings are made. If the savings are made and the standards are lowered because they want something else badly, and they feel that they'll save the money, because there is the temptation of them doing that now if they're going to reduce on staff, so there's no easy solution.

I'm sure my honourable friend doesn't want us to lower the standard. I think if we could only straighten out the question of once and for all and I couldn't agree more with the medical profession, that if we didn't have to waste, and I say waste, so much time and energy in playing to make darn sure that our message gets across.

Right now, if I want to be candid, we are not talking to each other. They are writing and they are addressing the public of Manitoba and I'm doing the same thing; I'm forced into that. I'm not too proud of that but I have no other option, I'm being very very careful.

The member also spoke last Friday about not antagonizing, not making these statements. I don't think you put the finger on anything that I've done this time that would antagonize these people. In fact, it's been the other way around. I think reading some of their letters where there was a temptation to come out swinging, it's been the other way around, always trying to give them a chance to correct, to go in a certain direction, to co-operate, but from the position that I'm in now is an untenable position.

I have no choice and I'm pleased for once, and I say this, that maybe we were lax when we were in Opposition, but for once the politicians seem to have closed ranks and said: "Hey, we're not trying to take over from you but don't take our mandate away from us. We have a responsibility and you can't say if we don't do anything, if we don't do things exactly the way you want and when you want it, well then we'll put a gun at your head." I don't think that is a position. I would feel that I would have to resign before doing that because that would be abdicating my responsibility completely.

I don't think the majority of the medical profession really understands that. There are some that don't want to, like everything else, there are some who are very militant and they want one thing and they've made up their mind they want that and I agree with the member that they'll regret it because if anything is going to push real socialized medicine, and not necessarily the good points of socialized medicine, it will be compulsory binding arbitration, because I think I'm safe in saying to whoever is listening, if there's anybody listening at this time of the night, that before we look at compulsory binding arbitration, we'll have to look at the situation of nobody opting out.

I think if it's going to be binding arbitration then what's next, then you might as well as have people on salaries. I think in that respect the Member for Fort Garry would be right and they might rue the day. This is not a threat; this is a suggestion that this might happen; that they lose much more control and it'll be more regimentation than ever before. I'm very surprised that they want that but we will look at it and if we accept it, I have no idea, well then I can assure you that it will be coupled with first names.

I think in all fairness, we'll have to find a way to make sure that all the 1,700 doctors, not only 250 that were at the meeting or 200 or 300 I think realize what they're asking for, I think it will be that probably I will think very seriously of sending that kind of letter to all the doctors and say: "Okay, the Estimates are finished, the Session is finished; we're looking into it, but is this what you want, compulsory binding arbitration?" You can be fairly sure that that will bring no opting out if that is the case and so on and so forth.

I don't see where we can agree with that if we don't bring all kinds of other conditions. I think we'll have to make sure that the terms of reference would be that somebody will have to be directed by the state of the economy in the province at the time. If an arbitrator feels that, fine, this is what they get in Alberta, this is what they get somewhere else, as I said awhile ago, they'll bankrupt the province if they say that we have to meet that.

There are so many things and anybody I think that really thinks for awhile realizes why we said we can't give you this and give you a letter and say, yes, we're in favour of the principle, we'll think about it after. I accept the thoughts and the suggestions and advice of the member the way it was given. Some of it we'll really have to think about it. The general direction that he wants to give us, I accept. Now, some of it we will have to be very careful and we will, no doubt, request and expect the help of the members of this House in a difficult time. I think that other professions close ranks when their situation is threatened as such or when they feel that it's for the good of the community and I hope that in many instances we can do that.

That doesn't mean that we'll never disagree, that we won't have some very good battles. I think that this is what it's all about but we don't have to do it. At least when we agree let's not be afraid to say this is a

non-issue. Nobody will lose by that at all. If anything, I think we will re-establish more respect for our profession, for the politician with the general public.

So I would like to thank the members who have been quite helpful and I think that we scutinized the department's Estimates fairly well and, again, thank you.

MR. CHAIRMAN: If there are no further comments, that concludes the items under consideration for Resolution 74.

THEREFORE BE IT RESOLVED that there be granted to Her Majesty a sum not exceeding $327,600 for Health, Executive Function, for the fiscal year ending the 31st day of March, 1983—pass.

That completes the Department of Health Estimates.

Committee rise