

THE LEGISLATIVE ASSEMBLY OF MANITOBA
8:00 p.m., Thursday, May 6, 1976.

SUPPLY - HEALTH AND SOCIAL DEVELOPMENT

MR. CHAIRMAN: Page 32. 63(a)(1) Administration. The Honourable Member for Rhineland.

MR. BROWN: Before we went for dinner we were on this particular area and I would like to ask the Minister that when they wanted this report done by Clarkson and Vayda, did he look around to see if this could have been done by people within the province? I believe that this is something that is of big concern to many people within this province. The report that came out was very unkind to some of our researchers, for instance, and people who are involved with carrying out the health policy and health care of this province, and I wonder did the Minister approach any of these people at all or did he go outside of the province immediately?

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

MR. DESJARDINS: Mr. Chairman, I must answer for the department but if the question is directed to me, I wasn't even a member of the House when this choice was made, so certainly it wasn't my choice. The former Minister of Health decided that but I have no difficulty in defending that choice. You know, Mr. Chairman, we agree that we should do something in this area, the Federal Government is concerned, all the provinces are concerned, there is an awful lot of money being spent, and then we get somebody who is, certainly has all the credit needed, the person is - I'm talking about Dr. Clarkson now, who has been a Deputy Minister of different provinces, as I stated earlier, he is also very well known as a consultant. He is one of the best in Canada, and I don't think my friend is suggesting that we should go outside of Canada. He brought in some figures, some pretty good points. I don't think that he was unkind. There's a conflict of interest at times and we're going to look very very seriously at the question of how many students in the Medical College we should have every year. I think that this is very important. The facts are there that approximately half of them at least have been leaving Manitoba, and the facts are there that a province like B.C. are educating very few compared to us in the population that they have. So, you know, I don't think that Clarkson and Vayda were there to compete in a popularity contest. It was a very difficult position. Now that doesn't mean that the government has to accept everything. We modified some of the things, some of the things on research, and I think that when we're talking about research, my friend if he wants to play politics a bit he'll win, he'll win, because there's nothing more emotional than people that are sick. You can have all the cancer people coming in, and they've got something, when they're dying of cancer, no matter how wrong they are, you don't argue with these people, and if they come in on the grounds here as a protest march and the next day we can ask people that are suffering from heart disease, and then you could have rheumatism, you can have the older people, then you can have the people in wheel chairs, you know there's no end. And I don't accept that, that he was unkind.

I can tell my honourable friend that I met with members of the Health Sciences Centre, we've had meetings to study this report. We made some recommendations and I can tell you that if my friend takes the whole ball of wax, all the notes that he has now that was given to him by different groups, I think he will see that many of them agreed with many of the things in it. But then you have a conflict of interests, the people that are doing research, well, of course feel - and how are you going to argue that? Somebody is looking to come in with a cure, now we are saying that you have to choose, Manitoba is not that big, there's a million people that have to pay for the whole shot and then they have to pick and choose, and the hospital has to pick and choose, and the university has to pick and choose, and we can do research on them but we can't do everything. And I think - well, I don't think I know, that the Health Sciences Centre and the people that were present, including the cancer research people, were pleased with the decision that was made; it wasn't exactly what Clarkson and Vayda asked for, there was some modification, but they were happy and, you know, I don't have to justify the choice of Clarkson, but I do, I do.

Now if you measure, if you measure the value of the report just by the popularity, well, you know, when somebody is asking for austerity and somebody is asking

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(MR. DESJARDINS cont'd) . . . to look at the situation, if you look anywhere in any country then I think that you'll have to agree that we've got a pretty rich, maybe too rich - and that's not popular, but maybe too rich a service to our sick people. I was reading not too long ago - well in fact in the Time magazine, the last one that came in, where in the United States they're talking about hospitals with less frills, and so on. And I say to my honourable friend that I need his help. We have to work together but we have to look at that. Now if we just look at people that have an axe to grind, or people that have a conflict of interests, well those methods and those measures that we must take, will not be popular.

No, I feel very comfortable with the report of Clarkson and Vayda. It doesn't mean that I agree with everything, we are not going to rush all this into policies. From the day we received that report we have a task force that has been working on it, that has been incorporating the policies, making recommendations to us and we will not only work with that task force, for instance, there is no way that we'll ever come with a final policy or suggestion as to how many students we should have without talking to the university and the Medical College. That's a commitment that I make right now. So we will discuss that with different groups, but we might have to take some pretty tough measures, and fine, you know, that's my responsibility and I'll stand up to it or I'll try. I'll defend it. I ask that my honourable friends act in a responsible manner, and that doesn't mean that they can't knock the government, they can't criticize some of our methods, but at least that they act in a responsible manner. But if my honourable friend wants to keep getting just his information from one source, which is quite evident in his speech, he reads and quotes all these things, well that's fine. If he wants to be stuck with that well we'll go along with battling that way but I'm not going to get up every minute to refute these things.

As I say I think they did good work, I think that it will help us finally to have some kind of a planning which we didn't have the long-range planning. And it's ridiculous to keep on in a method, the way we've been going, it's just costing more and more money if we hadn't stopped. I remember not too long ago that in this House the members were chastising the former Minister of Health because he didn't . . . why he said we had enough acute beds, and that's not long ago. In fact that's the member who replaced me for a year or so and during the campaign it was that, you know, it was awful that you didn't have acute beds, and so on, and there are too many acute beds all across Canada. So I say to my honourable friend, I hope that you're going to be hard hitting but that you're going to look at both sides, the real story, and I think that's the only way that we're going to do, that we're going to try to do, and there's no easy solution. You know there's easy solutions maybe in other areas, and so on, but in this area of health there's so many things that are new, and so on, and there's so much emotion in there, that it's going to be a difficult task, and I suggest to my honourable friend that there's no party ideologies or anything like that in the hospital care, and so on, and I think if we're serious and sincere I think we've got to work together, but my honourable friend is free to act as he wishes.

MR. CHAIRMAN: The Honourable Member for Rhineland.

MR. BROWN: Thank you, Mr. Chairman. I welcome the Minister's statement that he says that he thinks that he and I should get together to discuss some of these problems some time after we're through with these Estimates, and there is nothing that I would like better. I would like to hear his side of things and that is one of the reasons why I am asking all these questions.

Coming back to this report though. When I read this report and saw who had been, or who was in charge of the report, it seemed to me that this was a report that dealt strictly with the situation the way it was in Manitoba and it possibly could have been prepared in a much shorter time and probably far more suitable for Manitoba than what it had been done.

But coming back to the first question that I asked the Minister. I wonder can you give the rural area some assurance that some rural members will be appointed to the board. I think it's a little ridiculous that the rural areas have no representation whatsoever.

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MR. CHAIRMAN: Resolution 63(1)--pass; 63(2) Personal Care Home Program, \$52,994,000. The Honourable Minister of Health.

MR. DESJARDINS: Mr. Chairman, I wonder if it will be helpful to my honourable friend that I give you some of the details on the programs that I announced a while ago. I think that we might save time and make the debate more meaningful. At the moment and at the present, we'll deal with acute beds to start with, because, although we're talking about personal care beds but to give you a better idea. It's very hard to get exactly the number of beds, this is the closest that I have and I hope if later on we find out that we've made an error of a bed here or there that I won't be criticized too strongly. The acute beds in Winnipeg at the present 3,372. Now after our five year plan, there will be 3,372 beds in Winnipeg. In other words, exactly the same amount of acute beds. --(Interjection)-- I'll tell you what. Why don't you sleep for a year and then it will be a four year plan. Okay.

In the rural area, the acute beds there are now 2,596 beds and at the end of our period - I won't mention the number of years. And by the way, one of the reasons is that by that year, you know, we hesitate quite a bit in spending that kind of money, but it is needed, and then if we don't pick up the money from the Federal Government, we lose \$19 million by that. So that's one of the reasons I'm sure that will please my frugal friend. So in the rural and northern area there will be 136 beds less than we have now.

MR. GRAHAM: What happened to the stay option?

MR. DESJARDINS: To the what? Do you want this report, or do you want a stay option? The acute beds, in other words, the total are now 5,968 and by the end of this program it will be 5,832.

Now the extended treatment bed. There are presently 709 beds in Winnipeg, there will be 62 less, 647. And there are in the northern and rural area, there are 348 beds, there will be 35 less, or 313, for a total of 960, which is 97 less. Here I should explain that many of these beds we've had personal care people in there in acute care beds, so it's a reorganization of these beds.

But the important thing, the main place where we're going is the personal care bed. There are now in the City of Winnipeg, 4,038 beds, personal care. In 1981, at the end of our program, there'll be an additional 481, for a total of 4,519. In the rural area there is now 3,123, and there'll be an additional 492, for a total of 3,615. Now that is presently 7,161, an additional 973, there's 8,134. And besides that there'll be a little over 600 extra beds, I mean besides these 973, but they will be replacing the low standard area that don't meet the standard.

Now this, as I promise I'll give you the area, which is always dangerous because those people that would be announced tonight will be very happy and the others will be after me tomorrow. But again I know the Honourable Member for Steinbach will support me and tell them to wait a little while. The total is 135 - if you remember I've announced that besides that we're looking at the situation at Misericordia Hospital and it might be their recommendation might come in and we might have to do some renovating there - but the total is 135.1 million and the first year will be 14.5, that's '76-'77; in '77-'78, 38.3; '78-'79, 33.6; the following year 21.3; and finally '80-'81, 23.4.

In the rural area the total is 43.8; '76-'77, 7.2; the following year 13.3; then 14.5; 5.7 and 3.1. And I've already given you the total.

Arborg, \$1.190 million, hospital renovation to allow linkage and conform to fire safety regulation. An addition of new 40 bed personal care home, which replaces former 46 bed personal care home damaged during the 1973 flood. The functional program is prepared and the working drawings are being prepared.

Ashern is approximately \$1 million, hospital renovation for a diagnostic services in heating, and there is some provision for the space for Health and Social Development Department and a new 20 bed personal care home also.

Birtle, \$870,000 in Birtle, a hospital renovation to provide linkage provision and addition of new 20 bed personal care home.

Boissevain, \$1-1/2 million, new 12 bed hospital, and 20 bed personal care home replacing 14 bed hospital.

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(MR. DESJARDINS cont'd) Carman, \$1/2 million, renovation to hospital to reduce acute care beds and upgrade surgical department.

Cartwright, \$70,000, renovations to improve various hospital functions.

Crystal City, \$400,000, renovation to improve various hospital function to allow for closure of Pilot Mount Hospital, 24 new personal care home beds at Pilot Mound.

Dauphin, \$12.7 million, major expansion and renovation to improve hospital function and addition to provide a 65 bed personal care home.

Deloraine, \$550,000, hospital renovations to allow linkage and conform to fire safety regulation, and 16 bed personal care home.

Emerson, \$970,000, hospital renovation to allow linkage and addition to provide 16 to 20 bed personal care home.

Ericksdale, \$800,000, hospital renovations to allow for linkage and addition of new 24 bed personal care home.

Flin Flon, \$700,000, new 30 bed personal care home added to existing hospital.

Gillam, \$420,000, hospital renovation to upgrade function, that is diagnostic and emergency treatment and medical clinic areas.

Gladstone, \$270,000, renovations to the hospital to allow for community health clinic.

Grand Rapids, \$500,000, new community health clinic.

Hamiota, new 30 bed personal care home, 955.

Lac du Bonnet, new community health clinic, \$500,000. Request for 20 bed personal care home was not approved.

McGregor, \$550,000, hospital renovation to allow for linkage and to provide 15 bed personal care home.

McCreary, \$625,000, hospital renovation to allow for linkage and improve structure and an addition to provide a 20 bed personal care home.

Melita, \$1,045,000, major hospital renovations to allow for linkage and conform to fire safety regulations, space and addition of a new 20 bed personal care home.

Pilot Mound, \$564,000, addition of 24 personal care home beds to existing home.

Portage la Prairie, \$1,175,000, addition of 50 personal care home beds to existing home replacing 20 substandard beds.

Rivers, \$720,000, hospital renovation to provide linkage for a 20 bed personal care home.

Rosburn, 970, provision of a new 20 bed personal care home and replacement of present hospital with small primary care facility.

Ste. Anne, \$400,000, renovation to upgrade service areas in hospital.

St. Claude, \$800,000, major hospital renovation to improve function and an addition to provide a 18 bed personal care home.

Selkirk, \$9.7 million, new 75 bed hospital, 80 bed personal care home replacing a 77 bed hospital and 70 bed personal care home. Selkirk expansion of regional laundry to increase the volume of service, that's 70,000.

Shoal Lake, \$500,000, hospital renovation to improve functions and additional space for medical clinic and diagnostic services.

Snow Lake, \$70,000, provision of additional space for medical clinic in administrative areas.

Teulon, \$1.8 million, new 20 bed hospital and 20 bed personal care home.

Winnipegosis, \$720,000, hospital renovation to allow for linkage of 20 bed personal care home.

Now this is the rural area and in the city now, there is a new - the Baptist Federation a new 90 bed personal care home. They are now at the working drawing stage and it's \$2.2 million.

The Health Science Centre - that was already approved - \$26.5 first stage.

Holy Family Home - addition of 160 personal care home beds to existing facility replacing 142 sub-standard beds, \$3.9 million.

Manitoba Odd Fellows - new 90 bed personal care home 2.2.

(MR. DESJARDINS cont'd) Mount Carmel Clinic - new community health clinic, \$1 million.

St. Boniface Hospital, it's a central laundry to take care of the area, 3.5.

St. Joseph Home - new 100 bed personal care home to replace 112 substandard bed 2.4.

Seven Oaks - new hospital complete with geriatric and community health services, 34 million.

Tache Nursing Centre - addition of 120 personal care home beds to existing facility, 2.9.

There is another 20 personal care home beds approved for the Metro-Winnipeg area but we haven't decided where this is, it has not been finalized.

Concordia - new 120 bed personal care home, Concordia 2.9.

Finally Municipal - new 160 bed personal care home and renovation to Queen Elizabeth for geriatric care, 8 million.

That's pretty dry material but that is the program in this next five year.

MR. BROWN: Thank you, Mr. Chairman. I would like to thank the Minister for giving us that explanation as to where the expenditures will be going in the next five years. As the Minister knows very well that we have never really criticized the personal care program itself, but we certainly must criticize the way that this program has been implemented. By making this program available universal before you had the proper facilities to house these people, you have wasted millions and millions of dollars by placing them in expensive acute beds in hospital. Now this created a shortage of acute beds, created a huge backlog of elective surgery and denied many people of this province the health care that they were entitled to. By making this program universal, you immediately created a demand for that type of facility. People who are looked after by their respective families, people who had neighbours or friends or volunteer organizations helping them, were immediately and all at the same time entitled to that particular care. Now this created a demand that has not been looked after to this day, nor will it be under control five years from now. I would just like to read a letter to the Editor in yesterday's paper by Mr. J.P. Suderman, Executive Director of the Lion's Manor, and he writes: "The Health Minister Larry Desjardins has just announced a \$135.1 million expansion for health care facilities over the next five years. Out of this total it's to come 993 personal care home beds, 600 of these are to replace existing substandard facilities. This leaves a grand total of 393 new personal care home beds in all of Manitoba, and that over the next five years. At this very moment, there are 950 people panelled by the Manitoba Government Care Services Office requiring and waiting for personal care home beds.

"There are an average of 90 new people coming onstream each month requiring personal care, but only 70 vacancies each month. This simply means a backlog of another 240 people a year, and 1,200 over the next five years, to say nothing of the present waiting list of 950.

"The older people of Manitoba, particularly in Winnipeg, who require personal care have nothing to look forward to. I suggest to the people of Manitoba that our substandard facilities will not be phased out in five years from now, for the same reason that they exist today. The new 393 personal care home beds is hardly a drop in the bucket. Winnipeg take heart the new Seven Oaks Hospital will be adding about one-half of its acute care beds for people waiting for alternate care facilities. It will be no different than the Concordia Hospital with 22 of its 34 acute care beds blocked with patients waiting for transfer to alternate care facilities."

And it says of course, the people to blame are the administrators of alternate care facilities. Mr. Chairman, it is rather disturbing to notice that five years from now this program is still not going to be under control. Since the Personal Care Program was implemented many new programs have been started without getting the Personal Care Program under control, or even having any idea as to what the final cost of the Personal Care Home Program is going to be. This, Mr. Chairman, is irresponsible management.

The personal care homes that have been built are excellent facilities providing excellent care, and the, the government is to be congratulated on this.

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(MR. BROWN cont'd) But because of a shortage of personal care homes, other facilities, guest homes, where people panelled for personal care homes are sent to. The care of these guest homes is questionable to say the least, and I would like to ask the Minister how many guest homes are operating in Winnipeg at this time? Are all of these licenced? My information tells me that some of these guest homes are unlicenced and I would like to at this time, Mr. Chairman, if I may, I would like to read from the revised regulations, P(2)(10)R6 A regulation respecting Care facilities under the Public Health Act, and I'd like to turn to Page 6, Clause 17(1)(a) "Board and Care Homes means a place that is advertised, announced or maintained for the express or implied purpose of providing care for three or more persons whose condition requires only custodial care, such as assistance to a person who needs help in walking or getting in or out of bed, serving meals to persons who because of illness or physical infirmity are unable to feed themselves or go to a dining room, or assistance with bathing, dressing and other personal care." "Care of Institutions," and this is (b) "means a building or part of a building or tent or any other structure, whether permanent or temporary, conducted or operated by any person and that is used in the whole, or in part of (1) as a private boarding home, nursing home, or boarding care home; or (2) as any other boarding or rooming house, home, shelter, hostel, nursing institution, or other place in which more than two adults are treated, cared for, lodged, fed, or maintained entirely or partly at public expense, or through public subscription, but, does not include a hospital, or a private hospital within the means of the Health Services Insurance Act or Private Hospitals Act, or any institution under the management of the Sanitarium Board of Manitoba or a School, College, . . . School, or Penitentiary." "Day-Room Facilities; means a room the size of which is approved by the Minister for the use of inmates and their visitors." Now, Mr. Chairman, it pretty well defines the guest homes that are being used at the present time, and clause No. 19(7) . . .

MR. DESJARDINS: Mr. Chairman, on a point of order. I've been patient, but this is not under the Manitoba Health Services Commission at all, so I wonder if we could --(Interjection)-- I'm sorry to interrupt my honourable friend. I might say, --(Interjection)-- Well get it under my salary if you want, but this is not under the Commission. I've already stated in this House, that as far as the guest houses are concerned, that there has been always a lack of really anybody accepting responsibility, I guess, between the city and the department. I've stated that I will be meeting with the City of Winnipeg to discuss that. We're talking about 40 beds, 40 places in these guest houses, and I'd like to say to my honourable friend that, you know, I would suggest that when you come in with a prepared text that you give yourself flexibility because you made a speech based on a statement that is false. You read a letter that states we won't be ready in five years because we'd only have 300 more beds. Now, I don't know if there's any point in me standing up and giving you as much details as I can, I told you there would be close to a 1,000 new beds, not 300, a 1,000 new beds. Now, if you want to tell me that \$139 million is not enough, say so, then I'll know, then we'll talk about where you want to cut, because, you know, you always want to add, I don't know what you want to cut in this department. The thing is that the statement that was made and the letter that was read is erroneous. It's not the facts at all. It's not 300 beds, it is close to 1,000 new beds, and that's not the same things.

Now, my honourable friend said that by covering, under the plan, the personal care beds that we caused a backup in acute beds. I think that maybe we went a little fast when this was done. I don't want to criticize anybody, and I think that for Administration purposes that all of a sudden there was 7,000 beds dumped on the Commission and we have to administer this. I will grant my honourable friend that, but that did not cause us more trouble in acute beds, you know, because this is an acute beds, of people in acute beds that shouldn't be there. If you have a bed say, you know, you can say a bed is a bed is a bed, and if you have a bed there'll be somebody in it. So the thing is, that is why the only way is to close beds, and this is why that some of these beds, that Ontario are closing so many beds.

Now, the fact that we're ensuring another method, another way, then is exactly the opposite of what my honourable friend said.

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(MR. DESJARDINS cont'd) That at least we did have some beds, at least 7,000 beds that other provinces didn't have. We were the only province, and I think that we're the only province giving the full coverage, and there's two other provinces that are covering that, but the fact is, that at least in other provinces people that need these kinds of beds . . . You know, my honourable friend talks as if we had invented personal care beds and before that there was no need and there was no personal care beds. That's not true. And the fact that at least, that they were covered in a personal care bed would make it less probable that they would stay in an acute bed like in other provinces, because acute beds in other provinces are covered, and nothing else. So, what is your guess, Mr. Chairman? Do you think that they want to get out because we might send them . . . or cover another bed? I don't think that this is factual at all. I think that my honourable friend . . . if I'm going to stand here and answer his questions, I don't mind, I'll do this to the best of my ability, but please leave a little flexibility in your speech to take into consideration the answer that I'm giving you, or I'm wasting my time. If I tell you that there's going to be 1,000 new beds and you're going to make a long speech based on 300 beds well, you know, we're not talking about the same thing.

MR. BROWN: Well, Mr. Chairman, the Minister should know that I never make long speeches. I've never made a long speech in the House yet, and I have no intention of making a long speech now, but neither am I going to be detracted from discussing guest homes. --(Interjection)--

MR. CHAIRMAN: Order, please.

MR. DESJARDINS: Mr. Chairman, another point of order, Mr. Chairman? If you want to allow him to make a speech, fine. It's not a question, fine, or if he wants to make it under the Minister's Salary, but I've no other answer but to tell him that we will meet with the City of Winnipeg to consider the whole thing, the licencing of these guest beds.

MR. CHAIRMAN: Order, please. Order, please. Order, please. The guest homes as the Minister has said, do not come under this department. If you wish to discuss them, I don't know where you're going to discuss them, because they are not covered under per diem rates by the Manitoba Health Services Commission, as far as I can understand, and therefor I would suggest that the Honourable Member speak to the Personal Care Program which is what we're under. The Honourable Member for Rhineland.

MR. BROWN: Well, Mr. Chairman, I would like to know, who pays for these people that are in these guest homes?

MR. DESJARDINS: Under what program?

MR. BROWN: Under this program?

MR. DESJARDINS: No. We are talking about personal care beds. Those are covered under the plan. Guest houses, your guess is as good as mine. They might pay for it themselves. They might, some of them if they qualify under Welfare might get help, but this is a private - there's no program. That is not covered.

MR. BROWN: Well, Mr. Chairman, it was my understanding that because there were not personal care homes available that some of these people were placed in guest homes and that these were funded by the government. Now, if I'm incorrect in this well then that particular thing is wrong.

I believe, Mr. Chairman, that still one of the areas or I would say that the number one problem in Manitoba within the whole Department of Health is still the personal care problem. Now, before . . .

MR. CHAIRMAN: Order, please.

MR. BROWN: . . . before the Minister embarks on all kinds of other areas, I think it would be appreciated by all in Manitoba if he would get this particular situation under control, and I would suggest, Mr. Chairman, that the Minister is creating an impossible situation out of a relatively simple solution, or a problem, by insisting that closing acute beds in one hospital, building a new hospital, closing municipal hospitals, and in general creating confusion all the way down the line when all he really needs to do is build more personal care homes and they then re-evaluate the whole situation. It really need not be as complicated as what the Minister makes it. But what he is really

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(MR. BROWN cont'd) trying to do is he's trying to justify the construction of a new hospital through the personal care home bed situation, and this is going to prove very expensive for the people of this province.

MR. CHAIRMAN: Resolution 63(2)--pass. The Honourable Member for Assiniboia.

MR. PATRICK: Mr. Chairman, I'd like to ask the Minister a few questions at this time. According to the record, quite an attractive program about personal care houses or institutions and additions to some of the hospitals, I'd like to know which ones will come onstream this year in 1976, because you have quite a large program throughout the whole rural Manitoba and quite a few in the City of Winnipeg. I think it would be of interest to the members of the committee and to the people that will be either opened or started this year, either opened or started because it's quite an attractive program which really takes in a lot of money and I have, Mr. Chairman, I have no argument. To me it appears from - I tried to take some of the information down when the Minister indicated it - it seems to be a very extensive program, so I'd like to know which ones will come onstream and perhaps he can answer some of the other questions as well.

MR. DESJARDINS: All the rural ones that I mentioned will reach the tender stage at least in the next six months.

Now, in this year's Budget, for the Health Science Centre, there's what? It's just starting, \$500,000; Seven Oaks \$700,000; Municipal \$2,000; Tache \$1 million; Selkirk Laundry 1.3; Odd Fellows \$700,000; Baptist Personal Care Home \$700,000; Holy Family \$800,000; St. Joseph Personal Care Home \$300,000; Concordia Personal Care Home \$300,000; St. Boniface Laundry \$500,000; Mount Carmel \$300,000. And practically all the rural areas will be going out for tenders.

Now besides that, on May 1st, 1976, Treherne opened - that's \$182,000; Vita on November 1st, 1976 should open - \$146,000 - I should say Vita was a 30 bed personal care home; Treherne a 20 bed, Roblin 30 bed, and that's \$192,000; Killarney 30 bed. Excuse me, Roblin will be August 1st; Killarney - well Killarney was opened just a few weeks ago - the Leader of the Conservative Party was there apparently. Killarney there's 30 beds, on April 1st; and Souris on November 1st - 34 beds.

Now I want to say something - where did he go? --(Interjection)-- Okay. My honourable friend because, you know, it is not that simple. Now my honourable friend - I don't know if he's saying that we should have more beds. I want to say that we have to be very careful. The federal program at one time was acute beds, and that is the reason that we built so many acute beds, acute beds instead, because that's all they offered. The most expensive program was acute beds and that's all they offered. So the whole system was built up, build acute beds because you're only paying 50 cents for it on the dollar. You know, as if it was some money that came from heaven or somewhere else. And that is the situation that we have.

Now last week, I know that we've discussed with the Federal Government because they are saying . . . we are negotiating with the Federal Government where they will give us flexibility where we'll have cost-sharing in programs that are not as costly. And now we're talking about personal care beds. But where we're not satisfied is we don't know how many beds they will allow us. Apparently you think that we haven't enough beds and we're talking about 13 total beds, 13 point something per thousand, and some provinces are talking about two. Now I must add that I think some of these beds are covered under the - in other provinces I think they're trying to hide them under the Welfare Department - a lot of work has to be done. But this is very important to get a commitment from the Feds and apparently they don't want to give us a commitment and we've said repeatedly, what are you going to do after three years. They say, okay, we're going to start cost-sharing right now. And on paper it looks terrific for the next few years. They say, but, you must give us a trade-off and the trade-off you'll have so many acute beds, but they don't want to take the gamble with us. You know, it's not that easy to close beds, they don't want to take too much responsibility - up to now anyway. But the main thing, they can pull the rug out from under us in three

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(MR. DESJARDINS cont'd) years, exactly what they're doing now, and this is not something that I say for the first time. I've told the Federal Government that an many other ministers have said the same thing. They are - I was going to use the word "they suck us in" but that's not very nice - but they lure us into a certain program and then they pull the rug. And that's --(Interjection)-- yeah induce. I think of induce in another sense at times but - so I think that my honourable friend should realize that. You know, it's okay to come here when you have no responsibility and say, well \$139 million is not enough, and 1,000 new beds is not enough, but I say to my honourable friend, somebody will have to pick up the cost. And it's not the construction, they don't help in the construction, it's the operating cost that'll add to these Estimates in the coming year and my honourable friend will say: "There you go, this department has gone from a third of a billion dollars to half a billion, and so on." But these are some facts. It is very important if we're going to get any help and these are the programs that were brought in by the Feds, Medicare and Hospitalization, and now as I say, they give us flexibility. They want trade-offs in return. So I say to my honourable friend, I'll make him a sporting proposition, that if he can get --(Interjection)-- No, no, in his part of the country they don't want to hear about lottery at all. In fact he's going to leave the House when we talk about the lottery. But I'll say that if he can just scrounge a few bucks to pay his trip to Ottawa, I'll take him along the next time we discuss with the Federal Government. I think then he will disregard some of this material that he's getting that gives him no flexibility and that's going on - I don't know on what base but are not factual at all.

MR. CHAIRMAN: The Honourable Member for Assiniboia.

MR. PATRICK: Mr. Chairman, I'll try again. I know that the Minister indicated to me how much money will be spent in the rural part of Manitoba and which one would be open and I appreciate that, but if the Minister can indicate after I finish my remarks, maybe he can indicate how many units, or how many units you'll have this year or at the end of this year approximately. I don't need an exact number. Will there be 200 personal care beds - 300? I think this is important.

The other point that I'd like to raise with the Minister at the present time, and maybe he has indicated and I wasn't in the House, but what will happen to the King Edward and King George Hospital? Is there any potential of rehabilitation of these centres? Because it's much easier in my opinion to rehabilitate a building than build a new one. It takes much longer to build. --(Interjection)-- Well I haven't seen it but that's what I'm asking the Minister, maybe he can give us some indication what will happen to Kind Edward and King George Hospitals. Maybe they could have been changed into a personal care home with some expenditures and some rehabilitation and some renovation. Now I don't know. Perhaps the Minister can indicate to the House what will happen, what is the plans for those two buildings. Because, Mr. Chairman, I believe we may have made some mistakes and maybe the Minister wasn't in that department at that time, and I'd like to bring to his attention the former Grace Hospital on Arlington Street.

Now again, I'm not an expert but I did have an opportunity to talk to the Grace people in the new hospital the way the information came to me they thought it was a real waste of facilities because part of that institution was relatively new, part of it was quite old, and they said if there was a use for that building, for that place, it should have been personal care or extended care, not into offices because all the facilities were there; every room was equipped with certain medical equipment, with washroom facilities, with everything that's in a hospital. They said it was even too well built for an extended care. Now maybe the whole building couldn't have been used for extended care but this information came to my attention from the experts, from the people that ran the hospital. And they said, we just moved in, there was no reason why some of that building couldn't have been turned to extended care. So I'm talking about the old Grace Hospital.

Now I know the Minister wasn't in that position at the time to deal with that, but what I'm saying, I hope he doesn't make the same mistake with the other buildings as well.

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(MR. PATRICK cont'd)

Now the reason I'm asking how many beds he'll have, extended care beds for this year, because again the information that I get that there are some 400 people occupying acute beds that should be in personal care or extended care, could be occupying extended care beds, which I am told that it would only cost 25 percent to what it cost to occupy an acute bed. Well if that's the case, then there could be a tremendous amount of saving. And on the other hand, how many new beds will he get onstream at the end of this year, so that'll be some indication you know, what is going on.

The other point that I would like to ask the Minister, what will happen - will there be a geriatric unit at the Health Sciences Centre, and how extensive, how large a unit will it be, and will it be used as a teaching of geriatric care, or what will it be used for? How large will it be? Will it be strictly a teaching geriatric unit, or what? That's at the Health Sciences Centre. I'd like to know - if there will be a unit in there, I believe in my opinion it should be for teaching geriatric care and nothing else.

The other point I'd like to ask the Minister, and that is again - I'm not arguing the point - I'm talking about the Seven Oaks Hospital, because I indicated before I came into this House, there were great debates taking place about a need for a hospital in the north end, and I think ever since I was in the House, and that's some 14 or 15 years, there was continual debate, continually in here and in the City Council that there's a need for a hospital in North Winnipeg. So my point to the Minister is not - I'm not saying because I'm not qualified to know if there is a need for the hospital or not - but again from some of the experts in the field, and I'm talking of the information from the MMA that came out and from their bulletin and their press release, the MMA had a news release and they indicated, they said, well it's not proper now to go with a hospital at Seven Oaks because of economic reasons, it doesn't make sense on economic reasons, it doesn't make sense on educational reasons, and they said, it doesn't make sense on medical grounds. Now again I'm not an expert in this field but I'm asking the Minister because that's the bulletin that came out from the MMA and that's what they say, and they're the experts in the field. And the reason they're saying that because they're saying the Health Sciences Centre is probably one of the best facilities in western Canada that we have. And it is tops, I agree, with very expert people in there, and what they're saying, that we'll be closing some of the beds instead of rehabilitating some of those rooms in there and some of those rooms in there and some of the buildings, we'll be closing some of them and replacing at the Seven Oaks Hospital. That's the argument they're using. That's not my argument, and I hope that the Minister will understand. And has their argument any validity? That's my question. Because again they say, the equipment in the new Seven Oaks will not be what they call it, it won't be a first rate institution, it'll be second or third rate compared to the Health Sciences Centre. That's what they say, again not me. So perhaps the Minister can comment on that because that's the information - again I'm not expert in this field and I never followed the Health Estimates to any great extent before, but I want to ask the Minister at the present time so if he would answer my questions and perhaps he can give us some idea because the program that he announced, in my opinion, is a very extensive program, and not only extensive but it's an expensive program as well, and I think that the extended care or personal care facilities that will be built in every - almost most of the larger centres, Arborg, Ashern, and Dauphin, most of those towns, I know will certainly be appreciated by those people and the reason they will be built because there must be a need, so that's fine but I think that we should have some idea how many personal care beds of say, out in the country and in the city, what will be the total new beds that will come onstream, now many new beds will come onstream.

The other one, is there 400 patients now in the City of Winnipeg alone occupying or maybe the Minister has some other figure but the figure that was given to me, 400 patients occupying acute beds which they shouldn't be, they should be occupying --(Interjection)-- 400 - occupying personal care, and information is that it would only cost 25 percent to what it cost to occupy an acute bed.

The other point I'd again ask, if there is a geriatric unit at the Health Sciences

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(MR. PATRICK cont'd) Centre, is it used for teaching purposes or what is it going to be used for?

Perhaps the Minister can answer some of these questions.

MR. CHAIRMAN: The Honourable Member for Lakeside.

MR. HARRY J. ENNS (Lakeside): Mr. Chairman, not to detract from the comments and questions asked by the Member for Assiniboia but indeed to add to them, I just have the one point of clarification that I'd like to ask of the Minister. It seems to me that prior to the break in the consideration of his Estimates, in an earlier stage he gave some indication, or made mention of the possible use or possible arrangements that might be entered into with the Federal Government with respect to getting some greater use out of the facilities of the Deer Lodge Hospital. Is it in this particular area that the Minister is looking for possible use? If so, I would encourage him, I think the remarks made by the Member for Assiniboia are only too accurate. We welcome the new construction, we recognize it has to take place, but at the same time, with the costs generally involved in the whole Care Program that we're discussing, certainly every possible avenue should be explored where existing facilities, existing buildings, such as the old Grace building was, should be looked at with a pretty sharp eye with the view of whatever savings could be in store for the tax-paying public of Manitoba by the use of such buildings.

Now the only reason I interject at this time, the Member from Assiniboia reminded me of the statements or the comments that the Minister indicated that there was some discussion going on with the federal authorities with respect to greater utilization of some of the vacant space now available at Deer Lodge, and whether you'd wish to expand on it at this particular time.

MR. CHAIRMAN: The Honourable Minister of Health.

MR. DESJARDINS: Yes, Mr. Speaker, first of all I'd like to tell my Liberal friend from Assiniboia, that there'll be approximately 145 new personal care beds this year, that is new ones, and there will be about another 1,400 or so under construction this year. And then as far as the people that are filling acute bed hospitals that shouldn't be there, oftentimes this is exaggerated and when you look, when you spread out and you're talking about the cost, there is no doubt it's more costly. But if you take a patient that is in an acute bed - as I say it's not a good situation, but it is somewhat exaggerated - it doesn't necessarily cost that much money if you have the bed empty, and so on. But anyway there are approximately 150 people, not more, that are in acute beds that shouldn't be, the others are there because they should be there, so that is something that is exaggerated, the same as the waiting list of people that are . . . the same people are on about three or four waiting lists, and they're so afraid they won't get a bed so even when they're really healthy they want to have their application in - it doesn't serve them any good because they wouldn't qualify and they'd have to be repanelled - so that is exaggerated also.

The Honourable Member also wanted to know about the municipal hospital. Well there are approximately 410 beds. At the Edward, which is the worst building, there'll be 120 of those phased out, and these are the ones that will be at the Seven Oaks Hospital, billeted to the geriatric beds Seven Oaks Hospital, but there will be 160 new personal care beds at the Municipal Hospital, so they will have geriatric beds and personal care beds. Now I say to my honourable friend that this is a bad example of a building that can be used; it's a miracle that part of that building is still standing. I guess we weren't anxious to replace these beds in the department, and we've even had the Federal Government that made a survey of this, and it should be condemned. So that is the situation at the Municipal Hospital, and I received a letter from the administrator who is very pleased with the situation out there now.

Now the - and I know that this will be discussed for a long time - the Seven Oaks Hospital, because as my honourable friend said this has been discussed for so long and it was rejected by the Conservative Government and then it was brought in, it was approved when we took office, and again it took an awful long time. What is going to happen there, there'll be at Seven Oaks these 120 geriatric beds that would have to be rebuilt, now they will be in North Winnipeg, at Seven Oaks, and there will be 216 acute

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(MR. DESJARDINS cont'd) beds. I don't know which of the members stated it is going to be a secondary hospital. If that is the case, if that is this case then there is no doubt that we're not going to have all the equipment for open heart surgery and all this thing in every hospital. The main hospital is Health Services Centre and then there is St. Boniface, which is also a teaching hospital, and those are the two largest and they're used as referrals from all over the place, and so on, and they even have referrals from between hospitals. But if my honourable friend, if he's correct in stating that there's no reason for this hospital, then there's no reason for Victoria Hospital and there's no reason for Concordia Hospital.

Now I think that we've learned a few things, that if you have a 100 bed hospital, it is not viable, and I think that the way that they wanted to build Seven Oaks for a while they were talking about 100 beds and then some personal care beds - I don't think that was viable; I don't think it was a good situation for a hospital in this area. Now these beds when they are built they will definitely, these acute beds will be closed at the Health Science Centre and we will have to renovate, like you were saying, that hospital and there will be less beds there. Now the statement is that a small hospital, 100 beds or so, is not a viable hospital, and I would hope that eventually that we'll go in a certain hospital, that we'll see Concordia, and this is why we're bringing personal care beds into Concordia Hospital, I think that will be more viable. I think that - and this is a guess, like my friend I'm not an expert in this, but I would say approximately 400 beds are about right for a hospital in the city, and we'll have at Seven Oaks about 336 or 340, and so on.

My Liberal friend talked about the education, and so on. This is exactly what we want to do. You know, it's too big at the Health Science Centre for acute beds, they'll have maybe a couple hundred less beds when this is all finished, in acute beds, but they will have geriatric beds that they should have in that hospital also, that will be helpful.

Now I think that the opposition comes mostly from people that are perfectly well set up, the doctors that are set up at the Health Sciences Centre that have privileges there but the others aren't that happy, so I think that this would help. We are looking with the university, we are discussing with the Faculty of Medicine, and I think that one thing that is needed, and I'm sure that every member of this House will agree with me, it is a family practice training program, which we don't seem to have around here. This is the tendency, there is an effort now to go in that direction, you know, the GP or the family training they seem to be a thing of the past, and so on, and this is what they'll specialize with at this hospital, there will be close co-operation with, we've been assured, both boards, and so on; there'll be very close co-operation between Seven Oaks and the Health Science Centre. So I think that it is going to be a viable hospital. It's not more acute beds, it's acute beds that'll be reduced eventually from the Health Sciences Centre and it is geriatric beds that instead of rebuilding in an area in a free-standing hospital as a municipal hospital, we feel that we should have them in conjunction with the acute hospital. Not in phase one, there won't be any new beds in Health Science Centres for geriatric beds but the question was asked, are we looking at anything now? We are discussing with the board, and we're looking at a 40 bed Geriatric Program. That's it, isn't it, 40 beds at the Health Sciences Centre, so we're discussing this with the board. I imagine that this will be going in fairly soon.

Then there was the question of Deer Lodge. I might say that I should not let this suggestion from the Member of Assiniboia that it was a mistake at Grace Hospital because we looked at everything to see what we could have at Grace, and it doesn't adapt itself. We would love to have personal care beds. It would cost us more than building a new hospital to have the personal care beds. We are looking at the old Concordia Hospital with the possibility of using this for the time being. There again if you want to go by the - I think we have to be flexible there. If we wanted all the standards that we would want the cost would be prohibitive. I think that we will go ahead with the idea that we're going to keep it maybe for ten years or so and how many beds would it give us, 60,70? Between 60 and 65 beds. We're looking at that now.

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(MR. DESJARDINS cont'd)

Deer Lodge, that's another thing that's been discussed for a long time. There was the political implication that the Federal Government wasn't too eager to tackle. I can say that at their request we discussed that a few years ago when I was Chairman of the Commission, and all of a sudden there was a question in the House, in committee, "Isn't that right that they'll be negotiating?" And the Minister that was negotiating, and the Minister said definitely, "There's no negotiating at all." Well, you know, under those conditions we stopped negotiating and the Deputy Minister wasn't very happy but he's not the boss and this was very difficult. Now they've had many meetings with the Legion and so on and they are more realistic now. It's costing them too much money. They are ready to accept their responsibility. They were asking us to guarantee 120 acute beds, you know, and we want to treat these people like Manitobans, like everybody else, although we're ready to accept maybe a few beds if somebody . . . that doesn't mean that you'll keep these beds open until that one is sick, but he could be, if he's a veteran could have access to a few beds, you know, as people are being discharged from the hospital. I'm told that they're very realistic and it looks very much better and it might be that while we're negotiating they'll let us use the hospital. I made that request on a number of occasions. I think they're using that to force us to negotiate. They want to get rid of it, there's no doubt about that, but it's looking better than it ever has.

MR. CHAIRMAN: The Honourable Member for Assiniboia.

MR. PATRICK: Mr. Chairman, the total program that the Minister announced, I think it's a hundred and what, 34 million or something? Is that over - how many years, is that a ten year period, a five year period, the whole total program. It'll be completed in a five year period.

MR. DESJARDINS: . . . flexible. With all the discussions, I'm negotiating with the federal, and I think I should say this, you know, we're serious, we announced this program before this meeting of the Ministers of Health, but there might be some flexibility if all of a sudden the Federal Government doesn't give us any guarantee at all and intends to pull the rug and say you should have only so many beds per thousand if the guidelines are different. That could vary some, but I think very little because we're satisfied that we need these beds.

MR. CHAIRMAN: 2--pass; 63(3)- Hospital Program, \$244,152,000 - The Honourable Member for Rhineland.

MR. BROWN: I wonder if the Minister could give us the same kind of an outline of what they're planning and doing with the Hospital Program in the next couple of years, the same way he did with the Personal Care Program.

MR. DESJARDINS: I just finished doing that, I gave you all the beds, the acute beds and all the others.

MR. BROWN: Then I would like to ask the Minister to take a look at some of the rural areas, Mr. Chairman. I believe that a lot of improvement could be done as far as lab facilities, X-ray facilities, and so on. Very often, as I said earlier, when blood samples or urine samples have to be carted all over Manitoba you get into a ridiculous situation for many a time the samples have not been properly incubated or oxygen was allowed to destroy the bacteria count, and a proper reading cannot be taken. So I certainly would hope that the Minister would take a look at what's going on as far as lab facilities are concerned in the rural areas.

Again Mr. Minister, a study on radiology was done in the Province of Manitoba known as the Cummings Report and no consultation whatsoever was made with the rural radiologists. It makes one wonder, Mr. Chairman, whether the Minister is really concerned about the health care delivery system in the rural area.

Another thing that is desperately needed is a blood bank situated at strategic points throughout Manitoba. We certainly do need one in southern Manitoba. Many lives have been lost because blood was not available. The volunteer fire brigades in my area who run the ambulances have had to make many trips, emergency trips - they made thirteen emergency trips last year to Winnipeg for blood - and in the case of an accident very often it is too late and the patient has died. It takes at least four hours for the, before they get back and very often this is too late.

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(MR. BROWN cont'd)

Now these things can all be set up rather easily, Mr. Chairman, and I hope the Minister is going to take a look at some of these problems that we do have in the rural area.

Now a correlator courier system would be very beneficial between rural points and Winnipeg where there would be a pick-up and return of lab samples each day.

MR. DESJARDINS: Mr. Chairman, my honourable friend is behind time again and we have during '75, there was a Dr. Loewen and Dr. Robertson, consultant laboratory medicine, concluded an evaluation of laboratory services in Manitoba, and submitted a report to the Commission, and you could have read this in the annual report of the department. We are going ahead with their recommendation. And I might say that we have what is known as one of the best Diagnostic Lab and X-ray Program in all Canada, and this Dr. Robertson, who is certainly a well known expert in this field, comes from Saskatchewan and he is quite envious of our program. And I'm told also that we have this pick-up service that my honourable friend is talking about. There is always certainly room for improvement. The Cadham Lab is part of the program in the first phase at the Health Sciences Centre, but we are moving in this direction, we have accepted the report and as money is available and in time we will improve that program also.

MR. BROWN: The Minister is correct, we do have a pick-up service, but this is a service that picks up, I believe, it's once a day, I'm not certain about that, and our contact point seems to be Brandon. Now, in the southern Manitoba --(Interjection)-- south, I realize this. The south central area that I come from you can see how ridiculous it is to pick up samples let's say from Morris and transport them to Brandon. What we are talking about now is pick-up service which will pick up the lab tests in the morning and bring them back at night, and preferably to Winnipeg. We seem to have much more in common with Winnipeg than what we do with the Brandon area.

MR. DESJARDINS: May I tell my honourable friend, Mr. Chairman, that if the board of these hospitals want to send them to the Cadham Lab that's where they'll go. It is an arrangement that is made with the board in different hospitals and, you know, sometimes a few miles doesn't mean that much, they must have some reason for doing that, but there's a lot of flexibility in the boards, and as I say, we're trying to improve Cadham Lab.

MR. BROWN: What about the other item that I was talking about, the blood bank? Could the Minister - a blood bank in the southern Manitoba area some place.

MR. DESJARDINS: Mr. Chairman, the blood bank, the service is the same all across Manitoba and the blood banks, there's one in Winnipeg and one in the Brandon area that seem viable at this time. You know, some service would be much better if you just had to go across the street and get these things, but it doesn't work like that. These things are quite costly and then you have to store the blood, and so on, and get the volunteers that are coming to give blood. So right now there are two blood banks in Manitoba, Brandon and in the Metro area.

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MR. CHAIRMAN: Resolution 63(3) - The Honourable Member for Assiniboia.

MR. PATRICK: The Minister was just on this topic and the question was on the blood bank, I thought the whole blood bank service was operated by the Red Cross. Is this not correct? The blood is given free as far as I understand. Is there some private clinics or private organizations that are buying blood? I understand that the University of Manitoba many students give blood and get either \$10.00 or \$15.00 and some give almost every week. I wonder if this is legal, or who runs this operation, and is it connected with the Red Cross, or is it controlled by the government, or if the government has any jurisdiction in this area.

MR. DESJARDINS: My honourable friend is right that most of the area, except Brandon, Brandon General Hospital do their own banking, the rest is through the Canadian Red Cross and it's a service to the hospitals in Canada and in Manitoba here, although the blood might be free, the service is financed by the Manitoba Health Services Commission at a tune of \$1,600,000. That's what it costs the Health Services Commission.

MR. PATRICK: Mr. Chairman, my question is to the Minister. The program at the university, or not the program, the students at the university give blood at \$15.00 each time. Now it's not operated by the Red Cross. Who operates that? Is it a private clinic of some type that sells blood to different countries, or is it legal, is it allowed? Who does this? Is it under . . . you know, it must be supervised by somebody, there must be some medical inspection to see what type of an operation it is. But it is operated at university campuses and carried on all winter and many students give blood every week at \$15.00, I believe it's \$15.00 a shot. Now I'm sure that the Minister must be aware, I just wonder who is running this operation, and is it legal?

MR. DESJARDINS: Mr. Chairman, you're wrong in your last point. You might be right in everything if you're sure the Minister is aware, this is a complete surprise and we have no information on that, and we'll have to inquire. I didn't know that they added that to the university program.

MR. PATRICK: Well, I'm sorry, the Minister says he wasn't aware but I'm telling him these are the facts. That's the truth because my own kids came home and that's been going on and many of the students give blood every week. --(Interjection)-- Either give or sell. No. They sell for \$15.00 each time, and I'd like to know who it's operated by, and where is the blood sold to. Is it --(Interjection)-- Well I'm glad that the Minister - I hope that the Minister checks into it because it sort of did concern me because the first time I thought it was operated by . . . the only people that operate it were the Red Cross, but there is somebody operating on the campus who buys blood and, you know, they sell it somewhere, it's a profit operation, I wonder if it's legal.

MR. DESJARDINS: I'll check it.

MR. PATRICK: Okay.

MR. CHAIRMAN: Resolution 63(3)--pass; Resolution 63(4) - Medical Program. The Honourable Member for Assiniboia.

MR. PATRICK: Mr. Chairman, I don't know if this is the right place to bring this item, it's a matter that I have discussed with several organizations in my constituency and I don't believe - if I can bring it somewhere else I will. What I'm asking the Minister - I know most of the clinics are operated by the doctors themselves, they're private clinics. For instance, I can mention the clinic right close to me which is the Assiniboine Clinic. It provides all kinds of services which is optometrist, dentist, and there's probably eight or ten doctors in the clinic and this is a real good service in that community, and it's done pretty well. The question I'm asking, there's a couple of women organizations have asked me, that I met with them, and some other people, they say, "Well wouldn't it be a convenience to many people and to many women who do work during the day, if at least one or two doctors would stay on staff, say one or two nights a week so that in certain cases they can go and see the doctor at the clinic because usually in a community clinic like that, in a small clinic, normally if your own doctor isn't there you'll see one of the others and the people get to know pretty well most of the doctors in that clinic on pretty well personal basis. And I'm looking at the service to the community if, say one - it wouldn't have to be two doctors - say one out of ten,

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(MR. PATRICK cont'd) would stay one day after hours till nine o'clock or so, and I think it would be of great convenience to the people. It may be asking too much from the medical profession, I don't know, because I know they work pretty hard, but the point is, has there been any communication on those basis and maybe the Minister can reply and see if this is at all feasible or not.

MR. DESJARDINS: That's dangerous ground. My honourable friend as he knows, and stated himself, these are private clinics and I certainly don't intend to dictate to private clinics. But I say that this is taken care of, this is why we have these ambulatory services in the hospital and that particular clinic, there's staff at Grace Hospital after hours to do that.

MR. CHAIRMAN: Resolution 63(4)--pass; Resolution 63(5) - Pharmacare. The Honourable Member for Rhineland.

MR. BROWN: Thank you, Mr. Chairman. I wonder if the Minister could give us an indication of how successful Pharmacare is. Another area that I think we would like to know about, have people requested for their rebate?

MR. DESJARDINS: Some people must want a rebate because we've spent up to close to \$4 million so far, and if you want to measure the success, although I think there's a word of caution here, I think that we, you know, it's the same thing when there's a program like that, they could be abused, and I'm not just talking about the financial implication but people that are, you know, too ready to . . . from the doctor that are prescribing the drugs, and that's a concern that we have and we're trying to get the proper information and monitor it as close as possible. But I would say, yes, it is a very successful program.

MR. CHAIRMAN: Resolution 63(5)--pass. Resolution 63(6) - Ambulance Program --pass - the Honourable Member for Assiniboia.

MR. PATRICK: Mr. Chairman, I see we're spending quite a bit of money on this item, the Ambulance Program, has it got anything to do with the City of Winnipeg Ambulance Program as well? Can the Minister explain the expenditure on Ambulance Program. What kind of program is it, the service, is it the service for remote areas, is there any connection with the City of Winnipeg ambulance service, or what is it? Can the Minister indicate?

MR. DESJARDINS: You might say there's been some misunderstanding or false assumption here. We license the operators of ambulances through the Commission in the rural area, but the city here they run their own program, they're responsible for licensing and so on. Now it is a grant, we don't profess or state that we are running a program, it is a per capita equalized assessment formula with grants to different municipalities. Mind you, they must submit their program, part of it might be for vehicles - I think we do some of the training at the Commission don't we? Yes. And then it might be for radio communication equipment and so on, but it's not a responsibility that we take. We don't run the program, strictly grants.

MR. CHAIRMAN: Resolution 63 - the Honourable Member for Wolseley.

MR. ROBERT G. WILSON (Wolseley): I wondered, Mr. Chairman, if the Minister could explain the futuristic plans for the ambulance situation in that there was some concern as to whether or not, probably under the Minister of Highways, the Motor Vehicle Branch, but that many of the vehicles had not been safety checked by the government and some people were asking why. Also, I realize it's a per capita grant, but is there nothing that the Minister's department could do with attempting to get either United Health or somebody to care about collecting, because it's become morally acceptable for people in many cases not to pay their ambulance charges and in fact I had several inquiries about the billing process where people had waited 90 days to receive their ambulance bill. And I wondered if the Minister could explain to the House what he knows about the system the way it is now and the way we can look for some improvement in the future.

MR. CHAIRMAN: The Honourable Minister.

MR. DESJARDINS: Mr. Chairman, there is no doubt that this is a problem they've had especially in the City of Winnipeg, for years and years. And there will be problems. I think that we in all fairness, and my honourable friend was a member of

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(MR. DESJARDINS cont'd) council when this grant was made - I'm surprised to hear my honourable friend say what is the government going to do about collecting and so on - this is something I don't know, I can't tell you anything about that, this is up to the City of Winnipeg. They have every right to either collect their bills or not collect them, that is their administration; there are duly elected people and it is their responsibility.

Now the only thing that we would do, I guess any provincial government that is responsible to make grants, we will no doubt be, although we're sitting on the sidelines, we'll be very interested to see how these programs are progressing. And if they feel that it is not progressing and it's money that's not well spent, well we could terminate this grant; and I'm not saying we're going to do it, but this is about the only way that we can do anything. But I think that in all fairness we should, and I would imagine that if my honourable friend were still a councillor he would appreciate that, I think that we should give them a chance. I'd say it's a new program, they've had difficulties, the vehicles were allowed to become rundown - I think there's been a lot of exaggeration of that and I have confidence that the City of Winnipeg will eventually have a good program, but it is certainly their responsibility and I don't intend to interfere.

MR. WILSON: Well my concern was that the council members that I've talked to seem to think that United Health has more of a liaison or connection with the Provincial Government than it does with themselves, and that if the city councillors don't seem to be politically concerned about the fact people are paying their ambulance bills or that the billing is taking 90 days and the Minister says, well let's give the program a chance, at what point in time, because this is taxpayers' dollars, is some level of government going to be interested in the procedures being adopted by United Health, or the name that they may be using, and possibly look at their administration process. Because somebody doesn't seem to give a darn about this section, and this is what I'm concerned about, that I feel that there should be some direction from some political body to United Health to say, if you can't collect the bills then maybe it's time we took the entire billing process out of their hands and had some level of government handling it or replace the man who's making the decisions to not go after these people for the money.

MR. DESJARDINS: Mr. Chairman, my honourable friend is right, a certain level of government has to take responsibility, but I'm not going to be sucked in in this debate, there is no way that it is the affair of this government. It is the city, and they contract, and the United Health was chosen by the city who entered into a contract, and I say to my honourable friend, you were a member of that council at the time and it is there that you should have made your observation and you should have scrutinized the contract that the city signed with the United Health.

MR. CHAIRMAN: The Honourable Member for Ste. Rose.

MR. A. R. (Pete) ADAM (Ste. Rose): Mr. Chairman, I wanted to ask the Minister a question along the same lines, it has to do with ambulance service. I had a call this week from a party in my constituency, that a lady suffered a stroke and was taken by taxi to the Ste. Rose Hospital. The hospital decided to transfer this lady to Winnipeg and they transferred her by ambulance. She spent some time in Winnipeg and again she was transferred back to Ste. Rose by ambulance. The husband who lives back in a remote area received a bill for \$300, and in no way has he authorized a trip either way, in fact the trip from Winnipeg back to Ste. Rose, if he had been notified he could have picked his wife up in Winnipeg. They're quite concerned, they don't know how they're going to pay this bill and it'll probably have to be written off as a bad debt or something, they just don't have that kind of money to pay these kind of bills. I was just wondering, this is a rural area and I'm just wondering how these people can overcome this problem.

MR. DESJARDINS: Mr. Chairman, I certainly can sympathize with my honourable friend, but there's nothing I can do. It's not a universal program where we insure the service, it is a grant to help municipalities. The municipalities can get together if they wish to set up a program to help in this area, and I hope we're helping because the taxpayers of Manitoba through the Commission are spending 1.3 million this year, 10 per cent less last year, and before that not a cent in this area. And there's quite a bit of

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(MR. DESJARDINS cont'd) freedom to these communities in that they could subsidize the trips if they wish, they could do all kinds of things, but this is a responsibility of the municipalities if they want to take advantage of these grants.

MR. CHAIRMAN: Resolution 63(6) - the Honourable Member for Wolseley.

MR. WILSON: I rise with a particular feeling, that we have a program here which is well intended, but because it's going to be morally acceptable for some municipalities to tell their people not to pay the ambulance bills, and others who do happen to pay them. I remember the fact that many people were told that this ambulance was a gift from the Minister of Health, sort of in a politicized sense, and I was wondering if the Minister could give an honest answer to the House tonight, are all municipalities in the province treated equally or is it not true that the City of Winnipeg does not get the same per capita grant as the rural areas?

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

MR. ADAM: Yes, I wanted to ask another question, in that I do believe that the municipality of Ste. Rose, now I can't verify that exactly, but it seems to me that they do have ambulance service. I'm not sure what the cost is to drive an ambulance to Winnipeg, but it's 160 miles and the patient is still being billed for \$300 which seems to be a lot of money. So I'm just wondering, if the municipality is getting money, perhaps the Minister could advise if the Ste. Rose area is getting a grant for ambulance service?

MR. DESJARDINS: Yes they are. I said it's an equalized grant and the difference is \$1.00 per capita, but it can go up to \$1.50.

MR. CHAIRMAN: The Honourable Member for Wolseley.

MR. WILSON: I apologize to the Minister, I'm not quite clear on the answer. Does that mean the citizens of Winnipeg, the municipality here is getting the same per capita grant as a municipality in the rural area? Is it a universal per capita grant across the province or is the City of Winnipeg again being discriminated against?

MR. DESJARDINS: It is on a per capita equalized assessment formula, it is a dollar in Winnipeg and in certain areas it can go up to a dollar and a half, depending on the assessment.

MR. CHAIRMAN: Resolution 63(6)--pass; Resolution 63(7) - Other Health Services Programs. The Honourable Member for Rhineland.

MR. BROWN: I wonder if the Minister could identify these other health service programs?

MR. DESJARDINS: The Community Health Centres Development Grants and Outreach Programs is \$90,000, and the Youville Foundation \$180,000 that's a special program for Youville.

MR. CHAIRMAN: Resolution 63(7). The Honourable Member for Fort Garry.

MR. SHERMAN: Mr. Chairman, I wonder if the Minister could tell us where that psychiatric program is that he referred to when we were looking at 59(b). At that time he told me that there was a Phase One unit, which is a component of a program in the field of psychiatric health services that has been launched and will be available to serve Manitobans and citizens of Winnipeg. I wonder if he could elaborate on the program, what does Phase One mean? Is it Phase One in relation to three phases or ten phases or what, and when will that unit be in operation?

MR. DESJARDINS: Mr. Chairman, with your permission we can deal with this now, or my honourable friend could bring it up under the Minister's salary, but that should have been under the hospital program because it's the Health Sciences Centre, and I think I explained all that, I told him how many beds and so on and the transfer of the amount. When we're talking about Phase One, it's the first step let's say, and now we're looking very seriously at another area where we might have one of these hospitals outside of the Metropolitan area to take care of the youngsters that we're sending out of the province, and this is what I meant, Phase One. First Step would describe this a little better, because I hope that next year at this time, if I'm still here, we can talk about the second step.

MR. SHERMAN: My colleague, the Member for Lakeside informs me that the Minister will probably call the second step, Phase Two, and that's probably logical. Or

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(MR. SHERMAN cont'd) maybe it's illogical considering what we're looking at here. But what will Phase One do? I presume we're talking about the problems of seriously emotionally disturbed children, or are we talking about psychiatric patients generally? What will this initial unit do in terms of meeting the needs of the mentally ill and the mentally disturbed? How many patients, how many disturbed children, for example, will it accommodate and what kind of a dent will that make in the overall field requiring treatment?

MR. DESJARDINS: Mr. Chairman, I did state at the time that this was transferred to the Commission, but I think that we covered that quite extensively. I haven't got all the details now. I believe it's a 20-bed hospital. There is also acute beds in that area and a day program for these people. This is all part of trying to get everything at the Health Sciences Centre. You'll have people that are being discharged out of acute beds, so they might be there for a while, other people might be waiting to come in; and the next step is ambulatory services and day care for these people, that they will come in and have group sessions and so on. And we have the psychiatrist at the Health Sciences Centre, what's his name Dr. . . ., I'm sorry, I don't remember the name but you would recognize the name because he is quite well known. So it is what I announced, the transfer of this program to the Health Sciences Centre is I believe a 20-bed holding hospital, you might say.

MR. SHERMAN: I don't like to be tedious, but I don't think, Mr. Chairman, that we did cover it as thoroughly as I'd hope we would, and perhaps the Minister feels we did. But I remember trying to bring this up under the first item on the Estimates, and then when we were discussing psychiatric services, I think that the advice at the time was that there was a better place on the Estimates in which to look at it. I was pointing out at the time that I first introduced the question to the Minister, which is some two or three weeks ago now, that there are approximately 1,800 children aged 18 and under in Manitoba that are considered to be seriously emotionally disturbed. The total is somewhere between 1,800 and 1,900. These are the children that require medical treatment, that require care and attention, not simply that require some kind of attention from the point of view of delinquency or behavioural problems, and at the present time we're sending as many of those children as we can out of the province for treatment. We're paying thousands of dollars a year to have those children, or as many as can be accommodated, treated in Saskatchewan and other provinces. And that really only is a drop in the bucket in comparison to those requiring treatment. I think there might be between 50 and 100 each year that are accommodated in other institutions in other provinces but it hardly scratches the surface of what's necessary here.

Now the Minister told me when we first looked at it that the psychiatric program under way called for a Phase One Unit that would be in action some time next year, and he tells me now that that unit will accommodate 20 patients. So I come back to the question I asked some weeks ago, and that is whether there will be an attempt to work with other agencies even though they be private and privately oriented to help tackle this problem and help accommodate the requirements until there are sufficient public institutions in the province to be able to take care of the ill.

MR. DESJARDINS: Mr. Chairman, it is true that the member tried to discuss the first item. I think he was referring to another area, but he certainly did. I don't mind if he wants to discuss it some more. It's unfortunate though, that I would like to have Dr. Tavener, the Provincial Psychiatrist here because my honourable friend if you remember made that speech very strongly. In fact he made the same speech a couple of times, and he followed the Member from St. Johns and then there was also a discussion by the Member for Fort Rouge and I gave him the answer. I said yes, that I had no ideology hang-ups that we would never deal with private people that wanted to go in this area, but everything else being equal - and I think that my honourable friend also in his speech stated the same thing, that he agreed that everything being equal there shouldn't be a profit motive in this area. But I did say to my friend that the program that he's referred to has been turned down, and that we were working in this area, and in fact we turned down an area of the department before that.

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(MR. DESJARDINS cont'd)

Now when you're talking about 1,800 people you're not suggesting that there's going to be a bed for all of them. There's a lot of these numbers that we have in other programs that we've covered, when we talk about geriatric in the department. The only thing that is referred to, the Commission, was this transfer and those beds. Now that doesn't take care of only 20 children, far from it. There's a completely new policy that we try to give the service where we won't have to institutionalize these children.

Now they have acute beds that exist, that will be brought together with this holding hospital to get people ready to go back in society. There was a statement made by the Minister of Education, and I think that it is high time that we look into that through the Department of Education. And we'll have to assist, we will have some of those people, because there's different degree of illness with these children. We would hope that these people would be integrated with the community as much as possible, these handicapped physically or mentally, up to a certain point. And I don't want to mislead my honourable friend, this is all that is being done now. I sent another memo today or yesterday asking what the situation was, and we are looking at another institution or a cottage type of thing where we would have that in the rural area instead of sending our children - because I agree with him, there is no point in sending them outside of the province. It was well when we were sending just a few but now it's increasing, the price and everything, there's no reason why we can't keep them here and do it just as cheaply. And if it can't be done by the government or non profit organizations, we will constantly look at programs.

First of all, I agree with my honourable friend, the service to those people is the important thing, and we are looking at that. You know, a few years ago there was no policy on this at all - this is something rather new - where you were locking everybody up in Brandon or Selkirk and that was it. And now this has changed quite a bit. If you're disappointed because I'm talking about 20 beds, that's not going to take care of 20 kids out of 1,800. I don't think that this is the case at all. If you don't like the word "phase", I think this is maybe a small step, maybe my honourable friend would like to see a bigger step. You know, we heard today, what did you do when you started insuring the personal care beds? I think that sometimes it is better to walk and do things properly, and this is what we're trying to do. I admit it, that in the area of child care, I am not satisfied. We have an awful lot to do. We don't know if we're getting our money's worth, we have a very bad system and we are going to tackle this very thoroughly and seriously.

MR. SHERMAN: Mr. Chairman, I am correct in assuming then, I presume, that the capital cost of this program, the capital cost of the new unit would come under the appropriation for a hospital program or a medical program, or would not come under the \$270,000 appropriation we're looking at for other health service programs.

MR. CHAIRMAN: Resolution 63(7)--pass. Resolution 63. Resolved that there be granted to Her Majesty a sum not exceeding \$214,180,000 for Health and Social Development--pass. The Honourable Member for Birtle-Russell.

MR. GRAHAM: Mr. Chairman, I apologize. I would like to ask the Minister a question on the recoveries. He anticipates a \$1,420,000 recovery this year from sources other than the Health Service Commission, and I would like to ask him out of the \$161,567,000 from last year, how much was actually recovered from other jurisdictions such as Ontario and Saskatchewan, or maybe even from individuals from across the line.

MR. CHAIRMAN: The Honourable Minister.

MR. DESJARDINS: That is netted with the estimate. When we're talking about recovery we're talking about mostly from the Federal Government. That is a revenue that will go to the hospitals and the Commission.

MR. GRAHAM: That is quite true, but he has listed a figure here of \$175,885,000 estimated recovery, of which \$174,435 is the direct recovery from the Government of Canada. He's estimating that there'll be \$1,420,000 recovery from some other sources, which I would presume would be either the Province of Saskatchewan or the Province of Ontario for patients from those other provinces. I am presuming that. I was just wondering if the Minister would have the figures at his fingertips or in the books there,

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(MR. GRAHAM cont'd) what they actually recovered from Saskatchewan and Ontario in the past year.

MR. DESJARDINS: I am told that this is the net figure that we get from the hospitals, we're not given these details. That is third party recovery. I'm sorry, I can't give you . . .

MR. CHAIRMAN: The Honourable Member for Assiniboia.

MR. PATRICK: On the same question, Mr. Chairman, the general development agreement which is \$121 million, that would be from Ottawa. Then there's indirect recoveries, would that also be from Ottawa, \$63 million? That's from the detailed Estimates. It appears that there would be somewhere in the neighborhood of \$184 million recoverable from Ottawa. Is that shared with Ottawa? Is that correct?

MR. DESJARDINS: I think the best thing is to give you the detail that I have here. It comes to \$175,335. And the Personal Care Home Program, most of it comes from Ottawa, is 11 million; the Hospital Program, 120,635,000; Medical Programs, 43,380; and then the last, the Manitoba Health Services Commission surplus of \$550,000.

MR. PATRICK: Then I would take it from that that it's close to \$214 million. Well a minute ago, Mr. Chairman, I was ready to compliment the Minister for his program, even though I didn't get anything in my constituency, but I believe it's a very extensive program covered throughout the whole province, that one may think that it's election time around the corner. But be as it may, I still wish to tell the Minister I think it's a fairly good program and I would like to compliment him.

But the other point, the Minister had some critical remarks about the Federal Government, but I don't believe it would have been possible if he wouldn't have got the \$214 million from --(Interjection)-- I thought from the information I got it's close to 200 or somewhere around there - 121 and 63, so it's somewhere around \$184 million according to the Estimates here, unless I'm out a little bit.

MR. DESJARDINS: No. We're talking only about the Commission now. I don't know if you're talking about anything else, Mr. Chairman. The recovery is 175. The total cost is 390, recovery is 175, and the net program cost to Manitoba is 214. And there is no doubt, I'll be the first one to recognize that the Federal Government is involved. Well, the same taxpayers are paying the Federal - and I'm not criticizing that. There'd be no point in having a central government if we didn't get this equalized help and so on. What I was criticizing is, that they say this is the program and nothing else. I think you remember when they brought in this Medicare Program, Alberta wanted to go in a certain direction, Manitoba was going in a certain direction. They had a good program here, but they said no, we insist on this, it's universal, it's this and it's this and that. And all of a sudden they pull the rug out like they're doing now, and we're stuck. And then we're told we're spending too much money. You know, they're not closing hospitals here, they're not the ones that closed hospitals in Ontario, the provincial government did that. If we're going to review this, we are saying you're going to give us the flexibility because this is something that this government I don't think ever did before - usually I guess a socialist government doesn't do that. But we are certainly ready to listen, to receiving tax points, what we're going to do. I think that this is a responsibility of a provincial government. They know their people, and if they have more flexibility to spend their money wisely - and this is what we're not getting at all these meetings. Repeatedly, I've asked what's going to happen after three years, and the Minister apparently so far doesn't want to give us this information. We don't even know, all these beds that I'm talking about - the way we have now, if it's an equalized thing, if we say we need 13 point something beds per thousand, talking about all the beds, in Quebec they're talking about what, four something or six something? You know, it doesn't make sense. There's something hidden somewhere. We want those facts before we sign an agreement with the Federal Government.

I welcome this money and I don't think that they should get that much credit, no more than we should get credit. That's our responsibility. But I say if you are going to set programs that you're going to force us to take, and if they're going to be in such a situation that they're going to make you spend as much money as possible, the most

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(MR. DESJARDINS cont'd) expensive service, and then at a certain time you're going to say, as of this year we're cancelling the program. They're doing this with the medical program also, they're putting on a ceiling and so on. And without talking to us at all, all of a sudden this was in Turner's Budget. I suspect that there's been a battle out there between Turner - and I think that that's part of the problem behind the scenes - I think that Lalonde wanted to go in a different direction but he was called back, and I feel sorry for them, but that doesn't help Manitoba. We want that assurance.

MR. CHAIRMAN: The Honourable Member for Assiniboia.

MR. PATRICK: The Minister says that the Federal Government pulled the rug from underneath him. But would he not agree that the Federal Government has indicated they'll continue to spend and continue to increase the expenditures but they have to put some kind of a ceiling, because if the costs would go unchecked, like they were going up 25 and 30 percent each year for the last three years, if they go unchecked then it would sort of destroy the country's ability to maintain any minimum kind of services and destroy the whole program if they continued to go at the rate that has been going on in the last two years. My understanding is that they say, we'll participate and be prepared to give increases every year, but within a certain limitation.

MR. DESJARDINS: Mr. Chairman, my honourable friend is switching to another program. I stated very categorically here that I admire a government that will try to keep this, and I'm not criticizing them for that. But I am criticizing them because for two or three years we've been negotiating with them, we're going in a certain direction, we're working together, I think we should be consulted, it shouldn't be done unilaterally. And all of a sudden we open the paper on a fine June day and we see this thing, why was it announced in the Budget speech? You know, while they're negotiating we're at the negotiating table with them and everything is going fine. Since then we've been trying to get a meeting with the Minister to no avail, until we had, well I call it a nothing meeting two weeks ago.

MR. CHAIRMAN: Resolution 63. Resolved that there be granted to Her Majesty a sum not exceeding \$214,180,000 for Health and Social Development--pass. I would refer honourable members now back to Page 25 in their Estimates Book. Resolution 56(a). The Minister's Compensation. The Honourable Member for Rock Lake.

MR. EINARSON: Mr. Chairman, I would like to ask the Minister, I know it can be done under the Manitoba Hospital Commission, but I would like to ask him what the situation is in regards to the hospital in Swan Lake, where assurance was given as I understand that a personal care home was supposed to be built onto the hospital at Swan Lake. And I wonder if the Minister could indicate what the situation is at the present time in regards to the personal care home being built onto Swan Lake Hospital.

MR. CHAIRMAN: The Honourable Minister.

MR. DESJARDINS: Mr. Chairman, this is where the fun starts I guess, when you announce a program, in the places that are covered. Swan Lake is not in the program that I announced. My honourable friend says there was commitment. I think he'd have to show me the correspondence of the commitment. There might have been some discussion, and I'm not saying this discussion will not go through, but there is a limit in the cost of what you can do over a certain period and there's also a limit with the staff, and this is not one of the hospitals. It's unfortunate that my friend wasn't in the House to discuss it at this time, we just finished hospital, but anyway this is not part of the program.

MR. CHAIRMAN: The Honourable Member for Rock Lake.

MR. HENRY J. EINARSON (Rock Lake): Mr. Chairman, I thank the Minister for his comments and I want to inform him that I was invited after the last election in '73 to attend a meeting of the Hospital Board and officials of his department whereby a meeting was held in the town of Swan Lake to discuss the policy program that was enunciated in the election campaign of 1973 of the NDP Party. And I want to inform the Minister, Mr. Chairman, that this is one of the policies that I agreed with this government, whereby a personal care home would be built onto hospitals, and in so doing I felt it was good common sense to utilize the staff of the hospital and the personal care home;

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(MR. EINARSON cont'd) also if there were people in personal care homes that needed hospital attention, they could be easily transferred. And I want to say to the Minister, Mr. Chairman, that I attended that meeting not too long after the '73 election, whereby the officials of his department, and I think my memory serves me correctly, whereby assurances were given to the Board that a personal care home would be built attached to the hospital in Swan Lake. Many months have gone by since that time, Mr. Chairman, and nothing has been done. The people in that area are quite concerned because they felt they've been let down by this government because of the fact that the assurance they were given at that time, that assurance has not been fulfilled, and while the Minister has given me an answer, I'm not satisfied, Mr. Chairman, I wonder if he would care to further explain his position insofar as Swan Lake is concerned.

MR. CHAIRMAN: The Honourable Minister.

MR. DESJARDINS: Mr. Chairman, I'd like to say to my honourable friend that after I sit down I think I'll move the adjournment of the House and we will stay on my Salary tomorrow. We'll try to finish tomorrow because I think some of the people want to go on a lot here and that's the only chance that they have.

I'll say to my honourable friend that the policy is correct, it's the policy that we've tried to follow. Stating that, it doesn't mean that in 4 years that there will be a hospital on every corner in Manitoba in these four years. You know, I've just announced 135 million dollars, and that's an awful lot of money. Now it might be, my honourable friend says that there has been meetings with staff of the Commission, I don't doubt that, and we will continue to have these meetings, and we will advance this. I'm not saying that the hospital will never be built. I don't have all the information in front of me now, but it is not part of the program, a decision that will be approved for this time, it's a question of priorities and so on.

Now if my honourable friend feels that because there was some staff of the Commission that went out and discussed with them, and for it, they could have been very sincere and say this is what we want to do it, but there is an awful lot of work has to be done before anything is approved. The Board must present a functional program and so on, and I don't know what state that is in, all I'm saying is that yes, it's the same policy that we had, we're going in that direction, we have tried to go and talk with the different people, to talk about the future. And all I've said is that it doesn't mean that it's the end of the world today, but in 4 or 5 years there's so much we can do, and that either it was never received, the final approval - we might be going in this direction and it could be that this will be built in the fifth or sixth year, but it is . . . just a minute, I'll see if I've got any added information . . . because this has to be approved by the Board also, and Swan Lake has not received approval in principle from the Health Services Commission and has not been included in the five-year building program. It has not received the approval in principle, and we have to stop right there, we had many commitments before Swan Lake. I'm not saying that we're not interested in Swan Lake, that there will not be any building, I'm saying that the building that we have, with the staff that we have and the money available - remember that most of the provinces are looking at us and asking questions, what are you doing when everybody is trying to save in this area and you're going to spend \$135 million. And I'm saying that for now this is not the priority or they're not sufficiently advanced. Mr. Chairman, may I move that the House be adjourned.

MR. CHAIRMAN: Committee rise, call in the Speaker.

IN SESSION

MR. JENKINS: Mr. Speaker, your committee has considered certain resolutions, asked me to report the same and begs leave to sit again.

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

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

MOTION presented and carried and the House adjourned until 10 a.m. Friday morning.