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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Second Legislature

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Time — 8:00 p.m.

COMMITTEE OF SUPPLY

SUPPLY - HEALTH

MR. CHAIRMAN, C. Santos: Order please. 3.(c)(l) - the Honourable Minister.

HON. L. DESJARDINS: Mr. Chairman, we could take a few minutes. I think that Mr. Brown is going to get his stuff and I imagine that Mr. Sherman will be here fairly soon. We were pretty well finished with, on Page 84 (c), Brandon Mental Health; and Selkirk, we took care of that pretty well. If we can pass that and then we could wait a few minutes before we start Community Health Programs.

MR. CHAIRMAN: The Member for Portage la Prairie.

HON. L. DESJARDINS: What are you calling now, Mr. Chairman?

MR. CHAIRMAN: We are now on Item 3.(c)(1).

MR. L. HYDE: Mr. Chairman, I wonder if the Minister would mind while he's waiting, if he would just like to review, if I could just go back to a section. I want to compliment him and his department on the fact that he has included a rural area on this here home oxygen therapy. I am pleased to see this happen. I have members of my constituency who have been in need of that home service for some time and I was prepared to recommend to him and to his department that they include that, but in reading through the manual I find that it has been in force since last year and I want to compliment him on that.

I am wondering if the Minister could indicate to me just how many home care attendants we have in the Portage area.

HON. L. DESJARDINS: Mr. Chairman, I know we can have this exchange; this will take a couple of minutes. Maybe we will get all the committee in place, but I would ask the member to bare with me until we get to Continuing Care Services. That should be on fairly soon. We are now on the Brandon Mental Health Centre and the Selkirk Mental Health Centre. In fact, I think we're practically finished. I don't think there is too much of a problem if we finish that now and then wait a few minutes until we get to Community Health Services.

MR. CHAIRMAN: 3.(c)(1) - the Member for Rhineland.

MR. A. BROWN: Mr. Chairman, I notice that there is a loss of one permanent position and four term positions in number (c) and still there is an increase in salary of 23.5 percent. Now, I understand that they were trying to keep the general increase down to 10.3 percent. I wonder if the Minister can explain this increase in salary?

MR. CHAIRMAN: The Honourable Minister.

HON. L. DESJARDINS: Mr. Chairman, I pretty well covered that before the dinner hour. It's the same thing again; there's less vacancies; it's a promotion. There's less change, also, as we have senior people that are there, although there's a reduction of a few. There's overtime also. There's extra cost for overtime and so on; so the general salary increase, the whole thing, it's the same thing all pretty well throughout what I covered here before dinner. That's Selkirk and Brandon also.

We covered that before dinner, the whole thing, the salary increase in Mental Health Centre was 21.5 percent, and that was primarily due to filling a vacant position with a higher-salaried incumbent, reclassification, increase in allowances for overtime and reduction in turnover allowances. We covered that.

MR. A. BROWN: Nevertheless, Mr. Minister, that seems like a huge increase. I wonder how much the increments really are, if the increase in salary is 10 percent, and the increments mustplay a pretty big role in the increase in salary here.

HON. L. DESJARDINS: The increments represent approximately three percent of that increase. There is no change, there is no increase than what we had before; it's the routine. What you see in a normal year, when there are not so many people out of work, you probably see changes and there are more younger people that are coming in, they start at the bottom of the ladder; but now these jobs are not so plentiful and there's less vacancies than we've had before, because we are filling most of the positions because we've reduced some of the positions. I think it's a perfectly logical explanation. There's not too much I can do.

MR. A. BROWN: I don't know if I picked this up correctly before dinner, but it seems to me that the Minister said there were 17 psychiatrists, is that right, operating out of Brandon? Whatever the figure is, how many of these are doing private work also? Can the Minister say whether any of those psychiatrists are referring patients to their own private practice and then billing the Manitoba Health Services Commission for this?

HON. L. DESJARDINS: If I understand the question correctly, the member wants to know if these people are all full-time employees at the Brandon Hospital?

MR. A. BROWN: Yes.

HON. L. DESJARDINS: Yes, they are, and so is Selkirk. We have some people in the region, as I explained before the dinner hour, that are giving us people in private practice that are giving us a few days to go up north to Thompson and Flin Flon for a few days a month, but the other people are full-time employees of the department.

MR. A. BROWN: So, in other words then, all of these psychiatrists that are full-time do not have a private

office. All these psychiatrists that have been hired full-time do not have a private office?

HON. L. DESJARDINS: I didn't say that. I said they were full-time employees, and it's possible that some of them might be taking patients on their free time. We've never stopped that at this time anyway. That's a possibility, but they are full-time employees working full-time with the department.

MR. A. BROWN: I think, Mr. Minister, that maybe we should check into this a little. I think that there must be some concern when these psychiatrists are working full-time for the Manitoba Health Services Commission and they also have their own private practice, and then when they take patients who come to see them at the facilities, which are government owned, and then refer them to their own private practice, if this indeed is happening, then I wonder if the Minister has made any agreement with these salaried psychiatrists to carry on that kind of practice.

HON. L. DESJARDINS: That's true, Mr. Chairman. If there is a concern, if the member could give me more details, I certainly will look into it. I'm aware that is happening, and one of the reasons that we didn't do anything about it at this time is that we're very short, as the honourable member knows, of psychiatrists. If they want to work overtime, they want to work on their own, we haven't been too worried about it at this time. But that could be carried a little too far and I might say to my honourable friend that we are getting concerned. We've looked at their case, their salary as a public servant, and also the money they've been paid by the Commission, but as I say, the main reason we haven't done anything about it at this time is because of the shortage of psychiatrists through the province. Now that is something that we'll have to look at. Also you have not only psychiatrists, you have doctors that are working in the hospital on the same thing, if they're using the hospital one time and there was an attempt that they should pay back some of their fee-for-service to the hospital to help pay the operating cost.

The people in private practice claim that 40 percent of the fees are for costs. This was something that was brought to our attention by the auditor and this is something we're looking at, but we want to get both sides of the story. There are certain things that they do; they spend a little more time in the hospital because they are teaching also, so when they're doing certain services - I'm talking about the teaching hospitals there mostly - and they could turn out away more patients if they didn't have that teaching element. This is something we're going to look at. We didn't want to come in too hard with the psychiatrists, especially at this time, the main reason being the shortage of psychiatrists in Manitoba.

MR. CHAIRMAN: The Member for Rhineland.

MR. A. BROWN: I realize, Mr. Chairman, that we are short on psychiatrists and no doubt they are doing an excellent job over there, but I think, at the same time, if they know that this sort of activity is being watched, and possibly some guidelines could be laid down for them under which they could operate, I think it would make everybody feel a little easier than not to have any guidelines whatsoever for them to refer patients to their own private practices. It could get to be a fairly major concern.

I wonder if the Minister could tell me how many professional staff do follow-up on out-patients that are living in their own homes, or wherever?

My next question then is, Mr. Minister, and I don't know if you have the answer for this, but does Community Services do the same follow-up on these patients and are these patients being counted twice? Does Community Services count them as outpatients and does your department count them as outpatients?

HON. L. DESJARDINS: You're talking about mental retardation patients now. Is that what you're talking about?

MR. A. BROWN: No, I am talking about outpatients for the Brandon Mental who are taking psychiatric treatment.

HON. L. DESJARDINS: All mental illness comes under the Department of Health and mental retardation comes under Mr. Evans' department.

MR. A. BROWN: Okay, that clears up that situation. That was just something in the back of my mind. I was wondering how you were separating the two, but anybody seeing a psychiatrist under psychiatric care then automatically is under this program and the mental retardation is under the other, from what I understand. Okay, good.

Another thing that has been brought to my attention is that the Director of the Brandon Mental Hospital apparently is quite hard to get ahold of, that he's hardly ever in his office. I don't know if the Minister has received any complaints about this, but complaints have been forwarded that this gentleman hardly ever is in his office. I wonder if the Minister could kind of look into that situation.

HON. L. DESJARDINS: We are concerned with the situation in Brandon. It could be improved. We are looking at it now. We haven't received any written complaints. There have been some complaints and we are in the process at looking at the situation. It has been quite difficult to recruit the people in Brandon, but we know that improvement is needed in Brandon and we're working very hard at it.

MR. A. BROWN: I understand that both in Brandon and in Selkirk, we have a psychiatric nursing school in each of these locations. I wonder if the Minister could tell me how many psychiatric nurses graduate from each one of these nursing stations?

HON. L. DESJARDINS: I would like to direct the honourable member to the next page, Chief Provincial Psychiatrist, and we will be covering that at that time.

MR. CHAIRMAN: 3.(c)(1)—pass;

MR. L. SHERMAN: We are still on 3.(c) and 3.(d), as far as I am concerned we are dealing with them virtually together.

Mr. Chairman, there has been a suggestion in a report done in the media with respect to the state and condition of mental health in Manitoba, that 1 to 2 percent of Manitoba's population - which would be a population total of something between 10,000 and 20,000 people - suffer from mental illness. I wonder whether the Minister would comment on that point in relation to the Estimates relative to the Brandon and Selkirk Mental Health Centres, or whether he would prefer to deal with that kind of thing, the general climate with respect to mental health in Manitoba under a different section of the Estimates. If he wants to deal with under a different section, for example, Chief Provincial Psychiatrist, that's fine with me, Mr. Chairman, but I do want to discuss the subject generally with him. I would just ask him, where he wants to handle it.

HON. L. DESJARDINS: Mr. Chairman, I think it would preferable to wait until we get to Chief Provincial Psychiatrist so we can talk in general.

MR. L. SHERMAN: That's fine, Mr. Chairman. In respect to Brandon in particular and perhaps Selkirk, but for the moment dealing with Brandon, there has been a considerable outreach operation in the community dealing with those persons who need mental health and emotional and psychiatric counseling and also dealing with people who are discharged from the institution or who were outpatients at the institution who require support services in the community, including homes. There has been a program known as the Home-Finding Service attached to the Brandon Mental Health Centre. There may even be a service of that nature attached to Selkirk and I would ask the Minister if that's the case. But, I am not familiar with the one at Selkirk. I have some familiarity with the one at Brandon and I would ask the Minister to report to the committee on the status of that Home-Finding Service at Brandon. At a point about two years ago, it was enthusiastically acknowledged, recognized and accepted by persons not only at Brandon, but throughout the mental health spectrum in Manitoba as a pretty active innovation and initiative that appeared to be providing a very valuable service in the mental health field, but I haven't heard very much about it since that time. I would like to know whether that Home-Finding Service is still in operation at Brandon and what the read out would be at this point in time, in terms of its involvement with the community with persons who have been discharged from Brandon or who were outpatients at Brandon and its general record insofar as any success or failure is concerned.

HON. L. DESJARDINS: Mr. Chairman, in Brandon the function is being carried out by staff although there is no one designated as a home-finder as such. There is in Selkirk but, unfortunately, that position is vacant and we're trying to recruit.

MR. L. SHERMAN: What is the Minister's report for the committee on the Brandon home-finding service? Is it active, is it occupied, is it just a make-work project, or is it doing things and producing results and showing success?

HON. L. DESJARDINS: Mr. Chairman, I'm told that It is active, how active is something else, this is the reason why we've set up this commttee. That committee is far-reaching, it's looking at the service in the hospitals and the service in the community. They talk about, even, construction, the kind of construction we should have and the recruitment, the need of psychiatrists, psychiatric nurses and so on. As I said before the dinner hour I expect that we should have a report in a couple of months anyway and we'd be in a better position then to assess the value of that service.

MR. L. SHERMAN: Mr. Chairman, where would we deal with the Eden Mental Health Centre? Under this section or a different part of the Estimates?

HON. L. DESJARDINS: That has been transferred under the Manitoba Health Services Commission.

HON. L. SHERMAN: Mr. Chairman, a recent report assessment of mental health situations in Manitoba which was done by the Winnipeg Free Press under the by-line of a report by the name of Barbara Huck, pointed with some alarm and concern to some shortcomings in the system and I want to explore the contentions contained in that kind of report, in that kind of article, with the Minister. I don't know that this is the specific point under the Estimates at which to do it but I just want to familiarize him with what I'm talking about and then we can decide where we're going to deal with it. I'm not saying that I agree necessarily with the thrust of that article because I've been in the Minister's shoes and in the Minister's chair and I know what the problems and the challenges are in the mental health field. I think sometimes much of the reporting on mental health is highly superficial, highly sensational, highly emotional and done for purposes of exploitation more than for purposes of enlightenment. I do want to discuss the contentions contained in that article with him.

For example, the heading on that particular article, I'm sure he's familiar with it - it was a major front page, not page 1 but, sectional front page article in a recent issue of the Free Press that was headed, "A System in Turmoil". The sub-heading reads, "Mental Health Care Follow-Ups Termed Inadequate". A further sub-heading reads, "Our social policy is a disaster," says a Winnipeg psychologist - not psychiatrist but psychologist. Then the article goes on in particular to quote a psychologist by the name of Marvin Brodsky and a psychiatrist who was well-known to Manitobans at the Selkirk Mental Health Centre, Dr. Frank Pearson. There are a number of points and contentions raised in that article relative to the services available out of Brandon and Selkirk in terms of an outpatient and community and follow-up aspect and capability that I want to explore with the Minister and I would ask him whether we should be doing that under this particular appropriation or whether he would suggest that we should be doing it under the appropriation having to do with the Chief Provincial Psychiatrist?

HON. L. DESJARDINS: It doesn't really matter as long as we don't repeat ourselves but maybe we should wait until we get to the Chief Provincial Psychiatrist and then we can talk about where the department's going and the concerns that we all have.

MR. CHAIRMAN: 3.(c)(1) to 3.(d)(2) were each read and passed;

Resolution No. 90 - RESOLVE that there be granted to Her Majesty a sum not exceeding $51,616,900 for Health for the fiscal year ending March 31, 1984—pass.

4.(a)(1) - the Member for Fort Garry.

MR. L. SHERMAN: Mr. Chairman, I'd like to ask the Minister, to begin with, in respect to 4.(a)(1) if he could explain the increase in the Salaries Appropriation, it's not large in terms of dollars but it's substantial in relevant terms. There is an increase of some $300,000 on a base of $1.2 million. Does that simply represent an increase in costs and prices, an inflationary factor, or does it represent a different approach to the branch in the division and does it represent an increase in staffing?

HON. L. DESJARDINS: Yes, Mr. Chairman, that's pretty well the same explanation throughout. There is also a slight reduction here under the division of community health where we had last year - the adjusted vote was 171 staff years, the requested this year is 160.5 so there's a reduction of 10.5. Out of those I think that most of them were vacant, the term was a vacant position, and under dental services there was a reduction of 3. We'll get to that later on. The reason, although, the staff is going down, is pretty well the same as we explained on the last one. Okay, the whole division then. This is Appropriation 24.4. It shows a 17.8 percent overall increase primarily due to vacant approved reclassification in clerical positions in Public Health Nursing, that's 39 percent, being filled with higher-salaried incumbents than budgeted. Approved reclassifications were also a factor for Continuing Care, 22.8; and Medical Public Health, 20.7 percent increase, with a recruitment of medical officers to vacant positions previously filled with term staffing also contributed to the overall increase.

MR. L. SHERMAN: Has there any been structural change in the Medical Public Health Services Division in the last year? Has there been any change in terms of organization and structure and administration of the division, Mr. Chairman?

HON. L. DESJARDINS: I guess we can start with Dr. Wilt, who was at Cadham Lab, where he's now also an ADM working with Don McLean. He is morally in charge of this division. There is a new directorate, I guess you'd call it, Maternal and Child Health, under Dr. Mitchell. We are reviewing some possible readjustment of that division. There probably will be some more changes in the very near future to accentuate the prevention, that preventive work that we want to emphasize. I think that's about all the major changes.

We have recruited other people also. We've recruited also young Dr. McDonald who is acting as Dr. Wilt's right arm at this time and we're very pleased with that, and Dr. Fast. There is also Dr. Fast, but there are not that many changes apart from that.

I'm sorry, I should - this young lady that's in front of me - Linda Corby has been replaced with Hazel Mitchell. That is the young lady sitting in front of me now in the Home Ec. Division.

MR. L. SHERMAN: Is this the appropriation under which Maternal and Child Health comes, Mr. Chairman? Yes, the Minister acknowledges that my recollection is correct, Mr. Chairman. I would like to ask the Minister, what is the status in terms of the department and his office of the Report on the Community Task Force on Maternal and Child Health emanating from the Social Planning Council of Winnipeg, the three-year project which was approved by the government of which I was a member and which was continued by the government of which the present Minister is a member, and which has reported through Mrs. Agnes Hall and other officials with a number of major recommendations in Maternal and Child Health. Where do those recommendations stand in respect to the department, or where does the department and the Minister's office stand in respect to them?

I know that, for example, the Medical Directorate at the Children's Rehabilitation Hospital, Dr. Allan Cameron, formerly at Children's and more recently Medical Director at Children's Rehab, has taken a very fundamental role in helping to shape some very dynamic recommendations in the Maternal and Child Health field. Are those on a shelf somewhere or is the Minister actively looking at them?

HON. L. DESJARDINS: I might say that the main recommendation of the task force was exactly that, that we have a Director of the Maternal and Child Health and that is Dr. Mitchell, that's number one. Dr. Mitchell is actively involved now in addressing many of the recommendations that have come from this task force report.

He is participating in program efforts to improve counselling services for pregnant women and new mothers in the Winnipeg core area; to promote better family life education; to improve rural and neonatal transport system; to upgrade the training of hospital maternity staff, and to make the medical profession more cognizant of procedures for reporting adolescent pregnancies. Dr. Mitchell is also examining statistical issues relating to prenatal records . . . and reporting of perinatal death. The directorate, through Dr. Mitchell, also continue to liaise with the staff of the task force in their new organization, the Maternal and Child Health Coalition.

Now he's also set a very new initiative that we have done just lately. We're in the process of establishing an Advisory Committee in the Maternal and Child Health Directorate. Dr. Mitchell is the chairman of this committee and he has held preliminary meetings with representatives of the following organizations to discuss the terms of reference of this committee: the College of Physicians and Surgeons, University of Manitoba; Manitoba Medical Association; Manitoba Association of Registered Nurses; Manitoba Health Services Commission; the community at large; the Department of Education; Child Protection and Family Services; Child and Family Advocacy; Public Health Nursing Directorate of the department.

He has also been very involved in advising the government in the recent closure of obstetrical beds

and replacing these with the service that I announced at the time. He is following quite closely this new pilot project at the St. Boniface Hospital for early discharge, and the visit to the homes by staff. All in all, I think he's been very, very active. He has been very well received by the community and by the people on the task force. He is working very closely with them and, as I say, he is in the process of setting up this advisory committee to work with them on those things.

MR. L. SHERMAN: Could the Minister advise the committee, Mr. Chairman, what the infant mortality rate is in Manitoba right now?

HON. L. DESJARDINS: Unfortunately, Mr. Chairman, this used to be in the report. I thought it was still in our report, but it's in the report of Community Services because they are in charge of statistics. If it's not in the report, we'll try to get this information for the next time we meet.

MR. L. SHERMAN: Thank you, Mr. Chairman. I would appreciate having that information from the Minister. I think probaby, in general terms, we could be talking of something in the neighbourhood of 13.5 or 14 deaths per 1,000 live births. My interest, of course, is in whether that figure has come down at all in the past year, Mr. Chairman. It's not so long ago that the infant mortality rate in Manitoba was about 20 or 22, or perhaps Dr. Wilt could attest to the fact that it was even higher than that; perhaps 24 or 25 deaths per 1,000 live births, and the last 10 years we've made enormous strides in respect to bringing that rate down in Manitoba. There still are very declamatory reports, radio programs, hotline shows, and what have you, that focus on an infant mortality rate in Manitoba that seems, in relative terms, to be high compared to some other jurisdictions in North America every time there is an annual statistical figure given.

The fact is that the rate has come down dramatically; enormous improvements have been made, and what I'd be interested in knowing, Sir, is whether having gotten it down to around 14 or 14.5 a couple of years ago, whether we're still coming down. I know it would be the objective of everybody in this committee to bring it down to 10 or 5, if that were possible. It's probably not possible anywhere in the world, but to bring it down as far as we can bring it down, so I'd be interested in that information from the Minister.

Also, I would expect that, regionally, there are wide discrepancies in infant mortality rates in the province existing still today as they have existed in the past, and that there probably are major challenges and undertakings that we still have to address in the North and in remote parts of the province to bring that rate down, because the infant mortality rate in urban Winnipeg may be 10 and in Northern Manitoba it may be 18, giving us an average of 14 or whatever, and I would like some information from the Minister on that. Are we making headway in bringing that rate down in Northern and remote Manitoba and what are the principal health needs, requirements and objectives that have to be met in Northern Manitoba and remote Manitoba to bring that rate down? Immunization, clean water, other environmental innovations and initiatives, or what? Prenatal and postnatal counselling, intensive care staffing in hospitals in northern communities like Flin Flon or more community health workers or what? What are the challenges that we still have to address in rural, remote, and Northern Manitoba to bring that infant mortality rate down? Perhaps the Minister, when he's checking on that statistic, can also address that subject for the committee.

At the same time, I would ask him about the perinatal mortality rate; as well as the direct infant mortality rate, the perinatal mortality rate, and perhaps he could give us some figures on the current record, condition and performance of Manitoba in that area.

Where does the Minister want to talk about high risk obstetrics, high risk newborn transport, all the other initiatives that have been undertaken to try to bring that perinatal mortality rate down - here or under another section? Pardon? Under the Commission, okay.

My colleague, the Honourable Member for Rhineland, may have a couple of questions on this appropriation, Mr. Chairman, and I would like to offer him the floor for that purpose, but I'm not through yet. I've got a couple more questions on it myself.

HON. L. DESJARDINS: I might say that the Member for Fort Garry covered that business quite well, the question of the deaths, and we will get this information. We'd like to bring it down as much as possible. My information is that it's still going down. The concern I was going to mention, but it was mentioned by the Member for Fort Garry, if we look at the percentage of maybe just in the south of Manitoba, it wouldn't be the same. There is no doubt that the mortality rate with the Native population is increasing and also, I'm told, with the teen pregnancy. This is something that we'll try to cut down as much as possible. As far as what we're doing, what we're trying to do to keep on improving, we can discuss that during, of course, in the Hospital, one thing; and the Ambulance Programs also we're not doing as much as we'd like to do but we're keeping that in mind.

MR. CHAIRMAN: The Member for Rhineland.

MR. A. BROWN: Mr. Chairman, I don't have too many questions on this particular item. As you maybe know, for many years I have taken quite an active interest in the mental health problems and so on; namely because a very close friend of mine was Dr. Penner who, unfortunately, no longer is with us.

But I would like to know, in this particular item, whether the Minister has been able to measure any success of our preventive health programs. The Minister mentioned the campaign against smoking. I wonder how many other programs have you been involved with and is there any way of measuring whether these are successful.

HON. L. DESJARDINS: Yes, I think that probably the one example - it's not here, it's just a grant research with another group - but the smoking is a good example. The information that we have now is that 60 percent of Manitobans do not smoke. A few years ago nobody would have believed that; now you're practically afraid to smoke. It was the other way around before. Now

you're afraid to smoke in a restaurant or even in a place like here. I know, around the Cabinet table, there's only two that smoke and they're embarrassed every Cabinet meeting and they're starting to smoke less and less, so I think peer pressure might help.

Unfortunately, there are still problems with the girls, the younger girls, or teenage girls. I think that's probably the worst area. Now there are a number of places - this is Dr. Wilt's priority - we're working on that. There's the Manitoba Immunization and Monitoring System. In 1978, I think, a submission was presented to the Cabinet, proposing the development of a computer-assisted immunization system, to assist in the monitoring of the immunization levels in children within the province. A feasibility study concluded that a computer-assisted system was viable and planning activity commence. The computer-assisted system was implemented on a pilot project basic in the two test sites in April of 1980. As of that date, all new births in the western region and the St. Boniface, St. Vital districts of the Winnipeg region have been recorded and to a computerized child health record. Immunization data for both public health nursing and private physicians is also recorded and monitored on a regular basis, in accordance with the recommended Manitoba Immunization Schedule. A variety of information is available through parents and guardians, public health nursing personnel, program management and private physicians, so that is a program that should be helpful.

There is also ongoing research and improvement continuing on these test sites for an additional year. The project, then will be evaluated to the term of whether the system should be expanded to the rest of the province. Of course, the question of cost will certainly be looked at, but this is something that we hope will be quite helpful.

We're talking also in the measles eradication, this is a new program which we've started. There has been fewer cases of measles reported in Manitoba in the past two years, but there have been approximately 2,000 reported cases in the last five years. The disease also deserves special attention because of the severe complications that can follow it. Such complications include pneumonia, hearing impairment and encephalitis. There's the rubella immunization and implementation of the new three-part vaccine that is measles, mumps and rubella. There is also, as you know, the Western Equine Encephalitis Program. There's the Hepatitis B Virus Vaccine Program. Then of course, we've talked about the Maternal and Child Health. That could be considered prevention also.

We are still working on negotiating with the dentists for the Dental Program. That would be prevention for the children. The audiological services, the hearing centres. There are more centres being brought in every year. There's an ongoing discussion, we are going to try and put this mechanism in place. Now there's discussion going between the Department of Health and the Department of Education to bring the clinic type of care in the schools where they would test the dental program, maybe the eyes, the ears and immunization if possible and so on. A committee on diabetes prevention and education has been set up last month to examine a proposal from the Health Sciences Centre and St. Boniface Hospital to upgrade their on-site facilities for the management of diabetic patients and to develop a provincial-wide prevenative program from these two bases.

So, there's a number of them and Dr. Wilt as I said earlier is in the process of re-organizing that division, to beef it up in areas that we feel that we might be weak. We've discussed with the nursing profession also, who as you know it's no secret, they would like to deliver insured services. We're not ready to accept everything without discussing it with other groups such as the medical profession, but we do feel that there is room for this kind of service, especially in areas where there might not be the manpower, the doctors, especially in rural areas or in the North of the province. We intend at this time, we might not solve that immediately, but we certainly intend at this time to do as much as possible to beef up our public health nurses, as I said earlier, whenever we had public health nurses, they ended up delivering the Home Care Program, because the Home Care Program is a program that has been growing so fast, and has been such a popular and a needed program. But, now we're trying to make an effort to make sure that is covered under home care and that we do not take the public health nurses away from the education that they should be doing in rural areas or anywhere working with perspective mothers or with the children also. So, I think we are definitely going in that direction.

There is also the hypertension outreach and follow-up program. We are planning an outreach and follow-up program that will identify people with high blood pressure, encourage hypertensive clients to seek medical attention, arrange for follow-up nursing attention where indicated. Initially we intend to introduce and evaluate this program on a pilot basis in select rural areas. We feel that this is important because there are approximately 10 percent of the adult population who are experiencing hypertension. There is an indication mortality resulting from this condition could be reduced through appropriate assessment and care. So, that is another pilot project in the prevention list.

Of course, as you know, that's not new, but there's the Rehfit and Prefit Programs that are on Taylor Avenue, well not the Prefit but the Rehfit program is receiving some help. I have been discussing with Dr. Mymin to see what can be done in that to see if we could use the expertise that they have there to maybe see if they can help the department in working in, it might be education, it might be some other component with the school children. These are some of the programs that we're looking at.

MR. A. BROWN: Well, that certainly sounds like an ambitious program. I wish the Minister and everybody that's involved with this a lot of success. It's an area I think, in which we could be making a lot of improvements. We know that some programs have been dropped over the years. We are no longer looking at smallpox or diptheria or tuberculosis. We seem to have overcome those diseases. Have any immunization programs been dropped over the last while that used to be carried on?

HON. L. DESJARDINS: I think that the smallpox program has been terminated. That disease pretty well remains eradicated in Manitoba and now we're going

to try to do the same thing with measles and try and lick as many as we can.

MR. A. BROWN: Is there a danger, Mr. Chairman, that when you terminate a program such as this, and I am just wondering what would happen if we were to have an outbreak of smallpox. This has happened previously. People no longer are immune to smallpox. Do we have any type of plan, contingency plan available that we could quickly administer, or diptheria for that matter?

HON. L. DESJARDINS: I'm told that the example that my honourable friend gave is not a good one. There is no human reservoir, there are no carriers of that and there is very little danger that this could happen.

MR. A. BROWN: Mr. Minister, I happen to know that there are some people that do have a lot of concern about this. I understand that in the North where so many many people passed away from smallpox, some of these people have been buried in the permanent frost and those diseases, those germs, would still be alive if they were not in a frozen state. Now what should happen if, through some change in environment or whatever, we wouldn't have this permafrost condition and that these germs would become alive again?

HON. L. DESJARDINS: I'm told that it's impossible to say there's no danger at all, but there is a method of dealing with this if you have to dig any of these graves in any of these cemeteries. I think the member is probably talking about York Factory, and the concern that they have had there and as you know this is not allowed. Nobody can go in the cemetery and dig a grave without having a permit from the Department of Health and all precautions would have to be taken. I think that's the safeguard that we would have for that problem.

MR. A. BROWN: I think that is an area which certainly needs to be very closely watched should anything occur, let's say to the Hays River or whatever, and the environment be destroyed that we have at the present time, I think we need to be very careful of what we do in instances such as that.

I notice that there is a surveillance of communicable diseases under this particular item, venereal disease control and certain clinical public health services. We seem to be reading a lot in the paper about a disease which nobody ever had heard about prior to two years ago, which is herpes. I wonder if the department is addressing themselves to that particular situation and, if they are, are they going to get this disease under control.

HON. L. DESJARDINS: Mr. Chairman, I believe my honourable friend is talking about herpes. Is that the one that you had in mind? No, it's not under control. I think they're still working on that, although that it's not necessarily as bad as some people might believe. I can tell you the communique that we had, Dr. Wilk, prepared the concern that we had and on December 9th, the information was provided and I put out a press release and it's something like this, that the recent concerns regarding herpes . . . Some hotels think that their clients are staying away from their beverage rooms because of rumours of herpes, and that herpes is spread from drinking glasses. The hotel owners are quite concerned about this; five hotels in all, we heard yesterday, that their business was down and they feel that they are suffering from lack of business. General concern amongst the public is about herpes type 2, which is related to venereal disease, a sexually transmitted disease.

The main point is that the virus is transmitted by close personal contact. News bulletins should be out today which clarify this. We don't have the number of cases, herpes is not a reportable disease. There is some evidence in some parts of the country that herpes is increasing; some evidence that it is increasing here but we do not consider it an epidemic situation. No known direct treatment of herpes is known but there is concern with childbirth, for instance, but providing they take the precaution and they discuss this with the doctors they could give birth to babies that will not be affected. I think it was by Caesarean birth and so on. So I'm not going to say that it's not something dangerous, something we shouldn't worry about but it has been exaggerated in certain quarters. I'm told that the only way it is by actual physical contact but there is no way through drinking glasses or anything like that. There is research being done at this time on new drugs to try to control it right here in Manitoba.

MR. A. BROWN: We know that in some of the other communicable diseases they try to identify the carriers. Is this same happening with herpes? Are you trying to identify the carriers when you become aware that somebody is infected?

HON. L. DESJARDINS: Are we still talking abour venereal disease now? Yes, I think that we're still working on trying to eradicate this disease and I think that there has been an improvement with the medical profession. At one time they were a little leery, although by law they are supposed to report any cases. I think they still are and I'm told there has been an improvement on that in reporting — (Interjection) — I wasn't talking about herpes, we finished with herpes you were talking about other . . .

Well, herpes, as I say, it's the same thing there. It is classified venereal disease and as I say the concern was in herpes mostly in giving birth and I mentioned if that's discussed with the doctors there is a way to make sure that there is no infected babies being born. Again, this could serve as an appeal to make sure that the population themselves, as soon as they know, report it, go and see their doctors immediately. Then if there are any known carriers, the medical profession have their responsibility also to advise us and to make sure that there is proper treatment immediately.

MR. A. BROWN: In the Preamble, in 4.(a) towards the end of the preamble we have ". . . and certain clinical public health services." I wonder if the Minister could elaborate a little on those certain clinical public health services or has he already talked about that?

HON. L. DESJARDINS: It is for primary care in the North and some of the clinics that we have and, as I

say, we're trying to work with maybe these types of clinics in the schools and so on. That service would be under that.

MR. L. SHERMAN: Mr. Chairman, the Minister in responding to my colleague, the Honourable Member for Rhineland, has talked about herpes and problems in that venereal disease area. I wonder if he could report to the committee on the situation with respect to the conventional or better known venereal diseases, syphilis and gonorrhea, and where we stand with respect to those two, particularly in the area of gonorrhea which a couple of years ago was reaching what could be classified as "epidemic proportions" in the community generally, not necessarily just in Winnipeg or Manitoba, but in terms of social concerns right across Canada.

We had two years ago under the previous government, the government to which I belonged, inaugerated a public education program in identifying the dangers of syphilis and gonorrhea, particularly gonorrhea, and trying to raise the level of public awareness with respect to that danger. I believe that campaign, which didn't cost very much money as I recall - I think it was about $15,000 - was singularly successful in raising the level of public awareness about the seriousness of these venereal diseases and about the health impact that they carry and about the communicable nature of them.

I'm not sure that a great deal further has been done in the last year or two with respect to maintenance or intensification of that program, and I have no knowledge of what the incidence of venereal disease in the general public would be today in comparison to what it was a year or two ago. I wonder if the Minister could report to the committee on the state of the "epidemic" of gonorrhea in society and whether we're getting a handle on it, whether we're catching up with it, or whether it is running away on us.

HON. L. DESJARDINS: As far as gonorrhea, I think that, at least, it's a little more constant now with the program on education that they had last year. We are going to have the same program again. I could give you an idea that in 1977, there were 4,803 cases; 1978, 4,214; 1979, - that must be a mistake - 3,621; and back in 1980, 4,084; 1981, 4,671; and this year is 4,608; so last year a little higher than this year, but I guess it's too early to say that we're stopping it in the way that it fluctuates from 48, 36, and then back to 46.

Anyway, last year was 4,671 and this year is 4,606. I think the best bet to fight this, it would be proper education and we're having this program again this year. The ADM feels that maybe we've caught up with it. There is an awful lot of work to do yet and a lot of education.

As far as infectious syphilis, well, that has gone down. There were only 13 cases last year of infectious syphilis, but I am told that's quite high. That is mostly with a select population, with the gay community mostly, homosexuals.

MR. L. SHERMAN: I am glad to hear that the public education program is being continued in this particular area, Mr. Chairman. Could the Minister advise the committee of the expenditure projected for this year on venereal disease control? I don't have the figures for 1982-83 in front of me, but on the basis of earlier figures, I assume that in 1982-83 probably something like - well, I'd be guessing - probably $80,000 or $85,000 was spent on venereal disease control. What is he intending to spend this year?

HON. L. DESJARDINS: We are asking for $135,600, but it's not as big an increase as my honourable friend stated. It was $146,700 last year. It's a decrease of $10,000, but this is an anticipated reduction in joint bulk drug purchasing with Selkirk Mental Health Hospital, so we're doing approximately the same thing as last year.

MR. CHAIRMAN: 4.(a)(1) - the Member for Fort Garry.

MR. L. SHERMAN: Mr. Chairman, am I correct in my recollection that the Minister recently announced - and I may not be, I may just have imagined this - but it seems to me the Minister recently announced that we were moving into the realm of mandatory measles vaccination in Manitoba. I wonder if he would confirm that or repudiate it and depending on whether he confirms it or repudiates it, whether we can then look at it for a minute.

HON. L. DESJARDINS: My department, we are discussing now with the Attorney-General's department the possibility of making it mandatory for children to be vaccinated against measles. We have recently introduced a new three-part vaccine which combines immunization against measles with immunization against mumps and rubella. Now that is not - there might be legislation brought in at this time. This is the recommendation of our department. Apparently it's done in Ontario and New Brunswick and we would like to go in that direction now. We're discussing that with the Attorney-General.

MR. L. SHERMAN: I think that New Brunswick was perhaps the pioneer province or one of the pioneer provinces in that area, Mr. Chairman. I believe that there is mandatory vaccination in some — (Interjection) — Pardon? Ontario, yes - some 32 states in the United States. I may be wrong. — (Interjection) — I beg your pardon, all states in the United States? Oh, that's higher than I thought. Dr. Wilt says all states in the United States. It's higher than I thought. I knew that it was considerable and I certainly knew that was the situation in North Dakota.

I recall discussing this very subject with Dr. Wilt and Dr. Eadie and Dr. Johnson and Mr. Edwards and Mr. Don McLean and all the distinguished senior officers in the Department of Health when I was Minister, Mr. Chairman. We sort of agonized over whether it was psychologically a wise thing to do or not, and the argument was always raised that if you got into a mandatory environment, a mandatory situation, the trouble with it was that it created an artificial sense of security. Well, that wasn't the only argument that was raised against it, but one of the arguments was that it sort of created an artificial sense of security that suggested that then nobody ever had to be on the lookout or on the alert for the danger ever again

because they'd had their child vaccinated at a very early age under the mandatory program. That was one argument. Of course, the other one was the one having to do with freedom of parental choice, which I'm not sure is an argument that necessarily obtains very meaningfully in this area, but nonetheless it was one of the arguments. I wonder if the Minister could enlighten the committee as to the thinking process and discussion process which has lead him to the conclusion he has now reached, i.e., that mandatory measles vaccination is a good thing. Has he come to this conclusion because the 50 States of the United States have experimented with it and have found that it's good, or because New Brunswick and Ontario have experimented with it and found that it's good, or because Dr. Wilt and Mr. McLean got up one morning and said, look, I think this is the way we should go, and the Minister has accepted that recommendation? What has brought us to this sort of change in thinking?

HON. L. DESJARDINS: Probably because Dr. Wilt and Mr. McLean got up one morning and they came to see the Minister and they insisted that it was proven that they could eradicate measles with that. It's a known fact; they have proof that that could be done. So I think it is their responsibility and my responsibility maybe not collectively, as a member of the Treasury Bench or something else, but as Minister of Health, that it is worth it to try to bring in this kind of legislation if we can eradicate measles, save maybe lives and a certain amount of money also, but the main thing is saving lives and keeping people disease-free. But because of the other concern that my honourable friend mentioned about the human rights - to see if that is possible, that is why I'm for introducing legislation and asking for advice from the Attorney-General.

I might say, and I'm going back, we had much better co-operation from the medical profession in reporting venereal disease. I might say that I think that this information is worth sharing with the committee, that in 1977, 26 percent of the cases only were reported by physicians in private practice; in 1978, 39 percent; 1979, 39 percent; in 1980 and 1981, 48 percent; so that keeps improving. Now the trick is to try to get them to report it as soon as possible and that's very helpful.

I have part of the answer on the infant mortality rate per 1,000 live births. The total, in 1979, was 13.8; in 1980, 11.7; 1981, 12.2. We haven't got 1982. The Indian Reserve in unorganized territory was 19.6; in 1980, 21; in 1981, 26. There's, of course, all of 1982. I was under the impression that we were going down somewhat. Maybe we figure we will be in 1982. No, not with the Indian.

MR. L. SHERMAN: But we're going down in terms of the provincial figure and going up in terms of the Native figure. Which would it be due to, in the Minister's view, Mr. Chairman, lack of clean water, lack of proper environmental infrastructure and support or lack of prenatal and postnatal counselling, or all three plus several other factors?

HON. L. DESJARDINS: I believe it's all three, but the one that's more obvious, it seems to be the question of the water in many areas and I know that my colleague, the Minister of Northern Affairs and Environment, is quite concerned on that so maybe we could discuss that with him during his Estimates also.

MR. L. SHERMAN: I thank the Minister for that information, Mr. Chairman. It's not particularly encouraging, although on the overall provincial average, we still seem to be making progress.

I want to get back to the measles vaccination question. But before that, because the Minister raised it again, let me just go back to the venereal disease situation again and the matter of reporting. Are we still paying doctors four bucks a case for reporting a case of VD?

HON. L. DESJARDINS: Yes, we are.

MR. L. SHERMAN: What sort of encouragement or discouragement does that constitute? We were paying them four bucks a case when I was Minister. In the meantime, inflation, interest rates, mortage rates, desperation, economic ruin and everything else has overtaken everybody. Are they still reporting them for $4 a case?

HON. L. DESJARDINS: I hope they're not reporting them for $4 a case. I hope they're reporting them because they think that is their responsibility, but nevertheless there has been somewhat of an increase, and we're told that the payment was not much of a factor, and I hope that's right.

MR. L. SHERMAN: That's fine, Mr. Chairman. I just want to underline for my friend, the Honourable Member for Inkster, that we still live in an incentive society, I hope, and it does oftentimes require some sort of incentive, the paper work involved requires some sort of incentive to encourage doctors to follow up on cases of this kind. If it's necessary to boost that incentive to $6 or $7 or $8 I think it's important to do that in order to try to get that particular disease under control.

MR. D. SCOTT: It's their professional responsibility to report any kind of disease.

MR. L. SHERMAN: Well it's their professional responsibility, agreed. But my friend from Inkster has professional responsibilities too and perhaps he meets all of them without the requirement or the imperative of any incentive or any recompense or any compensation or any financial return. If he does, he's probably the only member in this Chamber who does that. Most people work from two imperatives, Mr. Chairman, I think. One is that sense of responsibility and duty and service; the other is for some reward, return and gain. I think that when you're talking about dealing and reporting venereal disease and the paperwork involved, it becomes a tedious drag for many professionals. They have to be compensated in order to do it.

Anyway, I would hope that the Minister will give consideration to keeping that compensation in mind for review because it's important that those cases be reported and that we develop and maintain and retain a handle on the extent of that disease in the community.

Mr. Chairman, back to the mandatory measles vaccination question. The Minister is saying that he and his officials have decided that the best way to control or eradicate — (Interjection) — yes, exactly. The best way to eradicate measles is to invoke a system of mandatory vaccination for preschool children, but that has not yet been translated into legislation that is going to be brought into the House. Is that correct? But, the government is looking at that kind of legislation.

Has the Minister and have his officials received information from New Brunswick, Ontario and the American states that indicates and reassures them of the social acceptability of this kind of approach? Has the mandatory feature been well accepted by those jurisdictions or has there been objection to them? Has there been significant objection to the mandatory feature in New Brunswick, Ontario and American states or has it been pretty widely accepted?

HON. L. DESJARDINS: The information, as far as the success of it, is very, very good. It's practically 100 percent in the States. It is a little too early in Canada yet. As far as acceptance by the population, it seems there is no problem at all, no known problem in the States. The same thing, we haven't heard anything from either New Brunswick or Ontario.

I might say, going back, and that's my fault, I've jumped to venereal disease and back to measles. I might say that one of the things that have been working is that through the lab because they do the work for many of these doctors, instead of just mailing the report, the department now phones the doctor and gives him the information and asks him to keep on it and keep - I hope it's not bugging him, but keep reminding him. I think that then the doctors know that we're on the case and it makes it easier if we remind them at times. That has worked quite well.

MR. L. SHERMAN: Mr. Chairman, I would like to turn now for a minute to subject that's close to my heart because of a rather Draconian and unwelcome but necessary exposure to it, and that is Western Equine Encephalitis. I don't mean exposure to it as a patient, but exposure to it as member of the government, as a social problem. Where do we stand in terms of the search for an answer to the chronic Western Equine Encephalitis plague that affects Western Canada, particularly Manitoba?

We talked a couple of years ago, in our government, of establishing a committee that would search for the best means of identifying a defence agains WEE. That might have been development of a vaccine; it might have been biological techniques; it might have been public education; it might have been experimentation with chemical sprays and compounds. In any event, there was to be a search, under a committee headed by Dr. Jack Wilt, that was to identify the most viable area for production of a potential answer to the problem.

This committee was not charged with the responsibility of coming up, for example, a vaccine. What it was asked to do was to come up with a recommendation as to whether the kinds of things we should be expending our energy and effort and money on were a search for a vaccine, or a search for some form of biological control etc., etc., etc. What were the alternatives? What was the preferred way to go?

We appropriated some funds to finance that work, that effort of that committee. As I recall, we requested $100,000 to be provided to fund the work of that committee. It's my understanding that the current government has terminated that effort. That search is no longer being carried on. That funding is no longer available. I would like to ask the Minister whether that is true. If so, why? What is being done about the search for an answer to the WEE problem?

HON. L. DESJARDINS: Mr. Chairman, that committee did arrange a meeting. We've had people from pretty well all over the world and the recommendation was that vaccine would not be successful here, and it would be to try to find a better product than we're using now. That's not saying that this is not effective, but that the search is to improve that. That is done at the federal level. That's being done by the Federal Government.

Through its participation in the virus surveillance committee, the department continues to monitor and review the incidence and impact of encephalitis. During 1982-83, no human cases of western equine encephalitis were identified in Manitoba. No aerial spraying was done during that period, but ground spraying was implemented as required. The incident of encephalitis has declined dramatically since the 1981 epidemic. There continues to be a debate among scientists as to the merit of chemical spraying to reduce mosquito infestation and the incident of western encephalitis. As a result of that continuing debate, my colleague, the Minister responsible for the Environment and Northern Affairs has instructed the Clean Environment Commission to review this matter. That's pretty well where it stands now.

We're still going ahead through the STEP student program, in the 1982-83 fiscal year, 14 students were provided through the STEP Program to carry out surveillance; 12 students at 16 weeks each; two students at eight weeks each and one student at 15 weeks. Now, we've applied again, through the STEP Program, and we're told that eight have been approved this year.

MR. L. SHERMAN: Does that imply an increase in the number of surveillance stations in the province?

HON. L. DESJARDINS: We had 16, and I am told - I just received this information now - that 8 have been approved, so there would be a decrease in stations, not an increase. It hasn't been bad. Next year, unless you find another make-work program that we can get to be more successful, then we would have to be forced to have a decrease.

MR. L. SHERMAN: Then these take the form of what, the standard conventional sentinel flock that's out? Mr. Chairman, can the Minister give us an outlook, at this point in time, for the encephalitis situation in 1983? I know that it's early and, certainly, if I had been asked to do that in 1981, I couldn't have done it on April the 7th, or whatever today is, April 7, 1981; yet, by July the 21st, we had a public health emergency, or by July 28th, we had a public health emergency. So I'm not asking him to give us a prognosis to which we can hold him, and against which we can level accusations at him two months from now, but has he got any kind of

prognosis or outlook or prediction with respect to the possibility or likelihood of a western equine encephalitis outbreak of any serious nature in Manitoba this summer, at this point in time?

HON. L. DESJARDINS: No, Mr. Chairman, I am not in any better position than my honourable friend was at this time in 1981, except that we know that we have no indicators at this time at all. That could change some time in June, but right now there are no indicators at all.

MR. L. SHERMAN: In the search for an answer to the problem the Minister said a few moments ago that he had come to the conclusion that the answer probably did not lie in the development, or the attempt to develop a vaccine. I would agree with that, although that's a hard argument to impress upon certain elements of the media, but I think that it's a very valid argument. I think it's impractical to pursue the development of a vaccine in this particular clinical area because, even if you get one, you've then got to convince people that it is such a serious, chronic, annual problem that they should get themselves vaccinated against it or immunized against it every spring, and that's a hard thing to do. It is not like dealing with polio vaccine.

That being the case, and I support the Minister's position in that area, he indicated that the committee then went on to recommend that what we should be looking for is some stronger chemical weapon, chemical antidote, chemical armament, something better and more acceptable, for example, than Baygon, which was used by us in 1981 and used by the City again last year. Is there an active clinical experiment under way that has been undertaken by any pharmaceutical house or chemical company, chemical component developer in Canada or the United States to this end? Is there any chemical developer or chemical spray developer who has been asked by the Government of Manitoba to come up with something more acceptable, for example, than Baygon, or is this just something that the Provincial Government intends to do in the future? Have they actively commissioned somebody to look for a better chemical spray?

HON. L. DESJARDINS: Mr. Chairman, I can see that my honourable friend did not get my answer. This is done at the federal level, they're looking for better pesticides. Now I am told that if we can cover all the pools of water and so on at this time of the year, or a little later, that would be the most important thing. That would mean spraying early, though, to make sure that is covered. I am told that this is — (Interjection) — I'm very careful, the last thing I want is for this fellow getting involved in his debate.

MR. L. SHERMAN: Mr. Chairman, how can it be done at the federal level? Who, in Ottawa, cares about Western Equine Encephalitis? The only people that care about Western Equine Encephalitis are Manitobans, Saskatchewanians and Albertans. Why are we looking to Ottawa and the Federal Government to fight encephalitis? They're not going to do it; the only people who are going to do it are going to be our people. This has always, of course, been the difficulty with developing a weapon and an armament against it.

That was always really one of the illogicalities about the argument advanced by some members of the media, that we should be spending our time trying to develop a vaccine. It would cost millions of dollars to develop a vaccine, tens of millions of dollars to develop a vaccine, and the residents of Manitoba and the Northwest Territories and the Yukon and Saskatchewan and Alberta haven't got that kind of wherewithal. Unless you've got New York and Ottawa and London and Paris and major jurisdictions of that nature behind you can't raise the money to develop vaccines for this kind of thing.

It was comparatively easy - I'm not trying to minimize the job - but it was comparatively easy in the field of polio because everybody was threatened by the plague of polio so you could get almost every country in the world to participate in the search for a polio vaccine. But, if you've only got the west and the north of Canada plagued by this particular strain of encephalitis - I know that there are other types - but this particular type, Western Equine, you can't raise the money to do the research to develop a vaccine.

So we're not going to get much interest out of Ottawa and the Federal Government in fighting Western Equine Encephalitis. I would hope that we're not relying on the Federal Government to provide the answer for us.

HON. L. DESJARDINS: I certainly agree with the honourable member on the question of vaccine. The member makes a statement that how can it be Ottawa because Ottawa is not as interested as we are here in Western Equine Encephalitis, and that's true. But Ottawa is interested. What we are looking at is insecticides that kill them, it doesn't matter which one and that is why Ottawa is interested. It could be to kill lice; it could be to kill anything, but a better insecticide and that's where it's being done now. If we have that we could certainly use it. We hope that we can be more efficient than we are now in killing any mosquitoes and all mosquitoes. So that would serve our purpose and serve another purpose in another part of Canada.

MR. CHAIRMAN: 4.(a)(1) - the Member for Fort Garry.

MR. L. SHERMAN: Just one more point, Mr. Chairman, I'm not as optimistic about the search for that pesticide as the Minister is. I hope he's right, I would hope that he could give us a report at some point in the next few months as to what truly active, intensive work is being done or supported or initiated by Ottawa in that search. I really think the initiative in the end is going to have to come from Winnipeg, Regina and Edmonton and Yellowknife and White Horse, period, but we'll wait and see.

In terms of medical public health services generally, Mr. Chairman, I want to ask the Minister whether he has anything contemplated in 1983-84 in terms of expansion of the hearing conservation program. I presume I'm under the right appropriation.

HON. L. DESJARDINS: I want to make a correction at this time, Mr. Chairman, to the Honourable Member for Fort Garry. I don't think I said that I was an optimist in this question of finding it. I'm saying that the work is being done in Ottawa now and I hope they'll find

something. I did say that I wasn't in any better position than my honourable friend. I'm just saying that, I don't want to leave a false impression that I'm more optimistic than you are, I'm saying that I can't report anything different at this time except that there is no indicator. Anything can happen as my honourable friend knows, and happen fast, that's probably why he might classify himself more of a pessimist than I am. Although, when I was the Minister maybe it wasn't as serious - I don't remember the year when that first hit Manitoba - what year was that? In 1975, so I had a taste of it too.

The audiological services over the past five years, the hearing conservation directorate of the department has established audiological screening and diagnostic services for all of rural Manitoba. The service is provided to rural Manitoba school children in K, 1, 2, 3, 6, 9 and 12, at no cost to rural school divisions. The department is now beginning development of similar screening and diagnostic services to Greater Winnipeg on a pre-planned progressive basis in co-operation with the Child Guidance Clinic. The clinic offers audiological screening, diagnostic educational and other non-screening audiological services to all 10 school divisions in greater Winnipeg. The cost of approximately $100,000 for these services is covered by the Winnipeg School Division with the suburban school divisions purchasing services to the extent of about $30,000.00. In the current school year my department has established a centre at Seven Oaks General Hospital to provide audiological services to the Seven Oaks School Division.

The Child Guidance Clinic has now withdrawn services from that school division and will concentrate efforts on the balance of the City of Winnipeg. It is our intention to expand the development of the services to include three to four additional centres covering the remaining quadrants of Winnipeg over the next four to five years. As this development progresses the Child Guidance Clinic will withdraw audiological services to the relevant school division. I think that we intend to, now that the rural part is taken care of, eventually replace the Child Guidance Clinic in establishing these centres in areas - I think we're still looking at a possibility of having a centre at Deer Lodge now that we're finished at Seven Oaks. Eventually there is one for St. Boniface. I'm told that the preschoolers in Brandon are served by the Elks Program out there. We're trying to cover the city, we have Seven Oaks, we're thinking of Deer Lodge, St. Boniface, maybe Concordia, and those areas. That will come within, we hope, the next four or five years.

MR. L. SHERMAN: Are all the other regions in the province covered? I think we still had Interlake to go didn't we? Is that done now?

HON. L. DESJARDINS: Yes.

MR. L. SHERMAN: Where is the centre for the Interlake, in Selkirk?

HON. L. DESJARDINS: In Selkirk, that was just last year. There's one in Selkirk, but Seven Oaks might cover part of the outside of Winnipeg, closer to Winnipeg.

MR. CHAIRMAN: 4.(a)(1) - the Member for Rhineland.

MR. A. BROWN: There seems to have been a substantial change in this appropriation. I have last year's book with me and under Community Health Services we had reasonable personal services, Community Mental Health Directorate, medical public health services, public health nursing services, home economics, continuing care and dental services. This year we have the medical public health service and public health nursing service, home economics, continuing care, dental services. I wonder if there was any particular reason why this change had been made and the other question that I would like to ask is that in the year 1983, last year, $41 million was put to this Appropriation and the figure shows that only $27 million has been spent in the new book at the left-hand side, year ending March 31, 1983 you have the figure of $27 million. Yet in last year's book $41,273,000 had been approved. I wonder if the Minister can explain the restructuring of this particular item and where the division of the money went to?

HON. L. DESJARDINS: Yes, there have been some changes and there will be more changes as I announced. We are now looking in trying to direct this to programs instead of discipline. As I say, there will be other changes. There might be part of the other departments that will be amalgamated with ours to provide better service. There is a possibility, for instance, that fitness under my other department might be combined with home ecs, or certainly work closer together. They're working fairly close together we want to improve that also. So we're looking at programs more than discipline.

The cost last year, there was $27,319,500, is that the figure that my honourable friend has that was spent? This year for the equivalent we're asking for 31,939, so there's an increase.

MR. A. BROWN: My question, Mr. Chairman, was that the year previously, under this particular item, we had approved 41,273,800.00.

HON. L. DESJARDINS: Mr. Chairman, I think that my honourable friend is comparing apples and oranges. The composition of this department has been changed. I haven't got that now. Mental Health Services, for instance, have been realigned; we have a Provincial Psychiatrist now, and there have been more. I can give, pretty well, a comparison of what was done. I think you wanted a breakdown under Medical Public Health Services. Well, that's in our book, isn't it? You have that. Yes, I was going to give you these figures, but they are all there in different directorates. I think you have last year and this year. You are using an old book.

MR. A. BROWN: I have it in last year's, the 1982-83 book, and I have the 1983-84; I am comparing.

HON. L. DESJARDINS: As I say, you are comparing apples and oranges now. You're not comparing the identical thing because of the change within that division.

MR. A. BROWN: Mr. Chairman, it's very difficult to determine what is happening in these particular areas if we have a continuous shift. I suppose that if we wanted

to really find out what was happening, we would have to know just exactly at which time of the year this shift had occurred. Then we would be able to possibly ascertain just whether the monies that had been spent, or whether there was an overexpenditure, or an underexpenditure. We don't really know at the present time. There is no way of us telling.

Did any special appropriations have to be made, for instance, under this particular item during the last year?

HON. L. DESJARDINS: Mr. Chairman, there has been some change. There is a change periodically. That doesn't mean that it's not fair. This is not done to confuse the members. Instead of taking a total of another book, I suggest that you take on your left-hand column, for instance, under Community Health, the total amount there of 3.364 million and you'll see the comparison is 3.604. If you do that, you'll see that there is an increase from - no, I'm talking about the total then. If you do that with Medical Public Health and Public Health Nursing Services, Home Ecs, Continuing Care, and Dental Services, you'll see that it was 27 something if you look on the left-handed column. Then the right hand is what we're asking for this year, is 31.9. So that is the only comparison.

I think it should be quite clear now. If you have any area that you felt you don't know exactly where it is because of the change, we'll try to help you, but the comparison is easy for you to make also. Don't take another book where there was something else involved in there and take that amount of money. That doesn't mean anything. Look on the left-hand side and then the right-hand side and that's the fair comparison.

MR. A. BROWN: Mr. Chairman, we are not under some of these particular items yet. There will be items coming, though. Then the Minister is going to find out why I am concerned about this. It's very difficult for us to tell now whether there has been an overexpenditure and whether there has been a special appropriation made which has not appeared really in the book. That's really what I am concerned about.

HON. L. DESJARDINS: I would like to invite my honourable friend, when that item comes; if he could bring it to my attention, we'll discuss it.

MR. CHAIRMAN: 4.(a)(1)—pass; 4.(a)(2) - the Member for Fort Garry.

MR. L. SHERMAN: Mr. Chairman, on (2), I assume that Other Expenditures relate to subjects such as medical administration, epidemiological services, clinical services, biological products, etc., etc. There is no change in that, is there?

HON. L. DESJARDINS: No.

MR. L. SHERMAN: Okay.

MR. CHAIRMAN: 4.(a)(2) Other Expenditures—pass; 4.(a)(3) External Agencies - the Member for Fort Garry.

MR. L. SHERMAN: Mr. Chairman, what are the External Agencies here, and what are the amounts of the grants? I know the Minister gave me a sheet on that, but I don't know which ones are the External Agencies that come under this particular appropriation.

HON. L. DESJARDINS: There is the Canadian Diabetic Association. It was 1.2, the same; Canadian Public Health Association, 5.5, the same that was voted; actually the pay out last year was only 2.2 but we're asking for 5.5; Planned Parenthood, that was 49.5, and we're asking for 54; St. John's Ambulance was 27.5, we're asking for 30; Winnipeg School Division, that's for this audiological services that I mentioned, that was 60; it's now 65.7; Manitoba Health Services Commission - the program was transferred through the Manitoba Health Services Commission, that's the 48.4.

MR. L. SHERMAN: That is the telecommunications service for the deaf, isn't it?

HON. L. DESJARDINS: Right.

MR. CHAIRMAN: 4.(a)(3) External Agencies—pass; 4.(b)(1) Public Health Nursing Services: Salaries—pass; 4.(b)(2) Other Expenditures—pass; 4.(c)(1) Home Economics Services: Salaries—pass; 4.(c)(2) Other Expenditures—pass.

4.(d)(1) Continuing Care Services: Salaries - the Honourable Minister.

HON. L. DESJARDINS: With the permission of the member, I imagine that this is one we will want to discuss, unless I am mistaken, so maybe we could call it a night, it's five to ten. (Agreed)

MR. CHAIRMAN: Committee rise.