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| Manitoba | 30e | 4e | Remarques préliminaires à l’étude des crédits du Ministère de la Santé | 16 mars 1977 | Laurent Desjardins | Minister of Health | NPD |

Mr. Speaker, I hope that things will cool down a bit, and that we'll be able to look at the Estimates of the department in a business-like way.

I believe, Sir, that it is apparent that given the limited time that I have to make these open remarks, it would not be possible for me to comment on each and every activity of the Department of Health and Social Development.

The members, no doubt, are anxious to review the Estimates of the department in detail and I will make every effort to provide prompt and complete replies. Consequently, I will restrict my comments to some of the most important features of the Estimates as well as a number of developments which have taken place over the past year.

It will be remembered, Mr. Chairman, that in 1976 I placed before the committee a request for 1.3 percent more in staff man years, which I described as a virtual no-growth situation. At the same time the total funding request represented a 25 percent increase over the previous year. You will recall, Mr. Chairman, that these figures reflected an effort by the department to strike a balance between fiscal restraint and the necessity to provide essential health and social services.

Over the next year, Manitoba faces the same kinds of economic and social pressure that existed last year, and as a consequence the 1977-78 fiscal year will require. a similar type of discipline. For this reason the Estimates before you, Mr. Chairman, will request an increase of less than one percent in staff and an overall increase of funding of approximately 8 percent. I feel that the members will acknowledge that under the constraint facing us today, the Estimates of this department demonstrate a commitment to establish reasonable expectations, identify meaningful priorities, and exercise cost consciousness.

It goes without saying, Mr. Chairman, that in the field of human services it is impractical and imprudent to apply fiscal criteria to all programs and services. In the face of rising costs, it would be both simple-minded and irresponsible merely to place the iron-hand on restraint, on future developments, and thereby disregard the possible ramifications of neglect. In the Department of Health and Social Development we have recognized that the field of child and family services, which has experienced a considerable escalation in expenditures, requires particular attention, not only because of an increasing financial burden, but also for a wide range of programmatic and organizational factors needing review and assessment.

For these reasons, Mr. Chairman, the Estimates of the Department of Health and Social Development will include a request for a special program expansion and development fund, which will be utilized to improve the child and family service system. Part of this fund will be used to increase the rates of payment to foster parents by approximately 35 percent and a new integrated and co-ordinated child abuse unit will be developed. As a related development, an extended care facility for the treatment of emotionally disturbed children and adolescents will become operational within the next year. The department also will make arrangements to hire a number of native family counsellors to deal with the special problems facing native people living in Winnipeg. Because the placement of children requiring care is one of the principal necessities in the child welfare system, and therefore one of the department's main objectives will be to discuss with the Children's Aid Society the feasibility of establishing a panelling process designed to ensure the placement of children in environments most suitable for their well-being. As we focus more sharply on child and family services, we will work in close liaison with Children's Aid Societies and institutional care providers.

One of the important responsibilities we have though with our children is to ensure that serious ailments do not go undetected. In our effort to meet this obligation, the Department of Health and Social Development will be making a new thrust in improving hearing screening programs. Under this program a mobile van with an audiologist and portable equipment will be used to visit schools in a service developed along lines similar to that of the Children's Dental Health Program. Children identified as having hearing problems in the schools, through the mobile van services, will be referred to established centres in Winnipeg as well as two new regional hearing centres to be developed in Thompson and Brandon. At these centres further assessment will be made, after which treatment will be provided or referral to specialized medical professionals will be made.

In addition, in order to co-ordinate assessment, treatment and follow-up activities, an office of hearing conservation will be developed. I am pleased to report that several of the department's major new programs of recent years are developing well. The Children's Dental Program, for example, was initiated in September of 1976, utilizing seven dental nurses' teams and two supervising dentists in the Interlake region, Swan Valley and Duck Mountain School Divisions, as well as the City of Flin Flon. Approximately 1,400 six-year olds in nine school divisions were eligible for the program and at this time we are experiencing over eighty percent participation. The program will be expanded to other regions later in 1977.

The Children's Day Care Program also expanded in 1976. The program now includes over 160 group day care centers, 200 family care homes, providing over 5,200 spaces for children. At the same time efforts have been made to improve the program by increasing the per diem fees that the day care centers can charge, as well as the maximum income below which families are eligible for subsidization of their day care costs. We are particularly proud of the day care program, as it has been one of the most progressive and well-financed programs in Canada, while at the same time acknowledging responsibility of the individual centers to operate their own services.

The Estimates before the members, Mr. Chairman, will provide the increase per diem charge as well as a modest expansion of the program in 1977 and 1978. The Home Care Program also saw an increase in utilization in 1976. Serving approximately 7 % percent of Manitoba's population over the age of sixty-five, this service which has been acknowledged as one of the finest of its type in the country, has proved to be an appropriate and economical alternative to higher levels of care. With an ongoing care load of about 8,500 it has provided individuals with an opportunity to maintain a degree of independence in the community.

The Estimates of the department include a request that will provide for normal expansion of this program. In addition, the department will introduce a Home Renal Dialysis Program for carefully selected patients. The department will provide equipment, instruction, and support staff. Because the home care program has developed so rapidly, we have experienced additional pressures in our more traditional public health efforts. Consequently, Mr. Chairman, we are seeking approval for funds to provide for an additional ten public nurses to provide these vital services.

Mr. Chairman, before the members begin their detailed examination of the Estimates, I would like to take the opportunity to express a brief personal view arising out of my two years in this very large portfolio. When I first appeared before this committee as Minister of Health and Social Development, I cautioned the members that I had a great deal to learn about the department. Since then I've had much homework to do and indeed I have become acquainted with a wide range of programs and services offered, not only by the Department of Health, but also by the many agencies, organizations, and facilities funded by the department. I have grown to respect the various providers of services and I owe a special debt of thanks to the many dedicated individuals in the Civil Service. Of these I'm particularly appreciative, of work done by my senior officials including my Deputy Minister, Mr. Ron Johnstone, Dr. R. Tavener, our Chief Medical Consultant, Mr. Don McLean, our Assistant Deputy Minister of Community Services, Mr. Ron Hikel, Assistant Deputy Minister of the Social Security Division, Mr. Reg Edwards, Chairman and Executive Director of the Manitoba Health Services Commission, and Mr. Dave Werthman, co-ordinator for the department.

I only wish that the members as well as the public could recognize the long and difficult hours that these gentlemen contribute in the services of the people of Manitoba. Of all the things I have learned perhaps the most important is how much more there is to know. I believe, Mr. Chairman, that all members will agree the hardest problems we confront are those that involve people. The Department of Health and Social Development is, if anything, a people oriented department. All our programs and services relate to the needs and problems confronting people.

More importantly, the people whom we serve often are those who face particular crisis. Our clients are individuals with physical ailments, financial distress, mental illness and social disabilities. Many of our clients are too young to care for themselves and have no one to turn to but government. Many of the people we serve are old and infirm and we have a responsibility to see that they receive the services they need in their declining years. Many of our clients have proven themselves to be unable to cope with the ordinary pressures of living and they turn to us for help. Over the past two years, Mr. Chairman, I have learned how difficult these problems are. Frankly, I do not believe it is possible for a government to remedy every ill, to solve every human problem and spending more will not necessarily result in solutions.

I must say it is the attempt to meet the challenge of human needs that is the source of our greatest frustration and our highest hopes. We know that we cannot do it all but as responsible representatives of the people, and more significantly as compassionate human beings, we accept gladly the challenge of improving the human condition and minimizing human suffering. It is in that spirit, Mr. Chairman, that I respectfully submit the Estimates of the Department of Health and Social Development.

Now, before sitting down, Mr. Chairman, I think it would be helpful if I dealt at this time, and not necessarily repeat at every issue, that I dealt with the staff man year in the department. I would like to say that last year the total, that is the department and the Manitoba Health Services mission, but I'm leaving corrective and rehabilitative services out of that because the Minister is well capable of dealing with that himself. Well the total of these people that answer to my ministry was in 1976-77, 4,210. I'll repeat that slowly and I hope that those that are interested will take notes so we could proceed. It was 4,210 and this year, the total for the department and the Manitoba Health Services Commission is 4,241 1/2 for an increase of 31 1/2.

The last year, again I repeat this does not include corrective and rehabilitative services, just the department and the Manitoba Health Services Commission, 4,210. This year 4,241 % for an increase of 31 %. Now, besides that there were 23 positions that were either transferred or abolished. So if you add the 31 % and those 23, which are not new positions that is not additional staff man year, I will tell you where these positions are. Now there are 23 and if I go a little too fast just slow me down a bit, 23 in the children dental program, which is actually a new program; 1 Other Public Health Nurses as I mentioned earlier; 5 Continuing Care Program or Home Care; 3 Office of Residential Care, which is something new and I certainly hope that we can discuss this, I think it is quite important; 2 for the Day Care; 5 New Careers, these are Native people; 1 Child Welfare; ,Home Ec 1; Income Security 1; Fitness and Development %. That is only the department, that was 28 % for the department and there's three addition of these 31 %, three of those were addition for the Manitoba Health Service Commission and we can deal with them at that time.

Now to, you know this could be only half the story if I don't talk about the Contract staff. Because if I'm switching and getting more people on contract, we're not improving too much. Last year, the end of 1976, the people on contract were 190; the department 47 and Mincome 143, so a total of 190. This year 34 or minus 13, 34 for the department and 97, or 46 for Mincome for a total of 131, or a reduction of 59. And in approximately three months there will be another ten or so whose contracts should be finished. So now I think that's as complete as I can give you as far as the staff and if it is your wish now, Mr. Chairman, I would like to go on with the scrutiny of the department.