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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Manitoba | 29e | 2e | Remarques préliminaires à l’étude des crédits du Ministère de la Santé | 31 mars 1970 | Rene Toupin | Minister of Health and Social Development | NPD |

Mr. Chairman, it is my duty and my privilege to introduce the ensuing year's estimates for the largest department in government: The Department of Health and Social Services. This is my maiden voyage with regard to introducing the estimates and it is only the second time that this committee will consider the estimates of the department under its present name. It is also the last, since I anticipate changing the name of the integrated department to the Department of Health and Social Development. You will note that the estimates for the department have increased over the last year. Indeed in total dollars it represents the largest single increase over the last year for any department. We have in effect set a record on the monies allocated for the Health and Social well-being of Manitobans. This setting aside of 29 million, of 50 million increase for Health and Social Services is the best guide I know for demonstrating that our priorities lie in programs to directly benefit people. In particular, we look towards extending preventive services in programs of public health and social development.

While our estimates are large and in effect set a record, I must emphasize that despite our new, there will remain many programs unestablished and many needs unsatisfied, for lack of funds. Let there be no misunderstanding of where we are going. We have bad to delay the introduction of programs only because we do not have sufficient resources and we have had to bow to the most unpleasant pressures to set our priorities. I say unpleasant because I know of nothing more difficult than having to decide who needs assistance more than another who may have personal troubles, or who may be sharing a social problem with a number of others. The difficult task imposed by serving the health and social service needs of people of Manitoba have been made immeasurably easier by the many dedicated civil servants who have contributed their skills, talents, energy, commitments, and imaginations to serving our citizens to the best of their ability. I should add that we have been fortunate in the calibre of persons working within the department.

I say this for every level ranging from my Deputy Minister, Dr. Morrison to the front line workers in the field. In the change of name to the Department of Health and Social Development, I expect to make clear the direction I wish my department to be taking. A heavy emphasis is being put on prevention. Wherever and whenever possible, we want to prevent a physical illness or a social problem from occurring rather than wait until we are forced to rush about seeking help for remedying an already difficult situation. Consequently, the criteria used in developing our priorities was the degree of prevention represented by that particular program. At the same time you will notice that we have not abandoned those who need remedies to alleviate a problematic condition. Once again then, we are engaged in the pursuit of meeting and emphasizing the development of preventative programs in the area of health care, corrections, income maintenance, and general individual and family capacity for social functioning.

Pollution control equally represents an attempt at presenting our natural resources of clean air, pure water, and rich soil, both for their value as resources and particularly as pollution of these detrimentally affect the health of our citizens. Further, we seek to prevent individual and family breakdown and provide ready and equal access to treatment and rehabilitation facilities. As a matter of political philosophy, I have engaged in, and expect to extend my engagement in citizen participation. Especially I have encouraged the consumers of our services to speak to me and tell me personally how they assess our programs. What are the strength in our system and what is conspicuous by its absence.

One example of the results of vigorous citizen representation is our anticipated extended involvement in the provision of educational and vocational training for persons over 18 years of age. Once the relevant legislation has been introduced and passed, this will permit persons over the age of 18 in need of social assistance to continue in their education. Another example will be that of improving the physical facilities of the Headingley Correctional Institution following my visit and my meeting with the inmates. In addition I intend to encourage citizen participation on the boards of agencies that receive substantial support from government revenues, as well as client representation on the various boards of government agencies and departments.

In reviewing my estimates you will note that one department is divided into five divisions, plus the two health insurance groups, which I will discuss in further detail later.

First, the Administrative and the Central Services Division. This includes a central executive function and the administrative and financial service common to all divisions. This division includes the Health and Social Services education section, which is meeting heavy and increasing demands for media material related to drug abuse, pollution, cigarette smoking, cancer and other health matters.

Second, the Mental Health and Adult Corrections Services Division. Mental Health Services have traditionally lagged in quality of facilities and staff. However, I take some pride in telling you that we will continue the policy of improving these services. We believe that the government is performing a valuable role in providing these services by a team approach, incorporating the best of many skills to the treatment of mental illness. There is also a comprehensive program for training psychiatric nurses, psychiatrists and other professionals employed in the mental health division. In addition, we are continuing to improve the physical facilities at Brandon and Selkirk.

At this time, I should like to mention Dr. Robert Gibson who served the retarded for so many years as Research Director at the Manitoba School in Portage la Prairie and who has now retired. Our thanks to him for his many contributions. Mental retardation makes tremendous demands upon our resources which it is difficult for us to meet. It must be very difficult; and let me express my sympathy to those families who are presently waiting for a place to become available at Portage or St. Amant - approximately 210. We are now moving to meet their needs. In the past few years four community residents have been established to allow discharge of patients from Portage back into their own community. These homes at Portage, Swan River, Virden, Boissevain have proved to be very successful and we plan to establish 10 more such facilities across the province. I would be guilty of ingratitude if I did not express my thanks and appreciation to those local groups that have supported these community residents and made their effective existence possible. In addition to freeing beds at Portage, we have made provision in these estimates for two new cottages to be established at Portage because we have met with success in the four cottages. The cottage program is far better than the more traditional institutional setting. Provision has also been made in the estimates for the first phase of extensive addition proposed for the St. Amant ward. In the area of adult corrections, we have been faced with trying to institute a rehabilitative program rather than the punitive incarceration. Unfortunately, the facilities have not assisted us in these efforts, since they are overcrowded and were not initially constructed with rehabilitation as a major goal. However, we have continued our attempts at making rehabilitation the theme of our corrections program. We have upgraded our staff, including adding a staff training program as well as additional staff members. Since the proclamation of the Intoxicated Persons Act, we have noted a decrease in the numbers of inmates in our jails. This should help us to introduce new programs of rehabilitative nature. We also expect to improve the physical facilities. In addition to the $100,000 noted in the estimates, there are $599,300 provided through Capital Supply for a program at Headingley plus improvements at other correctional institutions. Some of this money will also be used for a new facility at Brandon; the final cost of the Brandon Correctional Institution being estimated at a half a million dollars.

Third, the Public Health Division. A program of preventative medicine is provided throughout .Manitoba by the Public Health Unit. The establishment of a southern health unit marks the final health unit. We shall continue to absorb remaining unserved areas into existing units. The emphasis in Health Units is shifting to greater concern for problems of the aged and those with chronic illnesses: Home care and follow-up services. Similarly, the units are involved in the care of mentally ill. The health units are also increasingly active in the field of pollution control. With the removal of the federal restrictions, we are developing a family planning program. The health units are the vehicles for bringing the full resources of the department to the local areas of Manitoba.

The care services budget has increased by just over $1,000,000.00. This reflects increases to the persons on home-care programs supported by Social Allowances, increased cost of operating health care facilities and by an absolute increase in the number of beds available. Please note the provision of additional beds which are now underway. Between 1700 and 2000 beds will be provided in the next year or two in the Metropolitan Winnipeg area. These beds will relieve acute hospital beds, hence making these beds available to those who most need them. 1n other words, we shall have better utilization of, and access to, acute hospital beds.

The Social Services Division. I have expressed my sympathy and agreement with the principle behind the social service audit and its recommendations. I expect to implement the following recommendation within the next twelve months: (1) A bureau of social statistics. (2) A provisional Social Welfare Advisory Board. (3) A Metro planning council. And (4) the establishment of no less than two experimental community social service centres. The precise nature of each of these developments will have to await the completion of planning by my department's officials, our consultation with the sponsors of the audit and further consultation with those in the field of social services who have an interest in these developments and will be affected by them. The estimates provide for 24 new positions in the Social Services Division. It should be pointed out that these are clerical staff who will relieve professional people of these clerical duties and liberate their expenses so that they may reinvest their training and skill. This I expect will allow us to expand and improve our services in a most economical manner.

I can report to you that a site has been chosen for the new Juvenile Reception Centre. Namely, La Verendrye. A planning committee is presently developing the functional program for this centre. The centre will cost an estimated $2,000,000.00. It is the largest single capital item in our estimates of this year.

The Agency Relations Division. This division co-operates with the many voluntary health and welfare agencies in auditing their programs and recommending to government their request for grants.

The Manitoba Hospital Commission and the Manitoba Health Services Insurance Corporation tomorrow, April 1st, 1970 will mark the completion of the first year of operation of the Medical Insurance Program. On July 1, 1970 we will have completed 12 years of operation of the Hospital Insurance Program. In the nine months of 1969 in which the Medical Insurance Program was in operation, the plan cost a total of approximately $38 million. This total is made up of medical insurance costs of approximately $35.2 million; optometric and chiropractic insurance costs of approximately $1 million, and administrative costs of approximately $2 million. 1n 1969, the total cost of the Hospital Insurance Program amounted to approximately $81 million. The cost of the operation of the Medical Insurance Program for 1970 will be $55 million.

For 1970, the total cost of the Hospital Insurance Program is estimated to be $89 million, an approximate 10 percent increase over actual expenditures in 1969. Therefore, the total cost for 1970 of the Health and Hospital Insurance Program is estimated at $144 million, or $148.50 for each resident, man, woman and child, of Manitoba. This is what we must pay for the protection we have against the crippling cost of illness. The difficult challenge that faces the Hospital and Medical Insurance Program is to maintain cost increases at a reasonable level within the financial resources of the province and, at the same time, to promote the development of health facilities and services in the interest of good patient care. Only through the proper allocation of our health resources can this challenge be met. This calls for the planning of new programs to complement the services of our hospitals and other health facilities and the fostering of existing Alternative Care programs in close coordination with the development of hospitals.

We have continued to work closely with the government of Canada in investigating the rising costs of health care, which are a concern of both governments. We intend to pursue the recommendation of the Task Force, of the Task Forces of the Committee, of the cost of health services by working closely with the associations and the institutions involved in the provisions of these services. The Manitoba Health Services Insurance Corporation has been working closely with the medical profession and, now that the Health Insurance Program is one year old, there appears to be a greater acceptance of the program by doctors. When the program began, 35 percent of the doctors had elected to opt out. Today 84 percent are opted-in doctors. The Corporation has entered into a formal agreement with the Manitoba Medical Association with regard to a Medical Review Committee to examine patterns of medical practice, and is working closely with the College of Physicians and Surgeons in developing a standard approval program for diagnostic, laboratory and X-ray services. In accordance with the overall objectives of achieving a co-ordinated balance and integrated system for the delivery of health services, a number of decisions have been made resulting in a close joining of the Manitoba Hospital Commission and the Manitoba Health Services Insurance Corporation. During this Session, a Bill will be introduced extending this integration to the board level. The Bill will provide for the Commission and the Corporation to be replaced by a new authority to be called the Manitoba Health Services Commission. This step will complement the administrative integration of the two agencies, \\nich has already begun, and which will be completed when the staff move into common quarters in the former MMS building at 599 Empress Street.