

Mr. Theriault

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It is not as clear as some people would like to make it sound. Not only that, Mr. Chairman, but what struck me in public accounts committee—and I have been in this Legislature now for 12 or 13 sessions—is where else would you find an item amounting to \$7 million, not a dollar, not a hundred dollars, not a thousand dollars, not a cent more or less? You know, this was amazing even for anyone who had no knowledge of government operations. It would amaze anyone.

Mr. Chairman, especially because of the fact that Public Accounts, under our system, are presented to the Legislature almost a year after the fiscal year is closed, there is no reason that actual figures cannot be shown. The principle is that the report shall show the actual financial position of the province at the end of that year, not the financial situation as some ministers, even the Minister of Finance, would like it to appear.

My leader was just showing me some quotes from the Minister of Finance, which I have no intention of using, but again, and very seriously, I urge that the Premier and the Minister of Finance withdraw the Public Accounts report for fiscal 1970-71. It is not accurate, it is not actual and this is not what the people of New Brunswick deserve or what they should get.

Hon. Mr. SIMARD: Don't forget that \$54 million. That hurts.

Mr. WILLIAMSON: There's another \$1.1 million too, if you want to take a look.

Mr. THERIAULT: As a matter of fact, Mr. Chairman, I perused the expenditures of a few other departments and found a number of these examples of inaccurate reporting, but none so glaring as the one I found in the reporting of the Department of Health. My colleagues and I questioned the officials of that department and we were told that they were not responsible, and I buy that, because they were informed that that was the way they had to do it.

Mr. Chairman, I have a lot of respect for the present Minister of Health. I know he has a lot of ability and I am sure he doesn't like to be acting the little boy and to be told how he should account for his department.

Mr. Chairman, there are some people on your right who feel that we have been sitting in this House too long already—11 weeks. I don't agree. I do agree that less progress has been made thus far than in any other session I have attended, and I lay the blame for the slow progress squarely with two people—the Premier and the Minister of Finance.

Hon. Mr. SIMARD: Two people on this side and 25 on the other side!

Mr. THERIAULT: Answers to our questions are refused, and honestly, Mr. Minister of Finance, every time you open your mouth you put your foot in it.

We tried to get information on the Income Tax Act and on the cost of the latest New Brunswick bond issue. As far as I am concerned, Mr. Chairman, in condoning the actions of the Minister of Finance the Premier has abandoned his claim to full disclosure of the financial affairs of New Brunswick.

Mr. Chairman, I make no apology if, as is the view of some people on your right, I have delayed government business, because it has been bad business. This session we have jumped from legislation to supplementary estimates to estimates and back around the circle. Although I accept that the Premier has other obligations, the fact is that he is very seldom in his seat and there seems to be no firm hand to guide the business of the House. Since there seems to be no direction in the House, it follows that there is no direction in the government.

Mr. Chairman, I was amused earlier this evening while listening to the deputy chairman. I hope that the Premier has taken him seriously, because if he has, he has found the man he is looking for to be his new minister of the management committee.

Mr. WOODROFFE took the chair as deputy chairman.

Hon. Mr. CREAGHAN: Mr. Chairman, like mother's bread on the register, I am forced to rise.

I am a new member of this Legislature in the sense that I am not overly experienced in matters of debate, and I wouldn't want to charge that the hon. member's remarks to us were in any way political.

I have served as Minister of Health for the past 18 months, and although I

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would be the first to admit that the problems are many and that in many cases the solutions to the problems are not always apparent. I do feel that we on this side of the House and in our department have endeavored to the best of our ability to provide good health services to the people of this province.

It is true that we have fiscal problems, as the hon. member knows well. It is also true that the basis of these fiscal problems lies in the nature of the system itself. As he has pointed out, the acceleration in the cost of health care relates directly to the cost of the operation of hospitals primarily. This is inherent in our system and although it is our policy to ensure that the active treatment hospital does play a continued crucial role in the health delivery system in our province, this government and our department have recognized their responsibility in this area and are endeavoring to change the emphasis in such a way that we may stress the less expensive components of health care in order to confine this escalation in health costs. This is not an easy task, because in order to do this we must find new thrust; in order to find new thrust, we must have additional monies, and these monies are not easily obtainable while we still maintain the system we have.

Along these lines, when we announced the hospital construction program, this was made clear to everyone. A point that a lot of people have forgotten is that a major input in our program involved the concept of new health models with respect to the provision of health services outside the traditional active treatment component as we know it today. It has been toward this end that we have worked and are continuing to work in order to develop the type of facility that will enable us to have the flexibility to devote some fiscal responsibility to other areas of health care.

In the brief remarks we have heard tonight, we have also been criticized for our staff changes. Far be it from me to stand here as Minister of Health and criticize those people who have served this department in the past. I am the first to admit that the gentlemen the hon. member mentioned have done a fine job for Health in this province, but I must say that we are able also to attract competent people to perform these functions. I am prepared to say that the staff that presently occupies positions in the Department of Health are as good as any Department of Health staff in this country.

Mr. THERIAULT: You didn't hear me say anything else.

Hon. Mr. CREAGHAN: We have been criticized for doing nothing. We have been told that we have done nothing with respect to new initiatives in the area of health, while at the same time trying to face the fiscal problems that are so obvious to all of us. I think it is fair to remind the hon. member that we did continue with and were able to implement medicare; we did implement a hospital construction program; we did remove the freeze on nursing home construction and develop a program of nursing home regulations which I think is something we can all be proud of; we have taken substantial steps in improving our mental health program; we have introduced questions involving quality control in laboratory services to improve a situation that was quite desperate, as the hon. member quite well knows; we have taken steps with respect to the field of nursing education and have developed a residency program, and we have expanded both our public health and mental health services in this province. As far as I'm concerned, our record of initiative in the past 18 months in Health is just as good as any 18-month period when the hon. member opposite sat as Minister of Health.

The problem of alcoholism is a very serious one. I endorse the principles that were stated in this House this evening by both the hon. member from Saint John East and the hon. member from Restigouche. I agree that we need a new concrete thrust in the area of the treatment of the alcoholism problem in this province. I know the problem is a pressing one and I believe something must be done about it now. I also believe that in addressing ourselves to this problem, which I pledge that this government and this department will do, we must act, not in a sense of haste, although there be urgency, but in a manner that will ensure that whatever program we are able to put before this Legislature or

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before the people of this province will be one we can be proud of and one which was not born of haste or urgency in the sense that it is not well thought out and well planned. As soon as the government is able to present this program to the Legislature, I will be the first to endorse it and present it to you.

There are a few things on which I want to comment relative to what the hon. member has said. I don't want to make a long speech this evening, but there are some points that I think have to be made and should be made quite strongly. One concerns the remarks that the hon. member made with respect to our policy relative to the use of New Brunswick manpower and material in our programs, whether they be in construction, in services or anything else. I have stated in this House categorically, and I'll say so again tonight, Mr. Chairman, that this government and our department has and will continue to endorse a policy whereby the maximum amount of New Brunswick material, supplies and manpower will be used in any undertaking for which the Department of Health is responsible. Let that point be clear.

Much has also been said in this House concerning the question of the accounting for accrual expenditures by government departments, particularly the Department of Health with regard to medicare. The thrust of the hon. member's argument was made the other evening with respect to the Department of Education. When we get to the particular vote on medicare, I am quite prepared to explain in detail the figures which pertain to the actual expenditures, the accruals and the actual accrual figure we have to date relative to the figures which were published in Public Accounts.

I think that the point the hon. member made must be viewed from two aspects. First, it is a question of principle whether in accounting for public monies one should look to what expenditures actually took place or what expenditures actually should be accounted for as an accrual matter within the period we are examining. Frankly, I have no objection whatsoever to the accrual method and I think it reflects the expenditures which are properly attributable to medicare just as accurately as the cash method. Now, you can disagree with this, you can state that one method is better than another, but you mustn't stand before this House and say it is a cheap political trick.

Mr. THERIAULT: It was.

Hon. Mr. CREAGHAN: It is not cheap, it is not political, and it is not a trick.

Mr. THERIAULT: It was.

Mr. WILLIAMSON: It wasn't cheap, but it was a political trick.

Hon. Mr. CREAGHAN: I trust that the hon. member from Northumberland realizes that when he was Minister of Health there were items in the Public Accounts in administration, laboratory services, hospital services, mental health services, health care services, medical services plan, general public health and welfare services, all of which were accounted for on an accrual basis and were placed in the Public Accounts on that basis.

Mr. THERIAULT: Right.

Hon. Mr. CREAGHAN: Was that a cheap political trick?

Mr. THERIAULT: No, but you changed it.

Mr. HIGGINS: On what date did you change your accounting system?

Hon. Mr. CREAGHAN: As far as this factor is concerned, let me make this clear with respect to medicare, and we will get into the figures when the particular vote comes along. The estimate with respect to the accrual expenditure for medicare for the period ending fiscal March 31, 1971 was made by the responsible officials in the department who were asked to give what they felt to be a legitimate estimate of those costs, and was certainly in no way instigated by the Minister of Health or any other official as to the amount that should or should not be included in it.

Mr. THERIAULT: I buy that it wasn't easy.

Hon. Mr. CREAGHAN: With all due respect to the hon. members opposite, considering our arguments with regard to the propriety of using either the cash method or the accrual method in this area, I must say that to accuse our

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department, the Department of Education or any other branch of this government of participating in this aspect as a cheap political trick is in itself, to my mind, the lowest form of politicking I have heard yet from the hon. members opposite.

There is one other point that I must mention with respect to the hon. member's remarks before we proceed with the estimates, and that is the renewed attacks this evening, while supposedly in consideration of the estimates of the Department of Health, upon the Premier and the Minister of Finance. I wasn't in the House in 1967 and, as you people have said so many times, I don't care what went on in 1967. That doesn't interest me, but what does interest me is the performance of the opposition during this session with respect to the gentlemen who occupy perhaps the two most important positions in this province. You have used every possible instance of slur and innuendo to cast a shadow, not just upon the competency but also upon the characters of these gentlemen.

Mr. THERIAULT: That's not true.

Mr. WILLIAMSON: Upon their competency yes, but not their character.

Hon. Mr. CREAGHAN: I have seen instances where the hon. member from Bathurst has presented to this House and on public television pieces of paper indicating that some airline company had offered, as a promotion of their service, to carry people around the province without charge, with the innuendo and insinuation that these people are going to get special favors because they are going to do this. If you didn't mean to do that, that is certainly the impression you conveyed.

Mr. WILLIAMSON: I'll answer you later. It was an official record from the Premier's office.

Hon. Mr. CREAGHAN: Fair enough. But exactly what it was was a promotional invitation by a company, and this is done commonly across this province.

Mr. WILLIAMSON: It was done on the Premier's say-so.

Hon. Mr. CREAGHAN: You have tried — — —

Mr. WILLIAMSON: I haven't tried, I have done it. I'll answer you later, Paul.

Hon. Mr. CREAGHAN: You have tried, and tonight the same thing has again been done, to cast aspersions on gentlemen of this House, and I think that is wrong. The reason I think it is wrong is because these attacks, which at times have been vicious, have not only involved the Premier and the Minister of Finance but they have involved each and every one of us who sit in this Legislature.

I am not one who is going to stand here and say that this government is a perfect government, that it isn't going to make mistakes or that at times it isn't going to make decisions that perhaps would best have been made otherwise. But, from my short experience in this Legislature and in my short experience as a member of this government, I am convinced that every member on my side of the House, as well as every member on your side, honestly intends to do the best job he possibly can in the interests of the people of this province. I feel very strongly that in the area of politics we have a calling that is as noble as any, and I'm not ashamed of being a politician, but the thing that does bother me is that in the eyes of the public, as some hon. gentlemen opposite have said, the role of the politician is not viewed as all that honorable an occupation.

There are instances where perhaps quality of character or ability involve different degrees of projection as far as the public is concerned, but I really feel that as far as this government is concerned, particularly with respect to the Minister of Finance and the Premier, I have been proud to serve with them and I think that the job they have done and the effort they have put into governing this province is something that every member of this House should be proud of.

Mr. THERIAULT: Mr. Chairman, we have just heard a very able address by a very able Minister of Health, a very able member of government, and a very able person. However, he should not let himself get carried away, and he should

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not get too sensitive. I realize he didn't sit in this House before becoming a member of government, and as I once said, I feel that one should serve in opposition before serving in government. I said that quietly to people, because I feel it is good to have experience in opposition. I had hoped, though, that those people who sat in opposition between 1960 and 1970 would, once they took office, stick to the standards they had advocated. I didn't agree with some of those standards, but I am talking on the political level.

I have been in this House for 12 or 13 sessions, and if anybody can point to the records and show me where I have said things that could be judged as personal attacks, I am prepared to apologize at any time.

Under our system, people seek election on the basis that they will try to prove to the electors that they can do a better job in government. Any remarks that I have made regarding the Premier or the Minister of Finance are in no way personal, because I admire them both as persons, but they sought the positions they occupy and must accept criticism. They told the people of New Brunswick certain things, and you did too, Mr. Minister, and we have criticized you for not keeping your word. You criticized us when we were the government. Last year I heard you on TV and you were more political, especially on the subject of hospital services, than I thought you would be. Now you want to change, and you want everybody else to change with you. Now you are a good guy, and nobody criticizes good guys.

I agree that at times there are discussions in this Legislature, as in every parliament under our system, which the people find amusing, at best, but which certainly do not do credit to our system.

It is hard to forget the attacks that I sustained in this House, as Minister of Health especially. If you had to go through that, you would find such attacks personal, but I have forgotten them. I watched a man who devoted the best years of his life to his province being attacked in this Legislature, even attacked as to where he came from and where he was living in Fredericton. If there was an increase in the expenditures of the Premier's Office in those days, everybody on this side of the House wanted to make it look as if it was an increase in personal expenses. We witnessed all that, and I tried my best not to embark on this type of thing, but don't pretend that you are not political, Mr. Minister of Health.

Hon. Mr. CREAGHAN: You're darned right I am political.

Mr. THERIAULT: You're right you are, as your party is, and you made two remarks tonight that prove it. I made some points and expected some answers, but you made two remarks which, in my humble opinion, were cheap politics. You said you had taken the freeze off nursing home construction. To my knowledge, the only two nursing homes that are under construction now or have been since you became minister were approved before you were elected, and those are in Moncton and Saint John.

Hon. Mr. CREAGHAN: But there was nothing done.

Mr. THERIAULT: That is what you said.

Hon. Mr. CREAGHAN: There was nothing done. You can approve anything, but if you are not going to do anything, it is meaningless.

Mr. THERIAULT: Don't try to confuse that with a freeze. Monies had been allocated for that construction, Mr. Chairman.

Hon. Mr. CREAGHAN: Were they budgeted?

Mr. THERIAULT: Yes, \$200,000 in the case of Moncton. Go back to your records for fiscal 1970-71 and you will find it. Also, go back to the records and find the statements I made as Minister of Health when I said the critical shortages were in Moncton and Saint John. We were working with the Sisters in Saint John where approval had been given in principle, and they knew in Moncton that monies had been budgeted for this.

You said you came out with a new set of regulations regarding the operation of nursing homes, and you did, but you know how much was done on those regulations when you took office. I have read your regulations and, believe you me, I can't find anything different than what was in them when I left in 1970.

Hon. Mr. CREAGHAN: Why didn't you implement them?

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Mr. THERIAULT: Why don't you implement the recommendations of the Study Committee on Alcoholism?

Hon. Mr. CREAGHAN: When the program is ready, it will be implemented.

Mr. HIGGINS: The identical answer!

Hon. Mr. CREAGHAN: Not with nursing homes. We put that in the regulations. You people didn't.

Mr. THERIAULT: We did. We budgeted \$200,000 in fiscal 1970-71 for Moncton, and we had agreed in principle to go ahead in Saint John as soon as we could find the organization. The approval was given for both, so don't say those two things were done on your initiative.

And then you implemented medicare. You know how much work there was left to be done in medicare when you took office on November 12—a lot of people in New Brunswick will not forget that date very soon. A month and a half later, medicare was in operation, and with less strife and less problems than in any other province in Canada that implemented the program. I am proud of the fact that nearly all those negotiations were done when I was responsible for the Department of Health. I will have further remarks on that when we come to the vote covering hospital construction.

I repeat that issuing a special warrant for \$3.5 million for medicare before the opening of the House in 1971 was a decision of this government for cheap political purposes, strictly to make the administration they had just replaced look bad in the eyes of New Brunswickers.

Hon. Mr. SIMARD: You were bad too.

Mr. WILLIAMSON: Your turn is coming, so take it easy.

Mr. THERIAULT: Mr. Chairman, it was a cheap political decision which I am sure the minister would not make now. I am sure he would not make it, because I believe in his sincerity, and as I said earlier, I believe in his ability as Minister of Health. I only wish the same ability were shown by the leader of the government and the Minister of Finance.

As I said often in this House last year, in public accounts committee this year, and again this evening, no one in government can show me that the difference between the accrued and the accrual system is a straight line, because you can't budget that way. Your estimates for 1971-72 are not totally on an accrual basis. Your estimate for this year for medical services was not arrived at on the same basis as you arrived at that \$7 million estimate, and the officials in your department said in public accounts committee that it was not a decision of your department. That is a matter of record.

Hon. Mr. SIMARD: We are on an accrual basis for 1972.

Mr. THERIAULT: Yes, you found it great, but it showed your lack of political experience. You had just won an election and people had confidence in you, so you didn't need that cheap political trickery, but you used it and, believe you me, you're going to pay the political price.

Hon. Mr. SIMARD: We are on the same basis in 1971-72 that we were on in 1970-71.

Mr. THERIAULT: Human nature being what it is, I suppose it is normal that when we sit in this House we are often too political—and maybe this goes for all of us—but we have learned to draw the line. This doesn't apply to you (Simard), because you haven't learned yet, but you will eventually. The electors of Edmundston will teach you the hard way probably, but you'll learn.

Hon. Mr. SIMARD: I'm not worried about that.

Mr. THERIAULT: You should go to the electors right now in Edmundston. It would be a good time for you.

Hon. Mr. SIMARD: It might be sooner than you think too.

Mr. THERIAULT: Mr. Chairman, again, I think that what was done by this government in this case was unwarranted, it wasn't even wise politically, and it was a cheap political trick.

Mr. MENZIES: Mr. Chairman, the minister said he didn't care what happened in 1967, and he spoke about personal attacks. Well, I would like to tell

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him, and the members who weren't here in 1967, of the personal attacks that were made upon my colleague, the late Dr. Savoie. Every new member should read the Synoptic Reports if they want to know what a personal attack really is. I warn you, though, that if you do read them, you will be ashamed to belong to the party you are sitting with in this House.

Mr. WILLIAMSON: Mr. Chairman, I was going to wait until we got down to some of the votes before making any remarks, but since the minister was kind enough to mention my name, I thought perhaps I had better get up now and explain a few of the points he raised.

First, as far as the \$7 million is concerned, I would prefer to deal with that on the right vote. I'm going to wait for your explanation. However, you mentioned misleading statements made on television, and you also mentioned a personal attack on somebody's character. Mr. Minister, unlike some of those who are sitting on your side of the House, I do not attack anybody's character.

GOVT. MEMBER: That's strange.

Mr. WILLIAMSON: Would you like to read about one personal attack in particular? I'll quote the Synoptic Report any time you want to, and any time you want to open a debate on it I'd like to join in, but that is past history, and we'll forget it.

As Financial Critic, if I find something wrong, it is my responsibility to bring it to the attention of the public.

Now, maybe I haven't had very much experience, although this is my 13th session, and I could be wrong, but to me the document to which you referred when you mentioned my name is a very strange document to find under the heading of the Premier's Office, signed by a Minister without Portfolio, offering free air transportation to cabinet ministers and their wives and deputy ministers anywhere, and giving the phone number to call.

It was you, not I, who referred to the two gentlemen, the Premier and the Minister of Finance, who hold two of the most important positions in government, but if you want to talk about misleading statements, we'll start with the Minister of Finance and one of his telecasts. When he appeared on television he told everybody, or at least he left the impression—he didn't say it right out—that he takes the provincial income tax rate of 38 per cent, raises it to 41.5 and everybody pays less income tax. The people are paying less income tax than they paid in 1971, but if the minister had stayed at the 38 instead of going to the 41.5 they would be paying even less than they are going to pay now. However, he won't answer that, he just brags about a bond issue.

Hon. Mr. CHALMERS: I thought we were on Health, Bud.

Mr. WILLIAMSON: Just a minute, now. Statements were made which the chairman allowed and we're going to answer. We'll be on Health in a minute, and you're included in that too, so you had better get ready.

The Minister of Finance left the impression—and he skates very easily, you know—that the bonds went at 99 and they have a yield of 7.928, with a 7-7/8 coupon. This is supposed to be good, but he didn't tell the people of New Brunswick that the higher the yield, the more it costs the taxpayers. He didn't tell the people that the difference between the 7-7/8 and the 7.928 was the \$1 under par at which he had to sell, and he didn't get 99 because the bond is trading on the street at 99, but he didn't say that. He didn't tell us what commission he had to pay; he didn't tell us the difference in the rate between selling U.S. dollars to buy Canadian, and what we want to know is this: How much net return in dollars did we get? He doesn't answer that.

The people of New Brunswick did not receive 99 for the bond, because those houses in New York are not philanthropists. They don't deal in bonds just for fun, they deal because they make money, and for the times, he did well, but he did what I said he would do, that if he wanted a par bid he would have to go above the eight per cent. When I asked him the question, "What bid would you take under par to cut your coupon?" he wouldn't answer, but he cut his coupon and he took an under par bid. So don't talk about misleading statements.

Now, Mr. Premier, I am glad you are here, because the Minister of Health

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mentioned that I was the only one making misleading statements, and I want to answer that.

Hon. Mr. CREAGHAN: I didn't say that. There have been others.

Mr. WILLIAMSON: But you did say that I had made misleading statements.

Hon. Mr. CREAGHAN: You, inter alios—you know, among others.

Mr. WILLIAMSON: Perhaps I should save this for another debate, because it actually has nothing to do with your estimates, but if there is anybody who can take a little bit of truth and wring a major speech out of it, twist it all around and dump it on the table and do a better job of it than the Premier, I've never met him. A little bit of truth and a lot of garbage and away she goes! It's just like making bread, you know—you mentioned bread.

The Premier was the one who signed the "Better than Air Canada" plan. They have "Fly Now and Pay Later," but you have "Fly now and don't pay at all."

Hon. Mr. LOGAN: Mr. Williamson, may we proceed with the order before the House or do we have to deal with the Department of Finance?

Mr. WILLIAMSON: Well, since you're grumbling, I'm going to tell you that you had better start looking too, because when your estimates come up I want an explanation of \$1.1 million that wasn't written off.

Hon. Mr. LOGAN: Mr. Chairman, I am quite prepared that you make a motion that we now deal with those estimates. Are you going to deal with Finance?

Mr. DEPUTY CHAIRMAN: Order! I'll have one man on the floor at once.

Mr. WILLIAMSON: Is he on a point of order or is he just grumbling again?

Hon. Mr. LOGAN: Does that mean that I am not entitled to make a point of order? He asked about my estimates.

Mr. WILLIAMSON: I told you to be ready when your estimates come up before the House.

Hon. Mr. LOGAN: Do you want to make a motion that my estimates be now taken into consideration? At least, we might get down to some estimates.

Mr. WILLIAMSON: I'm ready to deal with any estimates you want to bring in.

Hon. Mr. LOGAN: Mr. Chairman, on a point of order, then, why does he not deal with the estimates before the House, or do I have to move that we revert to the orders of the day?

Mr. DEPUTY CHAIRMAN: Order, please! Mr. Williamson, we allow some latitude, but there are limits.

Mr. WILLIAMSON: I'm answering to things that the minister brought up.

Hon. Mr. CREAGHAN: I didn't bring up anything about a bond issue.

Mr. WILLIAMSON: The Minister of Health said I had made misleading statements on television. He referred to a document and to some of the remarks I made about the Minister of Finance and the Premier. If you want misleading statements, don't look over here, look in those two front seats. That's where they are coming from. I'm going to deal with a lot of those misleading statements later on, but not on your estimates. We are anxious to question you on your estimates.

By the way, to the best of my knowledge, and I have been checking here, there is one compliment that I do want to pay. I didn't find where you had passed any special warrants. You haven't, have you?

Hon. Mr. CREAGHAN: No.

Mr. WILLIAMSON: I compliment you for it. That's very good. Well done! If you had done as well when budgeting in 1970-71 — — —

Hon. Mr. LOGAN: Does that have something to do with his department?

Mr. WILLIAMSON: — — — and had made an accounting of the \$7 million, as I see it we wouldn't be talking about the \$7 million now. However, we'll talk about it when that vote comes up.

Thank you, Mr. Chairman.

OPP. MEMBERS, as the deputy chairman called for the reading of Vote 35-03: No, no, no!

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Mr. DEPUTY CHAIRMAN: At least I tried! Mr. Theriault —

Mr. THERIAULT: Sorry, Mr. Chairman. I note that this vote has increased from \$450,842 to \$645,584, and there are now 39 permanent positions in Administration instead of 35. Will the minister please explain?

Hon. Mr. CREAGHAN: The increase is actually from \$456,994 to \$645,584. The accountability of the four new positions relates to two new positions that were approved during the year; one, a director of physical medicine, Dr. Gracey Abraham at the Rehabilitation Centre, the other, a manager of finance and administration relative to financial control in the department, which hasn't been filled. Also, there is one clerk-stenographer III for my office, and one secretary and one clerk-stenographer in the personnel and training division. From that we delete one emergency services co-ordinator, who has been transferred to Public Health, making a net increase of four positions. The additional amounts involved with respect to the personnel survey primary, that is, permanent positions, result from the union contracts, the pay review and the annual increments. I might point out that the casual salary factor, which is a \$15,000 item that didn't appear last year, relates to the part-time doctor at the rehab centre, Dr. Kothoor Abraham.

With respect to the other parts of the vote primaries, the item Other Services makes up the major portion of this amount, and the primary factor in this increase is an amount of \$75,000 which we have included for general purposes relating to the development of the health model.

We have a specific undertaking in the vote itself to undertake short-term studies under the contract to engage temporary staff for specific research projects; to provide for limited travel within the province; to consult with hospital physicians, community groups, hospital boards, etc.; to obtain other professional services, and to convene occasional meetings with consultants. Basically, the amount is involved in providing funds which hopefully will enable us to develop models either in clinical facilities or community services which perhaps will assist in shifting the emphasis from the acute treatment hospital as we know it today to some different type of facility. I am not suggesting we have this clear-cut, and perhaps we won't spend the money, but this is why the money is there, and it accounts for the primary increase in Other Services.

The Materials and Supplies item shows a slight decrease. Actually, the major reason for that relates to the fact that the annual report of the department has been budgeted this year in Research and Planning rather than in Administration. It also reflects an increase countermanding that to some extent by the fact that in the current year we had rented certain photocopying services to the Departments of Education and Welfare which brought in revenue which we don't anticipate this fiscal year.

This is basically the explanations for the increases.

Mr. THERIAULT: Mr. Chairman, I was one of those who often got bored in cabinet and Treasury Board meetings when we were spending time discussing whether ministers or departments needed one or two more secretaries; nevertheless, I can't help but remark that when I was Minister of Health and Welfare I was perhaps the only minister who had two secretaries. Does this increase mean that you have three secretaries now?

Hon. Mr. CREAGHAN: No.

Mr. THERIAULT: Was that changed last year?

Hon. Mr. CREAGHAN: No, we just didn't have a position approved in the department for a secretary. Actually, the position is that of the secretary attached to the executive assistant.

Mr. THERIAULT: You have \$75,000 for health models, I understand.

Hon. Mr. CREAGHAN: Yes.

Mr. THERIAULT: I agree with that.

Hon. Mr. CREAGHAN: It is an effort, at least.

Mr. THERIAULT: I agree with you and you know it. I said this when I was minister, and I said it in the House, and not too many people on this side agreed with me then; nevertheless, I think it is coming clear now to everyone that it is a

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problem in New Brunswick and in other jurisdictions. It is a more serious problem in New Brunswick because of our limited financial resources, as in the past, and nobody can blame anyone for it, the system has just built up over the years. Too much emphasis is being placed on acute hospital beds, so-called—in my mind, they are all acute. What I like about this is that in fact you are continuing everything that was started.

Mr. WILLIAMSON: Mr. Chairman, do you reflect the salary increases for permanent positions in the individual votes? Is any of that \$5 million for your department budgeted for salaries negotiated?

Hon. Mr. CREAGHAN: We have contracts that are coming up this year.

Mr. WILLIAMSON: So those increases won't reflect in here.

Hon. Mr. CREAGHAN: Not increases that might result from new negotiations.

Mr. WILLIAMSON: Only the ongoing increases for contracts already in force will show in this vote.

Hon. Mr. CREAGHAN: Right.

Mr. THERIAULT: Is it a fact that all increases reflected in contracts that have been signed are reflected in your own budget?

Hon. Mr. CREAGHAN: The increases that have been agreed to as of now and are in present contracts are included in the estimates.

Mr. THERIAULT: Even if they only come into force six months from now?

Hon. Mr. CREAGHAN: Up to September, I believe.

Mr. THERIAULT: How many employees in your department are or will be involved in new contracts during the fiscal year?

Hon. Mr. CREAGHAN: Mr. Chairman, perhaps if I refer to last year's negotiations it would give you a pretty good idea of the specific number. Last year we negotiated for approximately 7,500 employees, but I am not positive that the same numbers would be involved in the same groups, so I will ask my officials to check through precisely which groups and I will bring you that information.

Mr. THERIAULT: Are all hospital employees covered by contracts which will last throughout the fiscal year?

Hon. Mr. CREAGHAN: No, some of them will expire.

Mr. THERIAULT: Will you get us that information?

Hon. Mr. CREAGHAN: Yes.

Mr. THERIAULT, after items under Vote 35-03, Health Grants, had been read: Mr. Chairman, last year you had budgeted for \$288,000 and your revised estimate was \$238,000; this year you have \$176,000. Is this because of the new health grant formula at the federal level?

Hon. Mr. CREAGHAN: Yes, it is because of the decrease in the formula, and the transfer of some of these people to Hospital Services.

Mr. THERIAULT: Did you do it during the fiscal year? I note that you underspent by \$50,000. It worries me because I know the problem we had with the number of applicants for the grants that were available.

Hon. Mr. CREAGHAN: As you know, there are basically two primary areas in the grant: The people who actually go away for professional training, and the special projects for research purposes that we budget for.

Mr. THERIAULT: For research? I thought you had a research planning bureau.

Hon. Mr. CREAGHAN: There is one on myoelectric control project at the University of New Brunswick.

Mr. THERIAULT: That is the one I was thinking about.

Hon. Mr. CREAGHAN: There is also one on the change of diet pattern at the University of Moncton. Actually, what happened last year is that there was a project for two that had been budgeted for which didn't get final approval.

Mr. THERIAULT: From Ottawa?

Hon. Mr. CREAGHAN: Yes, we have some now, I think, that are pending and budgeted for, and for which we still haven't the final approval. That is, I believe, the reason why we are overbudgeted on it.

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Mr. THERIAULT: I am familiar to some degree with the program at U.N.B. I know that during the month of January or February the university was advised that that program would not be available. As a matter of fact, I have written a few people on it personally. What is the status of that program now?

Hon. Mr. CREAGHAN: We, too, were very concerned when we got information, as you know, that it looked as if Ottawa would not approve the project, and I know the deputy minister was in contact with the people at U.N.B. who were involved in it. My officials have carried on further negotiations with Ottawa, and it now appears likely that Ottawa will approve this project, which we consider to be a very valuable one.

Mr. THERIAULT: Is this included in this vote?

Hon. Mr. CREAGHAN: Yes.

Mr. THERIAULT: How much is budgeted for it?

Hon. Mr. CREAGHAN: An amount of \$55,000.

Mr. THERIAULT: Is that about the same as last year?

Hon. Mr. CREAGHAN: It is \$5,000 less than last year.

Mr. THERIAULT: I am glad that your department pursued it. I had written the minister a personal note because, from the information that I had when I was minister, this was probably one of the better programs in Canada. In some cases people come from Ontario to get this training, which is unusual in the case of a small province like New Brunswick. I am pleased that the federal minister, yourself and your officials saw fit to recognize this and I hope that I played some small part in it also.

I suppose that \$55,000 must be included in the item for \$63,000, because it is the only one that is over \$55,000.

Hon. Mr. CREAGHAN: Yes, most of it is in the \$63,000.

Mr. THERIAULT: Do you still have the program for settlement grants for dentists in certain parts of the province?

Hon. Mr. CREAGHAN: That is in Public Health.

Mr. THERIAULT, after items under Vote 35-04 had been read: I note you have an increase of eight positions in this vote. Are these all new positions or are they mostly transfers? Would you also give me the name of your Director of Research and Planning?

Hon. Mr. CREAGHAN: Seven of the eight positions are transfers. They were under Medicare, as I think the hon. member knows, and they have been transferred to Research and Planning. There is one additional position of a management trainee for the Treasury Board Secretariat, which is in line with the program you are perhaps familiar with at the University of Moncton. That accounts for the eight extra positions and the additional increase, plus the annual increments in the union contract pay review.

The director of our Research and Planning Branch is Mr. Daneniel Letouzé.

Mr. THERIAULT: As I said earlier, I know that the expenditure in medical care services in New Brunswick has little bearing on the recoveries from Ottawa. If I remember correctly, I think it is only about three cents to a dollar, so it is a small factor. I can't dispute the decision of the minister to transfer staff to this branch because in a department like yours, research and planning are very important. I had started it, but I could never get the eight or ten positions I was looking for. I'm glad you have.

Hon. Mr. CREAGHAN: Thank you. I agree entirely with the hon. member's comments. You really did have the positions, though, you just didn't have them in the same place.

(Translation)

Mr. BUJOLD: Mr. Chairman, where would your research and planning be carried out, in the Department of Health or at the university?

(English)

Hon. Mr. CREAGHAN: It is carried on in the department.

(Translation)

Mr. BUJOLD: What, in particular, does your research involve? This may be complicated, but could you explain it in a few words?

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(English)

Hon. Mr. CREAGHAN: As the hon. member from Northumberland has pointed out, it is probably the most crucial area of the department relative to changing patterns. For example, all the work that you might do on norms for acceptable levels of hospital beds or nursing home beds, the weighing of all sorts of age and sex factors involved in the computation of these figures, the relationship to programs in the area, perhaps, of alcoholism or in nursing education, all bear a factor relative to the statistical data necessary to function or to plan a particular program.

Mr. THERIAULT: Mr. Chairman, is this the only vote under which we find grants for training of professional people?

Hon. Mr. CREAGHAN: Mr. Chairman, I could stand to be corrected by my officials, but I believe that those employees who are assisted with respect to hospital work would be found under Hospital Services as well.

Mr. THERIAULT: I'm thinking of professional people in public health nursing.

Hon. Mr. CREAGHAN: That is under the Health Plan vote, not Research and Planning.

Mr. THERIAULT: Maybe you didn't get my question. I remember we always had some nurses being trained to specialize in public health. Would that come under Public Health Services?

Hon. Mr. CREAGHAN: It is under Health Grants.

Mr. THERIAULT: You must have very few of them then.

Hon. Mr. CREAGHAN: Are you interested particularly in public health nursing?

Mr. THERIAULT: Yes. How many do you have in training now?

Hon. Mr. CREAGHAN: We have seven continuing and six starting this year.

Mr. THERIAULT: I see the situation has improved as compared to two years ago, because I remember we had real problems in finding qualified people. As a matter of fact, a number of nurses were involved in public health nursing, and were doing the best they could, but they were not qualified in public health nursing. Do you still find this a problem?

Hon. Mr. CREAGHAN: Actually, there have been qualified candidates available to fill public health nursing positions.

Mr. THERIAULT: Are they graduate public health nurses?

Hon. Mr. CREAGHAN: Yes, I believe so.

Mr. THERIAULT: And they were not employed?

Hon. Mr. CREAGHAN: I don't know. There are a lot of them. There was a particular problem which was drawn to my attention, but with the continuing grant basis we have obtained, we apparently are not having as much difficulty as before in obtaining these people.

Mr. THERIAULT: If that is the case, I'd like to know how many of your public health nurses are qualified in public health nursing, because this could be a real change. I know that when I was minister a number of positions became vacant because of people moving or leaving, retiring, and other reasons, and a number of these positions had to be filled with regular registered nurses. This has changed, and I'm surprised, because you only have six or seven in training now and six new positions.

Hon. Mr. CREAGHAN: Mr. Chairman, I can't say exactly the degree of training which our public health nurses have, but I could get that information. Our policy still is that if we don't have those who have special training in public health, we will get a registered nurse who is qualified, and get her trained under this program so she will receive her certificate. I presume everyone in public health nursing has a certificate, but if they do not, they should be going away and qualifying for it under this program. If the member is suggesting that we have a lot of people with experience in public health nursing, I think that is true.

Mr. THERIAULT: I'm not talking about experience, but if that is a fact, I am glad to hear it. When I was the minister, we had a number of hospital-trained nurses filling in positions which required public health nursing training, and throughout the years the problem was that a number of these ladies would not

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avail themselves of the opportunity to get this training for many many reasons, maybe the most common one being the fact that they were married. In spite of the fact that the course might have been available, they could not all take it. Time after time when we had to fill positions, we could not find nurses with experience in public health nursing or with special training in that field. I'm wondering if during the past year you were able to fill all the positions that became vacant, or were created, with qualified people properly trained in public health, or did you have to hire registered nurses?

Hon. Mr. CREAGHAN: I understand that we are still having to hire registered nurses, and we are offering the opportunity to get public health certificates through this program. We aren't able to get qualified public health nurses in all instances.

Mr. THERIAULT: I know, but you said earlier that you had more qualified people in public health, that you knew of some who were looking for work, but this was not the case in the two years that I was there.

Hon. Mr. CREAGHAN: I can't give you specifics, but I can get you the number of nurses we have and what their qualifications are. All I know is that I have had three or four letters personally from people who claimed that they did have experience and qualifications in public health nursing, and I passed these letters on to Personnel.

Mr. THERIAULT: This may be so, because we do have people in certain areas whose problem is that they cannot always move where you want them. I appreciate that, and I want to make it clear that nothing I am saying is meant to have any reflection on the staff, because I know they are doing the best they can. I suppose that in some cases they are happy to be separated from Health and Welfare. Do the public health nurses refer cases or work in conjunction with the people in your department to the extent you would wish?

Hon. Mr. CREAGHAN: Well, we certainly encourage the public health nurses to work with the welfare officials wherever it is expedient that the problem should have that kind of cooperation.

Mr. THERIAULT: Yes, I am sure you do, because I found that was one of the areas where we had the most difficulty, and I thought it was too bad, because there are a lot of cases where there should be close liaison between the public health nurses and the welfare or social workers. Closer liaison was one of our aims, actually, when we tried to join the departments. I hope that you haven't severed all communication between public health nurses and social workers.

Mr. WILLIAMSON: Mr. Chairman, I notice you have eight new positions, but you only reflect about \$57,000 difference in the total for services. There can't be many professional classifications involved, because they only average about \$7,000.

Hon. Mr. CREAGHAN: We are talking about Research and Planning again, are we?

Mr. WILLIAMSON: Yes.

Hon. Mr. CREAGHAN: That is absolutely correct. This includes one senior research officer, two research officers, one statistical clerk, one clerk-stenographer and one clerk-typist.

Mr. THERIAULT, after items under Vote 35-05, Vital Statistics, had been read: Mr. Chairman, I note there is very little change in this vote. Have matters improved in that division of the department? This was one of the areas on which I felt we hadn't put enough emphasis. In my capacity as Minister of Health I received many letters from individuals who seemed to run into problems when they went to that division for birth or death certificates and so on. Because of that fact, shortly before 1970 we appointed a director. Quite seriously, I was concerned because there was an attitude there that I honestly didn't like. Again, I am not being critical of the people who were there, but you know these attitudes that build up in departments and I wonder if the situation has improved. I think the minister can tell me whether it has or not simply by the number of letters he personally receives now on that matter.

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Hon. Mr. CREAGHAN: Mr. Chairman, I can't relate to your own experience when you were minister, but we have had some letters of complaint, although surprisingly few.

I think that the origination of some of the certification and the relation to the regional offices have helped quite a bit, and I really don't find any problem there. If there was a problem when you were there, I think it has improved. I agree that there are areas of systems here where we could improve the situation, and there is a tendency to leave poor old Vital Statistics out or not give it the attention it properly deserves, because it is a very important area, but I really can't say that we have had the type of problems you suggest.

Mr. THERIAULT: I am glad to hear that, and I believe that if we had a person with a lot of experience attached strictly to that department or division, it might bring about further improvement. As you suggested, the problem might have been due to the fact that the people in that division were used to dealing strictly with letters prior to 1967 when registrations and certificates were issued at the local level. Again, I am glad to hear of an improvement, because people should be able to expect the same consideration from this department as they do from any other branch of public service.

Mr. KANE: Mr. Chairman, along the same subject, I would like to refer primarily to the old age pensioner who requires a copy of his birth certificate in order to apply for old age assistance and what have you. Before centralization, these people would go to their local health officers and have no problem getting their birth certificates, but now in a lot of cases an elderly person has to hire a lawyer in order to obtain a birth certificate. This is making more work for the legal profession, but I think it is very unfair to our senior citizens particularly. Prior to 1920, or something like that, they were not registered, so they have to get a certain form and then an affidavit must be signed, and I know of several cases where they have had to have a lawyer to intercede for them in order to get a birth certificate.

Could the system be improved some way? Could the local hospitals, the local health nurses or some of your staff assist people in the smaller communities? It is quite a distance to drive from Chatham, we will say, to Fredericton to get a birth certificate. Registrations and certificates might be a small matter as far as books are concerned, but it can be vitally important to individuals. I would urge you to give serious consideration to an improvement in this connection.

Hon. Mr. CREAGHAN: Mr. Chairman, the point the hon. member makes is an excellent one and emphasizes one of the difficulties we do encounter in the area of establishing the right, by age, of obtaining certain federal assistance programs. There are substantiating documents that must be produced which, in many instances, are very difficult to obtain. We have, in the instances drawn to my attention, tried to assist personally, but I certainly appreciate the problem and it is worthwhile taking it under further consideration, giving it more study to see if we can't come up with something better than what we now have.

Mr. THERIAULT, after items under Vote 35-06, Laboratory Services, had been read: Mr. Chairman, I note there is an increase of 35 positions in this vote. Could the minister tell me if these are positions at the lower level, such as lab technicians or assistant technicians, or if they are for the general administration of the program?

Hon. Mr. CREAGHAN: This is a very difficult vote, Mr. Chairman, and the answer to that question is both, because included in these positions is provision for the director of the Saint John lab, Dr. Mackay, who is presently on a contract. That is one very substantial position, and the others vary in importance from Laboratory Technician III down to a clerk-typist. I can give you a list of them, but it runs the whole spectrum.

Mr. THERIAULT: Mr. Chairman, that was an area where we had problems, and I don't mind saying it. You say you have a director, but who actually is the manager of the program?

Hon. Mr. CREAGHAN: Do you mean of the Laboratory Services or the Saint John Lab?

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Mr. THERIAULT: Who is your manager in Saint John?

Hon. Mr. CREAGHAN: We have regional laboratories and each one has a director. In Saint John the director of the regional laboratory is Dr. Mackay. We also have a chief pathologist, Dr. MacLennan, who is in Fredericton.

Mr. THERIAULT: Yes, but who is responsible for the administration and for providing the services? I think the decision to ask Dr. MacLennan to come to Fredericton as chief pathologist was made in the hope that we would get a manager of the program. Maybe that wouldn't be the title, but are you still thinking that way?

Hon. Mr. CREAGHAN: Yes, except that Dr. MacLennan has a dual function. As chief pathologist, he will not necessarily perform the function of the chief administrative officer as it was set up before, where you had Dr. Kirkbride who was involved to some extent, but whose responsibility was administration. We intend to carry on that policy.

Mr. THERIAULT: Is that position included here, or is there money allocated for a contract?

Hon. Mr. CREAGHAN: There is money allocated for a contract.

Mr. THERIAULT: Have you somebody in mind now to fill that position?

Hon. Mr. CREAGHAN: We have somebody in mind, but I don't know how firm it is. We are certainly looking at the problem.

Mr. THERIAULT: Actually, you are going to carry on the design and planning that was already set up. I was concerned with that service on two counts: The cost, naturally, and the services provided. This is why we made the decision that it wasn't fair to expect Dr. MacLennan to be a director of the whole program and still serve as a pathologist. I am glad he is still here as chief pathologist.

This is a very sensitive program, and one that every smaller hospital is usually howling about. It was my experience, after having gone around the province—I did that too, you know, I met with the hospital boards and visited the hospitals, although I didn't get much publicity—that this is an area in which, unless it is under very strict control, the people involved are always looking for new and expensive equipment. From the information I could get when I was there, sometimes equipment was purchased and used for a very short time before somebody came along with a new piece of equipment which the lab technicians or the director of the lab thought could do a better job. This is why we felt that there should really be a business manager, who would not necessarily have to be a pathologist, but would have the pathologist to advise him.

My great concern was that every hospital was not equipped with a lab and had to send their samples to either Saint John, Moncton or Fredericton. We had this problem with the Chatham-Newcastle hospital and even with the Dumont hospital. When I checked with the three labs, they would not admit to this fact, but there is a feeling in the smaller hospitals that the Moncton lab looks after the Moncton City hospital first, the Saint John lab looks after the Saint John City hospital first—I can't recall we had any complaints from St. Joseph's Hospital—and that the Fredericton lab looks after the Fredericton hospital first. I don't think this was entirely factual, but there was that feeling, because doctors told me again and again that due to that situation patients had to stay in hospital longer than necessary because they did not always get the results back from the labs as fast as they would have liked. We thought at one time that maybe a daily pick-up service from the smaller hospitals would be more efficient and quicker. Do you still have those complaints from the smaller hospitals?

While we are on this subject, is it the intention of your department to operate the lab at the Bathurst hospital and to continue the operation of the labs at Edmundston and Campbellton? Would you also tell me if you have pathologists at Bathurst, Campbellton and Edmundston? It bothers me when I read in some of the Department of Health literature that there are five health regions and six regional hospitals.

Hon. Mr. CREAGHAN: I don't know where to start here. The problem we have with the smaller hospitals, although they make it quite well known that

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they much prefer the regional setup to having the labs associated with the hospitals themselves, basically have to do with volume and pressure. I personally haven't had too many complaints directly from any hospital that some laboratory is favoring one hospital over another, but perhaps these complaints have come to officials.

We have also introduced—I think it was being introduced in your time—a teletype system which I think has been really a good thing for the smaller hospitals because it gives them a quick consultation method.

Your second question referred to the six regional laboratories. Here again you are into the problem of staffing, particularly on the North Shore, which is different. In fact, in this area our staffing had been difficult in any event because, for some strange reason, we have had problems. Then again you get into the area of quality versus expediency, which is another real tough question to solve. However, I think the three laboratories in the southern part of the province are staffed today to the extent that they are as good as any laboratory in this country. They are just excellent at the moment because we have qualified staff. We were very fortunate in this regard.

We were also very fortunate in having been able to attract a very qualified pathologist to the new laboratory in Bathurst and we will be carrying on that facility as a regional laboratory as the hospital develops in that sense. I am very pleased about this.

We have trouble in Campbellton. Dr. Kim is the only pathologist there at the moment, but two are required. There is a vacant position, so we are short-handed in Campbellton, and at the present time we have a vacancy in Edmundston. I am advised a new man will be coming to Edmundston shortly, but we have had a vacancy because Dr. Cline left us and we weren't able to replace him.

Mr. THERIAULT: So at the present time you have no pathologist in Edmundston.

Hon. Mr. CREAGHAN: There are two vacant positions at the present time, and there is no pathologist in Edmundston.

Mr. THERIAULT: How long have you been without a pathologist in Edmundston?

Hon. Mr. CREAGHAN: Five or six months, I would say. I know that Dr. Gaudreau and the medical staff in Edmundston have been working very hard with the department trying to attract a man and I understand that they have one now.

Mr. THERIAULT: What is the policy of your department regarding Bathurst and Campbellton? Is it the intention of your department to carry a lab service in Campbellton for the hospitals in the area, and one in Bathurst for that area? Or are you switching the emphasis from Campbellton to Bathurst?

Hon. Mr. CREAGHAN: It is our intention to continue the regional laboratories in Campbellton, Bathurst and Edmundston.

Mr. BUJOLD: Mr. Chairman, could you tell me how many qualified pathologists you have in the department now?

Hon. Mr. CREAGHAN: We have 15, excluding Dr. MacLennan, the chief pathologist, who is doing some bench work in Fredericton and is involved in his duty.

(Translation)

Mr. BUJOLD: What would be the number of pathologists you would consider normal for the province? How many do you consider the Department of Health is lacking?

(English)

Hon. Mr. CREAGHAN: At present we only really consider ourselves short by approximately three pathologists.

Mr. BUJOLD: What is the average salary you pay to a pathologist?

Hon. Mr. CREAGHAN: Between \$36,000 and \$38,000.

Mr. BUJOLD: As I mentioned before, you have two groups of doctors on salary right now—pathologists and psychiatrists. Have you ever thought, when you are looking for a good man, to have those doctors, as all the rest of the medical doctors, paid under the Civil Service system?

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Hon. Mr. CREAGHAN: Under the existing policy of the department we feel it is satisfactory to retain the pathologists on their present basis. In addition to the psychiatrists—and mind you, there are private psychiatrists on feeder service—we also have our district medical health officers, as well as many other officers.

Mr. BUJOLD: You are satisfied with the present setup then.

Now, let's come back to Campbellton. The Restigouche Medical Society has been asking and wondering when the provincial lab, which is located at the Provincial Hospital, is going to be moved to either one of our other hospitals. I know it is a problem, but what stand do you expect to take in this matter? (Translation)

Do you intend to wait until the domestic problems get settled by themselves? That might take 25 years. Don't you feel that, for the good of society, it is perhaps time for the Department of Health to take a firm position in this, decide in which hospital the lab shall be located, and start moving forward? Everyone watches every move the way a cat watches a mouse, and all are on pins and needles. I feel that for the sake of promoting good health services in our region your department should take a firm stand on this, even at the risk of losing a few votes. Set that priority aside for the time being and act positively. This is just a suggestion, but I hope it will be followed.

(English)

Hon. Mr. CREAGHAN: Well, I am not going to comment on the point about losing a few votes, Doctor, I will let that go, but I will say that the policy of the department this year, as it was last year, is that we would prefer to see the regional laboratory in Campbellton out of the Provincial Hospital. As you know, we had a bit of a problem with our regional mental health clinic in Campbellton and there doesn't seem to be any sort of unanimity, if I may put it that way, as to where the regional laboratory should be located.

In these matters you really have to weigh the degree of efficiency under the present system against the degree of efficiency you might obtain under any sort of forced or compelled decision that might involve a considerable amount of disruption, or at least a concern, between the various hospitals.

That doesn't mean a government shouldn't make a decision, but I think that in certain areas you weigh the values of what you have got against what you might get, considering the complexities of the problem. This is what we are doing. Therefore, we have decided not to simply move the lab into one or the other of the three hospitals in the region on an autocratic simple statement that we have decided where it has got to go and it has got to go here.

What we have done, and perhaps we can again be criticized for studying the problem further, is this: We have asked Dr. Austin Clark from Moncton if he wouldn't go into the area and the problem to see whether or not he couldn't find suitable common ground and, indeed, perhaps valid arguments from an impartial basis as to where the laboratory should be put. We look forward to having his advice in this particular problem.

As I say, we would be much happier if the regional laboratory were out of the Provincial Hospital. We don't really want to put a regional laboratory in a hospital where there is going to be complete consternation, because it might be more harmful than having it where it is now. We are trying to utilize the advice and good offices of Dr. Clark to see if perhaps a better milieu might be arranged in order to make a sound decision. Perhaps you can say we are walking away from the problem, but it is not because we are afraid to lose votes, it is a question of trying to evaluate what is the best move to make under circumstances which are quite difficult.

Mr. WILLIAMSON: Mr. Chairman, I have just two questions pertaining to Laboratory Services which shows an amount of \$2.6 million for 395 permanent positions. From what I can gather, this vote includes quite a number of professional people who are in a fairly substantial salary bracket, and the average comes out to about \$6,500. Now, if you take five positions at \$4,000 or \$5,000 and one at \$20,000, it gives you an average of \$8,000. One large salary will

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increase the average of the lower salaries, so the salaries of a substantial number of the employees in this branch, even reflecting the increases they will be having this year, must be in a fairly low bracket.

Hon. Mr. CREAGHAN: The new positions involved are seven lab technicians III, 13 lab technicians II, four laboratory assistants, seven clerk-typists II — — — Mr. WILLIAMSON: You don't need to go all through them.

Hon. Mr. CREAGHAN: No, but I wanted to point out that it is probably correct that some of these are low-paid positions.

Mr. WILLIAMSON: Yes, quite low, to arrive at such a low average, because you must have some positions there from \$30,000 up.

Hon. Mr. CREAGHAN: Just one.

Mr. WILLIAMSON: Twenty thousand up?

Hon. Mr. CREAGHAN: No.

Mr. WILLIAMSON: Are your pathologists not included in this vote?

Hon. Mr. CREAGHAN: Are you talking about the new positions or the total positions?

Mr. WILLIAMSON: The total.

Hon. Mr. CREAGHAN: Oh, yes, there would be several more—all the pathologists.

Mr. WILLIAMSON: That's what I'm saying. From \$20,000 up there would be quite a few and from \$30,000 up not as many, but then when you average them out, it comes to about \$6,500, so the average is low. I am not complaining. I am just wondering how you get such a low average.

Hon. Mr. CREAGHAN: I presume that the pathologists are the main highly paid people and the others are in a relatively low bracket.

Mr. WILLIAMSON: Are your student lab technicians included in this vote?

Hon. Mr. CREAGHAN: Yes.

Mr. WILLIAMSON: It is my understanding that part of their responsibility is that they must supply their own uniforms.

Hon. Mr. CREAGHAN: That is possible, but I would have to check that for you, as I don't have the information here.

Mr. WILLIAMSON: I realize you don't. I have been informed that in the Saint John area the students in the lab are told where, at their own expense, they must buy their uniforms. They are not allowed to buy them anywhere else. In my way of thinking, if I am going out to buy a uniform, as long as I buy one that satisfies the requirements, I should have the choice of where I buy it. Would you check this out for me and let me know if these orders came from your department? I really don't think so. I have to be fair with you. I believe that this should be under your jurisdiction, but I don't think such orders are coming from your department, they are coming from another department.

Hon. Mr. CREAGHAN: Mr. Chairman, I am advised that when a technician graduates he or she gets two uniforms, apparently bought by the government.

Mr. WILLIAMSON: I am talking about students.

Hon. Mr. CREAGHAN: Well, again, I'll inquire. I have no idea where the students buy their uniforms, but I presume they would have to buy their own.

Mr. WILLIAMSON: I am informed that even though they do buy their own, as students, they are told they must buy them at a certain place. Now I don't think that in this day and age that is the correct thing to do.

Hon. Mr. CREAGHAN: I'll check that out.

Mr. WILLIAMSON: Thank you.

Mr. CLAVETTE: Mr. Chairman, I believe you stated awhile ago that at the Edmundston Regional Hospital there are two vacant positions for pathologists. I know we have been without a pathologist for six months and there is one coming soon, but as I understand it, one more will be needed because two pathologists are required for Edmundston.

Hon. Mr. CREAGHAN: Yes, our establishment indicates that there are two positions available in the laboratories.

Mr. CLAVETTE: Two pathologists?

Hon. Mr. CREAGHAN: Yes.

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Mr. BUJOLD: Are those pathologists Canadian or foreigners?

Hon. Mr. CREAGHAN: Which pathologists, Doctor?

Mr. BUJOLD: The ones who are supposed to come to Edmundston.

Hon. Mr. CREAGHAN: First of all, I wish to correct a statement I made just now in answer to Mr. Clavette. Actually, the establishment in Edmundston is not for two pathologists, but for one pathologist and one chemist.

I don't know the name of the individual who is coming to Edmundston.

Mr. BUJOLD: Do you know if there are any students right now taking a special course in pathology, financed by themselves or by a grant from the province? The course is for four years.

Hon. Mr. CREAGHAN: Are you asking if there are any pathologists in New Brunswick taking their speciality in pathology now?

Mr. BUJOLD: Yes.

Hon. Mr. CREAGHAN: There are none sponsored by the province.

Mr. THERIAULT: Mr. Chairman, we were looking at the possibility of actually having one main laboratory for the whole province. Are you still looking at it or have you discarded it?

Hon. Mr. CREAGHAN: At the moment our primary attention, I think, is directed to the fact that we are going to really have to provide, at least under existing norms, certain laboratory systems on a regional basis. The system just seems to demand this type of attention, although I think that in specialization of certain types of testing a central laboratory in the province could really perform a very valid function. Our basic energies have been devoted so much to try to keep our regional labs at least up to staff that we really haven't given this problem the attention it deserves. I think there is a lot of merit in it. We haven't forgotten about it. We really have not dealt with it as a priority item.

Mr. THERIAULT: Mr. Chairman, you have some vacancies now in the positions for pathologists and I presume you are advertising in the medical journals. What salaries are you offering, or do you advertise the salaries?

Hon. Mr. CREAGHAN: Where the need requires it we negotiate on a contractual basis, but in the area of a fully certified pathologist the salary is in the nature of \$38,000 or \$39,000.

Mr. THERIAULT: I am sure that a matter of discussion at some of your federal-provincial conferences must have been a standardized salary for medical and paramedical people, and part of the problem is that it doesn't matter how high you go in New Brunswick, you still can't compete with Ontario or Quebec. My question is: Are you still losing pathologists to other provinces because of the lower salaries paid here?

Hon. Mr. CREAGHAN: Mr. Chairman, I think it is fair to say that when we talk about basic salaries there are also fringe benefits involved. I really don't believe the main problem to be salary. I think it has an awful lot more to do with working conditions and, perhaps in the instance of a pathologist who has a tendency to be a bit of a scientist, more of an opportunity to participate in keeping himself updated and feeling that he is involved in a progressive service.

Above and beyond that, I think we do have the problem of the fact that we have this terrible maldistribution of physicians in this province, which we haven't been able to solve. It is a very difficult one and we try to work at it, because in some instances it is very hard to attract these people to the smaller communities, as they have a tendency to identify with an academic community, a university and the like. I think that is probably a more important factor than salary because, certainly, as it appears from this list, we've been able to attract topflight pathologists to the regional laboratories in Moncton, Saint John and Fredericton.

Mr. THERIAULT: I was hoping you would give that answer. It is a fair answer, one which I tried to give on at least three occasions in this Legislature, but which one of your colleagues didn't buy at all. But I am not going to use his approach. I don't know how you solve these problems, but I hope you find a way, because I couldn't find one.

You have or are trying to provide lab services at Edmundston, Campbellton

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and Bathurst, but you are always in a grey area with regard to the Miramichi. The minister must have met with some of the medical profession there; I am sure he has at least met with some of them in Burnt Church at some time or another, and he must be aware that the Miramichi area has two hospitals with a combined total of approximately 275 beds. I found it very difficult to explain to the medical staff in those two hospitals that we were providing lab services in Edmundston, Campbellton and Bathurst, and nothing for the Miramichi.

I know there are other areas where much the same situation exists, but this one is unique. There is no area quite like the Miramichi, period.

Hon. Mr. CREAGHAN: I certainly agree with that.

Mr. THERIAULT: I think the department eventually will have to make a firm decision on medical services, hospital services and the nursing education situation, and concentrate more on fewer regional laboratory services, otherwise, the labs' scope will have to be extended. I don't think there is any way you are going to hold the line if you carry on the way you are now.

I tried my best to convince the people involved that they should look at the two hospitals as one unit with each providing certain services, but some of the medical staff didn't agree. Nevertheless, it was my feeling that the results would be better services and more cooperation from the department for each of the small hospitals. I felt that the only way we could ever achieve this would be to start with one hospital board. When I had the first meeting about this, almost the entire medical staff in both hospitals disagreed very strongly, but after a few more meetings some from each hospital started to feel that I was really putting on the pressure and that eventually they would have to get together if they wanted to progress. It is the feeling of quite a number, if not all the medical staff of the Chatham-Newcastle area that they are not getting the lab service they require, and that they should have at least one pathologist, and a small staff in each hospital.

I leave this with the minister and I hope he is still talking to the hospital boards and to the medical profession in this regard. Also, I hope he will make the decision that either there will be a larger concentration of services in fewer areas or that he will look favorably into providing the Chatham-Newcastle hospitals with some lab services of their own in the near future.

Mr. BUJOLD: Mr. Chairman, in Campbellton right now Dr. Kim is the only pathologist and he has been overloaded with work since the other pathologist left. When do you expect that this position will be filled?

Hon. Mr. CREAGHAN: We are recruiting at present, but I am not sure whether we can get a locum there for the time being. I can't give you a definite time, because I don't know, but I can assure you that we will do everything we can to recruit someone as quickly as possible. I have found in these instances that very often the medical fraternity in an area can assist to a great extent if they put their heads together, that the advertisements in the magazines for doctors have just so much value. Any assistance the professional people can give will certainly be appreciated.

Mr. THERIAULT, after items under Vote 35-12 had been read: Mr. Chairman, \$71 million seems inadequate for Hospital Services, and I have a few questions to ask the minister on this item. My first question is: Are hospitals still operating on a calendar year basis as far as budgeting is concerned or are they now on a fiscal year basis?

Hon. Mr. CREAGHAN: They are using the calendar year.

Mr. THERIAULT: Can you inform the House if budget allocation has been made and agreed to with every hospital in New Brunswick for the calendar year 1971?

Hon. Mr. CREAGHAN: All the year-end settlements for fiscal 1971-72 have not been finalized.

Mr. THERIAULT: I meant for the calendar year 1970.

Hon. Mr. CREAGHAN: I am not positive, but I would say there are probably some still outstanding. Our problem, as you know, having read the Auditor General's statement — — —

Mr. THERIAULT: That is only for later, much later.

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Hon. Mr. CREAGHAN: All right. The fact is simply that we have had some difficulty in getting complete year-end settlements, due to staffing problems in the division and because Mr. Mulholland, who does an excellent job in the area, has been spending so much time on wage negotiations. I can't say here that all hospital settlements for the year ending 1970 have been completed. On the positive side, the following is the report I have:

"I am pleased to report that the year-end settlements of hospital accounts for the calendar year 1969 have been completed, together with the submission of the final claims for the government of Canada. Progress has been made in settling the hospital accounts for the calendar year 1970 and our target date for the finalization of this claim with the government is July 31, 1972."

Mr. CHAIRMAN resumed the chair at this time.

Mr. THERIAULT: Mr. Chairman, I think I have said very often that you have ability, and everybody knows it, but that is a good way to skate around a little bit. I hope that you are prepared to give us the number of hospitals with which final settlements have not been made for calendar 1970, together with the amounts involved. Do you have that information?

Hon. Mr. CREAGHAN: We don't have it here tonight, but we will get it for you.

Mr. THERIAULT: Maybe this is a good place to stop for tonight.

Mr. HIGGINS: What if we could pass your estimates in the next 10 minutes?

Hon. Mr. CREAGHAN: If you complete the estimates in the next 10 minutes, I will get the information tonight.

Mr. THERIAULT: If you can get it tonight, it must be available.

Hon. Mr. CREAGHAN: I suppose if we opened up the office and had the staff come in we could get it.

Mr. THERIAULT: I must say I haven't changed my opinion of the minister's ability, but I have to change my opinion on his preparedness to discuss his estimates, because I think he has one person who is sitting behind him who could tell him that when I was Minister of Health I would never have come to the Legislature when the department's estimates were being considered unless I had all those figures with me.

Hon. Mr. CREAGHAN: Mr. Chairman, perhaps I should get up and speak about the hon. member's ability since he is doing such a good job speaking of mine.

Mr. MELDRUM: Would you two stop being so nice to each other?

Mr. THERIAULT: You know, if somebody from that side did that to me, I think it would be the end of my career in politics.

Hon. Mr. CREAGHAN: I was just threatening; I didn't say I was going to do it.

Mr. THERIAULT: All right, we know now that we will get the information on the calendar year 1970. Could we also get it for calendar year 1971? How many are, and how many are not settled, and what amounts are being discussed? I should insist on more details, but I am going to be generous again this year. I do think we should know the major amounts when we discuss the Auditor General's Report tomorrow or the next day.

Mr. Chairman, this is a \$71-million item, one which I am sure is causing the minister and the government headaches, and in order to discuss it with some degree of intelligence, I think we should have the information I have requested.

Mr. HIGGINS: Mr. Chairman, would you stand that item?

Mr. CHAIRMAN: That item is open.

Mr. THERIAULT: I don't know what you mean, but I am sorry to inform you that if you think we have passed this \$71-million item, you are mistaken. Do you mean that we will stand this, go on to another vote and come back to it tomorrow? If so, that is fine, but I can't allow it to stand just as another of the votes that automatically remain open until the final closing of estimates.

Mr. HIGGINS: No, that particular item is stood, I believe.

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Mr. THERIAULT: We will agree to stand it, providing the minister informs the House that regardless of which vote we complete tonight, we will come back to this one first thing tomorrow.

Hon. Mr. CREAGHAN: I understand the point the hon. member is making, and I think there is some merit to what he has to say relative to total charges on hospital budgets. I am quite prepared to provide him with the information regarding the amounts in the budgets of the hospitals involved; however, I am not prepared to discuss at this time the question of what should or should not be agreed to relative to final settlements with the various hospitals. I think you will appreciate my position on that. Again, as far as the budgetary provisions for those hospitals for the last fiscal year are concerned, I'm quite prepared to supply you with the information.

Mr. THERIAULT: I would not ask the minister to inform the House of that if, for instance, you are still in discussion with the Chatham hospital or the Saint John hospital, but I think he should be prepared to give us the amounts under discussion, because we have to try to form some opinion as to what the situation was for the past fiscal year and what budget provisions will be made for this fiscal year. We can't do that unless we know that they are still discussing, say, differences of \$5 million or \$2 million in total.

Hon. Mr. CREAGHAN: Basically, is what you really want a comparison between last year's and this year's budget for the hospitals?

Mr. THERIAULT: Actually, what I'd like to know is the budget for each hospital for the present calendar year, and you're prepared to give it to us for the calendar year 1971.

Hon. Mr. CREAGHAN: Yes. The figures I have here are on the fiscal year, but I'm prepared to give them to you.

Mr. THERIAULT: You have the figures for fiscal 1971-72?

Hon. Mr. CREAGHAN: Yes, and I'd be glad to send the information to you tomorrow.

Mr. THERIAULT: Thank you.

Mr. CLAVETTE: Mr. Chairman, have any hospital budgets presently been approved for this year?

Hon. Mr. CREAGHAN: Some have.

Mr. CLAVETTE: Could you tell us which ones have been approved? I am particularly interested in the Edmundston hospital and if there is any provision for the St. Basile Sanatorium. Since you have announced the closing of this facility and, as you know, there are certain positions that will have to be taken over by the Edmundston hospital, are you prepared to make a statement that some of the positions will be accepted in the Edmundston hospital budget, or are you waiting until the working committee makes some recommendations?

Hon. Mr. CREAGHAN: I would certainly appreciate any recommendations from that committee. I presume that the staffing patterns of the Edmundston hospital will relate to the services it performs. We have spent a fair amount of time in St. Basile with respect to the very difficult problem of staff, and I am very concerned with the fact that there have been a lot of different figures batted around as to the number of people who are employed there. We hope that through the agencies available to us we will be able to make the best possible use of the alternative employees. Some of them have a fair degree of mobility and we will do our best to see that they are all placed.

Mr. SPEAKER resumed the chair when the committee rose.

Mr. RIGBY reported progress and that several items had been passed.

Outline of Work

Hon. Mr. HATFIELD: Mr. Speaker, tomorrow we will continue with the estimates of the Department of Health, followed by the Department of Justice.

Continuing, he (the Premier) moved that the House adjourn.

The House adjourned at 11.35 p.m.