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Official Report of
DEBATES OF THE LEGISLATIVE ASSEMBLY
(Hansard)

MONDAY, MARCH 25, 1974

Afternoon Sitting

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MONDAY, MARCH 25, 1974

The House met at 2 p.m.

Prayers.

MR. D.E. LEWIS (Shuswap): Mr. Speaker, seated in the Members' gallery today are three visitors from the beautiful Shuswap country: Alderman Bianco, Dr. Harle, and Mr. Dawedow. I'd like the House to welcome them.

MR. J.R. CHABOT (Columbia River): Mr. Speaker, in the gallery today we have a group of 32 students from the Columbia Valley School in Parson, B.C. It's the first contingent of students to come from my constituency in the 11 years that I know of — probably the first contingent ever to come from my constituency to see this House in action.

They also have a teacher with them, Mr. Orlando Pecora. I'm sure the Premier knows him as well, and I'd like the assembly to bid him welcome to the assembly.

MR. D.E. SMITH (North Peace River): At three o'clock this afternoon a group of inspired young hockey players from Fort St. John will be in the gallery. They are members of the Ross H. McLean pee-wee hockey team, and they've won the right to represent northern B.C. at the provincial finals to be held at Port Alberni this week. I wish them well and I know the House will join me in that wish as they go to Port Alberni to uphold the laurels of the north in a pee-wee provincial tournament.

HON. E. HALL (Provincial Secretary): Mr. Speaker, on April 17 of last year — and by reference I can name order-in-council No. 1268 of that year — we appointed Dr. Eric Broom as a consultant to the Provincial Secretary and Minister of Travel Industry to conduct a study and do an evaluation of all available services for recreation, physical fitness and amateur sports and to report and recommend to the government policies and procedures designed to provide services for the enrichment of leisure for all citizens of British Columbia.

Mr. Speaker, seated on the floor of the chamber today is Dr. Broom. I want to welcome him to the chamber and ask the Members to applaud him because I will ask for permission shortly to table his report. I think that everybody in the House will welcome this document which tells us where we are as of today, and what can be done to look after some of these important proceedings under the heading of "Leisure Services." I welcome Dr. Broom.

Introduction of bills.

PACIFIC NORTH COAST NATIVE CO-OPERATIVE LOAN

Hon. Mr. Lauk presents a message from His Honour the Lieutenant-Governor: a bill intituled Pacific North Coast Native Co-operative Loan Amendment Act, 1974.

Bill 86 introduced, read a first time and ordered to be placed on orders of the day for second reading at the next sitting of the House after today.

HON. MR. HALL: Mr. Speaker, I ask leave to table the report on Leisure Services in British Columbia.

Leave granted.

Oral questions.

POLICE PROTECTION FOR CABINET MINISTERS

MR. CHABOT: A question to the Premier. Have any cabinet Ministers been provided with police protection in recent months?

HON. D. BARRETT (Premier): Not to my knowledge.

ISSUING OF POLICIES TO ICBC POLICY-HOLDERS

MR. D.E. SMITH (North Peace River): A question to the Hon. Minister of Transport and Communications. Would the Minister inform the House when ICBC will be issuing, or will they be issuing, individual policies to the people in British Columbia that have insured their cars through ICBC?

HON. R.M. STRACHAN (Minister of Transport and Communications): It is my opinion that individual policies in the old style are not required.

MR. SMITH: A supplemental question to the Minister, Mr. Speaker. Is this an opinion supported by legal fact? What opinion have you had from the Attorney-General, or anyone learned in law, that would support that opinion, particularly if he gets involved in a very dicey situation with respect to liability?

MR. SPEAKER: I would point out to the Hon. Members that it is asking a solution of a legal proposition; and certainly it was a legal proposition that was put to the House....

Interjection.

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MR. SMITH: Mr. Speaker, it's a matter that's being brought up continually by the people who are insured by ICBC and do not have in their possession any contract to show them the terms of the coverage.

MR. SPEAKER: Well, it's obviously a legal proposition, but if the Minister has some statement which he wishes to make....

HON. MR. STRACHAN: I thank the Hon. Member for raising the question. I would like to remind the Hon. Member that if he reads the legislation, reads the regulations, there is a covenant between the Insurance Corporation of British Columbia, backed by the Government of British Columbia, and the holder of the individual registration and policy. It's right there.

If the Member will bring me one case where any individual has a legal problem in making his claim, then I'll certainly re-examine the whole situation. But until some cases come to me where there is a legal problem, then I think we're just threshing straw.

MR. SPEAKER: I would point out to the Hon. Member that it's been now canvassed at least twice in this House as well as when the bill was originally introduced. Consequently, it really isn't proper during oral questions.

MR. SMITH: I don't want to prolong the debate on this particular matter, Mr. Speaker, but it would seem to me that we will have these problems come up, although we may not have had them yet, fortunately. There should now be an amended auto form available to everyone who has a policy in force in British Columbia.

MR. SPEAKER: That is for the purpose of debate and it's certainly not proper in question period.

ICBC BODY SHOP SURCHARGE

MR. D.A. ANDERSON (Victoria): Mr. Speaker, may I repeat a question I've asked a number of times before — but never yet received a reply on — to the Minister of Transport and Communications? What steps is the government taking to terminate the practice of automobile repair shops charging a surcharge for repairs done under ICBC policies?

HON. MR. STRACHAN: Well, we've had somebody from ICBC visiting those few areas where this practice has either been suggested or is in operation, talking to the individuals concerned and having meetings with them. I'm having a full report later this afternoon, I expect, from the manager of the corporation. You can't visit every

place at once, and it was the top man who visited the individual areas. I expect the report later in the afternoon — 3...4...5...6...7...8.... (Laughter.)

MR. D.A. ANDERSON: Supplementary, Mr. Speaker. I appreciate the Minister's concern on this, but could he please inform us whether or not it will be possible for those Members of the public insured by ICBC, who have been charged surcharges in the last few weeks, to receive some sort of rebate or return on their money from ICBC for those charges? The problem is that they feel they're insured by ICBC and they find that their insurance doesn't apparently cover them.

HON. MR. STRACHAN: I can't give you that assurance at this time.

LABOUR RELATIONS BOARD: INTERFERENCE ALLEGATION

MR. G.S. WALLACE (Oak Bay): Mr. Speaker, could I ask the Minister of Labour whether he intends to investigate some very serious allegations against the Labour Relations Board? I'm referring to the certification votes involving the United Steel Workers of America, the Canadian Association of Industrial, Mechanical and Allied Workers at Trail and at Annacis Island.

I understand there has been a serious charge made that the Labour Relations Board participated in trying to influence a vote that was taken by the Canadian Association of Industrial, Mechanical and Allied Workers seeking certification at the plant called Noranda Metal Industries Limited on Annacis Island.

HON. W.S. KING (Minister of Labour): Mr. Speaker, I am not familiar with the report. The Member mentioned Trail and then mentioned another plant. I'm not familiar with any charge against the Labour Relations Board.

It is the board's function, however, to investigate any application for certification that is filed before them. They customarily investigate by use of a departmental industrial relations officer, and on the basis of the advice which they receive from that officer they determine whether or not a vote should be held. If that's the charge, why I would say that that is customary practice and within the adjudicative process of the board. But I'm not familiar with the specific article you refer to.

MR. WALLACE: A supplemental question. Perhaps I could correct the Minister's impression. I think we are talking about two different things. The allegation has been made by the regional vice-president of the Canadian Association of Industrial, Mechanical and Allied Workers that

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information regarding a vote which had been taken at Cominco regarding the International Steel Workers was released ahead of time of this other vote, and that this information was damaging to the union workers on Annacis Island where the other union's certification vote was being taken.

The Minister may smile, but we agreed in debate that the sanctity or the purity of the Labour Relations Board is going to be the key to the whole new Labour Code. I'm wondering if the Minister will look into what is a very serious allegation.

HON. MR. KING: Well, Mr. Speaker, as far as the release of information involved in any adjudication before the board, it's actually imperative that the board release that information as soon as possible. Indeed, that was one of the reasons for the establishment of a full-time Labour Relations Board: so that they might be able to adjudicate applications more quickly and, similarly, that they would release information on the reasons for their judgment.

Now to suggest that they should withhold those reasons for judgment simply as a device for interfering or influencing a vote in some other part of the province is, to me, irresponsible. So it's important that they deal with the

case before them and not be influenced in that adjudication by any action that might be going on anywhere else in the province.

POLLUTION PROBLEM AT SUMMERLAND TROUT HATCHERY

MR. W.R. BENNETT (Leader of the Opposition): To the Minister of Recreation and Conservation. I wonder if the Minister could advise if he's taken any action to solve the pollution problem at the fish and game trout hatchery at Summerland.

HON. J. RADFORD (Minister of Recreation and Conservation): Some action has been taken.

MR. BENNETT: Could the Minister, Mr. Speaker, advise what action has been taken and whether meetings have occurred between Mr. Ben Marr of Pollution Control Board and Mr. Sparrow of the Department of Fisheries?

HON. MR. RADFORD: Yes. A pipe was put out 200 feet into the lake to get rid of any of the effluent that had been apparent before. This hatchery, of course, has been in operation for 40 years. It was recommended by the Pollution Control Branch some five years ago to look into it and our government has done this.

MR. BENNETT: Supplemental. The problem, Mr. Speaker, that the municipality of Summerland has brought up is that they believe that putting a pipe 200 feet out into the lake is just putting the problem 200 feet away so it can't be seen. That's the problem that's under discussion now from one of the municipalities, and that's the question I asked about.

MR. SPEAKER: Now you're becoming somewhat argumentative.

HON. MR. RADFORD: That was the recommendation from the consultant that was hired, and I think that has taken place. The pipe has been put out into the lake; that has been the recommendation.

MINES MINISTER'S BILL 31 COMMENTS IN KAMLOOPS

MR. G.F. GIBSON (North Vancouver—Capilano): A question, Mr. Speaker, for the Minister of Mines. In view of the fact that he assured this House twice that he could not attend meetings of the B.C. and Yukon Chamber of Mines to discuss Bill 31 publicly before second reading because it would be a breach of privileges of this House, I wonder how he squares that with his attendance and public comment on Bill 31 at a meeting this weekend in Kamloops.

SOME HON. MEMBERS: Oh, oh!

AN HON. MEMBER: When it's a breach, it's a breach, it's a breach.

HON. L.T. NIMSICK (Minister of Mines): At the meeting in Kamloops I only referred to the basics of the bill and I did not go into detail.

MR. GIBSON: On a supplementary then, Mr. Speaker. Would the Minister do as much for a planned meeting at Kamloops this Thursday night held by the chamber of commerce?

HON. MR. NIMSICK: That will be my decision to make, because the House will be sitting then, and I do try and attend the House sittings.

GOVERNMENT-OPERATED ICBC AUTO BODY SHOPS

MR. H.A. CURTIS (Saanich and the Islands): Mr. Speaker, to the Minister of Transport and Communications. Are there plans to establish a government-operated or government-sponsored automobile body repair shop somewhere in the province?

HON. MR. STRACHAN: No doubt the Member's referring to this morning's paper where Mr. Kinnaird announced that this was being done.

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MR. SPEAKER: Would the Hon. Member deal with his own responsibility, not Mr. Kinnaird's, please?

HON. MR. STRACHAN: Oh, I realize it's not Mr. Kinnaird's. I just wanted to draw attention to the fact that this is why the Member asked the question. It was based on this report.

MR. CURTIS: That's your assumption. Answer the question.

HON. MR. STRACHAN: I certainly intend to answer the question.

Interjections.

MR. SPEAKER: Order, please!

HON. MR. STRACHAN: As soon as they're quiet, Mr. Speaker, as soon as they're quiet. Now it's only Monday. Keep your good humour for at least half an hour.

Not necessarily in Nanaimo, not necessarily....

MR. CURTIS: Mr. Speaker, a point of order. I have made no reference whatever to any newspaper story or news story. I've asked the Minister a straightforward question. With respect, I did not mention Nanaimo. I asked if there was a plan to open a shop in the province — yes or no?

Interjections.

HON. MR. STRACHAN: Okay, Mr. Contriver.

MR. SPEAKER: Order, please! Would the Hon. Minister either answer or take...?

Interjections.

HON. MR. STRACHAN: Yes, I'm waiting for quiet; I'm waiting for quiet.

MR. WALLACE: You'll wait a long time in this House for that.

Interjections.

MR. SPEAKER: If the Hon. Members would keep order it would certainly expedite the House.

HON. MR. STRACHAN: That's right. Not necessarily immediately, but certainly.... (Laughter.) He doesn't want an answer. Okay, let me finish the question, will you?

Interjections.

MR. SPEAKER: Order, please!

HON. MR. STRACHAN: You can't take all that noise as notice, but it is certainly the intention....

Interjections.

MR. SPEAKER: Order, please! If you want to spend all question period laughing....

HON. MR. STRACHAN: That's right. You either let me answer or you don't want an answer.

Not at this time, but it is certainly the intention of the corporation as soon as possible to build a pilot plan so we have some yardstick with which to make a valid measure of the costs of repairing automobiles in British Columbia.

MR. CURTIS: Supplementary, Mr. Speaker.

MR. SPEAKER: Time is up.

MR. CHABOT: Time's up — he's spun it out.

MR. SPEAKER: May I point out to Hon. Members two things that certainly prolong the delay in question period: First is asking questions that have already been answered, and should not be repeated. The second thing is the delay through interruptions.

SOME HON. MEMBERS: Oh, oh!

MR. SPEAKER: I hope that Members will co-operate on all sides of the House. I'm trying to be fair about it, but I point out that I can't extend question time. All I can do is ask for silence during question period.

Orders of the day.

MR. SPEAKER: Do you have some point?

MR. P.L. McGEER (Vancouver–Point Grey): Before you leave the chair, Mr. Speaker, I wonder if I could stand on a point of order with respect to the transcript of Friday's *Hansard*. I've just had an opportunity to review the Blues, and on tape 894, page 2, there's a reference to Hon. Mr. Barrett in which he says: "Oh, withdraw, withdraw!"

Mr. Speaker, I was present and clearly heard the Premier say a word which is not mentioned in the blues. This was heard by the press, and I had an opportunity to go down and verify it with the tape.

MR. SPEAKER: May I suggest to the Hon. Member that he refer to standing orders, and take the appropriate rule in standing orders, bringing it to the attention of the Speaker in the normal fashion, in

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writing, and I'll deal with this in the proper way.

MR. McGEER: Thank you.

HON. MR. BARRETT: You know very well what the *Hansard* editors said.

SOME HON. MEMBERS: Oh, oh!

The House in Committee of Supply; Mr. Dent in the chair.

Vote 75: Department of Health, Minister's office, \$82,898.

HON. D.G. COCKE (Minister of Health): Mr. Chairman, I'll filibuster my vote. (Laughter.) They are getting action, and they know it.

First I would like to draw your attention, all Members of the House, to a note that I am sending around to all of you. This is a note inviting you to take part in a fitness test that we are doing through occupational health. It will go on until the end of the session or beyond that, if you wish. You can make an appointment; it is going to be

voluntary, but I would like to invite all of the Members of the House to take part in this fitness test. It's a good programme.

Mr. Chairman, most of the cabinet have already been through this test, and it is quite revealing. Unfortunately we haven't been able to work it out for everybody, but certainly most of them.

It is an excellent test in that it is not just a fitness test where they test your vital capacity on a bicycle alone, but it is also a fitness test in that there are a number of blood tests and other health tests which I think will prove valuable to you. I think this is a piece of preventive medicine that should be going on in an expanded way around the province. We are right now working and testing out just exactly how far we can go, and the direction in which we should be going in this whole area of fitness testing.

Well, Mr. Chairman, there are a number of items that are going on in the Health department right now. You know of our aim in the ambulance area. We will have an ambulance emergency programme in this province over the next months and years that will have no rival, I'm sure. In a province which contains a number of remote areas, and in a province that really requires some upgrading in this area, our dedication and direction is to see to it that emergency health care is provided.

Talking about the remote areas, I recall last year there were problems in the fishing fleet about providing health care to those people who were out in Rivers Inlet and other areas such as that. This year we are going to try our very best to provide for adequate care for those people who are in those areas. We already have a programme that is developing, and so I am very pleased that we are able to keep the promise the Premier made last year, that we would not let these more remote areas go, as far as the health care process is concerned.

Mr. Chairman, there are other areas that we are dealing with. Remember, for a long time all sides of the House have been discussing the whole question of dental care. Last fall, or at least last spring and summer, we did a dental survey in this province just to find out where people were with respect to dental care, and we found that there was an even greater problem than what we had suspected.

One of the real problems, besides the status of people's teeth, and the kind of shape they are in, is the distribution of professionals. Where are the dentists, for example, in Prince Rupert? That's a town of 17,000 people with two dentists.

Not too long ago the union which operates within the Can-Cel operation provided the members of that union with a dental plan, and they were all pleased. They were thinking that they would be able to take their children to the dentists and have them looked after. But they couldn't, because there weren't enough dentists.

These are the questions that we are now working on. We have made an agreement with the College of Dental Surgeons to provide a part of a committee, and my department has provided the other part of the committee, to do some real in-depth work on direction as to how we can get dental care to the whole province as quickly as possible.

We are aiming now at the children at as early a date as we can possibly do it, but we can't go in without a plan because you would know what would happen under those circumstances. It's just like winning that very desirable aspect of their contract in Prince Rupert, when there is nobody there to do the work.

So these are the questions that surround Health.

Chronic care, Mr. Chairman, is another area that we are dealing with continually, in the House, and certainly in our department. The Premier has said that this is the priority in this department, and Mr. Chairman, it is a priority with us and will go on being a priority. We are going to provide adequate chronic care in this province.

Right now we are working on our intermediate care. Our beds are expanding....

MR. G.S. WALLACE (Oak Bay): When?

HON. MR. COCKE: When? — now!

You know, Mr. Chairman, it is interesting to hear that kind of frivolous remark from the Member who obviously has nothing....

Interjections.

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HON. MR. COCKE: It's being provided now and in increasing amounts, in increasing quantities. It is going to go on increasing and we are moving now in the direction of getting it out as widely distributed as possible within the next two or three years.

MR. G.B. GARDOM (Vancouver–Point Grey): Oh, now we know when.

HON. MR. COCKE: Mr. Chairman, there are a great many problems. One of the problems of delivering chronic care is that there must be a home-care backup. There has to be personal care backup, because we cannot let chronic care be the area where people are sent because nobody wants to look after them. We want to provide them care in their own homes for as long as possible, and that is why it is not some sort of an easy device, or at least an easy setup that can be brought about just by snapping one's fingers, because all of these aspects must work together.

Mr. Chairman, I'm sure that there will be some questions and some interest in the B.C. Medical Centre. It is doing well; doing very well. The task force reports are in now, all 25 or 26 or them. What they will be doing over the next few weeks and months is cutting the fat out of those task force reports, out of those requests, and so on. What they will be doing is seeing to it that there is no overlapping. What they will be doing is, in fact, coordinating the needs with the facilities available.

I think each component of the Medical Centre will be further enriched now because St. Paul's Hospital has agreed within the last week or so to come into the B.C. Medical Centre. Mr. McConville, the chairman of the board, my department, and the B.C. Medical Centre have met on a number of occasions and ironed out any differences that they might have had. Mr. McConville is announcing that the St. Paul's Hospital with the backing of the Sisters is coming into the Medical Centre as an affiliate member of the B.C. Medical Centre. Their member on the board of the B.C. Medical Centre, I understand, will be Mr. Longstaffe. We're very pleased indeed to have the St. Paul's Hospital, which really is in that region, into the B.C. Medical Centre aspect of the delivery of health care in this province.

Mr. Chairman, mental health is an area in which I think we're making real progress. A couple of weeks ago I gave a report in this House which indicated that Riverview's patient numbers were down to 2,004, as I recall. It's now down under the 1,900 level, I understand; I will get the exact figures if I'm questioned but it's down into that area. We're very pleased with the progress being made.

The reason for that progress is because of a greater emphasis on community mental health work. The Vancouver Mental Health Project and the Fraser Valley project that are becoming better known are taking some of the weight off Riverview. I'm sure everybody in the House agrees that the place to deal with mental patients is in their own communities and, wherever possible, is out in the community.

Mr. Chairman, I am very pleased to see that in fact is occurring. The numbers are something that really excite me because I think it's the direction everybody wants us to go.

I'd like to talk just for a second about an area we've been questioned about. We're getting a great deal of correspondence in ICBC about this whole question of motorcyclists and how come their rates are higher than what they suspected they would be, and so on.

I have a report here that tells just what happening to motorcyclists in the hospitals of the province. This is a very important report. Out of the number of motorcyclists in the year 1972, the last total year reported, almost 1,000

of them out of 40,000 wound up in a hospital in this province; 2.5 per cent wound up in our public hospitals. At the same time, of the roughly 1,200,000 car drivers, 7,484 wound up in a public hospital — 0.62 per cent. This means motorcyclists are in there roughly about four times as often.

The second indicator is the length of stay and hospital days. Again, hospital days for motorcyclists were 11,072 hospital days out of the 40,000 motorcyclists — 29 per cent. It's a very rough figure to use as a percentage of that, but at the same time let's use the 29 per cent so we can compare. Of the car drivers: 70,000 hospital days or 6 per cent. Five times as many hospital days for motorcyclists. This is indicative of just how dangerous that machine is to human lives and human health.

I'm not going to say any more other than we must in our society become a great deal more careful when driving that kind of a motor vehicle. I would certainly ask that the young people forgo driving motorcycles in the normal way on the roads of B.C. where the hazards are so high. I really feel that is something we should be looking at seriously because it is a serious health problem.

There's one other thing. There is no question that we would have saved 700 lives last year had we all worn seat belts in Canada. That's 700 lives last year; another tremendous health problem that we're really not looking after unless we do up those seat belts that are recommended. As Minister of Health, I'm recommending that everybody in this province do up their seat belts. We don't want to come down hard on people, but we sure want to see people taking responsibility for their own health. If you think those figures are big, you should see the number of hospital days given over to people of automobile accidents who don't die. It's gross, absolutely gross. So for your

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own protection, for the people of B.C., I suggest to you: get your seat belts done up because they're going to save your life or save your health some day.

Interjection.

HON. MR. COCKE: It was pointed out to me that there's a possibility that the opposition leaders particularly.... I sometimes wonder where those leaders are. Who is the leader today of the United Party? Is he in the back row or is he in the front row? With that, I'll sit down and let the opposition and the Members of this House who wish to question, question.

MR. R.H. McCLELLAND (Langley): I can't help thinking that the Health Minister is concerned about the health of the government when he's worried about the opposition as much as he seems to be.

MRS. P.J. JORDAN (North Okanagan): Hear, hear!

MR. McCLELLAND: I'd like to thank the Health Minister for his invitation to take part in this fitness maintenance programme that the Premier took part in some time ago.

HON. D. BARRETT (Premier): I lost 25.

MR. McCLELLAND: Yes, so did I, Mr. Premier, as a matter of fact, and I intend to lose some more. It hasn't made me as grouchy as it's made you, though.

AN HON. MEMBER: He was a grouch to start with.

MR. McCLELLAND: With the threat by the Premier to keep us sitting here all day and all night, however, I may have to send a representative to take my health maintenance programme.

I was happy, too, to hear the Minister of Health mention that, as he gets his task force reports in from the B.C. Medical Centre people, he's cutting out the fat. Perhaps it might have been a good idea had he followed that same policy with regard to the report of Richard G. Foulkes, the "Health Security for British Columbians" report.

I think it's inevitable, now, that we have a look at the Foulkes report. I don't think it's ever been subject to any kind of an analysis outside of the medical profession. Certainly the public hasn't had much chance to listen to some of the things contained in the health security report. I'd like to spend a few moments outlining what the official opposition feels is the scope of the Foulkes report.

Basically, I believe that Dr. Foulkes had the opportunity to do something very good for health services in British Columbia. Unfortunately he blew it because his politics got in the way of — his good judgment. Instead of using the report to delineate the needs of health care in British Columbia, he used it instead as a vehicle to vent his frustrations and launch what can only be termed a venomous attack on our present health-care system, on doctors in the province, on psychiatrists in the province, and, to his discredit, also on public servants in British Columbia.

Basically, Dr. Foulkes contends that there is no health-care system in this province. He wants to bum all of the bridges, throw out the baby with the bathwater, and more, again to his discredit, he has attempted in this report to drive a wedge between the public and the health professionals in British Columbia. He has, unfortunately, produced a political document concerned more with administrative power than with health care.

If I could quote briefly from Dr. Foulkes, he says: "The secret of our success will lie in the management of power. It is that power which dictates priorities." We always thought it was the needs of the patients that should have dictated the priorities in health care in British Columbia. The needs of the patients, not the management of power. Unfortunately, Dr. Foulkes seems to have been so bound up in the socialist obsession to build bigger bureaucracies that he's lost sight, at least in this report, of human needs.

It's important to ask ourselves why this report was commissioned in the first place. I would expect, and I thought when it was commissioned, that it was commissioned to find the best way to get the most out of that health care system which Dr. Foulkes himself admits in this report is an industry of some 40,000 people, spending upwards of \$600 million a year of public money. That's some industry. We expected that what we would get out of the health security report was some kind of a design to offer better efficiency and better service in the management of that incredibly large industry.

Instead, we got two volumes of verbiage discussing all kinds of things — housing and Indians, tax policy, federal-provincial relations and most of all, fuzzy philosophy. It's a report that offers some vicious attacks on the public service of this province and on the men and women who are serving valiantly in mental health work in this province.

There is a continuing theme throughout the report — putting down his associates and questioning over and over again the abilities of the people in the health service.

[Mr. Liden in the chair.]

There are some sensible suggestions — in fact, a great many sensible suggestions, many of them recommended by a health committee which toured this province last year, many of them recommended

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by the medical profession itself in their submissions, and the hospital people in their submissions to the health security report. We like many of the ideas about progressive patient care which was contained largely in a federal task force of some years ago — those ideas for progressive patient care. We like the ideas contained about the federal sharing that would be necessary to maintain that kind of a system.

We like the ideas for streamlined hospital planning and construction. Just as there must be streamlined planning in the construction of our schools, so must there be in the construction of our hospitals. We like the ideas about co-insurance charges for outpatient care, and bringing home care into the hospital insurance system. That too was one of the urgent recommendations of that health care committee which traveled all over British Columbia and found that people in all walks of life were vitally interested in some kind of a home-care programme. The Minister of Health mentioned that again today in his opening remarks.

We like the idea of an expanded ambulance service. We are happy and congratulate the Minister of Health on his decision to bring that health care service to all parts of the province as quickly as possible.

We like the ideas in the report with relation to the use of paramedical people both in the ambulance service and other areas.

Of course, a review of financing is vital if we are to contain the spread of spiraling costs of health care in this province and all over Canada, as a matter of fact, Mr. Chairman.

I'm particularly happy with the comments made in the Foulkes report regarding the removal of the municipal share of health care costs. Once again, as has been mentioned in this House on a number of occasions, the property owner in British Columbia is now reeling under the costs of so many kinds of services, and unless we give him some kind of relief, then it will make it impossible and impractical to own land privately in British Columbia.

There are many technical recommendations with which we can agree. First aid for teachers in the school: that's a recommendation which is particularly welcome. Since I have been a Member of this Legislature, during each session of the Legislature we have been visited by members of the Parent-Teacher Association. And year after year their recommendation has been very strong that we offer to our teachers courses in first aid and make it mandatory that first aid be part of the curriculum in schools and certainly part of the curriculum in teachers' courses.

Occupational health programmes, which have got a pretty good start in British Columbia, I think need to be upgraded. That was mentioned, as well, in the Foulkes report, as are proper nutritional programmes for all members of society in all economic levels. That, too, is mentioned in that report.

I must say, Mr. Chairman, in those 1,200 pages of this report, there is very little that is new or startling except as an outlet for the author's political philosophies. The real nitty-gritty recommendations for health care contained in this health report could have been prepared by a committee of this House for a fraction of the cost.

I want to quote from a couple of news reports if I may, briefly. First of all, from a letter to the editor on *The Vancouver Sun* by Dr. M.T. Richards of Vancouver who says:

"In spite of its bulk, the report does not contain fundamental and sorely needed changes. Too much emphasis is placed on transfer of power instead of: what does an average individual really need and want.

"There is too much condemnation of our past and present systems which have served us well, without any concrete evidence that the proposed new system will be any better.

"Most recommendations replace rat catchers by rodent exterminators at a much greater expense without as much as a question whether the taxpayer wants to or can foot the bill. The expression 'eliminate rip-off' appears in several places in the original report, yet having seen the figure spent on its preparation, all I can say is that for value received, the sum of \$600,000, or whatever the report happened to have cost at this point in time, is the biggest rip-off of the taxpayers' money that I have ever seen in a long time.

"I feel confident that I can prepare a somewhat more comprehensive report for one-tenth of the price and even post an equivalent figure as report acceptability rather than performance bonds."

The writer goes on to state his qualifications, and they seem to be eminent. But he says that his motto would be, if making up this kind of report: "no consultant has monopoly for brains; use people power by tender, not appointment."

What about the cost of the Foulkes report? How much is it going to ultimately cost the people of British Columbia? Well, is it \$750,000 or \$1 million? I think it's time that the people of this province knew exactly what they were getting for this, or how much it was costing them for this 1,200-page report.

In the original estimates presented to this House, we were given a figure for the health security research project of \$125,000. When questioned, the Minister of Health defended that figure as perhaps too much. He didn't

know what it was going to cost us but, nevertheless, the \$125,000 was defended vigorously by the Minister of Health under question.

But now we are talking about \$750,000 or even \$1

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million. How on earth could the Health Minister have allowed that cost to mushroom like that? Did the Health Minister have any idea how much the cost was going to be? Did he approve of the total cost? Does he know yet what the total cost of this report will be, and does he care?

I think those are questions that deserve some answers to this House.

How many intermediate beds could we have provided for \$1 million? How many nutritionists for the elderly? How many hearing aids? How much is this report going to cost us, Mr. Chairman? It's time we knew. It's also time we knew where the money comes from. We don't see it either in the last estimates that were presented to us, or in this set of estimates that we are debating today. There is no \$1 million in there for the health security research project, so where is it coming from?

We would also like to know what is the status of many of the people who have been connected with this health security research project at this time. I notice there have been a number of names mentioned in the appendices to the Foulkes report about people who have been associated with the report from time to time.

However, there is never any suggestion in these appendices of what these people might be doing — people like Dr. Ransford, who was hired on, I understand, at \$33,000 a year. We've never seen anything in the budget for that. When do we get some public disclosure about what those people have done, are doing, or will be doing, and how much money they have been getting for it?

There is a Richard Larratt in here. I understand that he was an electronics engineer, from Manitoba I am told, who has been hired by this government, also at \$33,000, to amalgamate the MSA, the CUC and the B.C. Medical Plan, at least the computer sections of it, if my information is correct. But where is he now? Is he still employed and if so at how much money, and what has he been doing?

There is a Frank Keeling, who apparently is still employed by this government. What is his tenure? What is he doing? What has he been doing? How much money has he been getting for it?

When are we going to get public disclosure of all of the professional staff, their salaries, their job descriptions and their special assignments? When is that going to be tabled in this House so that all of us can have the opportunity to scrutinize those job descriptions and what not, and find out for once and for all where the money that has been going into this report has really been going? What are the continuing salaries in relation to the Foulkes report? Where are they in the budget? How do we find out where the money is coming from? What about the consultant himself, Dr. Richard Foulkes? What is his relationship with the government at this point?

I haven't got *Hansard* but I recall asking the Health Minister about the \$125,000 that was listed for the health security research project, and I asked the Health Minister at that time whether or not he wasn't being a little conservative in his \$125,000. We started looking at some of the consultants who had been appointed by the government, and suggested at that time that these government jobs often have a tendency, regardless how temporary, to become very permanent, and they then become a permanent charge on the taxpayers of British Columbia.

We were assured at that time that nothing like that would happen and that when October rolled around the Foulkes report would be all completed, everybody would pack their bags and go home and there'd be no more money paid out by this government in connection with this report. Well, it sure didn't come in October. We waited several months after October, and now we find that instead of \$125,000 we have, in fact, spent I would guess a minimum of three-quarters of a million dollars and we still have a number of consultants apparently still on the payroll of this government. It is becoming a self-perpetuating project of government that may never be over.

What are we going to get for our money? That's all we want to know. What are we going to get for our money?

Dr. Foulkes in his report spends a great deal of time on the system, or what he calls the "non-system," and he rejects its worth completely. He says that the system has no value. He's talking about the health-care system in British Columbia, and he talks about "decentralization." I'd suggest that if the provisions made in this report are ever carried out, the results won't have anything to do with decentralization but will be the total centralization of all health services under a monstrous bureaucracy, with Health, Human Resources and environmental control tied together to provide the central vehicle on the road to what I can only call "Big Brotherism."

The proposed system contained in this report is a socialist nightmare, Mr. Chairman, offering another whole new level of government with its proposals for an explosion again of more councils and boards and authorities and secretariats till they're coming out of our ears. I'd suggest that if you carry out the suggestions contained in this report you'll never find enough ex-NDPers to fill all those positions. Then what are you going to do?

AN HON. MEMBER: Nobody would have time to get sick.

MR. McCLELLAND: The report spends a lot of time talking about philosophy. In many ways, because it does, it's a scandal, Mr. Chairman. It's the most political report from a so-called government

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agency that I've ever seen, it's the most biased report that I've ever seen, and if you separate that philosophy — the politics — then all you really have left is words, words and more words.

The author, in my opinion, discredits himself on the opening statement of Part III of the report where he says: "The report's philosophy is in accordance with the party's election platform on these issues." I suggest to you, Mr. Chairman, that the author of this report and his consultants were not paid three-quarters of a million dollars or \$1 million, or whatever it cost, to spout socialist propaganda. They were hired to delineate the health care needs of the people of this province and they failed miserably in doing that.

Interjections.

MR. McCLELLAND: They weren't hired by the NDP; they were hired by the Government of British Columbia to do a job for the people of British Columbia and not to establish a socialist platform for the last or the next election.

In many ways, Mr. Chairman, this is an egotistical report. In some sections you can almost feel the conceit permeating the pages of the report.

In many other ways, Mr. Chairman, this report is a lot like that infamous White Paper we talked about last week on education, because it's written in the same kind of public relations jargon with lots of modern, but utterly vague words and phrases so much in favour with the socialists.

Mr. Chairman, this report makes a bitter attack on this province's public servants. I'd just like to take the time of the House to read a couple of sections in relation to that. He starts off in Volume One by saying:

"It was soon apparent that because of the limited time span allotted and a generally disappointing response to requests to civil service personnel for technical assistance and input, the services of outside consultants would be required."

The author is saying, Mr. Chairman, that the civil service of this province refused to help him in his task, and I can't buy that.

Later on, Mr. Chairman, he continues with that kind of cruel and ruthless approach to the public servants of this province:

"It is essential that the British Columbia government be familiar with the experiences of other CCF-NDP governments, for example Saskatchewan, in their attempt to achieve new objectives. Studies indicate that new policies will not be implemented without major changes in the civil service and government operation."

Then he goes on to say: "A. The theory of civil service neutrality breaks down when the total goals of the state change." I want you all to hear that: "The theory of civil service neutrality breaks down when the total goals of the state change."

Now, this government has been warned on occasion after occasion that that's the kind of socialist thinking that has caused the Watergate situation in the United States, because as long as we have a neutral and honest civil service we'll never get ourselves into that kind of problem, but as soon as you start muckin' around with the civil service and making them toe your political philosophy line, then you start getting into trouble. That's the course that you're committed to take, through you, Mr. Chairman, to the Health Minister. I suggest you'd better back up.

HON. MR. COCKE: Back up from what?

MR. McCLELLAND: Mr. Chairman, the author continues:

"The transfer of power to groups that have been neglected may fail in its objectives if administrative power is in the hands of those whose social background and previous training prevents a sympathetic understanding of the objectives of a new government."

How political can you get? What a bunch of nonsense, and what a dangerous philosophy for us to adopt in this province.

"There may not be a commitment to the purposes that the government has undertaken to serve. This is summarized in the following quotation. 'It is most necessary for any government that those in charge of the various departments shall be competent and capable of absorbing new ideas and techniques. No matter how good legislation is, if those in charge of administering it are unsympathetic or incapable of a new approach, little good will come of it.'"

Now, I wonder who that quote is from. A fellow named T.C. Douglas — Tommy Douglas, a fine socialist.

I'm glad to see that the Members on the other side of the House are applauding that approach to the public service of British Columbia because it tells us exactly that you have no concern for public servants in B.C. and that you will stoop to any means to make sure that the civil service is politicized to the highest degree, and that's where the danger lies for the future of people in British Columbia.

The report continues:

"Concern about the competence and attitudes of senior civil servants this early in our report may bother some readers. However, examined in the light of recent Canadian history, it could be the most important single issue related to the implementation of political platform policy."

This is not a report on health care. It's a report on

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socialism. It's got nothing to do with the health care needs of the people of this province. What else does it say about the civil service in this province? It says:

"One of the most important changes required if the new system is to be effective will be the posture and role of the central civil service. Its past methods of operation are either ineffective or inappropriate."

If that isn't an attack on the public servants of this province, I don't know what it is.

We've heard on a number of occasions from this government about the 20 years of neglect. Well, Mr. Chairman, I would like to refute that right now. Perhaps even in the Foulkes report we might get a clue to where

health care policy has been in the past, because he says, in speaking about British Columbia being the second province to introduce hospital insurance — British Columbia being the second province to introduce a provincial medical-care plan — that in public policy decisions respecting health services, British Columbia has been progressive. Progressive, Mr. Chairman.

And what does the Health Minister himself say? What does the Health Minister himself say about the past policies of health-care services in British Columbia? In his statement, refuting, I must admit, some of the comments in the Foulkes report.... The Minister of Health says in public in this report: "I believe that we have in British Columbia one of the best health-care systems in the world." I agree with that: that we have one of the best health care systems in the world. Let's put to rest any thought of anything else, once and for all.

Now the report also deals, to a fairly large extent, with finances, and we can only applaud any search for an improved system of financing our hospital care costs. But in many ways this section is the weakest section of the whole report. While costs are a concern of every health authority in the world, you would have thought that we would have got some kind of a substantial position paper in this report for negotiation with the federal government — that we would have got some kind of policy position for our million bucks. Instead, we missed a perfect chance to develop some kind of a platform for renegotiation of health sharing with the federal government.

Mr. Chairman, the report suggests that the Medicare premium could be eliminated in this province if personal income tax could be raised and corporate income tax upped again, which is a good socialist approach to the whole problem. But I wonder where the justification for that argument is. It isn't in this report. Lots of words again, but no justification. Do you have, or does the author have, any working papers? We haven't seen them. Who researched this part of it? No answers there. Or is this just more of the same kind of philosophical fluff off the top of the author's head?

Recommendation 36 in the report, Mr. Chairman, says that "...patient charges be considered primarily for longer-term care on the basis of ability to pay and on the basis of charging for services which substitute for those the patient would supply himself if healthy." Now that recommendation, Mr. Chairman, certainly lays the groundwork for a soak-the-sick policy by this government and gives the Minister something to hand his hat on for his policy enunciated some time ago of charging \$5.50 per day for health care for the elderly. Here is the operative phrase that gives him the place that he can justify his recommendations and his implementation of a soak-the-sick policy.

I wonder why the socialists, all of them, think that it is such a sin for an elderly person to be solvent. What's wrong with that? Every comment we hear from the socialists is designed to make sure that the elderly get rid of their savings as quickly as possible. Here we have them with their health care policy, backed up by this recommendation, where we see this government giving it to them on the one hand and squeezing it back out of them with the other.

You know, I really wonder who wrote some of the nonsense in this report, Mr. Chairman. I suggest that the government might have some good grounds to demand its money back, because it sure didn't get its \$.75 million or \$1 million worth out of this.

Now on another occasion, Mr. Chairman, there is an item in the report which, talking about reimbursement of accident costs, says:

"The sums received from this source by the medical plan are significantly lower than would be anticipated. It is estimated that the medical plan has received approximately \$150,000 from this source, compared to the probable potential of \$600,000. The hospital insurance system has a far better record of collection in this regard. "In the medical plan, however, some insurance adjusters have claimed they do not have to repay medical plans by virtue of an alleged order-in-council of June, 1972. No such order seems to have been made, and the additional revenue would appear due from the insurance companies on behalf of the insured clients."

Now I think we have a right to know what the author means with regard to this section. Is he inferring some kind of a deal between the Medical Plan and the insurance companies? That's what it sounds like, so that the companies don't have to pay the third party liability.

Mr. Chairman, if the plan has been negligent and the public has suffered for it, then there should be a commission of inquiry set up into this problem to find out where we stand. What does Dr. Foulkes mean, "No such order seems to have been made"? Now he had a million bucks to fool around with.

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Couldn't he have found out somewhere with that million bucks whether or not an order-in-council actually was made? What does he mean, "No such order seems to have been made"? Doesn't he know? Don't you know? Is this the best we get for \$1 million?

The section on housing may just be one of the most political in the entire report, and I wonder how some of the people in the West End of Vancouver feel about his comments that "the West End is a most undesirable ghetto." I'm sure they don't agree with that.

But in connection with the comments about housing in the report: if it's true — and I expect that it is — that good health and good shelter are directly related, it is certainly small comfort that this government has the worst record in housing starts in a decade. Besides that, they threw another \$6 million down the drain to purchase "Downhill" Developments. The good doctor must find that some kind of a contradiction.

The author recommends that we change the name of the Department of Health and Department of Human Resources to the Department of Social Affairs. By nature of the kind of bureaucracy that this report would seem to be in favour of, then maybe we should have a really super-super Ministry set up which would take in all the things the doctor says are related directly to health care; we might have a Ministry, called the Environmental Department of Pollution-Free Social Affairs and Input and Task Force Thrust on Delineation of Re-housing, because if you are going to go and bureaucratize, you might as well do it right. And that is what this report is calling for.

The report, Mr. Chairman, has no regard for the financial consequences of its statements, and in that way it is an irresponsible report.

MR. R.T. CUMMINGS (Vancouver–Little Mountain): Have you read it?

MR. McCLELLAND: You bet I've read it, Mr. Member. I'll bet you haven't, though.

MR. CUMMINGS: Yes, I have.

MR. McCLELLAND: I bet you haven't even cracked the front cover. No way!

If this report is followed to the letter, Mr. Chairman, and if we set up all of the commissions and the task forces and the secretariats and the research institutes and the bureaus and the resource centres and the et ceteras, we would be spending our whole health budget on running a horribly clumsy system. We would compound the situation that we've seen develop in British Columbia since the socialists took control, where it's costing so much now to turn the wheels of the system that there's nothing left over for care, nothing for programmes and nothing for people because all the money is going to operate the system. That's the folly of the socialist philosophy, Mr. Chairman.

We spent perhaps \$1 million for this thing and all we got is about three inches of generalities, opinions and philosophy, but not very much substance, Mr. Member for Little Mountain (Mr. Cummings). You should hang your head in shame that you were part of that.

MR. CHAIRMAN: Order! Address the Chair.

MR. McCLELLAND: Mr. Chairman, I would suggest that the author of this report will probably go down in the records as another good friend and supporter of the Health Minister who got a handsome reward for his political efforts, because it's certainly a political effort that we're talking about today in this health report.

I suggest to this government, Mr. Chairman, that if John Bremer was fired for talking too much, and if you want to make the penalty in relation to the crime, well then Dr. Richard Foulkes should certainly be fired. Perhaps

the penalty should go even further than that, if you get fired for just talking too much, because, like all good socialists, the author can't seem to take criticism. He reacts to it by wagging his tongue without ever thinking to get his brain going at the same time.

Mr. Chairman, when the British Columbia Medical Association in their newsletter offers some valid criticism of this report, what does the author do? Well, he flies off the handle, like any good socialist does. In one news report:

"A maverick group of reactionary B.C. doctors is deliberately misinterpreting the Foulkes report on provincial health care, the report's author has charged. Government consultant Dr. Richard Foulkes says the group, composed mainly of Surrey-area doctors, traditionally opposed to any change in the health system, has distributed propagandized summaries of his report that are complete misinterpretations. Foulkes says that one doctor who appears to have been misled by the group's propaganda is Victoria Medical Society president, Dr. Charles Ireland."

Well, for shame, Dr. Ireland. You have the courage and the good sense to do a little honest criticism and you're accused of propagandizing. How about that! Here's another Canadian Press report:

"Dr. Richard Foulkes, the man who delivered to the provincial government a blueprint for a new system of medical care in B.C., said Monday there has been deliberate misinterpretation of his massive two volume

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report. In a seven page news release" — even in his news releases he gets carried away — "he enlarged on earlier statements he made in visits to different parts of the province, that a minority group in the B.C. Medical Association is working hard to scrap the report's main recommendations."

We go on to another report in the paper on January 12: "'Surrey Doctors Out to Get Me.' Dr. Richard Foulkes charged Monday that a group of doctors is out to get him."

[Mr. G. H. Anderson in the chair.]

Interjections.

MR. McCLELLAND: Well, all socialists are touchy. I thought you had noticed that.

"The author said that a minority group in Surrey named the Reform Group has attacked him personally. 'Throughout the study the Reform Group, a small group of physicians within the BCMA, has consistently attacked me personally. Certainly if you were to look at the back issues of district 6 Surrey newsletter and you were to examine the back issues of the BCMA News, you will see that it is concentrated on a personal abuse that sometimes has verged on libel."

Then we see that reaction happening again with a headline by John Braddock, *The Province* medical reporter, that says: "NDP's Health Consultant Turns on the Government Now."

"An angry Dr. Richard Foulkes charged Wednesday that copies of his report on possible changes to the B.C. medical system are not being properly distributed by the provincial health department.

"He claimed that 400 complimentary copies of the original print run of 2,000 were to have been distributed by his health security programme project office. 'Then the Minister's office took over, so I gave them our lists. Now I don't know what's going on. For some reason, the report is not getting through. There's a hell of a squawk up here,' said Foulkes."

"Is nobody competent but me?" He doesn't say that, but that's the tone of the kind of reaction. Then he goes on to attack the Reform Group again. Then in reaction to this attack:

"Foulkes said copies of the BCMA News carrying comments on his report were distributed to the gathering in Prince George before the community had read his report. 'They pulled every dirty comment twisted everything."

But the editor of the BCMA News says that Dr. Foulkes went to Prince George expecting to talk to an audience that had no in-depth knowledge of his report. Instead he found them able to criticize it to the extent that he blew his cool, lashing out in all directions, including at the Minister. Now, if John Bremer was fired for talking too

much, I suggest there's some evidence there for something. I wonder, Mr. Chairman, if it is just a small group of crybabies within the BCMA who are questioning this report. I don't think it is. I think it's a pretty widespread criticism of this report. I'll make a couple of other quotes and I'll try and make them brief, Mr. Chairman. In one headline "Foulkes Comments Question":

"The president of the British Columbia Medical Association, Dr. K.C. Hill, says that Dr. Foulkes is using the reform group within the association as a straw man to gain headlines. 'He knows it, we know it, and it is time everyone knew it,' Hill said in a statement.

"He added: 'Until now, the B.C. Medical Association has been content to let Dr. Richard Foulkes make his news-release-a-day statements concerning his report, but it is time that some of his questionable comments were brought back to the realities of the situation.'

"Hill said that Foulkes would have the public believe that only the so-called Reform Group within BCMA disagrees with his report. Hill maintained that the great majority of the doctors in B.C. share the same concerns about the Foulkes report as does the reform group. 'We also have said that there are many long overdue changes recommended in the Foulkes report and, in fact, we recommended many of them to Dr. Foulkes. But there are also recommendations that we disagree with as a whole profession, and not just a small part of that profession.'"

In the BCMA News itself, Dr. David Backup, the past president of the BCMA, opens his comments by saying:

"The often postponed and long awaited Foulkes report is finally here in shocking pink, which is most appropriate.

"The whole report, with its recommendations, is based on a wrong initial decision upon a faulty premise, and that premise, as was pointed out in the headline of one editorial in one of the daily papers, is 'Wreck First and Build Later.'

"He also says that no one would argue that the present system is fault-free. Certainly there are defects and we must continue to strive to correct them. But it's a good and comparatively cheap system. To scrap this and start over with a system based on community health centres, which have failed abysmally elsewhere in Canada, is to fly in the face of reason and logic and displays a bulldog tenacity which can only be politically motivated.

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"Here's a report made by a man who had a simple initial choice, made that wrong decision completely and then spent more than a year building a proper bureaucracy to look after a theoretical structure that seems doomed to failure. It sounds like the Peter Principle gone wild.

"The Foulkes report, vehicle for power. There can be no doubt, the author's protestations to the contrary, that much of his report was predictable and to a great extent reflects not one year's work with broad input from all aspects of society, but rather Foulkes collected and bound — a distillation of the author's known opinions and published NDP platform, a personal plus political document, rather than the hoped for honest and objective appraisal of our health care delivery system and its faults."

That's the real indictment of this \$1 million report. Another item is by the secretary-treasurer of the BCMA. He says:

"The Foulkes report is a very dangerous document. It represents the main thrust of the totalitarian, medical-political thinking for at least the next decade and should be recognized as such."

Mr. Chairman, that is from the medical profession, most of it, not just a small reformed group within the association which Dr. Foulkes says is attacking him and twisting and misinterpreting his report.

In relation to some of the comments that are made about drugs and alcohol, I would like to say that I find them shocking and almost criminal because if we follow the kind of fuzzy philosophy contained in the recommendations there, contained in the same kind of recommendations that we have been hearing from the Stein commission report.... And I would like to quote them correctly so I don't misinterpret his report.

I agree with his comments on recommendation 201 "that the government give high priority to promoting a coordinated approach to the prevention, early detection and treatment of alcoholism and drug addiction." No one can

quarrel with that. I want to say, first of all, that his reference to Alcoholics Anonymous where he says that some people may not find acceptable the specific religious approach used by Alcoholics Anonymous.... I'm not aware that Alcoholics Anonymous is a terribly religious organization. It's the organization which can claim probably the only successful and sustaining programme with alcoholics in our country, and certainly in North America.

I wonder whether the good doctor knows anything about Alcoholics Anonymous. I would like to warn the Health Minister, though, that if the chairman of the Alcohol and Drug Commission keeps attacking and discrediting the Alcoholics Anonymous programme and demoralizing that programme, those people are going to be out of the business of looking after alcoholics and that, too, will be to our shame in this province. Then who will look after them? That's what we would like to know.

Again, Mr. Chairman, in recommendation 213 in this report:

"...that in view of the lack of success elsewhere in the treatment of established drug addiction and the importance of concentrating efforts on the major problem of alcoholism, the Alcohol and Drug Commission seriously consider the feasibility of working with the Government of Canada to establish a nation-wide programme of addict registration and supply of maintenance drugs."

I find that totally irresponsible and a phony, criminal cop-out on behalf of this commission. I would suggest that it was written not by Dr. Foulkes but by Peter Stein, the chairman of the Alcohol and Drug Commission.

It takes the false premise again that there is some kind of a magic cure to be found by the registration process in Great Britain. But we have had evidence delivered to this House on other occasions that there is no magic cure for drug addiction in Great Britain; that there is plenty of illegal activity connected with drug dependency in Great Britain; that the whole British programme, contrary to much belief, is aimed at abstinence and abstinence only and because it's not achieving abstinence, that the Great Britain authorities are now looking to other countries to see whether or not their programme is a failure and if they can adopt some of the platforms and programmes of other countries, including the United States and Japan.

Britain is now looking elsewhere. They are not happy with the kind of programme they have in that country. They are looking to specific proposals that have been delineated in Baltimore and which have been given to this government as well — and Japan — which have been made available to this government. It's a myth that's got to be kicked out right as quickly as possible that the British system has achieved some kind of Utopia. It is far from that.

I'll tell you that we will turn this country into a nation of drug dependency if we follow the kind of irresponsible recommendations that are contained in recommendation 213. I'd commend the Health Minister to look to his own conscience and to come up with some kind of definitive statement that will put to rest the minds of the people of British Columbia with relation to the treatment of drugs and drug and alcohol dependency in this province.

I find a little counter-democratic the recommendation 245 in which the doctor says that discussion should begin immediately to prepare

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legislation to make fluoridation of water supplies mandatory in this province. I don't know why the doctor has no confidence in the democratic process but as long as I'm a legislator in this building I hope that we'll stick to the democratic process and that if the people want fluoridation, they'll vote for it and then they'll get it, but that we don't shove anything like that down their throats.

Mr. Chairman, I find a little counter-democratic as well the comment made at the opening of Chapter 3, Part VI, where it is said, first of all:

"Bearing in mind the size and difficulty of the task indicated in chapter 2, the cabinet must carefully review the implications of the changes proposed and then make its position very clear, either by accepting the report in total or by indicating those parts that it will accept. Having made this review and decision, the cabinet must then commit itself fully to implementation."

I find that conceit coming through the pages again in that kind of a recommendation.

He says that "this requires acceptance of the timetable for implementation — which is incredibly short, incidentally, the plan for implementation — "the resources required, the ongoing costs of the new system." That's right. Buy it or else!

"Once these commitments have been made, the government must be prepared to stand firm when opposition arises and problems occur. In a task this large which affects so many people, opposition will occur."

I'm glad he is going to allow some opposition.

"Mistakes will be made; problems will develop. Those involved with implementation must know that the government stands with them and will not vacillate and back away whenever difficulties arise."

Sounds like ICBC. Nobody is right but me. Don't ever listen to anybody; just forge ahead and stumble on whether you are right or wrong. Don't ever take any advice. That's the good socialist attitude.

He also insists that legislation must come this session — this session, Mr. Chairman — to review and to revise the British Columbia Regional Hospital Districts Financing Authority Act, Community Care Facilities Licencing Act, Dental Technicians Act, Dentistry Act, Department of Health Services and Hospital Insurance Act, Hospital Act, Hospital Construction Aid Tax Repeal Act, Hospital Corporations Act, Hospital Insurance Act, Medical Act, Medical Grant Act, Medical Services Act and Regulations, Mental Health Act, 1964, Provincial Auxiliary Hospitals Act, Public Services Medical Plan Act, Regional Hospital Districts Act — he wants them all changed — Registered Psychiatric Nurses Act, Tuberculosis Institutions Act, University of British Columbia Health Sciences Centre Act, Workmen's Compensation Act, 1968, and the Health Act. This session!

Are you planning those changes this session, through you, Mr. Chairman, to the Minister? I'll tell you, we are going to be here till September. I hope the press got that. We're going to be here a while to get all those changes this session — three times a day until September. I'm tired even thinking about it.

MR. P.L. McGEER (Vancouver–Point Grey): Or until the rugby season is over. (Laughter.)

MR. McCLELLAND: In concluding my remarks about the Foulkes report, I would be remiss if I didn't just mention the report's attitude with regard to mental health services in this province. I must say that here is the bitter indictment of the people who have been working within the mental health services of British Columbia so thanklessly and so heartfully for so many years. It's an indictment, Mr. Chairman, of a group of sensitive and caring people who have been struggling to make life something more worthwhile for people with mental disorders.

I commend the Health Minister for his remarks immediately after the report was delivered refuting that attack on the people working in our mental health system.

I wonder why, while the Minister was at it, he didn't take the same stand with relation to other offensive sections in this report. I suggest that the reason he didn't was because the report does reflect socialist philosophy.

The Minister reassures us in this House that the report is just to stimulate discussion. I can hardly buy that. The report was commissioned by a socialist, written by a socialist, and its terms of reference were based on socialist ideology. What other result could you expect except a blueprint for socialism? That's what we got for our \$1 million: a blueprint for socialism instead of a delineation of the real needs to deal with the health-care problems of the future in British Columbia.

Before I sit down, I'd like to just mention a couple of other items of vital interest to the people of B.C., the first of which has to do with intermediate care.

The Minister in his opening remarks mentioned that we're going somewhere in intermediate care, but there isn't much evidence that we're going anywhere. In the budget, for instance, there's \$1 million allocated for intermediate-care programmes. It's only for research? I don't know what it's for, but it certainly won't go very far in

providing new intermediate-care beds for the people of British Columbia. We've got to start going somewhere.

I would just mention again, Mr. Chairman, about that health-care committee which travelled all over this province to talk to people in all walks of life about what they thought were the major needs in

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health care of its people. If there was one recurring theme that we heard over and over again, it was that we must make some kind of provision for the people who are caught in the squeeze between acute care and chronic care, and for whom we have not been doing enough either now or in the past. For those people, who are being discriminated against because they've been effectively cut out due to financial restrictions of our health-care system, there wasn't any doubt among the minds of the literally hundreds of people who came before our committee in villages and towns and cities all over British Columbia that that was the one thing they wanted this government to do for them. They weren't prepared to wait any longer for some kind of action with regard to those people who are caught in the middle of the health-care system.

They and the Members of the committee expected that this government would give it urgent priority. In fact, the Minister of Health and the Premier have both said that, and the Minister mentioned it again in his opening remarks. That kind of care had to be an urgent priority, and yet, even though the Minister says we're going somewhere, we can't see where we're going. The people who came to our committee can't see where we're going. All they see is lack of action.

We got started in a small way in a programme of intermediate care with the previous government's commitment to the new intermediate-care hospitals which are on line now. But where do we go from there? Why don't we continue? Why call a halt to it now that we have that shaky start? There's nothing in the annual report, as the Hon. Member points out; there doesn't seem to be very much in the budget. We can't see any progress in this area of vital need.

[Mr. Dent in the chair.]

The Province of Alberta clearly is leading this nation in making available intermediate care for its citizens. It has an excellent programme developed and working at pretty reasonable cost, as I understand it. Why don't we find out from Alberta what to do if we can't develop our own programmes? I suggested during another debate in this House a few weeks ago that perhaps the Standing Committee on Health, Education and Human Resources should be commissioned to go to Alberta and do a very thorough study of the Alberta system — or maybe just go into my office and look in my files; I have all the information on the Alberta system, and it's a good one. Why don't we go to Alberta and study that system and see if it can be implemented here? The Member for Oak Bay (Mr. Wallace) had indicated we can do it for a pretty minimal cost. I realize he's not the Health Minister, but the Health Minister might lend an ear from time to time. Why don't we go to Alberta and study their system?

I might quote even from the Minister of Health himself who said in a press release on October 1, 1973: "Mr. Cocke confirmed the government's intention of extending the present B.C. Hospital Insurance Services programme to include intermediate care as quickly as possible." That was in October of 1973. What does "as quickly as possible" mean, Mr. Chairman? When can we expect a programme of intermediate care and when can we expect that intermediate care will be included in the B.C. Hospital Insurance Services programme in this province? That's a simple question and one that should deserve a simple answer from the Minister of Health.

What kind of pressure is the Minister putting on the federal government to help us develop new programmes? I'm sure the Minister will agree that much of the delay, much of the concern, much of the problem in developing these new programmes is a reluctance on the part of the federal government to involve itself in cost-sharing for some of these new ideas. I don't think the Minister will deny that. But then, what pressure is the Minister putting on the federal government to make sure that the federal government is as progressive as this province is in relation to accepting new programmes and sharing fully in their cost, which is more important still?

I had some comments from people involved with the hospital in Langley, whom I believe submitted some

information to the research project headed by Dr. Foulkes. They point out the problem quite clearly. They say, "Unfortunately under the federal-provincial cost-sharing programmes, facilities such as nursing homes or services such as home care are not shareable, thus these are left to the resources of the various communities or private enterprise." So the programme must be one of extreme pressure on the federal government to make sure they get with us on these problems.

What's happening in areas like Langley, and I'm sure in other areas in the province, is that because of the compassion of the local hospitals, we have patients occupying acute-care beds who should be looked after in less-expensive facilities. You can't blame the local hospital officials for that because they see the people suffering. They see that if a person is to be discharged from an acute-care bed at \$50, \$60 or \$70 a day, for which he pays only \$1 a day, it's going to be a severe hardship on that person to have him discharged and sent, perhaps, to a facility where he or she has to pay \$40 a day or \$30 a day or \$20 a day. You can't blame the local officials for having some compassion for that person who will suffer a severe financial penalty if he has to be moved from one level of care to another.

The last task force on health which was implemented by the federal government said it was very important to consider the total system of health delivery. That's why I say again that I appreciate the

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comments in the Foulkes report about the progressive patient care idea. But that can never happen unless we have total co-operation from a financial point of view with the federal government.

I think it's vitally important that we get that cost-sharing with the federal government as quickly as possible. The Minister of Health mentioned again in his opening remarks about home care. I agree with the Minister that any system of intermediate care has to be in relation to a programme of home care as well. I think it's very important that we remember, however, that a system of home care could turn out to be counter-productive again if we allow the costs of that kind of system to get out of control — and they could get out of control very easily.

There are times when a home-care system, because of the nature of the costs of it, won't be appropriate. We have to have the back-up and institutional facilities to go along with the home-care programme, not the other way around as the Minister put it, or the whole thing will fail.

The Minister himself, I believe, some time ago mentioned his insistence that we get on to a home-care programme as quickly as possible. I have it in *Hansard* here, but he knows that's been one of his priorities. The question again is: how long does it take to implement these priorities? What does "as soon as possible" mean to the Minister? Those are the questions I believe have to be answered.

I'll have a number of things I want to raise on specific votes, perhaps later on in this debate. I want to talk for a moment about the Minister's interference with the Hospital Employees Union in relation to the settlement of an agreement for bringing the discriminatory aspects of the female employees of the hospital system up to some kind of par with the other employees of the system.

As I understand it, there was a provision in the last agreement with HEU which said that hangover grievances would be settled within the life of the contract. The Minister chose to take this one aspect of : those grievances to interfere himself to an incredible degree and to sign a personal agreement with the Hospital Employees Union as a Minister of the Crown in relation to a labour grievance. Now we see the situation where the registered nurses in this province are demanding similar treatment. And why not?

The Minister's interference in this instance sure shook the boots of the private sector. They don't understand why he took to interfere personally in a labour dispute. This year we're faced with a crushing round of bargaining in the labour sector, and here we have the Minister of Health interfering on a scale that is completely unprecedented. No wonder that industry is quaking and wondering what's going to happen next.

Is the Minister of Education (Hon. Mrs. Dailly) going to start setting teachers' salaries on her own? Is the

Attorney-General (Hon. Mr. Macdonald) going to start setting salaries for lawyers? Is the woods Minister (Hon. R.A. Williams) going to set salaries for loggers? What next, Mr. Chairman?

The hospital workers got a very good deal out of this agreement. Why not? — they had a friend in court. We want to know why he interfered. I'd wager that the unions in all sectors this year are going to demand the same kind of consideration. They want their friend in court as well. Perhaps, given the incredible performance of the Health Minister, they have the right to ask for a friend in court. The Minister's interference is becoming legend; he even interferes to get his friends jobs at ICBC.

HON. MR. COCKE: Oh, be fair.

MR. McCLELLAND: But I'll tell you this is more important than that because he may have throttled the chance for fair bargaining in this potentially volatile year. I must stress that it is an agreement between the Hon. Dennis Cocke, Minister of Health, and the Hospital Employees Union, Local 180. It's an agreement, and there can be no doubt about that.

It goes on to outline the terms of the agreement. There's one totally phony section in this agreement which says: "To ensure that the obligations of free collective bargaining are maintained and encouraged, it is directed that the Hospital Employees Union and the hospital's bargaining agent shall negotiate the timetable for elimination of discrimination in wages, category and promotion for female employees."

How on earth can you consider that to be anything less than phony? On the one hand it says we're ensuring that free collective bargaining be maintained and encouraged, and on the other hand we're directing the two sides in the dispute to do something. What's free about that? What kind of collective bargaining is that, Mr. Minister? It's double talk, that's all it is.

Then it goes on to say, "If progress towards this goal is deemed unsatisfactory, the Minister of Health Services and Hospital Insurance shall undertake suitable measures to ensure that the goal is achieved." Is that free collective bargaining? That's deliberate interference by a Minister of the Crown in an area in which he has no right interfering and had better stay out of from now on.

Interjection.

HON. MR. COCKE: Sex discrimination. Be fair.

MR. McCLELLAND: Wages and category and promotion — all areas which must be left to free collective bargaining without the interference of the Minister. I'm suggesting you set a dangerous course

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for yourself that's going to result in a terrible round of inflation in this province. Already you've upped hospital costs 20 per cent by your one stupid act.

You've shown no insight; you've destroyed the bargaining atmosphere. You've not only made the registered nurses second-class citizens but you've also given no thought to how it's going to upset the balance. You've set off a chain reaction that's going to create havoc. The Minister has unilaterally decided that he can step in and settle economic problems. I ask, where does he step in next?

What does that do to the Minister of Labour's (Hon. Mr. King) suggestion that we must maintain a climate of free and fair bargaining in this province? That's no climate of free bargaining; it's interference by the Minister to an incredible degree. It's just another example of this government's need and obsession to meddle in affairs outside of its competence.

I'd suggest that in this instance not only have you meddled in areas outside of your competence but you've also destroyed the morale of some 7,700 registered nurses in this province. You know the consequences of that

action, and I hope you're not too happy about that.

I'll have more to say about this department on a later occasion. I thank you very much.

MR. McGEER: I don't intend to speak at any length on this Minister's estimates; I think we'd like to hear from him in little more detail on some of the aspects of his department.

But I must say that one of the few departments that seems to have worked more smoothly under the present administration compared with the former one has been the Department of Health. I really think the Minister is one we can commend for a general overall performance.

I don't want the government to think I'm going soft here in opposition, but I would like to quote for the Minister from one of the great Canadian medical scientists, Dr. Hans Selye who says, "Man must have recognition. He cannot tolerate constant censure, for that is what makes work frustrating and stressful." I don't think we should be constantly censuring the government. We want to pick our spots.

I'm not going to debate the Foulkes report either at any length. I tried reading it several times and I kept falling asleep. I think that may have been what happened to the Minister because he has been pretty unclear as to what he's going to do with the Foulkes report except, I hope, to put it upon the shelf.

I thought the Foulkes report was a mixture of fairly obvious medical comments and some fairly obvious socialist comments. I suppose that the obvious is soporific; I found I just couldn't sort through the 200 to 300 recommendations. There just wasn't the kind of substance in that report that allowed you to get a hold of a plan for the future of health services in British Columbia.

There were some parts of the Foulkes report that did catch my attention. I noticed one of the few places where the Minister disagreed publicly with his consultants. But where I found myself in an agreement was in the matter of fluoridation of water supplies. The Minister danced away from that one even faster than the ones who were formally Ministers of Health under the Social Credit.

Mr. Chairman, the Minister and some others on the opposition side have suggested we should go into denticare. I absolutely agree with that. But I say it is public money being wasted on a massive scale if we do not couple this with an aggressive programme to fluoridate our water supply.

British Columbia has one of the worst dental caries problems in the nation. It has one of the lowest per capita fluoridation of water supply rates. It does not have a sufficient number of dentists, particularly in centres away from the greater Vancouver and greater Victoria areas. To embark on a programme of denticare without first addressing oneself to the problem of prevention, in my view, is irresponsible.

Mr. Chairman, what are the authorities upon which I base my contention for the 12th straight year in this assembly that we should do something in British Columbia to encourage fluoridation of water supply?

I start with the World Health Organization which says:

"The effectiveness, safety and practicability of fluoridation as a means of preventing dental caries, one of the most prevalent and widespread diseases of the world, is now established. No other vehicles or techniques for the prophylactic application of fluorides can at present substitute for the fluoridation of drinking water as a public health measure."

Mr. Chairman, the Minister of Health (Hon. Mr. Cocke) in waffling away on this problem of fluoridation of water supplies has suggested milk and tooth paste and applications in doctors' offices and so on. It's weak wiffle-waffle, and the World Health Organization says, "No." The World Health Organization says: "Looking at the world at large, dental decay represents an economic drain on both health services and individuals. Early detection and treatment of dental caries is effective in controlling diseases and its results.

"Even in those countries with the highest ratio of dentist to population, however, no more than one-third of the needs of the people are being met."

British Columbia is probably meeting less than one-third of the total need.

Yes, we deny what our own former Minister of Health in Canada has said: "Rarely has any health measure been the subject of so much study and

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research. Every allegation of harm has been painstakingly assessed. The safety of the measure has now been placed beyond doubt."

The Minister of Health for all of Canada....

MR. H. STEVES (Richmond): Nonsense.

MR. McGEER: "Nonsense," says my health crackpot in the corner. Here's who has endorsed it: the Canadian Dental Association, is that nonsense? Canadian Medical Association, is that nonsense? Canadian Conference on Dental Research, is that nonsense? The Canadian Pharmaceutical Association, the Canadian Public Health Association, the Canadian Society of Dentistry for Children, the Department of National Health and Welfare, the Dominion Council of Health, the Health League of Canada, the Canadian Federation of Business and Professional Women's Clubs. Even women's lib is for it. Not only all those people, but former Premier Bennett was in favour of it.

AN HON. MEMBER: That kills it. (Laughter.)

MR. McGEER: I tell you, the breadth of opinion here in favour of fluoridation staggers the mind. Yet, there's always some nut somewhere who will say it's harmful; you can always find one.

I don't think we should let these health crackpots push us around any longer. No, sir. I think it's time for sane and sensible people, backed by thorough scientific research endorsed by every reputable organization in the world that has knowledge of this subject — I think we should take their advice. Not the advice from the Member for Point Grey but the advice of these authoritative bodies that have proved beyond question the efficacy and safety of this.

We know that right here in British Columbia no more spectacular evidence has been obtained for the effectiveness and safety of fluoridation of water supplies than some of our communities in this province like Prince George, like Kelowna....

AN HON. MEMBER: Are you against freedom?

MR. McGEER: Am I against freedom? Of course I'm not against freedom; I'm just for good, common sense public health measures. I'm for chlorination of water supplies; I'm for pasteurization of milk; I'm for giving to each and every one a whole variety of agents which immunize them against disease, and I'm for fluoridation of public water supplies.

Mr. Chairman, I think the Minister's gone out for a drink of water. I hope it will help his teeth, but I'm afraid it won't.

You see, if one compares the various provinces in Canada for the percentage of population that can benefit from this most important of all public health measures in terms of the proportion of people who are affected, 98 per cent of people have dental caries. And the overwhelming percentage of dental caries can be eliminated by this simple, safe measure.

Here are the provinces in Canada and how they stand in this matter of fluoridation of water supply: Manitoba. 62 per cent; Ontario 55 per cent; North West Territories 52 per cent; Nova Scotia 36 per cent; Alberta 36 per cent; Yukon 34 per cent; Saskatchewan 33 per cent; Canada as a whole 32 per cent; Prince Edward Island 18.9 per cent; Quebec 10 per cent; and poor old British Columbia. 7.7 per cent. Isn't that disgraceful, Mr. Chairman? We're way down at the bottom in Canada in this absolutely essential public health measure if we're to contemplate a denticare

programme.

The Foulkes report says that all water supplies should be fluoridated on a compulsory basis. I don't think we need to go that far because I'm certain that the majority of people have good common sense about this measure.

There are two ways one could go about it that would be perfectly successful and perfectly satisfactory: one is to allow municipal councils on their own initiative to have the water supplies fluoridated. If the public don't like it, they can throw them out at the next election.

The other would be simply to reduce the necessary majority from 60 per cent to 50 per cent. We decide everything in politics by a simple majority. We decide who'll be government right here in this House by a simple majority — not 60 per cent, but a simple majority.

I think the same rules that apply for election of people to parliament and decisions regarding who should govern the province should apply to this matter of fluoridation. If the Minister were simply to change the level to 50 per cent, it would stimulate a lot of plebiscites around the province and we would be successful in the way that the Member for Richmond (Mr. Steves) desires in introducing this important measure.

There are other routes short of the extreme measures of the Foulkes report. May I just toss them out for the Minister's consideration?

You know, people from Vancouver, particularly, feel that they drink mountain fresh water — the best water in the world. Therefore the idea of adding anything to it always provokes a lot of prideful people. Here I have an article that links soft water to heart disease. There's now a considerable body of evidence that areas that have a high content of minerals in the drinking water have lower heart disease among the residents. It is suggested that maybe a few additives to water, in addition to chloride to kill the bacteria and fluoride to strengthen the bones, might be beneficial to overall health.

Mr. Chairman, Members have heard me speak on

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the subject of fluoridation before, and I'll continue to speak on the subject of fluoridation until I find a Minister that brings some action.

I want to talk about another area where the Minister has been noticeably soft. He was great for physical fitness and gave that nice little talk and I want to tell him that I'd like to participate in that programme. I want to participate and I want to do it when the House isn't sitting. I don't want to be like the Premier and take my time to go there when there's a delegation on the front steps and when we're sitting in the House. But I'll be there.

I think the Minister has been soft on smoking, Mr. Chairman. Yes, I do. I asked him when he first took over to put great big "No Smoking" notices on our ferries. There are two reasons for this, Mr. Chairman. Smoking's a killer. More people die of lung cancer because they smoke than get killed in automobile accidents. It's a dreadful way to die and an awful price to pay for a silly, dirty habit. If people were to stop smoking today, it would add three years to the lifespan in Canada, and the amount of money people would save would be enough to allow them to take a trip around the world as the initial dividend on their retirement.

The federal government of Canada still encourages the growing of tobacco on rich Canadian land that could be used for growing healthful crops — another disgraceful government performance but one which this Minister, happily, has no responsibility for.

But, Mr. Chairman, the Minister could give non-smokers in British Columbia their rights to inhale a lungful of nice, pure, oxygenated air and not someone else's dirty, filthy tobacco smoke.

Interjection.

MR. McGEER: I'm trying to reform my good friend and colleague, the Member for West Vancouver–Howe Sound (Mr. L.A. Williams), but you people on the government know that isn't an easy job. I tell you when he makes his mind up, he makes it up.

But, Mr. Chairman, I'm hoping to change the Minister of Health's mind because now, in some jurisdictions, they are passing laws prohibiting smoking in public places unless there's a sign specifically stating that smoking is possible. On aircraft, it's now required that part of each aircraft be reserved for non-smokers. I travel on aircraft a fair amount and I'm sure the Minister does, and he'll probably know that when this programme was first started, there were two or three little seats put together for the non-smokers and the children. You could never get a seat in the non-smoking section. It's grown and it's grown and it's grown and it's grown. Now, in most aircraft, the majority of the aircraft is set aside for non-smokers and you still can't get a seat in the non-smoking section.

I only mention this to illustrate how badly people have wanted all these years to be spared the intrusions of the selfish smoker. The politeness and restraint of the non-smokers has been astonishing. But I think they now ought to start getting tougher than women's lib, demand their rights to a lungful of nice, pure air, and say that restaurants, ferries, theatres, sports arenas — any enclosed space — should have reserved at least half for non-smokers, where the air can be clean, and take all the other dirty smokers and sit them off in a corner and let them pollute each other.

The Minister could bring in legislation this session making smoking a misdemeanor. We don't want to call it a crime, as the people do more damage to themselves than they do to others, but it still should be a misdemeanor to themselves and to others. Make a nominal fine if they smoke in an area that's reserved for non-smokers. It's a pretty simple thing to do. The trail has already been blazed and all we have to do is to improve on the anti-pollution record of British Columbia.

Now, Mr. Chairman, I'd like to dwell on another, more ominous health problem where again I don't think the government is tough enough. I refer to problems associated with narcotics and other drugs of abuse. British Columbia is the drug capital of Canada. This is the place that has half of all the nation's hard-drug addicts.

This, of all places, is where a Minister of the Crown suggested free drugs. Yes, and he was supported by a physician, the Member for Oak Bay (Mr. Wallace). I'm glad the Member for Oak Bay has come to his senses. He's realized what a mistake this was, that the Holy Grail of the drug addict is to have free drugs and that the only places on this earth that have licked the hard-drug problem or beat it down to miniscule proportions are those places that have been resolutely determined to run every drug abuser out of the country or into an institution where he's protected from himself and from others in the general public.

Our problem here in British Columbia is that there is an established drug distribution organization. Every spot in it from the connection down to the lowliest pusher on the street is well understood. You arrest one guy, put him in jail, and these days maybe he'll be paroled the same day or the next day, or maybe not. But even if he doesn't take his former place in that drug distribution organization, there's somebody else to do it. The objective cannot be to catch an individual who fits into a well-known business which supplies 10,000 people in British Columbia with a daily commodity that they want. You have to smash the business. You cannot do that without being just as tough as any country in the world with people who use drugs as well as people who distribute them.

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Our problem is that we try and make this artificial disconnection between the person who pushes and uses and the person who is the connection and supplies. They're all part of the problem, and they all need to understand one day that British Columbia is one place where you don't monkey around with drugs.

When we get a little backbone in government and in the way we handle legal problems with regard to drugs in British Columbia, we'll begin to see this problem decline instead of increase as it's done for the past 8 or 10 years.

I've no sympathy with the federal government; I think they've done a lousy job. I think the LeDain commission quite frankly encouraged the use of drugs all across Canada. I think it was a mischievous and ineffective commission which did damage to the country. I'm pleased the Minister of Justice (Hon. Mr. Lang) had enough

common sense to back off from the recommendations of that commission. I think the commission recognized in mid-stream that they were doing a lot of damage and began to poll in their horns. But the fact remains that the LeDain commission in sum has been mischievous and harmful, and some people are going to have to pick up the bits that have come after the LeDain commission.

They exist here in British Columbia. While the LeDain commission was supposed to be investing drugs in Canada, our heroin population increased threefold. You can't call that performance, except in rapid reverse.

I'd like to switch to still another subject where I think the Minister could make great strides: the problems of medical research and the efforts that should be made to cure disease.

There are about 5,000 different ways to die that have been described so far. I can assure you, as one who has trooped up and down hospital corridors, they're nearly all unpleasant. We have a good health delivery system in British Columbia for those diseases where some help can be given by the medical profession. Those diseases where genuine help can be given fall into a minority, a small minority. The bulk of diseases are ones which people have to suffer through just as they did in olden times.

The federal government has not been supporting medical research as it should in Canada. I consider the performance of the federal government in the matter of supporting medical research to be a national disgrace. I say this because we started in the early 1960s committing about 1 per cent as much of our resources to the curing of disease as did the United States. During the years of the Pearson administration, there was a fairly rapid growth in Canada of medical research and we increased to about 3 to 4 per cent of what the United States was spending. Then, in the last three or four years, there has virtually been an arrest.

It would have been impossible for us to have accelerated more rapidly and still maintained any kind of reasonable performance; you can only grow so fast in business or in medical research or science of any kind. But what has happened is that there's been a virtual arrest of moneys being made available. Because of inflation, actually less medical research is being done in Canada today than two years ago. We should have continued to accelerate at the most rapid possible pace until medical research in Canada began to approach in volume what is appropriate for a nation of our wealth and our capability.

Perhaps the greatest contribution Canada has made to the world was the discovery of insulin just over 50 years ago. More people are alive today because insulin was discovered than there are Canadians on the face of the earth. The incidence of diabetes is such that there are more people with diabetes in the world than there are Canadians, and these people live by virtue of a Canadian medical discovery.

If you want a way to give to the world, give through discoveries in health. The capability to do that depends on the efforts you are prepared to commit as a nation to this objective.

The Foulkes report completely missed this point; the federal government of Canada does not seem to understand it. Yet, for those who are seeking a cure for cancer or heart disease or mental illness or any of the afflictions that make our limited time on this earth less pleasant than it can or should be, the message comes very clear indeed. Therefore, the responsibility falls on this Minister of Health, this assembly and this province, just as it does in every location in the world, to carry our share.

We have tremendous wealth in this province and this provincial government has tremendous wealth. Several hundred million dollars a year are spent on delivery of health care. If just a small percentage of that — 2, 3, 4 or 5 per cent — were to be committed to the discovery and the solution of disease problems for which there now is no cure, we would be setting off on the highest endeavour that our province could establish as a provincial goal and multiply many fold the present very modest activities we have in this regard within the borders of British Columbia.

I'm not going to spend time rehearsing the details of how this should be done. I've spoken to the Minister privately on a number of occasions; I know he sympathizes with the general proposition.

When I talk about medical research, I'm not talking as in the Foulkes report about deciding whether it's more

efficient to give this kind of care in this hospital versus that kind of care in some other hospital. I'm talking about taking dead aim on the killers in our society: cancer, heart disease, the diseases that fill our hospitals with ill patients, mental illness, multiple sclerosis, and on and on and on,

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where no work of any kind is going on in this province that has any prospect at all of helping these people. To take the limited resources we have and kid ourselves that we're doing effective medical research with the kind of piffling programmes suggested in the Foulkes report is to miss the meaning of the mandate. We need to go after the big diseases in a big way. We have the money to do it, and I would like to see the Minister today make a commitment to that endeavour.

MR. WALLACE: The whole field of health care is extremely complex. It represents a very large part of the total budget and we could spend weeks literally debating health services. Certainly, with these two enormous pink tomes, we could spend a lot of time just debating the Foulkes report. I don't think that's the purpose of the discussion of the Minister's estimates, although inevitably one should make some comment about the Foulkes report.

There's a great deal in the report which is very good in terms of certain issues. I would say, though, that it's a very difficult report to read. It seems to be somewhat disjointed and poorly put together. It's poorly documented; many statements are made which really are not in any way backed up with good research and documentation. In just talking, I would say this of any report that was of such far-reaching consequence and yet which was written so poorly.

As I said earlier in the debate even the very numbering of the pages and the sections and the paragraphs...It's not easy to go back to another part of the report that you know you've read and you can't find the page it's on. This is a frustrating way to try and deal with it.

But these are small matters. I hope that if anybody else is contemplating this kind of report that at least they could probably start with page I and go on 2, 3, 4 in the normal, standard way and perhaps just deal with chapters and page numbers. This business of having pages labeled IV-C-21-2-3 makes it very difficult to get through the report and refer back to pages and so on. But that's a small point.

The general thrust of the report which I think is good is that it certainly emphasizes universality and the comprehensive nature of the need in the health services in the field starting from the most early preventive measure through every grade of health care, to the most intensive care in the acute hospital, and the increasing demands for the care of the extended-care patient and the older age groups.

It talks about coordination and integration. In fact the report uses these words interchangeably and I am not sure that is necessarily accurate. These general concepts, I think, are surely acceptable and form the basis for any kind of complete programme for the delivery of health care services.

I would say again with some sense of criticism that it does spend a fair bit of space in the report telling us what we already know. Some of the areas that are covered, really, are nothing new.

I would question the frequent use of the word "consumer" in a health report. I think when a patient is sick in hospital and requires some kind of health care, to talk repeatedly about that sick person as being a "consumer," I personally almost take objection to that. I don't look upon a sick person as a consumer like a consumer buying Idaho potatoes or split peas in the supermarket. This is a different area of human affairs that we are talking about.

At the same time, the writer of the report talks about a greater need for public participation. Throughout the report there is, I think, a very unfortunate theme that the whole service is in the hands of the professional and that somehow the professional is abusing a position of privilege.

Public participation is certainly a very excellent idea and I've been among the first to support this government in encouraging lay people to take part in such functions as hospital boards and the council of the College of

Physicians and Surgeons, and similar bodies. I think this is certainly worthwhile.

When you read — and I don't want to spend too much time specifically on the Foulkes report — but when you go through the second book, there is this unfortunate implication that the professionals completely control the service and the individual who is not a professional is very much entrapped and enslaved and the professional does whatever he wishes. That's certainly the clear message that's suggested. I just don't happen to think that's the case.

Again, I criticize the report in the respect that the writer makes this rather serious statement with serious ramifications and he doesn't document it. He doesn't show examples where professionals because of their privileged position have been making decisions or carrying out treatments or actions which are to the detriment of the patient. I must say that it goes completely overboard in this respect in one part in the report.

I can't find it. As I say, the pages are hard to find sometimes. There is somewhere in the report here and I just can't put my finger on it. It's IV-C-17-2. You feel like you are reading the lesson in the church when you have to find out whether it's the first or second book of this or that.

The statement is made about the "objectivity of the professional" and not enough responsibility or decision-making on the part of the patient. It picks out the example of radical mastectomy, which is the complete removal of the breast. I just can't imagine that the writer of this report is suggesting that doctors would undertake such a disfiguring operation for any other reason than the medical welfare of the patient. The implication is clearly left in this part of the report that doctors are somewhat indifferent to

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the kinds of treatment they might inflict on a female. Now, I don't want to stretch this out any further than that, save to say that I know enough about the doctors that I have met in my 20 years of practice, and this is the kind of decision which a doctor very, very seriously ponders before he inflicts some disfiguring operation on a patient.

This kind of stuff in the Foulkes report is most unfortunate. I think it's unwarranted. Again, he doesn't come up with any kind of documentation to suggest that this goes on except that, as I say, he does talk about the objectivity of the professional people being questionable.

I might just say, Mr. Chairman, on that particular very serious operation which is undertaken for breast cancer, let's get it on the record that there are equal schools of surgeons who vary greatly in their conclusion as to the best treatment for this particular problem. I wouldn't for a minute mislead the House. Some surgeons believe that the patient is as far ahead simply to have the lump removed as she is to have the breast removed. I'm not for a moment disputing that. Other surgeons believe that the most radical possible operation is the best way to handle it.

The fact is that statistics on this particular disease in this particular location in the body are available for years and years and years. It has been a very tragic, frequent incidence of cancer in women for many, many decades and the figures are available. We have, as I say, various schools of thought.

I don't want to belabour the point, but I think it leaves a very unfortunate impression in this report that the decisions might be made without objectivity and that the doctor may indeed be taking a form of treatment which is not in the best interest of the patient but is done without all the deepest consideration which I know goes into decisions on this particular operation.

I don't want to get into great depth either in the whole question of abortion. We seem to talk about that endlessly and the picture never changes. But in the section on the health care of the problems of women, it says:

"Many women are critical of 'attitudes' towards the important areas of family planning, therapeutic abortion, sexuality generally, and they are concerned with the 'objectivity' of professionals.

"Women are placing increased emphasis on self-determination...Therapeutic abortion committees, decisions regarding whether or not radical mastectomy is the required treatment for breast cancer, are examples of these concerns."

As I say, Mr. Chairman, the whole question of abortion is very much in the federal realm and again I think this report leaves many things unsaid.

If it were to be of real value and validity, I would feel that this particular part of the report dealing with women has been done very lightly and inadequately, as indeed many of the other chapters and to just make these general statements without any amplification or documentation, I think is one of the regrettable parts of this report, and we discussed the education White Paper as being platitudes and so on.

I would have to say, regretfully, that in some of these chapters which are of extreme importance, the writer — or who ever wrote this part — makes these bland, general, inaccurate statements which really, I think, do more harm than good, simply because they have not been done in sufficient detail, or documented in an accurate way.

They talk about surgical consent and so on, and I think that certainly should be explained to the recipient of medical care. Particularly in a sensitive area such as abortion there should be more counseling; there should be more availability for discussion by the patient. But, as I say, there are certain suggestions made about therapeutic abortion here. I would just like to quote one paragraph again. It's IV-C-17-4, and it talks about these abortion committees being a threat to social justice.

I don't think that this is the kind of statement that really contributes much when these committees are set up by the federal government under the Criminal Code of Canada. What can the Minister of Health in this province do about that, or what can the physicians providing the service do about it?

It mentions under the heading of surgical consent: "In this area of grave concern, that of mutilating surgical operations, there should be no doubt whatever lingering in the patient's mind as to the reasons for the surgeon requesting consent." Well, again, in my experience the very vast majority of surgeons would never consider operating on somebody without at least telling them in the course of discussing the diagnosis why they are operating.

There may be times in emergencies when a patient is unconscious or in a car accident, or where there's some circumstance where he obviously cannot explain to the patient. But when we're talking about something as premeditated as abortion, or where we're talking about something as serious as a cancer operation which will disfigure the person, I just think this is just going a bit far to make this kind of statement in the report.

There are other sections of the report which I also touched on very lightly. I'm amazed at the few pages devoted to the care of the aged. If there is one ever-increasing responsibility for any community providing health services, it must be to the aged. Here again we've got this chapter; it's only a few pages.

It really talks in rather general terms and comes up with relatively few specific recommendations. It touches upon the need for more intermediate care and the need for home care and personal care. But as

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I say, Mr. Chairman, a lot of this is just recycling of information that we've had for a very long time. As one of the former speakers said this afternoon, we went around the province last year about this time and for the nth time discovered what the need is.

I would say that if there's any one area of neglect in this province in the delivery of health services, it most assuredly has to be in that area.

I was eagerly awaiting the Foulkes report to see what specific plan of action Dr. Foulkes would recommend to provide those services which we know are needed. We know the quantities, we know the numbers, we know the level of service — the kind of service; we know all that. We just don't need another few pages of platitudes saying that it is society's duty to look after the senior citizen, and there must be better home care and better intermediate care and so on. We know all this.

In the budget speech I suggested that what is wrong is our sense of priorities in terms of the surplus of funds.

In an earlier speech I pointed out that the kind of sums of money involved in intermediate care is something that is well within our reach in terms of the budget which was presented in the House.

In passing, and before the Premier leaves the chamber, I wonder if perhaps he might get into the debate and enlarge on yesterday's comment that money from the Mineral Royalties Act would be used to provide chronic care.

HON. MR. BARRETT: On Bill 31, I will elaborate.

MR. WALLACE: I am pleased to hear that the Premier would like to comment on that later when we debate Bill 31. But there again, I would assume that any revenue derived from whatever source would go into the consolidated revenue fund. I seem to recall a great deal of controversy regarding a certain change in taxation which occurred under the former administration when the sales tax percentage was increased and the increase was supposed to be clearly allocated for the provision of hospital services.

I never, ever did find out what the accurate interpretation was of that particular change of policy. But I understand that it went from 3 per cent to 5 per cent and there was a claim at the time that the extra money would be allocated to hospitals. The public of British Columbia were left wondering if this ever happened.

I would certainly be very interested to know whether this revenue which will go to chronic care will go specifically to BCHIS direct, or will it find its way through the various convolutions of the Minister of Finance and the various funds or accounts, of which the main one would be the consolidated revenue fund.

Unquestionably there are serious problems right now — right now — which are really hardly touched upon in the section of the aged. I've made so many speeches, if it weren't that the need were really great, I would have to apologize for making the same speech over and over again. But in terms of the elderly and the chronic sick in our province, the situation is inexcusable; it is a disgrace. It was a disgrace to the former administration and it's a disgrace to this one.

I touched on the whole question of definition of a person's need and of the fact — and I give credit to the government — that they're creating more and more extended-care beds. But that is not really fair to that great group of patients who do not qualify for extended care and who are not in acute-care hospitals either; they're sort of in the middle.

While I agree that we do need more extended-care beds, at the same time I think it is not fair to many of the elderly people in other types of facilities that we're going ahead developing the extended-care beds and leaving them with little or no assistance. I think there must be now — and I say this simply because the budget shows that we have a healthy financial surplus — some development of the proper facilities for both the intermediate-care patient and the extended-care patient.

I told the House earlier of the kind of heart-rending tragedy which occurs when an elderly person receives extended care in a good facility but improves just a little bit — may be able to walk with a cane or crutches, or to become partially ambulant or completely ambulant — and then the next of kin are informed that this person must be moved somewhere else. Moving an elderly sick person in itself is a very distressing event regardless of whether the facility is a high-quality one or otherwise. I think, Mr. Chairman, that the Foulkes report takes such a wide and broad look at the total picture that it is unaware of some of the serious, urgent needs in our community right now.

As the Member for Langley (Mr. McClelland) mentioned the Alberta nursing home programme, I just felt that it was very interesting the way he was running in two directions at the same time. He was criticizing those of us who favour some participation in the cost, whether it's \$5.50 a day or whatever it is. Yet he criticized that and went back to the old catchphrase of "soak the sick," and I want to talk about that for a little bit in a moment.

Then in the next breath he said we should copy the Alberta plan which is based exactly on the concept that where the person is receiving all of the care, it is not unreasonable that they pay \$3 or \$4 a day for that care. Now I just find this contradiction a little hard to understand.

But let's just look at the phrase, "soak the sick." The fact is that the whole concept of providing universal, comprehensive, health care services in my understanding is always based on the principle that

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the care should not be denied because the person could not afford the care. There could be nothing more human and more easily understood than that.

On the other hand, and this again is where I clash with the Foulkes report, the Foulkes report has a statement somewhere that they believe the whole thing should be financed out of federal and provincial funds. I find that a little hard to swallow when the federal government is running backwards as fast as it can to get out of its legitimate responsibilities. So for this report to suggest that there should be no premiums and no patient participation and all the money should come out of general revenue and any increase would be raised through income tax and corporation tax, I think is not a very enlightened statement in the light of events because it's very obvious that the federal government is not helping any more as the years go but is trying to less and less.

At any rate, if the principle is that nobody should be denied care because they can't afford it, should somebody be provided with care out of the taxpayers' money to a degree with is not reasonably needed? As recently as this morning I discussed this with people in the chronic care field in an extended-care hospital.

The government brought in the very good programme of Mincome, which is now about \$213 a month. I just suggest, Mr. Chairman, that if elderly persons who are sick and disabled, as they are in an extended-care hospital, are paying \$30 a month for their complete total care, heat, food, light, shelter and drugs, there is nothing which they need which they don't get for \$30 a month, which means that they've got \$180 for spending money. Now, can you tell me how many old-age pensioners living in their own homes on their pension have got \$170 spending money?

What happens? I checked this out. Some of the money is placed in trust and when the patient passes on the money, which should have been contributed to the care of the patient, in my opinion, is then passed on to the family. I understand there are cases where the family, while the patient is alive, are not all that interested in taking extras to the patient. I'm told by one hospital administrator that there's even quite a bit of dissension sometimes when the administrator advises that the mother or the father needs a new nightdress or a pair of slippers or what-have-you.

So let's not get airy-fairy about this. There's some very practical financial realities. The fact is that if some of that money was being made available in a reasonable way by a charge of \$5.50 a day, then there would be more money to cope with the costs of intermediate care, which is being completely neglected. I just don't feel that because we have to guarantee health services for everybody without financial penalty — and I accept that — at the same time if we're not covering the whole scope because it costs so much money, we have to look at this whole concept of a reasonable financial contribution by patients in extended-care hospitals.

There's one big exception, and the Minister knows of it, but I think it must be clearly put on the record that there are some younger patients in extended-care hospitals who have dependents outside of the hospital. I'm not for one minute suggesting that the same rule should apply to that particular situation.

There are patients disabled with multiple sclerosis who may have a wife and family, and it would be completely outrageous to suggest that they would not receive the full Mincome or whatever subsidy was involved. But that is the minority. Once again let's not get blinded to some reasonable legislation just because exceptions in that legislation have to be made for a minority.

I hope that when the Minister answers the questions that are being asked today, that he'll perhaps touch on that particular subject.

I would like to talk a little bit about the whole question of hospital costs. The Member for Langley (Mr. McClelland) made it very plain that he considered that the Minister had interfered in a labour relations matter. That can be debated, but what is inevitable is that the costs in acute hospital care really are reaching a level where the whole of society has to take a very long look.

I'm not arguing for one moment against the rights of individuals to bargain for the best wage they can get. That's what goes on in every segment of our labour force. I'm not arguing about that for a moment. But we've reached a point, Mr. Chairman, where I think some figures should be mentioned.

As a result of agreements in the hospital field, the maid who mops the floor by January, 1975, will be earning \$698 a month. The licensed practical nurse by January of next year will be up to \$855 a month. I did some inquiring and just to make the point I'd like to develop a moment, Mr. Chairman, a lady who does cleaning work in this building starts at \$490 a month and may earn in later years up to \$535, but that \$490 a month is a long way from \$690.

I'm just wondering, Mr. Chairman, how people doing the same kind of job outside of the hospital sphere are going to pressure their employers. In this case I take the example of this government. The Government of British Columbia has given bargaining rights to its employees and I approve of that, but as I say the decisions and the wages which have been negotiated within the last few months in the hospital field show a very substantial rise in wages for various segments, applying really to all levels in the hospital. It would appear that people outside the hospital field, doing the same job, are on a much lower wage scale.

I would have to wonder, and maybe the Minister would comment, as to where this places every other

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employer who is paying wages below those existing in the hospital field. The nursing aide, for example, at the start of this year was getting \$603, and by January 1, 1975, will get \$701. That's the lowest grade and it goes up from there. The practical nurse will be receiving \$672 as of January of this year and \$885 by January, 1975.

The Minister quite rightly believes in equal pay for equal work and that men and women doing the same job should receive the same money and that's fair enough. I agree with that, but what worries me is the inflationary effects of that agreement. A woman pushing a broom in the Royal Jubilee Hospital in January of this year was getting \$600; in January of next year she will receive \$698. If a woman pushing a broom in the Jubilee Hospital gets \$698, I don't think we have a very happy woman pushing a broom in the parliament buildings for a maximum of \$535. They're doing the same job in a different location. I feel that this has opened the door to some pretty tough bargaining in other areas and other sections of the labour force in this province, I must agree with the Member for Langley (Mr. McClelland) that this seems to be setting some precedent whereby the Minister negotiated with the hospital employees union. It was always my understanding that the employees union negotiated with the B.C. Hospitals Association. There may have been a reason for that and perhaps the Minister would like to elaborate on that also when he answers these questions.

The Member for Point Grey (Mr. McGeer) went into the question of fluoridation. I certainly feel from a medical point of view that fluoridation is a thoroughly positive, obvious, sensible technique to use in something as important as preserving the health of our teeth and, incidentally, a greater health of our bones in our later life.

The people who get so uptight about fluoridation seem to overlook the fact that one would not add fluoride to a water supply where the natural content was already adequate. It might also be analogous to say that if you drink too much water of any kind you can poison yourself. Poison isn't the word, but you can certainly kill yourself by drinking too much water. It seems to me that the evidence available on fluoridation unquestionably proves that with proper supervision, just the same as the Member quoted for the supervision of various other illnesses and vaccination against smallpox and immunization against diphtheria, and so on.... Years ago we had people fighting that tooth and nail as though it was some dreaded use or abuse of medical power. I do feel the case for fluoridation has been clearly established, but I would certainly take issue with the writer of the report that it must be compulsory without a vote. I'm much more in favour of the opinion of the Member for Vancouver-Point Grey (Mr. McGeer): if you elect a Member to parliament with 50 per cent plus one other vote, it seems to me you should be able to put fluoride in the water supply on the same basis. This is an area where the report's request for public participation is probably very valid; I would certainly not agree with the idea that water supplies should be fluoridated in a compulsory way without a vote.

One of the areas I think we should just touch on is the whole question of financing of health-care services. Again, to refer to the Foulkes report in passing, I think it has taken a very indifferent or negligent attitude to financing. There are many general areas where it makes recommendations; some of them are rather benign and self-obvious. Apart from saying there'll be no more premiums and no more co-insurance, and all the money will come from the federal and provincial governments, as far as I can find in reading the report, there's not one area where it attempts to project costs.

I just quoted some of the very substantial wage increases in the hospitals. Yet nowhere in the report does Dr. Foulkes analyse what the projected costs are, by what percentage they're going up and how much more revenue will be required to replace the loss of revenue from premiums and co-insurance. Yet he blithely goes ahead and says, "Well, we should just increase income tax and corporation tax." There again he makes the statement that this is a fairer way to tax people. I think this is a little bit like deciding which operation to do; there's an honest difference of opinion. All economists and tax experts are not agreed that more income tax and corporation tax is the most desirable way.

In terms of financing of health services, the Foulkes report makes some pretty sweeping statements without documentation. I guess that keeps bringing me back to the area in which the report is weakest of all.

I think the Minister is to be commended for the introduction of Pharmacare. I talked to many physicians and pharmacists and in general the Pharmacare plan seems to be working very well.

The same problem always exists when you try to help everybody: somebody always wants to abuse it. I heard of one lady who was going off to Spain for six months in the winter to enjoy the warmth and sunshine of Spain. She wanted the physician to prescribe six months of her various pills. In the same philosophy, I talked about the \$5 a day for extended care. I have to wonder whether all the taxpayers should be financing medications to that degree when the person can well afford to spend six months in Spain. But, by and large, as I've said before, we shouldn't damage a good plan because we have a minority of people who are trying to abuse it. I think the Pharmacare plan was long overdue and it's performing a very vital form of assistance to elderly

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patients.

Lastly, I would just like to say a little bit about the Indian native people. Here again in the Foulkes report we've got the same old outlining of the problem without any kind of solution afforded. I'd like to ask the Minister one specific question.

As I recall the White Paper which the federal department of Indian affairs brought out about a couple of years ago, it basically suggested bringing the service closer to the Indian people by transferring authority from the federal to the provincial government. As I recall, this was completely rejected by the Indian people. Yet in the Foulkes report I see we've got the same old suggestion in pretty much the same way, suggesting that one of the best ways to improve health services to the native people would be for the provincial government to take over services now provided by the federal government. I tend to agree with that, but the federal government seems to have respected the wishes of the Indian people who rejected the White Paper. I just don't think there's been any great change in the meantime.

Some of the statistics which are quoted in relation to the native people are really staggering. The Foulkes report on this particular page states, "The rates for neonatal and perinatal mortality are unacceptably high." This trend is going downwards, but just to quote the exact figure: "The infant mortality rate in British Columbia in 1962 was 70.6 per cent. In 1972 it was down to 46.3 per cent." This is still an incredibly high death rate among the neonatal and perinatal death rates. "...and 68 per cent of the neonatal deaths occur within 24 hours of birth." I think that's a very meaningful figure. It means there's every reason to consider that the whole management of labour and delivery may well be leading to a high percentage of deaths in the first 24 hours of Indian-born children. Of course, it also may equally well mean that prenatal care and the supervision of the mother and the unborn child prior to delivery is well below the standard enjoyed by other people in British Columbia.

The table of death rates, comparing Indian population to non-Indian, is also very illuminating, particularly in relation to accidental death. I feel this kind of statistic shouldn't just be left like this. We should hear why and what proposals the report has to cut down on this figure.

Look at hospital days stayed. I know the Minister is well aware of this, but here again it's not just a question of establishing the figures of a statistic. What does this report propose to do about it? For example, there are approximately 50,000 Indian citizens in British Columbia and they used patient days in the hospital in excess of comparable non-Indians to the extent of 161,000 patient days in a year. I know this is often tied in with social needs. The young Indian child in the hospital in some of the northern communities may be well ready to go back home after treatment is completed but the social or housing situation is quite inadequate and so the child is retained in hospital.

Compare the rate of tuberculosis among the Indian population. In Canadian-born B.C. residents the incidence of new cases of tuberculosis is 19.7. Among the Indians: 121 — six times the rate of tuberculosis among the Indian population than we have among the non-Indian population.

As I say, the facts are there; it's all known. We don't need a great deal of new money for research on tuberculosis. The prevention of tuberculosis lies in good food and good housing and general care of the individual.

The Member for Point Grey was talking about, and rightly so, the need to do more cancer research. There are billions and billions of dollars all around the world being spent on cancer research. Let's be frank and say that the progress is...again to come back, for example, to the cancer of the female breast; we don't know any more about that than we did 50 years ago. And that's a fact. We don't know any more about cancer of the breast in the female than we did 50 years ago. Various treatments are showing very little improvement in the results, by and large. That's not exactly accurate, but by and large, if you consider all the work that's been done, the number of cases studied and the money spent, we really know very little more than we did 50 years ago.

But that can't be said about tuberculosis. Tuberculosis has been revolutionized inasmuch that we know how we can go a long way to preventing tuberculosis. Even when you're unlucky enough to get tuberculosis, the range of medical and surgical treatments available provide a degree of cure and hope for the patient which didn't exist even 20 years ago.

There's one area I would suggest to the Minister that opens up all kinds of potential for very rapid action — the area of helping the native Indian peoples with such serious problems as malnutrition, high incidence of neonatal death and such diseases like tuberculosis which really should not exist at all in a well developed society such as our own with the know-how and the financial resources.

But I would expect that the Minister is just as puzzled as I am to know how the provincial government can gain the access and the authority to carry out some of the programmes which I think are self-obvious. The federal government, I would assume, is respecting the response the Indian people gave to that White Paper, I think it was two years ago, in which they strongly resisted the transfer of authority from the federal to the provincial government.

If I could just close on the general note that we've spent a great deal of money on a study of health

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services and I think it's rather sad...I could maybe sum it up by saying that he hasn't been able to see the woods for the trees. It seems to me we've got a great big report on a very wide front in very general terms. Yet, right there in front of our eyes we have at least two large areas in our society right now, and I particularly emphasize the aged and the native people, two segments of our society that are just not getting a fair shake in our present state of wealth, knowledge and technological know-how.

Now, there are others, and we may get into that on specific votes.

I would ask the Minister and hope that the Minister, while recognizing the general long-term aims that are envisaged in this document, would give immediate serious consideration to doing certain immediate things to cope

with the problems of the aged and the Indian people.

HON. MR. COCKE: Mr. Chairman, I want to thank the Members of the opposition, the health critics, for their positive suggestions and a great number of useful questions today, I would say.

There was a great deal of talk about the Foulkes report, and we don't necessarily share the same view of the Foulkes report, all of us. The Foulkes report was commissioned to create a public awareness and a public discussion of the whole question of delivery of health care. It has already earned a great deal of the money we talk about that was spent on it.

The Member for Langley (Mr. McClelland) was asking what's actually happening to that report now. Well, Dr. Foulkes is moving around the province saying some things that disappoint some people, but other things that others agree with. At the same time, everywhere he goes he's getting large crowds discussing health care delivery, taking responsibility themselves, getting involved in health care delivery. For far too long we've left health care to the professionals, with deference to the Member for Oak Bay, but now people are actually getting involved themselves, not only as a result of the Foulkes report but other areas. Mr. Chairman, I think that very thing is in great support of the Foulkes report.

Let me also go on to say some of the very responsible organizations that have given, not complete support for the report, but real support — SPARC (Social Planning and Review Council of B.C.). I think probably everybody in this room recognizes what a fine contribution they've made over the last number of years — the CELDIC (Commission on Emotional and Learning Disorders in Children) report from SPARC. You know the responsible people who are involved in that social planning and review committee: RNABC; hospital employees; physiotherapists; occupational therapists; B.C. Fed.; Canadian Public Health Association, B.C. Branch; B.C. Dietetic Association; B.C. Dental Association and about 70 per cent of the report is supported by about 70 per cent of the physicians, if you can follow that kind of thinking. I think, Mr. Chairman, that it's really served well.

The Member for Langley was talking about the cost of the report. I can't give you an exact figure; I can roughly estimate it was something in the order of \$570,000 or thereabouts.

When we were talking about \$125,000 as the original estimate, that was just for that last few months of that particular year. Then the next year was another \$125,000, so that would have been \$0.25 million in any event. Yes, it has cost more than I originally estimated, and I feel that it is well warranted.

I believe there are only two or three people left now with the Foulkes committee who are actually working on the Foulkes report. The Member for Langley was asking about the background material, the working papers, and so on. That's all being put together in an anthology; another six or seven volumes that will be available to you, Mr. Member, and available to everybody else here. In other words, the background papers of this report, which I think is going to be very helpful, helpful to our department in any event because there were some very fine consultants brought in to discuss the whole question, and naturally what's in the report itself isn't the entire report by any stretch of the imagination.

What's happened to some of the people? Where's Dr. Ransford? Dr. Ransford is the person who has been kept on working because he's developed a far more detailed report of the ambulance service. Dr. Ransford, as far as I'm concerned, has served well.

Richard Larratt, on the other hand, has been implementing as well, because we moved into the integration process of the Medicare plans, that's CUC, MSA, and our own commission. So, Richard Larratt has been kept busy in that area.

Mr. Keeling, I believe, is still with Dr. Foulkes in preparing this anthology. That, I think, plus the secretary, is about all that's left of the Foulkes committee.

I don't really think we should have large discussions on the floor about the Foulkes report, at least from my standpoint. I asked for the report to give us some advice; some of it we accept, some of it we reject, and on other

aspects of it we just want discussions to find out which way we go.

I really think that's the way health planning should be done. Not getting some specific idea and saying, "Okay, that's the course; we're going to go that direction come hell or high water." I'm sure nobody in this House wants us to do that in the province, and that's exactly what we're not going to do.

There are a number of other aspects that I'd like

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to discuss, and I'm sure we can discuss these aspects along the votes. But I would like to say the Member for Langley has his mind set on this whole question of the \$5.50 a day — the "soak the sick" he's talking about. We haven't made a definitive direction in this area, but Mr. Chairman, let me say this: is it a good idea for us to give on one hand Mincome, and then say to people who are chronically ill, who can't go out, can't get up out of bed as a matter of fact, as far as extended care is concerned — is it a good idea for us to say that they can have their board and room for \$31 a month, after we're already supplementing their income to the tune of \$213 a month? Now it just doesn't make sense to me, and that's why I'm suggesting it. Now, anybody who it would hurt in the least way, we would move back from them.

You mentioned muscular dystrophy people, and multiple sclerosis and so on. But for anybody that's in that position, is there any reason for creating a mistake for somebody to derive benefits from? I just don't see it, but anyway it's an area that we're discussing. It's not policy. It's my suggestion to my government — or to the government of which I'm a part — and we'll go on discussing it until we find....

I don't want to see us denying that person that the Member for Oak Bay (Mr. Wallace) is talking about — chronic care — by virtue of the fact we've spent it all on one section and there's nothing left for that other person. There are a lot of people that should be deriving the benefits of this rich province that are not deriving the benefits of this rich province at the present time, and I want to see those benefits extended to more people.

So the drug and alcohol suggestion of the Member for Langley (Mr. McClelland): I just don't know where he gets the idea. I'm not taking the responsibility for it anyway. But I didn't interpret that particular section of the recommendation, or at least the suggestion, that Alcoholics Anonymous may not be good for some because of religious overtones.

I've had tremendous success in getting really good communication going with Alcoholics Anonymous. I have a tremendous respect and admiration for the work they've done. There's no question about it. I'm sure that some people have hang-ups about it, and if that's the case, there maybe should be other ways. There have to be other ways.

Alcoholics Anonymous admit themselves that they haven't even scratched the surface yet. We're all working towards trying to solve this problem. We're not going to solve that problem, Mr. Chairman, with respect, by hammering away at one another and condemning one another for our attitudes.

What we have to do is look for positive approaches to handle the most serious health problem that we've got, in my humble opinion — the most serious health problem we have.

As far as maintenance drugs are concerned, maintenance drugs have some useful effect. Methadone clinics right across the country have had some useful effects, I understand. Now there are those who say that methadone in itself is an addictive drug, but at the same time it doesn't have that mood-changing ability that heroin has; so therefore it might be beneficial. Better that than a person who is totally destroyed.

But anyway, we're looking for ways, Mr. Member, just as hard as you are, and we want to find the alternatives. So if anybody comes along with something that we haven't heard of, we'd sure like to know about it real fast.

The Member for Langley said, "Put pressure on the feds; put pressure on them to get better sharing." I don't

know what more we can do. I visited with the Ottawa people with our Premier and Minister of Finance. We've done everything we can. We've told our whole story over and over and over again. But, you know, it's not going in the direction that you're suggesting it should go and that I'm suggesting it should go. It's going in the direction that the Member for Oak Bay (Mr. Wallace) is saying, quite truly; they're trying to withdraw, Mr. Member.

Any formula that has been given to us so far has been a formula that would be more restrictive than the present formula. Tying escalation to the Gross National Product would be most restricting. That's why at the present time we've said, "We don't want any change until such time as you come up with something better than we have, as opposed to something less advantageous than what we have at the present time." So that's our position. Our position is well known and we will continue on that course.

Home care — when? Home care is now. Home care has been expanded to — I don't know — some 9 or 10 major districts in the province, including now Vancouver, including Victoria, including most of the larger areas in the province. Home care is a little bit difficult to provide in the outer areas of the province because it's much cheaper sometimes to bring a person to a hospital than to send a nurse 40 or 50 miles once or twice a day into the outback.

We are trying our best to expand home care. Now the home-care programme we have is our traditional one for the whole province, which is fairly restrictive, and there's our post-acute home-care programme in the areas...as I think most of you know. It's expanding and, as I've said, we have to tie home care in as a back-up for intermediate care.

I want to say this, and I want to say it once and, if I can, maybe this time clear enough that the Member will recognize that what occurred was not gross interference in negotiations. There were no negotiations going on at the time I met with hospital employees and discussed the whole question about the anomaly — that was the sex discriminations.

That contract was a contract provided the hospital

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association and HEU — that is, the employees — by that beautiful old mediation commission of this province. They provided them with a contract that said in effect — I can't paraphrase it exactly — but it said that "any anomaly could be discussed as a grievance during the life of the contract."

Well, good heavens, so what did the Hospital Employees Union...?

MR. McCLELLAND: No way.

HON. MR. COCKE: Don't give me "No way." I was with it day and night for months.

Interjections.

HON. MR. COCKE: That is not the case at all. In any event, Mr. Chairman, so that the Member will understand, that was in the agreement. Therefore, what the hospital employees did was to go to the B.C. Hospitals' Association and say, "We have this grievance."

Well, you know the one here; you know the one in Victoria. It went to the Blair commission and they awarded the full parity between LPN, the licensed practical nurses, and orderlies, who were already getting that higher money. We never heard any beefs about that.

But then, all of a sudden, after that there were more; but at the same time we were being deluged in the human rights department. Hundreds and hundreds and hundreds of applications came in for parity. All right now, as a responsible person being asked to try to come in and help and make recommendations...and you'll notice if you read that so-called agreement, that the agreement recommended this kind of thing.

What we tried to do was make sense out of chaos and did, in my frank and humble opinion, bring about some

sense out of chaos. So that was it. As far as what's occurring now, I'm not going to try to second-guess the nurses and their reasons. The nurses have had an offer and they've suggested that because they are too close to LPNs.... I've been reading in the papers, incidentally, and some of those reporters up there should get their facts straight, because oftentimes I've seen of late that they've been comparing 1975 rates for the LPNs and 1974 proposed rates for the nurses, and that's really not a fair comparison.

But in any event, we won't go into that in any detail. That's: where it's at. I feel that the kind of work we did in trying to resolve that catastrophe that was created by an award by the mediation commission, that I think was in itself anomalous.... It created a possibility for opening up old contracts. Really, that's what it did.

Okay, the First Member for Point Grey (Mr. McGeer)....

MR. McCLELLAND: No way; it's the old Human Rights Act.

HON. MR. COCKE: The First Member for Point Grey discussed a very big problem in this tooth area. He talked about fluoridation. Well, I tend to feel that fluoridation is less desirable to most people now than it was five years ago, unfortunately, and that's because of people like Nader and other people that have come out now and hammered fluoridation and human rights and this, that and the other thing.

I don't think that it's up to a government to impose on a majority legislation like that....

Interjections.

HON. MR. COCKE: Go and look at the polls. Not the ones that I see, Mr. Chairman.

Interjections.

HON. MR. COCKE: The Swedish system isn't bad. They've reduced their caries in Sweden 45 per cent by introducing, under teacher control, supervised mouthwashes every two weeks — supervised mouthwashes of fluoride water. Now if that's the way it has to go, as far as I'm concerned, I'm prepared to go for preventive dental health — any way the people will go that's safe. That's the way we want to go.

I just had a discussion with that non-smoking Member for Cowichan-Malahat who is in charge of the ferries (Hon. Mr. Strachan) and I'm sure he's going to listen with a great deal of interest to what the Member for Vancouver–Point Grey said about smoking on those ferries. It's terrible.

Interjections.

HON. MR. COCKE: The Member for Vancouver–Point Grey (Mr. McGeer) also talked about research. The Member for Vancouver–Point Grey was having a real argument with the Hon. Minister of Health for Canada, Marc Lalonde. I heard the argument, Mr. Member, and you were right and I told him you were right at the time.

HON. MR. BARRETT: Oh, no!

HON. MR. COCKE: The federal government don't put enough money into health research, nowhere near what they should and they are even now retracting further. It's criminal. He said, well it's up to us. Good heavens! They're trying to pull out of contributions to the delivery of care and they're also trying to pull out of the contributions to research and health care.

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Interjection.

HON. MR. COCKE: I agree with you, Mr. Member. The federal government should get in there and because we don't want duplicated research going on across the country we will, as part of B.C. Medical Centre, be going far more into research, than we have heretofore in this province, I give you that kind of an undertaking.

Mr. Chairman, we are, I think making progress. The Member for Oak Bay (Mr. Wallace) — I think that he and I understand one another and there's not much point in my going into a great deal of detail over the questions that he was talking about other than to say that I certainly agree with a great many of the things that he was talking about.

Intermediate care development has to come and it has to come as quickly as possible. As far as the cancer situation is concerned, I prefer to take my advice from the experts, but we are moving now into thermography and xerography, and that has some interesting prospects. Really, no good statistics have shown any great improvement in that area over the last few years. I hope that this does.

HON. MR. BARRETT: Oh, did the Members want to pass the salary so that we could do the detail work on the votes?

MRS. JORDAN: Would you withdraw the vote and report progress?

HON. MR. BARRETT: No, I was under the impression that we could do all that wonderful detail work after these general statements in the votes.

MRS. JORDAN: Well you've got a problem, Mr. Premier. I'll be very pleased to carry on with this debate.

MR. CHAIRMAN: Order! I recognize the Premier.

HON. MR. BARRETT: Mr. Chairman, I move the committee rise, report progress and ask leave to sit again.

Motion approved.

The House resumed; Mr. Speaker in the chair.

MR. CHAIRMAN: Mr. Speaker, the committee reports progress and asks leave to sit again.

Leave granted.

HON. MR. COCKE: Mr. Speaker, I have the honour to present the annual report, 1973, B.C. Hospital Insurance Services. Unfortunately there aren't enough copies of that report yet for all Members of the House. I think there are only three or four through the printing process, but they'll be out as soon as possible.

HON. MR. BARRETT: Mr. Speaker, I'd ask the House to carry on with the Health estimates tonight and then into the next Minister before we adjourn.

Hon. Mr. Barrett moves adjournment of the House.

Motion approved.

The House adjourned at 5:54 p.m.

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