



First Session - Thirty-Fifth Legislature  
of the  
**Legislative Assembly of Manitoba**

**DEBATES  
and  
PROCEEDINGS  
(HANSARD)**

39 Elizabeth II

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Fifth Legislature**

**Members, Constituencies and Political Affiliation**

NAME	CONSTITUENCY	PARTY
ALCOCK, Reg	Osborne	Liberal
ASHTON, Steve	Thompson	NDP
BARRETT, Becky	Wellington	NDP
CARR, James	Crescentwood	Liberal
CARSTAIRS, Sharon	River Heights	Liberal
CERILLI, Marianne	Radisson	NDP
CHEEMA, Gulzar	The Maples	Liberal
CHOMIAK, Dave	Kildonan	NDP
CONNERY, Edward, Hon.	Portage la Prairie	PC
CUMMINGS, Glen, Hon.	Ste. Rose	PC
DACQUAY, Louise	Seine River	PC
DERKACH, Leonard, Hon.	Roblin-Russell	PC
DEWAR, Gregory	Selkirk	NDP
DOER, Gary	Concordia	NDP
DOWNEY, James, Hon.	Arthur-Virden	PC
DRIEDGER, Albert, Hon.	Steinbach	PC
DUCHARME, Gerry, Hon.	Riel	PC
EDWARDS, Paul	St. James	Liberal
ENNS, Harry, Hon.	Lakeside	PC
ERNST, Jim, Hon.	Charleswood	PC
EVANS, Cliff	Interlake	NDP
EVANS, Leonard S.	Brandon East	NDP
FILMON, Gary, Hon.	Tuxedo	PC
FINDLAY, Glen, Hon.	Springfield	PC
FRIESEN, Jean	Wolseley	NDP
GAUDRY, Neil	St. Boniface	Liberal
GILLESHAMMER, Harold, Hon.	Minnedosa	PC
HARPER, Elijah	Rupert Island	NDP
HELWER, Edward R.	Gimli	PC
HICKES, George	Point Douglas	NDP
LAMOUREUX, Kevin	Inkster	Liberal
LATHLIN, Oscar	The Pas	NDP
LAURENDEAU, Marcel	St. Norbert	PC
MALOWAY, Jim	Elmwood	NDP
MANNES, Clayton, Hon.	Morris	PC
MARTINDALE, Doug	Burrows	NDP
McALPINE, Gerry	Sturgeon Creek	PC
McCRAE, James, Hon.	Brandon West	PC
McINTOSH, Linda	Assiniboia	PC
MITCHELSON, Bonnie, Hon.	River East	PC
NEUFELD, Harold, Hon.	Rossmere	PC
ORCHARD, Donald, Hon.	Pembina	PC
PENNER, Jack, Hon.	Emerson	PC
PLOHMAN, John	Dauphin	NDP
PRAZNIK, Darren, Hon.	Lac du Bonnet	PC
REID, Daryl	Transcona	NDP
REIMER, Jack	Niakwa	PC
RENDER, Shirley	St. Vital	PC
ROCAN, Denis, Hon.	Gladstone	PC
ROSE, Bob	Turtle Mountain	PC
SANTOS, Conrad	Broadway	NDP
STEFANSON, Eric	Kirkfield Park	PC
STORIE, Jerry	Flin Flon	NDP
SVEINSON, Ben	La Verendrye	PC
VODREY, Rosemary	Fort Garry	PC
WASYLYCIA-LEIS, Judy	St. Johns	NDP
WOWCHUK, Rosann	Swan River	NDP

## LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, December 3, 1990

The House met at 1:30 p.m.

### PRAYERS

### ROUTINE PROCEEDINGS

### PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

**Mrs. Louise Dacquay (Chairman of Committees):** Mr. Speaker, the Committee of Supply has considered certain resolutions, directs me to report progress and asks leave to sit again.

I move, seconded by the Honourable Member for La Verendrye (Mr. Sveinson), that the report of the committee be received.

**Motion agreed to.**

### INTRODUCTION OF GUESTS

**Mr. Speaker:** Prior to Oral Questions, may I direct the attention of Honourable Members to the Speaker's Gallery where we have with us today His Excellency Francisco Rivas, the Ambassador of Chile.

On behalf of all Honourable Members, I welcome you here this afternoon.

Also with us this afternoon we have from the Van Belleghem School thirty Grade 6 students. They are under the direction of Nicole Marion. This school is located in the constituency of the Honourable Member for Niakwa (Mr. Reimer).

Also this afternoon we have eight visitors from the 1st Pinawa Pathfinders. They are under the direction of Brenda McKenzie. This school is located in the constituency of the Honourable Minister of Labour (Mr. Praznik).

On behalf of all Honourable Members, I welcome you here this afternoon.

### ORAL QUESTION PERIOD

#### Health Care System Government Position

**Mr. Gary Doer (Leader of the Opposition):** Mr. Speaker, for the last couple of weeks now since the

Lloydminister meeting, we have been raising questions with this Government about its position dealing with the so-called new realities, Mr. Speaker.

Let me assure the Government that they may have Americanized our economy, but we are not going to let them Americanize our health care system without a fight in this Chamber, I want to assure you.

Mr. Speaker, -(interjection)- well, you think it is funny, but the Premiers directed the Ministers of Finance to disentangle our health care system. We have now received a copy of B.C.'s interpretation of disentanglement, calling for an erosion of the national standards, in fact stating that the national standards are an imposition on Canada, an imposition on the western Premiers, stating among other things, the expensive national program standards, calling on the need for a reversal of the position of the federal Government in terms of imposition of national programs.

My question to the Premier is: Will he stand up in the Chamber and with the people of Manitoba and give us a made-in-Manitoba position that his Government will be taking to the Finance Ministers' meeting this week, not the position of the Ministers of Finance that are an Americanization of our health care system?

**Hon. Gary Filmon (Premier):** Mr. Speaker, I know that the Leader of the Opposition wants to create a big smoke screen and an issue and try and obfuscate everything possible with respect to this and strike fear in the hearts of people.

The reality is that Premiers simply referred a report to all the Finance Ministers across the country for further discussion—no recommendation, no endorsement, no acceptance whatsoever. I have said publicly that this Government does not believe in and will not endorse or support user fees in medicare, that this Government will do everything possible to insist that the federal Government undertake and carry out its obligations to fund medicare so that we can have the highest quality standards in the delivery of medicare across this country and that we will do nothing whatsoever to

undermine the continued development of the best quality health care system in the country.

We will instead do everything possible to insist that the federal Government support that system and ensure that it never deteriorates, Mr. Speaker.

\* (1335)

### **Established Programs Financing Government Position**

**Mr. Gary Doer (Leader of the Opposition):** Mr. Speaker, we are not arguing that all of us should not be fighting with the federal Government to maintain our fair share of funding.

The question we have been asking the Premier for five days last week, and we will continue to ask him, is: Will he be supporting the option that the Ministers of Finance are taking to have the provinces take over the delivery of medicare?

I would quote a paper as a supplement to the Finance Ministers' meeting produced by the four Ministers of Finance that states: Western provinces reaffirm their support for the principle of equalization enshrined in the Constitution.

My question to the First Minister is: Why is Manitoba not pushing for a reaffirmation of the EPF funding for health care and post-secondary education as part of the made-in-Manitoba position to maintain health care in this province? Why are we giving up on that battle—

**Mr. Speaker:** Order, please. The question has been put.

**Hon. Gary Filmon (Premier):** Mr. Speaker, it was at Manitoba's insistence that that clause was put in there because we are an equalization recipient province, and we wanted to ensure that somebody such as the Leader of the Opposition would not try and misrepresent that report and talk about the deterioration of health care.

The fact of the matter is that all he has to do is look at every single communique that I have been involved with as Premier of First Ministers, of western Premiers, in which we have demanded that EPF payments be continued in the form and at the level that they were in the early '80s when they began and then have since been diminished by successive Trudeau and Mulroney Governments.

We have fought against that. We have stood against all the changes and the cuts that have been

made in EPF. We will not vary from that position, Mr. Speaker.

**Mr. Doer:** Mr. Speaker, in the same paper the Ministers of Finance and the Governments of western Canada outlined two fundamentally different approaches that could be considered in order to disentangle the roles of two orders of Government. One is to have the federal Government withdraw its cash transfers in provinces in respect to EPF, CAP and replace them. The second option is—

**An Honourable Member:** Would increase transfers with what?

**Mr. Doer:** That is our question. The Government is now looking at withdrawing from EPF and other supports for a national health care system.

My question to the Premier is: Will he rule out Manitoba taking that position at the Finance Ministers' meeting, and will he table the full position that will be a made-in-Manitoba position on our health care system and our post-secondary education system rather than us having to guess and get leaks in terms of what Manitoba is going to do at that vitally important Finance Ministers' meeting?

**Mr. Filmon:** Mr. Speaker, there is a public document. It is not a leak. It was released publicly so that anyone could read it, including the Leader of the Opposition, but most people are making more sense of it than the Leader of the Opposition. We are looking at increased funding. We are looking at increased support for medicare, for transfers to the provinces for medicare and post-secondary education. Only the Leader of the Opposition is looking for less, because that is what he accepted when he was in Government under Howard Pawley.

### **Health Care System Government Position**

**Ms. Judy Wasylycia-Lels (St. Johns):** Mr. Speaker, our concerns are growing by the minute on this fundamentally important issue for all Manitobans and Canadians. First this Government says it is fighting EPF transfers and wants to stop the decline. Then it changes its mind and says it believes equalization can accomplish everything, something which has been refuted. Then it says we just have to produce more wealth. It sounds like this Government is going back to Locke and Hobbes who said that life—

**Mr. Speaker:** Order, please. The Honourable Member, kindly put her question now, please.

**Ms. Wasylycia-Lels:** Yes, Mr. Speaker, I will be glad to put my position, given that this Government's position—(interjection)—

**Mr. Speaker:** Order, please. The Honourable Member, kindly put her question now, please.

**Ms. Wasylycia-Lels:** Would this Government show that it is not going back to the philosophy of Locke and Hobbes, who said that life is short, brutish and mean, and show that it is absolutely prepared to say to Manitobans and Canadians, medicare is a fundamental right of all Canadians and Manitobans and that this Government will in no way participate in any erosion of that national system, which requires federal funding and national standards?

\* (1340)

**Hon. Gary Filmon (Premier):** I thank the Member for St. Johns for in the latter part of her statement expressing exactly the position I have put on the table for five straight days last week.

**Ms. Wasylycia-Lels:** Mr. Speaker, I would ask the Premier—since at no point in this dialogue that we have had over the last week has this Government stated clearly it will not participate in any discussion of an option which allows for the federal Government to withdraw from funding and control of health care—would he then finally, once and for all, leading up to the Ministers' meeting in two days hence, tell us publicly what is Manitoba's position on this fundamentally critical issue?

**An Honourable Member:** Table it.

**Ms. Wasylycia-Lels:** Table it.

**Mr. Filmon:** That is an exact repetition of the first question of her Leader, and I invite her to read my response in Hansard.

**Ms. Wasylycia-Lels:** Mr. Speaker, we have no public position. We have no tabled documents. We have no—

### Point of Order

**Hon. Clayton Manness (Government House Leader):** Mr. Speaker, I ask you to bring the Member to attention and to order. She continues to refute your instructions. She denies that she has a responsibility as a Member of this Chamber to live up to the rules, and I say in the sense that she is preambing far beyond her right to do so that she is out of order. I ask you to call her to attention.

**Mr. Steve Ashton (Opposition House Leader):** Yes, Mr. Speaker, I do believe that it is within the right of any Member of the House to draw a matter to your attention involving a breach of the rules. I would say that the Government House Leader should do that and not get into comments about the Member for St. Johns. She is very concerned about this issue, as many of our caucus are, and that is why indeed, Mr. Speaker—

**Mr. Speaker:** Order, please; order, please. On the point of order raised, I would like to remind all Honourable Members that time is extremely scarce, and brevity both in answers and in questions is of extreme importance.

\* \* \*

**Mr. Speaker:** The Honourable Member for St. Johns, kindly put her question now, please.

### All-Party Resolution

**Ms. Judy Wasylycia-Lels (St. Johns):** I want to ask this Government, the Premier, if given his stated commitment to medicare and not bringing in user fees as he keeps repeating, will he then agree to an all-Party resolution indicating our collective concern about developments coming home everyday, and particularly in light of Couvelier's paper, would he agree to that kind of collective action so that we can show to all Manitobans we are collectively prepared to preserve medicare—

**Mr. Speaker:** Order, please. The question has been put.

**Hon. Gary Filmon (Premier):** Mr. Speaker, I do not doubt the collective concerns of the Members opposite nor the commitment of this Government. The fact of the matter is that we not only have the commitment of this Government to those principles and those objectives, but we have succeeded in banding together all Premiers across this country to ensure that we force the federal Government to live up to its commitments and its obligations to fund the medicare to a level adequate to its needs, and we will continue to do so.

### Finance Ministers' Meeting Health Care Resolution

**Mrs. Sharon Carstairs (Leader of the Second Opposition):** My question is to the Premier, and I would like to call upon him to take some specific

action with regard to a great deal of rhetoric we have been hearing with respect to medicare.

Will the First Minister direct the Finance Minister (Mr. Manness), at the meeting on Wednesday, to introduce a resolution committing all provinces in this nation to the principle of universality in health care, national standards and national funding to ensure that we maintain a medicare system that has become essential to all Canadians?

\* (1345)

**Hon. Gary Filmon (Premier):** Mr. Speaker, as I am sure the Member opposite would not be aware, since she has not participated in federal-provincial meetings, resolutions are not introduced into Ministers' meetings of this nature.

Those commitments to universality, to the provision of health care, to standards and the funding for that health care are of course the principles upon which our medicare system in this country is founded, and they are the principles that are supported by each and every Government in this country.

### Health Care Communiqué

**Mrs. Sharon Carstairs (Leader of the Second Opposition):** Mr. Speaker, I have a supplementary question to the Premier.

In that he does not appear to think it is appropriate to introduce a resolution, will he, through his Finance Minister (Mr. Manness), put every pressure on the assembled Finance Ministers to issue a communiqué indicating their commitment to those principles?

**Hon. Gary Filmon (Premier):** Mr. Speaker, those are the commitments of this Government. Those are the commitments that I know will be expressed by our Finance Minister (Mr. Manness) and I am sure agreed to by all Finance Ministers across the country, because that is the basis of these discussions, that the federal Government is withdrawing unilaterally from its obligations and its commitments to adequately fund medicare in this country. That withdrawal began with the Trudeau administration that she worships daily, continues to worship, and did throughout its period of time of office in Government.

Those withdrawals by the Trudeau administration were exacerbated and carried on by the Mulroney administration. That is the basis of the concern that has led to these discussions, Mr. Speaker, and

indeed there will be no difficulty in having the support of every Finance Minister and every administration across this country.

**Mrs. Carstairs:** Mr. Speaker, obviously the Premier has not read the document from the B.C. Finance Minister, which indicates very clearly that they do not believe in a universal system, they do not believe in national standards and they want to run the system themselves.

### Health Care System British Columbia's Position

**Mrs. Sharon Carstairs (Leader of the Second Opposition):** My question, again to the First Minister of the province, will he do everything through his Finance Minister possible to get a reversal of that position from the Province of British Columbia, and goodness knows what other provinces, in order to ensure that we have that national system in this nation?

**Hon. Gary Filmon (Premier):** The fact of the matter is that since its inception the national system has been run by the provinces. We are responsible for the delivery of health care in each and every province, Mr. Speaker.

The national Government is responsible: a) for setting standards; and b) for providing adequate funding. It is because the national Government has not provided adequate funding for a decade now, has cut away, cut back on that funding that we are in the position of having to look at ways to ensure that funding will be available so that those national standards will be able to be met in perpetuity.

### Health Care System Finance Minister's Position

**Mr. Leonard Evans (Brandon East):** Mr. Speaker, the people of Manitoba are very concerned about Ottawa, the possibility—even the remote possibility—of the federal Government getting out of sharing the burden of health care in this province.

How can the Minister of Finance agree—and if he does not agree, how could he even be associated with this report supplement issued with regard to the Western Ministers' Finance Conference last August whereby it says clearly, and I am quoting from this report: "This would be aimed"—this is the question of disentanglement—"at reducing federal spending in areas of provincial responsibility with accompanying transfer of adequate fully equalized

tax room." It goes on—"The federal Government could withdraw its cash transfers to the provinces in respect of EPF and CAP and replace them with compensatory fully equalized tax room."

Mr. Speaker, how can the Minister of Finance of Manitoba in any way be associated with this document?

\* (1350)

**Hon. Clayton Manness (Minister of Finance):** Mr. Speaker, there is an old saying that truth has a hard time fighting innuendo, and never was there a more classical case of that than over the debate on this issue over the last few days.

What we have here is a supplement that was put in place by the Ministers of Finance. It has been widely circulated to all the provinces across Canada. The Premiers have asked us, as Ministers of Finance, to come together and see whether or not there is any consensus with respect to some of the options laid out within the supplement.

Let me say to the Members opposite that if it were a perfect world and if we could continue to borrow money forever as a nation and as provinces, that indeed we would stay with the existing health care model that we have had in place for 25 years in this country.

Mr. Speaker, the reality is that we have incredible pressures on all of our finances and that it has come the time, unfortunately, to have to look at the whole health care funding system. This is a funding issue. We would hope, as the Premier (Mr. Filmon) has said a thousand times, that the federal Government would maintain their 50 percent cash funding of the health care system that we have in place.

The Member for Brandon East is as aware as any Member in this House because he was part of the coalition in 1986 that tried to draw attention to the fact that the federal Government was reducing their funding below 50 percent. He does not have to feign surprise at this new event, Mr. Speaker. It has been part of the history of this province, indeed of this country, over the decade of the '80s. I think he does a disservice to all Manitobans to try and somehow portray—

**Mr. Speaker:** Order, please.

**Mr. Leonard Evans:** Mr. Speaker, it is just incredible that we could be associated with the process of disentanglement. That is not feigning anything in this House. This is just incredible.

### Income Tax Collection Western Canada Administration

**Mr. Leonard Evans (Brandon East):** Parallel to this is the question of income tax. I would ask the Minister of Finance, how could the Minister of Finance be associated with the recommendation, another recommendation, outlined in the supplement to the western Ministers' finance report wherein it recommends an independent western Canadian income tax administration?

One of the options is to have a separate independent national tax agency. This is quite logical. If you want Ottawa to get out then we are going to have a separate tax set-up, in fact, even an independent national tax collection system. Mr. Speaker, they want to disintegrate the national society that we have.

**Hon. Clayton Manness (Minister of Finance):** Mr. Speaker, I find it passing strange that the document that the Member has in his hands has been part of the public record now for three months. Through that period of time, we have debated the budget. The Member has had me at his mercy in Estimates, and yet there was not one question emanating from this document. What makes it such an important issue over the course of the last week when the Member has had it at his disposal for consideration and indeed for detailed questioning for the last three months?

I do not have to point out to the Member, he is well aware, that the Province of Quebec, for instance, has control of its own taxing system. He is also aware that the Province of Ontario has control of its corporate taxing system, Mr. Speaker. Provinces that have that seem to have greater flexibility with respect to applying taxes. They can also direct tax thrusts and directions in a fashion which is better for the province as a whole. That is an option. Indeed this province could never—could never, and I will say this categorically—start out on its own in collecting its own taxes.

**Mr. Leonard Evans:** Mr. Speaker, for the record, this was distributed by the Minister of Finance in the last two days. We did not get this before. We just got it in this morning's mail. It is fine to have these reports but they have to be made available to the Members of this Legislature. I make that on a point of order.

Is the Manitoba Minister of Finance really serious in looking at these options, an independent national

tax collection agency, a common western tax collection system or indeed a solely provincial tax collection system? Is he really serious in wanting to look at those options?

**Mr. Manness:** Mr. Speaker, in one element I am and I will tell the Member which. When we inherited Government, they berated us for considering removing a 1.5 percent special mining tax. The former NDP Government had that in place, because of course they could not resolve the differences, the tax splitting, between Ontario, Ottawa and Manitoba.

In the minds of the former administration of which the Member was a Member of that Cabinet, they thought that Inco was paying a greater share of its taxes to the Province of Ontario than to Manitoba. Ottawa would not be the arbitrator in that, Mr. Speaker, because Ottawa, indeed Ontario had a tax collection system of their own.

They were able to bring to themselves a much greater share of Inco's taxes. They were able to do that because they collected their own taxes. That is why any province that does not look at that system indeed is losing funding in support of health care system, and that is what the issue is here today.

\* (1355)

### STOPlifting Program Funding

**Mr. Dave Chomlak (Kildonan):** Mr. Speaker, my question is directed to the Minister of Justice.

The STOPlifting program of the Elizabeth Fry Society saves the province money. It saves the province money because 75 percent of the women who participate in that program do not get reinvented in crimes. My question to the Minister of Justice is: Will the Minister consider funding the program after December 31 so that this worthwhile program of the Elizabeth Fry Society that deals with women, and 90 percent of whom are abused women, can continue?

**Hon. James McCrae (Minister of Justice and Attorney General):** I will take the Honourable Member's question as a representation, Mr. Speaker.

**Mr. Chomlak:** I am sorry, I missed the answer, Mr. Speaker.

**Mr. McCrae:** I will take the Honourable Member's question as a representation.

### Victims Assistance Fund

**Mr. Dave Chomlak (Kildonan):** My second representation to the Minister, Mr. Speaker, is: Will the Government consider using part of the funds in the \$1.6 million Victims Assistance Fund to fund the \$44,000 necessary to continue this program one more year next year?

**Hon. James McCrae (Minister of Justice and Attorney General):** Well, I would suggest the Honourable Member read The Justice for Victims of Crime Act, and by doing that he will answer his own question.

**Mr. Chomlak:** To the Minister, just as early as this morning I read the Act, and I would ask the Minister perhaps to read the Act because it would qualify.

### Funding

**Mr. Dave Chomlak (Kildonan):** My final supplementary to the Minister, Mr. Speaker, the program ends in about 27 days, \$44,000 is all we are asking for a program that saves the province money. Will the province consider funding the program next year so these people will have a program to prevent them from becoming reinvented in crime?

**Hon. James McCrae (Minister of Justice and Attorney General):** I thank the Honourable Member for asking the question again, just in case I had not heard it the first time, Mr. Speaker.

### Ronda Lauzon Case Departmental Review

**Mr. Paul Edwards (St. James):** Mr. Speaker, my question is also for the Minister of Justice.

Ten days ago this Minister told me, and was supported by the Member for Kildonan, that I had been insensitive to raise the blunt condemnation of this Minister's department by a Court of Queen's Bench judge in the Ronda Lauzon case. Contrary to this Minister's statements, which were a misguided attempt to dodge the criticism, Ms. Lauzon through her counsel confirmed that my questions were appreciated, and she indicated that what had truly offended her in fact was this Minister's statement that this matter had been handled sensitively. That, she found offensive.

Then on Friday of last week the Minister said in this House, nothing went wrong. My question for the Minister is: Will this Minister tell the House why he



is ignoring Judge Hanssen's criticisms, the wishes of Ms. Lauzon and the concerns in this case of the Elizabeth Fry Society, the Manitoba Anti-Poverty Organization amongst others and refusing to even review his department's and the police's handling of this case.

**Mr. Speaker:** Order, please. The question has been put.

**Hon. James McCrae (Minister of Justice and Attorney General):** Mr. Speaker, as difficult as this case was for the Crown and for everyone involved, I do have to make the point, since the Honourable Member wants to continue to raise this tragic event and discuss it in public forums such as this, that I really do not know of a way that a person like Ms. Lauzon could view any part of this whole process from start to finish as being sensitive.

I am sure it must not be easy for a person like Ms. Lauzon to have to hear the events reconstructed for a jury and a judge, the events that led to the unfortunate death of her child. I am not at all surprised that would be the view of a person in Ms. Lauzon's position, but I can assure her and I can assure the Honourable Member that from the Crown's point of view, it was a very, very difficult matter and was dealt with in the best way we could under the tragic circumstances surrounding the death of a child.

### Point of Order

**Mr. Dave Chomlak (Kildonan):** Mr. Speaker, I am sure it was inadvertent on the part of the Member for St. James when he indicated that I had supported the position of the Minister of this House—

**Mr. Speaker:** Order, please. The Honourable Member does not have a point of order. It is a dispute over the facts.

\* \* \*

**Mr. Speaker:** The Honourable Member for St. James, with his supplementary question.

\* (1400)

### Arrest Procedure

**Mr. Paul Edwards (St. James):** Mr. Speaker, I am sure it was a difficult case, and I see the Minister has explained Ms. Lauzon's criticism of how it was handled, but Mr. Justice Hanssen also explicitly condemned the department. That in my view would warrant an investigation by this Minister.

My supplementary question for the Minister is: Can the Minister tell the House on what basis the treatment of Ms. Lauzon at the time of her arrest was satisfactory, as he indicated in the House on November 23, at the same time that he told us that he had in fact investigated the arrest procedure? On what basis was that satisfactory?

**Hon. James McCrae (Minister of Justice and Attorney General):** It is not a question of being satisfactory or unsatisfactory. I am assuming the Honourable Member has been given an indication by Ms. Lauzon or her counsel that they have no objection to the Honourable Member raising this matter and hearing the whole story told again.

So on that basis I can tell the Honourable Member that back in the winter of 1989 I did indeed look into the circumstances surrounding the apprehension of Ms. Lauzon following the tragic death of her child. It turned out that the police were facing a situation where Ms. Lauzon was wanted on a warrant for arrest for another offence, and it also turned out that Ms. Lauzon was also wanted because bail conditions had been breached on more than one occasion.

It is under those circumstances that the police felt it necessary to hold Ms. Lauzon until the matter could be brought before a magistrate, and at that time Ms. Lauzon was released.

**Mr. Speaker:** The Honourable Member for St. James, with his final supplementary question.

**Mr. Edwards:** Mr. Speaker, I accept the Minister's answer. I remind him that arrest was for the theft of milk and baby ointment.

### Ronda Lauzon Case Winnipeg Regional Housing

**Mr. Paul Edwards (St. James):** Finally, for the Minister of Housing, Mr. Speaker, can that Minister tell the House if he at least, unlike his counterpart the Minister of Justice, is willing to investigate thoroughly the serious allegations about the Winnipeg Regional Housing Authority, who forced her to return to her apartment and clean it herself against the advice of Child and Family Services of Central Winnipeg and obviously against any sense of common decency?

**Hon. Gerald Ducharme (Minister of Housing):** First of all, Mr. Speaker, there is no reason for insensitivity. I agree with the Member on that part. However, on reviewing it, I did ask Winnipeg

Regional Housing, which is an arm that looks after the rentals of some of our properties, to come back with a briefing on the subject.

There is a process in place when someone does pass away in one of the units, and I have asked them to give me that process and to give me a briefing. When I have received that I will get back to the Member and either discuss it with him at Estimates or discuss it with him in private.

### Municipal Assessment Act Review

**Ms. Jean Friesen (Wolseley):** Mr. Speaker, my question is to the Minister of Urban Affairs.

The intent of the municipal reassessment Act was, as the Government said, to return fairness and equity to the way property is assessed in Manitoba. Yet recent research indicates that this has led to an increase of 1.35 percent in property tax load while there has been a decrease in the contribution from the commercial category of 3.7 percent. Business, in plain English, is paying less; the average homeowner is paying more.

My question to the Minister is: Is he prepared this year to change this policy and to offer a much needed tax break to the homeowners of Winnipeg?

**Hon. Jack Penner (Minister of Rural Development):** Mr. Speaker, the tax load that the Honourable Member is referring to is simply—on a municipal jurisdiction the province decided to put in place nine classes to ensure that the retention within those nine classes, the tax earnings, would remain as they were previously. That has worked extremely well.

There are, however, no assurances that within a given municipal jurisdiction that there cannot be tax load shifting from class to class. However, as a total in the province, the retention of the 48 percent earning was in fact retained in the residential 1 class.

### City of Winnipeg Revenue Opportunities

**Ms. Jean Friesen (Wolseley):** The Minister of Urban Affairs and his colleagues are well aware of the very serious financial difficulties facing the City of Winnipeg. There has been a recent public report by the Canadian Union of Public Employees, Local 500, which has extensive recommendations for

changes in the provincial financing of the City of Winnipeg.

My question for the Minister is: Has he examined that report, and when will he be able to table the results of his analysis?

**Hon. Gerald Ducharme (Minister of Urban Affairs):** Mr. Speaker, to the Member for Wolseley, I have personally examined the report. I read it approximately a week and a half ago. I have asked my staff to provide me with an analysis of that report.

Also, that would come into play when we are dealing with the city. We generally meet with the city during their estimates and their budget in the month of December. We will be dealing with that when we appear with them at an official delegation later on this month.

**Ms. Friesen:** My final question is for the Minister of Urban Affairs.

Two weeks ago in Estimates he indicated he was prepared to discuss new revenue opportunities with the City of Winnipeg delegation. I wonder if the Minister is able now to tell us what those opportunities are that he is offering to the city and what the response of the city has been so far.

**Mr. Ducharme:** Mr. Speaker, I am advised that when I did talk about the new revenue opportunities for the city that the city would be giving those to us. The city will present those to us, and we will view them when we sit down with them at an official delegation later on this month.

### Age and Opportunity Centre Funding

**Mr. Conrad Santos (Broadway):** Mr. Speaker, my question is directed to the Deputy Premier and Minister responsible for Seniors.

This Government has continuously delayed in providing the necessary budget allocations to the Age and Opportunity centre for their retirement planning services program. As a result, the Age and Opportunity centre, Mr. Speaker, is unable to make any long-range planning. Therefore this Government has put at risk job services and programs as a result of their refusal to provide budget estimates. For example, in 1989 the Age and Opportunity centre did not get their budget figure until the year was already over, in January 1990.

My question, Mr. Speaker, is: When will this Government notify the Age and Opportunity centre

about their budgetary allocation for 1990 which is almost over now?

**Hon. James Downey (Minister responsible for Seniors):** Mr. Speaker, it is a good job there was an article in the Winnipeg Free Press for the Member to get his question from for today so that he can ask a question as it relates to the funding of the seniors and a particular program.

Let me say, Mr. Speaker, he is well aware of the fact that the funding, I believe, comes from the Department of Health. The Department of Health Estimates are before the Assembly which he has every right and opportunity to ask questions of. If they would accommodate and work toward that goal of getting on with the Estimates, he could ask those questions at that time.

**Mr. Santos:** My first supplementary question, Mr. Speaker, is: Will this Government be willing to guarantee at least the cost of living increase for 1990 as well as for 1991?

**Mr. Downey:** Mr. Speaker, let me say that there has been no change from when his Party was in Government as far as that funding is concerned. There may be the opportunity for the Minister to look at an option which may be recommended by this House or by the Estimate process.

### Seniors' Minister Responsibility

**Mr. Conrad Santos (Broadway):** If the Minister of Seniors is unable to provide an answer, Mr. Speaker, why do we need a Minister for Seniors?

**Hon. James Downey (Minister responsible for Seniors):** As the Member knows, direct program funding comes from other departments of Government. He should know to ask the questions of those Ministers, Mr. Speaker. I will work to get him the information if he would ask a question that it was in fact requiring information for. I am more than pleased to co-ordinate that response.

### Bill 24 Consultations

**Ms. Marianne Cerilli (Radlsson):** My question is for the Minister of Environment.

In an unusual turn of events this last week, the Premier (Mr. Filmon) and the Minister of Finance (Mr. Manness) have introduced this Minister's amendment to The Environment Act for debate in

the House. Clearly this Government is on the fast track and willing to do anything possible to push this piece of legislation through the House.

I want to ask the Minister of Environment when he plans to consult with local environment groups on this piece of legislation which directly affects their ability to participate in Environment's review process?

\* (1410)

**Hon. Glen Cummings (Minister of Environment):** Mr. Speaker, it is nice to have an opportunity to enter into the debate about the amendments to the -(interjection)-

Mr. Speaker, the fact is that we have had a long series of consultations with the public in regard to the introduction of these amendments. It certainly would be our intention to go back out, as is required under the Act, to have consultations on regulations that would be attached to this.

Mr. Speaker, if I could indulge the House, during the original discussion on this Bill there seemed to be some ease on the part of Opposition Members on whether or not there was any intent in this Bill to have anything other than the highest possible standards of environmental assessment apply. I am here to put that on the record to say that is absolutely not the case.

### Point of Order

**Mr. Steve Ashton (Opposition House Leader):** The Minister, in response to his question, is clearly entering into debate in regard to the Bill. If he wants to debate the Bill, he should be in his place when it is brought forward as it was Friday, Mr. Speaker.

**Mr. Speaker:** Order, please. The Honourable Government House Leader, on the same point of order.

**Hon. Clayton Manness (Government House Leader):** On this point of order, Mr. Speaker, the Member was asked a question, I take it a legitimate question, brought forward by the Member for Radisson (Ms. Cerilli). He is within his right as the Minister to give a full response to that question. That question emanated from debate associated around Bill 24. The Member therefore, and the Minister therefore, has a right to respond to that question in a full fashion. He did so, and therefore his answer is not out of order.

**Mr. Speaker:** The Honourable Member does not have a point of order.

\* \* \*

**Ms. Cerilli:** Mr. Speaker, I was at the consultation meeting that the Minister is referring to, and the process that was outlined is nowhere in the legislation.

**Mr. Speaker:** Question, please.

**Ms. Cerilli:** My supplementary question is: Has the Minister consulted with his round table on this piece of legislation, and what advice did they give the Minister?

**Mr. Cummings:** Mr. Speaker, the round table is aware of the attempts of this Government to—

**Some Honourable Members:** Oh, oh!

**Mr. Cummings:** Well, Mr. Speaker, the Members opposite seem to take some concern about the fact that this has been discussed very broadly including with Members of the round table in the general context of environmental assessment harmonization. Let it be very clearly on the record that I have no hangups about the structure of this Bill in terms of making an assurance to the public of Manitoba that the highest possible assessment standards will be adhered to.

Mr. Speaker, there were a number of questions that were raised that I would rise again to respond to, but I would take this opportunity to tell the Members of the Opposition that if there are issues related to that, that I can address, I would be more than willing to do that.

### Federal-Provincial Discussions

**Ms. Marianne Cerilli (Radisson):** Mr. Speaker, my final question is also for the Minister of the Environment. In his recent meetings with the federal Minister for the Environment, did he discuss this Bill, and what was the outcome of those discussions?

**Hon. Glen Cummings (Minister of Environment):** Mr. Speaker, during the public sessions with the Ministers of CCME, the matter of environment assessment harmonization was very much at the top of the agenda. The proposal that is put forward in Bill 24 is very much in the lead of what needs to be done in this country to make sure that the federal decision-making process is recognized and that the provincial decision-making process is recognized. It is widely held, I would suggest somewhat not necessarily with justification, that the federal

process is more stringent than our provincial process.

I am telling you, Mr. Speaker, and for anyone who wishes to enter into this discussion, that the regulations subject to the amendments that we are introducing here are meant to enhance and to encourage the very strictest decision-making process, and it in no way takes away from the federal or provincial decision-making responsibility.

### Transportation Industry Open-Sky Policy

**Mr. Daryl Reid (Transcona):** Mr. Speaker, my question is for the Minister of Highways and Transportation.

My question is: Why did this Minister appear before the House of Commons committee studying the open-skies policy on Friday when as he stated a week ago and again on Friday that he had no policy on open skies? Does this Minister not realize that a lack of policy threatens 3,600 jobs in this province as well as the air service for remote and rural Manitoba?

**Hon. Albert Driedger (Minister of Highways and Transportation):** Mr. Speaker, first of all I would caution the Member to quit using the 3,600 jobs. He is fearmongering to these people when he brings that forward. He brought it forward at the presentation that he made there. He does that in the House, and I think it is unrealistic and unfair.

Mr. Speaker, why I appeared before the Commons committee was to indicate exactly the process that we were undertaking here, because I had a letter from the federal Minister indicating we had till the end of December. I appeared and outlined the process that we were taking, that we were consulting with the industry, with the communities involved, which is in the process right now. The moment we have completed that, my colleagues and I will look at the position that we are going to bring forward to the federal Minister.

**Mr. Speaker:** Time for Oral Questions has expired.

### READING AND RECEIVING PETITIONS

**Mrs. Shirley Render (St. Vital):** Mr. Speaker, could I have leave to revert to Reading and Receiving Petitions?

**Mr. Speaker:** Does the Honourable Member have leave? Agreed.

I have reviewed the petition and it conforms with the privileges and practices of the House and complies with the rules. Is it the will of the House to have the petition read?

**Mr. Clerk (William Remnant):** To the Legislature of the Province of Manitoba:

The petition of the undersigned Winnipeg Canoe Club of the City of Winnipeg humbly sheweth:

THAT the petitioner desires to be converted to a not-for-profit corporation by providing that, upon dissolution of the club and after the payment of all debts and liabilities, the remaining property of the club shall be distributed or disposed of to charitable organizations or to organizations the objects of which are beneficial to the community.

WHEREFORE your petitioner humbly prays that the Legislature of the Province of Manitoba may be pleased to amend The Winnipeg Canoe Club Incorporation Act, which is now before the Legislature and will be re-enacted as Chapter 219 of the Re-enacted Statutes of Manitoba, 1990, for the purposes above mentioned.

And as in duty bound your petitioner will ever pray.

DATED this 15th day of November, 1990.

The Winnipeg Canoe Club.

### NON-POLITICAL STATEMENT

**Hon. Albert Driedger (Minister of Government Services):** Mr. Speaker, could I have leave to make a non-political statement?

**Mr. Speaker:** Does the Honourable Minister have leave to make a non-political statement? (Agreed)

**Mr. Driedger:** Mr. Speaker, I would just like to indicate to all Members here that Manitoba will be turning on the Christmas lights at the Legislative Building at the same time as the federal Government and all provinces across Canada as a symbol of unity and caring. Canadian military units in Canada and abroad, including the Persian Gulf, will be participating in candlelight ceremonies to be held at the same hour locally. The event in Manitoba will be accompanied by the Winnipeg Boys Choir performing a special Christmas program and carols. Thank you very much.

### MATTER OF URGENT PUBLIC IMPORTANCE

**Ms. Judy Wasylycia-Lois (St. Johns):** Mr. Speaker, I move, seconded by the Member for Concordia (Mr. Doer), that under Rule 27, the ordinary business of the House be set aside to discuss a matter of urgent importance. The motion reads:

WHEREAS Canada has developed a fully portable national health care system that provides health care as a right regardless of geography or wealth;

WHEREAS medicare is under dangerous threat as a result of federal underfunding and steadily declining established programs financing transfer payments; and

WHEREAS some provinces like British Columbia and Alberta are giving serious consideration to replacing the national system with province-by-province health care; and

WHEREAS federal withdrawal from any control and funding of health care would mean the end of national standards and put in jeopardy the future of medicare; and

WHEREAS provincial Finance Ministers meet in two days to discuss options for revamping Canada's health care system, including federal withdrawal from medicare; and

WHEREAS Manitoba's Minister of Finance has stated that it is worth discussing having provinces take over cost-shared programs such as medicare; and

WHEREAS there is an immediate requirement for a strong, united and pro-active defence of Canada's medicare system which requires direct federal funding and the maintenance of national standards,

THEREFORE, in order to preserve quality, accessible, portable medicare, this Legislature requests the following:

a) THAT the Manitoba Government release publicly its position on provincial take-over of cost-shared programs, including medicare.

b) THAT the Manitoba Government rule out any option allowing federal Government withdrawal from the funding and control of medicare; and

c) THAT this Legislature state all-Party support of our national medicare system which requires

continued federal funding and the maintenance of national standards.

\* (1420)

**Mr. Speaker:** Before determining whether the motion meets requirements of our Rule 27, the Honourable Member for St. Johns (Ms. Wasylycia-Leis) would have five minutes to state her case for urgency of debate on this matter. A spokesperson for each of the other Parties will also have five minutes to address the position of their Party respecting the urgency of the matter.

**Ms. Wasylycia-Leis:** Mr. Speaker, thank you for your instruction. I do intend to discuss the relevancy of this motion in respect to its urgency, and in so doing intend to put the situation into the appropriate context so the question of urgency can be dealt with from an informed perspective.

We have brought forward, Mr. Speaker, this motion on this day because we believe the emerging crisis in our medicare system is a matter of such urgent public importance that it warrants the ordinary business of this House be set aside so that the concerns of the citizens of this province can be dealt with by their elected representatives—all of us in this Chamber elected representatives.

Mr. Speaker, we have all known for some time about declining federal cash payments to health care. More recently, the depth of this problem was substantiated by the federal Minister of Finance's own calculations, which when projected show that federal budget allocations for health will end in about a decade. The present Manitoba Government has known about this situation for almost three years but has been silent about this troublesome trend line and about federal Government intentions. It has been less than candid about federal plans to get out of the health care field entirely.

This emerging crisis in medicare has reached emergency proportions and taken on new urgency by the very recent events of last week, and the news substantiated today that some provincial Governments are participating in federal plans to withdraw from the health care field and are actually hastening the process leading inevitably to the end of medicare and national health care standards.

This matter, Mr. Speaker, is being discussed in two days at the meeting of provincial and territorial Finance Ministers here in Winnipeg. Manitoba's Finance Minister (Mr. Manness) has said this Government has no position going into these critical

discussions. At the same time, he, the Premier (Mr. Filmon) and the Minister of Health (Mr. Orchard) have refused under persistent questioning to disassociate this Government from any plans to replace our national medicare system with province-by-province health care.

We know that Alberta and British Columbia are serious about pursuing this option. If that was not clear before today, it should be clear now from the position paper of B.C. Minister of Finance, Mel Couvelier. This paper just made known to us states this—

**Hon. Donald Orchard (Minister of Health):** Balderdash! Your nose is growing a mile a minute. What a dishonest person.

**Mr. Speaker:** Order, please; order, please.

#### Point of Order

**Mrs. Carstairs:** On a point of order, the Minister of Health (Mr. Orchard) has just referred to the Member as a dishonest person. I think that is a totally inappropriate and inaccurate comment. I think the Member should apologize.

**Mr. Steve Ashton (Opposition House Leader):** On that same point of order, Mr. Speaker, I too heard the Minister of Health make that comment. It was quite audible to Members on this side. I think he should show some common decency and withdraw that comment unequivocally.

**Mr. Speaker:** Order, please. On the point of order raised, the Chair did not hear the remarks of the Honourable Minister of Health. The Chair was paying attention to the remarks being put on the record by the Honourable Member for St. Johns. The Chair will take this opportunity to peruse Hansard, and perhaps the interject mikes might have picked up the remarks. Then we will have to come back with a ruling.

\* \* \*

**Mr. Speaker:** The Honourable Member for St. Johns, continue, please.

**Ms. Wasylycia-Leis:** Mr. Speaker, this paper by Mel Couvelier states very clearly the course of action described as disentanglement deserves serious consideration by all provinces and the federal Government. Well, Mr. Speaker, disentanglement is just a fancy word for disembowelment of our medicare system. Time is running out on medicare -(interjection)-

**Mr. Speaker:** Order, please. The Honourable Member for St. Johns has the floor.

**Ms. Wasylycia-Leis:** We are at a critical juncture, Mr. Speaker. The Finance Ministers' meeting on Wednesday and Thursday of this week is a turning point. We can sit by and let the provinces of Alberta and British Columbia set the agenda and take us down the path of dismantling national medicare or we can speak from a strong united position reflecting Manitobans' belief that medicare is our best and most valuable service and must be protected.

We have a chance as legislators to stand up for the citizens of this province and say with one voice that medicare is part of our Canadian heritage and that health care is a fundamental and basic human right, but it is a right that cannot be guaranteed to everyone regardless of region or riches without federal funding and national standards.

We are asking, Mr. Speaker, through this motion to do this today. There is no other opportunity. The debate on the Estimates of the Department of Health is currently under way, but it is not an option. After more than five straight hours of discussion on this matter, the Minister of Health (Mr. Orchard) has refused to answer a single question, has deferred to the Department of Finance and has refused to give a single assurance that this Government will oppose federal withdrawal from the control and funding of medicare. The Estimates for the Minister of Finance (Mr. Manness) are not before us.

We have used the debate on Interim Supply to the best of our ability, but again our concerns and questions were disregarded and now that opportunity too is over.

Question Period has been no more fruitful, although on Friday the Minister of Finance did not rule out of hand an all-Party resolution on our opposition to federal withdrawal from medicare. It was our first and only sign of hope for collective, co-operative action.

In this spirit, Mr. Speaker, we propose this emergency resolution today. It is our last opportunity to come together on a matter of urgent and pressing necessity. Only by dealing with this matter today will the Manitoba Government have sufficient time to prepare a strong position going into a critical meeting taking place two days hence. The future of medicare lies in the balance. Let us not forsake our responsibility. Let us set aside our partisan

differences and show to all Governments in Canada that our national medicare system is of vital importance to this province, to this Legislature, to each and every one of us and to the country as a whole.

Thank you.

**Mrs. Sharon Carstairs (Leader of the Second Opposition):** Mr. Speaker, I would like to offer the support of the Liberal Caucus to the motion proposed by the Member for St. Johns (Ms. Wasylycia-Leis).

There are two conditions which must be met. One is that the public would be best served by a debate at this particular time, and I think that is quite clear. We have a Finance Minister who is going into a Finance Ministers' conference on Wednesday of this week.

It is essential that Manitoba take a position, and it is very disheartening when day after day we hear from the Minister of Finance (Mr. Manness) and from the Premier (Mr. Filmon) that there is no position, that they are prepared to broker between the provinces, which only leads us to think that they have not even considered a position. Brokerage, I might add, Mr. Speaker, is what got us into such very severe problems with respect to the Meech Lake Accord.

It is also that this particular political Party, which forms the Government of this province, quite frankly, rather than opposing opting out with regard to social programs, were in favour of the opting-out provision that was found in the Meech Lake Accord. Both their representatives on the task force repeated that position over and over and over again.

It was with some regret, I might say, that so did the now Leader of the Opposition (Mr. Doer) take much the same position, that he too did not share the concern that the Liberal Members on the task force had about opting out of those particular programs, but there is no question about their position and our position with respect to opting out of medicare. Nobody believes we should opt out of medicare.

Nobody believes, quite frankly, on this side of the House, that we should have a national medicare program run entirely by the provinces, because unless there are national standards and unless those national standards are supported by national funding, there will not be a universal medicare system in Canada.

Secondly, Mr. Speaker, the other argument that must be made to you is that there is no ordinary opportunity, over the next couple of days, which will allow this matter to be brought out clearly enough.

Well, I remind the Speaker that the budget has been passed, which is, as you know, a very open debate. The Executive Council Estimates have passed, which include federal-provincial relationships. The Finance Minister's (Mr. Manness) Estimates have been passed, and the Health Minister's (Mr. Orchard) Estimates, while they are ongoing at the present time, have chosen to deal only with service delivery and not with the fundamental question of the medicare program.

As a result, there is no opportunity for Members to address this very critical issue. It is not only that the Finance Minister (Mr. Manness) needs to hear from us, I think it is equally important that all of the other Finance Ministers across this nation learn, through the media, that the Manitoba Legislature, representing the people of Manitoba, want a national medicare system with universality, with national standards and with national funding.

\* (1430)

The only way we can do that, Mr. Speaker, is to ensure that this debate takes place today so that we can express that in the greatest possible terms. We hope that if you allow this debate to continue we will be joined by the Members of the Conservative Party, who will finally, with one voice, speak for the protection of our national medicare system.

If we speak as one voice, as we did finally on Meech Lake, if we speak as one voice on national medicare, then the position of the Finance Minister (Mr. Manness) will be one of strength. It will be one in which he will not have to be the broker, because he will be on the side of justice and right.

**Hon. Clayton Manness (Government House Leader):** Mr. Speaker, I rise at this time to speak against the motion and the request to set aside the ordinary business of this House to debate this very important issue.

Mr. Speaker, I do not dispute for one moment the importance of the issue. However, the Member for St. Johns (Ms. Wasylycia-Leis), in bringing forward the resolution that she does, is asking the House to set aside its ordinary business to debate this issue. I say that is not proper in the context of the work before us.

The Members have failed, in my mind, to establish the urgency of this debate occurring at this time. The Department of Health Estimates are up for consideration. We are in the midst of those departmental Estimates. Indeed, we may very well be into them again tonight. I know there have been many questions along this vein directed towards the Minister of Health (Mr. Orchard). I am led to believe he has been pretty candid and certain of his responses around this area, and no doubt will continue to be candid with respect to this very important issue, laying before all of the Opposition Members, the Government's inner views on this matter.

Mr. Speaker, I want to say to the Members who try and portray that the Ministers of Finance meeting that is starting on Wednesday night are trying to portray it as a meeting dealing solely with health care issues. I say to them, they are wrong. That is not the main thrust of the meeting. The main thrust of the meeting is the tremendous debt that we find ourselves holding in this country and indeed in the provinces that make up this country. That is the purpose of the Ministers of Finance meeting. In spite of the fact that a lot of press articles have been written with respect to the health care issue, I can assure all Members of this House that is not the primary goal and the primary objective and the primary consideration.

The reason that the Ministers of Finance are coming together in Winnipeg this week, we are coming together to do two things. One, to address the report shown to the House by Members of the Opposition bench today, as we were asked to do so by the Premiers; and secondly, to deal with the very real problem of debt in this country. That was the prime reason we come together. To see whether or not we were going to continue to be part of the problem, or whether or not we were going to try, as Ministers of Finance from across Canada, to find a way where we could be part of a solution.

If indeed consensus is found at the Ministers of Finance meeting, in any area, that will be then taken not to the federal Government but will be taken back to the Premiers. The Premiers ultimately decide how it is that a consensus reached by the Ministers of Finance is to be dealt with.

I say to the Members, as far as trying to say that the urgency, first of all with respect to this issue and that it must be debated now, we are in the Estimates of the Department of Health. There are grievance



times, I suppose, that are valuable. I would encourage Members, given the schedule that we are on, not to exercise that, although that is their fair right to do so.

Thirdly, Mr. Speaker, concurrence motion is to come before this House, hopefully in the not too distant future, where Members will have an opportunity to lay before this House their views on this very important issue. To use the argument for the Member for St. Johns, if a condition for this emergency debate is to be a statement emanating from a Finance Minister somewhere in this country, in some other province, then I say to you, we theoretically could have a debate every day. There are commentaries coming out from Ministers of Finance and everywhere else on a daily basis. Surely, that cannot be a condition whatsoever for holding an important debate of this nature.

I say to the Members, and indeed to all Members of this House, that the Members have not been able to build their case as to urgency. Although this issue is important, I am glad that it is being dialogued to the extent that it is in the public mind. I hope that continues. It is an important issue, but I say that the Member has failed to establish the urgency as to why we should consider moving away from the ordinary business of the House and moving into a debate at this time.

\* (1440)

### SPEAKER'S RULING

**Mr. Speaker:** Order, please. The Honourable Member for St. Johns (Ms. Wasylycia-Leis), in accordance with Subrule 27.(1), did provide the required notice. I thank the Honourable Members for their advice on whether or not the motion is in order.

Citation 389 of Beauchesne's 6th Edition: In the case that in order for debate to proceed the matter raised " . . . , must be so pressing that the public interest will suffer if it is not given immediate attention."

Also, Beauchesne's citation 390 states that: "Urgency" . . . does not apply to the matter itself, but means 'urgency of debate', when the ordinary opportunities provided by the rules of the House do not permit the subject to be brought on early enough and the public interest demands that discussion take place immediately."

In my opinion, the Honourable Member does have other opportunities available. The Estimates of the

Department of Health are currently before the Committee of Supply, and the Member could rise on a grievance any day that the motion is moved for the Committee of Supply or the Committee of Ways and Means to meet and at that time raise the matter she refers to in this motion.

The format used by the Honourable Member for St. Johns (Ms. Wasylycia-Leis) is also, in my opinion, out of order. The generally accepted format is a wording: That, under Rule 27, the ordinary business of the House be set aside to discuss a matter of urgent public importance; namely—and here a brief general statement of the issue is set forth. In her motion, the Honourable Member used a private Members' resolution format with numerous WHEREAS clauses, and what virtually amounts to a RESOLVED clause.

I noted, in my ruling to this House on October 11, 1988, my concern about the format of motions requesting emergency debate. I must rule the motion of the Honourable Member for St. Johns out of order, because there are other opportunities for debate.

**Mr. Steve Ashton (Opposition House Leader):** Yes, I challenge your ruling.

**Mr. Speaker:** The ruling of the Chair has been challenged.

Shall the ruling of the Chair be sustained?

All those in favour, please say Aye.

**Some Honourable Members:** Aye.

**Mr. Speaker:** All those opposed will please say Nay.

**Some Honourable Members:** Nay.

**Mr. Speaker:** In my opinion, the Ayes have it.

**Mr. Ashton:** Yeas and Nays.

\* (1450)

**Mr. Speaker:** Yeas and Nays. Call in the Members.

The question before the House is, shall the ruling of the Chair be sustained? All those in favour of the motion will please rise.

**A STANDING VOTE** was taken, the result being as follows:

### YEAS

Connery, Cummings, Dacquay, Downey, Driedger, Ducharme, Enns, Filmon, Gilleshammer, Helwer, Laurendeau, Manness, McAlpine, McCrae, McIntosh, Mitchelson, Neufeld, Orchard, Penner,

Praznik, Reimer, Render, Rose, Stefanson, Sveinson, Vodrey.

### NAYS

Alcock, Ashton, Barrett, Carr, Carstairs, Cerilli, Cheema, Chomiak, Dewar, Doer, Edwards, Evans (Brandon East), Friesen, Gaudry, Harper, Hickes, Lamoureux, Lathlin, Maloway, Martindale, Reid, Santos, Storie, Wasylycia-Leis.

**Mr. Clerk: (William Remnant):** Yeas 26, Nays 24.

**Mr. Speaker:** The ruling of the Chair has been sustained.

### Committee Changes

**Mr. Edward Helwer (Gimli):** Mr. Speaker, I would like to make some changes to the committee.

I move, seconded by the Member for Fort Garry (Mrs. Vodrey), that the composition of the Standing Committee on Municipal Affairs be amended as follows: The Member for Kirkfield Park (Mr. Stefanson) for the Member for Springfield (Mr. Findlay), and the Member for Fort Garry (Mrs. Vodrey) for the Member for Niakwa (Mr. Reimer).

**Mr. Speaker:** Agreed? Agreed.

### ORDERS OF THE DAY

#### House Business

**Hon. Clayton Manness (Government House Leader):** Mr. Speaker, it is my intention to call the Supply motion. Before I do though I would ask you to canvass the House so as to determine whether or not there is unanimous consent to waive private Members' hour. Also, to once again sit this evening in Committees of Supply from eight o'clock till twelve o'clock, midnight, in both sections of the Committee of Supply.

Mr. Speaker, I am indicating to Members of the House that today in the Chamber we will consider the Department of the Environment, also the Department of Environment this evening in the Chamber. In Room 255, the committee room, we will consider the Department of Family Services to its conclusion. If the conclusion is reached before ten o'clock we will then begin, once again, the Department of Health. That not being the case, then Family Services to its conclusion.

**Mr. Steve Ashton (Opposition House Leader):** Just in regard to House business, we have no

difficulty in terms of private Members' hour, but it was our understanding that Health was going to be originally considered this evening. We would certainly request that be the sequence, Health and Family Services this evening.

**Mr. Speaker:** The Honourable Government House Leader, on House business.

**Mr. Manness:** Mr. Speaker, I am kind of at a loss because at exactly two o'clock, the House Leader and I met and he agreed to Family Services until its conclusion. I am kind of—Mr. Speaker, maybe you can give us a moment.

**Mr. Speaker:** Is there unanimous consent to waive private Members' hour?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** That is agreed. Is there unanimous consent to sit between the hours of eight and 12 this evening?

\* (1510)

**Some Honourable Members:** Agreed.

**Mr. Speaker:** That is agreed.

The Honourable Government House Leader, what are your intentions, sir?

**Mr. Manness:** Again, Mr. Speaker, Environment in the Chamber both this afternoon and this evening and Family Services going into the Committee Room 255 till its conclusion, whenever that might be, followed by Health.

**Mr. Speaker:** Is there unanimous consent to do Environment in the Chamber, Family Services in Room 255 until its conclusion and then Health?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** That is agreed.

**Mr. Manness:** Mr. Speaker, I move, seconded by the Minister of Justice (Mr. McCrae), that Mr. Speaker do now leave the Chair and the House resolve itself into a Committee to consider the Supply to be granted to Her Majesty.

**Motion presented.**

### MATTERS OF GRIEVANCE

**Ms. Judy Wasylycia-Leis (St. Johns):** Mr. Speaker, I rise this afternoon to express my concerns about a very critical issue before us and to take advantage of the personal grievance provisions permitted to Members in this Chamber.

I make use of this provision because I personally feel grief and I personally feel despair about the situation that is unfolding before our very eyes with respect to the soul of this nation with respect to our Canadian heritage, the pride of our nation, and our most fundamental basic human right, of quality, accessible, affordable health care for everyone in this country, regardless of where they live and regardless of their economic position.

Mr. Speaker, we on this side of the Chamber, in the New Democratic Party, feel collective grief and collective despair about the negligence of the Manitoba Government in dealing with this absolutely most fundamental critical issue before us today.

We are very disappointed that this Government has refused, day in and day out, to take responsibility for something that Manitobans everywhere have asked this Government to take responsibility for. That is the preservation, protection and enhancement of our national medicare system with national funding and national standards so that health care is a right, a guaranteed right for everyone in this province and in our country.

We absolutely despair at the fact that we cannot seem to get this Government to take this issue seriously. We cannot seem to get this Government to stand up and defend that which Manitobans want defended.

(Mrs. Louise Dacquay, Deputy Speaker, in the Chair)

Day in and day out, the Premier (Mr. Filmon), the Minister of Finance (Mr. Manness), and the Minister of Health (Mr. Orchard) have turned their heads, turned a blind eye to what is unfolding as probably the most critical issue facing the people of Canada in recent times.

Madam Deputy Speaker, my colleagues and I have taken the actions we have taken over the past number of days of raising this issue day in and day out hoping to get answers from the Government of the Day to stop the slippery slope to the dismantling of national medicare, and we have failed to get the Manitoba Conservative Government to consider it, to take it seriously, to speak up for Manitobans.

That is why, Madam Deputy Speaker, we have taken the most unusual step today of presenting to this House an emergency resolution, a motion to set aside the ordinary business of the House and discuss a matter of urgent and pressing necessity.

This is a matter of utmost urgency. It is an issue that has taken on emergency proportions in the last few days.

As I said earlier, we have been aware for some time now of declining federal transfer payments to health and post-secondary education. For three years, the Government of the Day has known of this situation, but has done very little to inform the people of Manitoba of declining federal payments for health and post-secondary education and has shown no plan or strategy to counteract the disastrous, devastating trend line which will lead inevitably to the federal Government's withdrawal from medicare in about 10 years, Madam Deputy Speaker, about the turn of the century, the year 2000.

If federal Government plans are allowed to proceed as outlined, the federal Government will be out of all direct funding for health and post-secondary education by the year 2000. This Government has not been candid about that trend line. This Government has not been forthcoming to the people of Manitoba about the disastrous consequences of federal withdrawal from health care, from medicare.

We have been unable to get answers from this Government, from Ministers in this Government, about their own projections and what it will mean for Manitoba. The Minister of Finance (Mr. Manness) has come a little ways by acknowledging federal Finance Minister Wilson's calculations about declining federal transfer payments, but he has refused to take that a step further and tell us and the people of Manitoba what those statistics mean if projected over a period of time.

The Minister of Health (Mr. Orchard) has refused under repeated questioning to tell us what his research and forecasts show for Manitobans, will not tell Manitobans what is the date of the last federal transfer payment for health and post-secondary education. In fact, he has said it is a matter for the Minister of Finance who, in turn, has refused to give us his analysis, his projections but, more importantly, a strategy for counteracting that devastating policy, that disastrous trend line.

Madam Deputy Speaker, they say they are concerned about declining federal transfer payments, but they will not put in place an active strategy lobbying the federal Government to reverse its policy and to restore significant funding for health and post-secondary education.

\* (1520)

Worse than that, the evidence that we have seen over the last number of days is that this Government is acting in complicity with the federal Government and its intentions of pulling out of medicare entirely and with provinces who see it in their best interest to speed up that process, to encourage the federal Government to pull out of medicare so that provinces can take over, can be fully responsible, totally responsible, for the funding of health care and for the establishment of standards in health care, Madam Deputy Speaker.

The feeling of urgency that we have had all week became that much more acute this morning when we studied the British Columbia position paper on federal financing and health care and post-secondary education.

Madam Deputy Speaker, if it was not apparent before today, it should be apparent now that this Government is actively involved in a policy of revamping federal-provincial relations in health care and post-secondary education and is actively allowing, enhancing and hastening a process which leads inevitably to the death of medicare, to the end of national standards, to the elimination of our Canada Health Act and to a two-tiered two-track system based on ability to pay, a patchwork of health care programs from one end of this country to another, the elimination of portability so that a resident in one province cannot be guaranteed the same service in another province, a total abdication of responsibility for what Canadians want and believe in.

You see, Madam Deputy Speaker, Canadians have a long tradition for a national health care system, for a medicare system that is portable, universal, accessible and of quality care. Canadians take a great deal of pride in our history, in our traditions and in our movement to guarantee and to put in place universal access to health care for all citizens. That sentiment has not changed one iota; 85 percent or more of Canadians believe that health care, medicare, is our most valuable and needed service. They recognize that health care is a right that must be guaranteed to everyone regardless of region or riches.

They will not tolerate a Government intent on eroding that national system of medicare. They will not stand for a Government that is actively participating in a process leading to the withdrawal

of federal support from health care and post-secondary education.

Madam Deputy Speaker, the Government of the Day would like to have us believe they have no position going into the Finance Ministers' meeting next week which has, by the way, this item at the top of the agenda, no doubt at the top of the agenda because it is the most elemental, most central part of their meeting on December 5 and 6. They would have us believe that they have no position going into that discussion, that they are open-minded about the deliberations involving the revamping of Canada's health care system.

At the same time, Madam Deputy Speaker, they refuse day in and day out to stand up and say in this Legislature or outside of this Legislature to the people of Manitoba that this Government is firmly and unequivocally opposed to any notion which will see the federal withdrawal from national funding and control of health care.

Madam Deputy Speaker, we are left with only one conclusion, that this Government is involved and committed to seriously considering that option, that option which has been so strongly supported by British Columbia for certain, as evidenced in the paper that we now have before us and certainly, as well, by the musings coming out of the Alberta Government.

Madam Deputy Speaker, the statements in that paper by -(interjection)- no, this is B.C.'s paper. The statement in the paper by the Finance Minister of British Columbia, Mel Couvelier, are a scathing condemnation of national medicare. It is not just a paper presenting options in terms of how we deal with the financial crisis, the debt situation and so on of the national Government. It is a condemnation, a scathing attack on that which Canadians hold most near and dear to them.

I only have to refer to a couple of statements in that paper to make that case, Madam Deputy Speaker. Let me quote from page four of the Finance Minister from B.C.'s paper. First, the federal Government has, through the imposition of national program standards, continued to interfere with provincial efforts to control program costs.

Madam Deputy Speaker, this paper, this Minister, attacks something as significant, valued and valuable as national standards, national standards which mean accessibility, which mean universality, which mean portability, which mean non-profit

administration of health care services. One can only conclude, one can only imagine where that kind of thinking leads. It can only mean one thing. British Columbia is entering into a series of discussions with the position firmly against national standards.

Let me quote from another part of this paper. Couvelier states, the continuing incentive for unnecessary public spending created by federal offers of 50-cent dollars would be removed. Catch the words, Madam Deputy Speaker, "unnecessary public spending." The Finance Minister of British Columbia is suggesting that our health care programs, our high standards that we have achieved in Canada, something which has created a great deal of pride, enormous pride for all Canadians, is considered "unnecessary public spending."

\* (1530)

Madam Deputy Speaker, we all want to know where public spending has been unnecessarily spent. We want to know from this Government if it would disassociate itself from that kind of sentiment, from that tone, from that strategy because if a Government is opposed to national standards, and if a Government believes that public spending now in health care is unnecessary, where does that take us?

It is certainly not taking us in a direction of higher standards. It is not taking us in a direction of better services or spending to meet concerns in our community today. It is taking us in the direction of funding reductions. It is taking us in the inevitable direction of user fees, extra billing, premiums, deterrence fees, means tests, reduced programs and barriers to equal universal access for health care.

Madam Deputy Speaker, our fears and our concerns are not pulled out of thin air. They are not concocted. They are not imaginary. They are real. They are based on fact and they spell disaster for Canadians, for Manitobans, for people everywhere who believe it is absolutely fundamental in a developed, industrialized society today to ensure universal access of health care for all people.

British Columbia has no hesitation to begin to take us in that direction. Alberta is backing up British Columbia, and the Province of Manitoba is participating in that kind of strategy, in that kind of direction, by not going into the Ministers of Finance meeting this week with the position that clearly

states Manitobans are opposed, and all Parties in this Legislature are opposed, everyone is opposed to any notion of federal withdrawal from national medicare, national standards and national funding.

Madam Deputy Speaker, there are currently only two nations that are industrialized who do not provide universal access to all of its citizens for health care. Those countries are South Africa and the United States. Canadians, Manitobans do not want their Government to take them down the path that leads to a system like South Africa or the United States. They ask and we ask that this Government disassociate itself entirely from any strategy that has the slightest possibility of leading to a two-tiered, two-track, patchwork system of health care in this country.

Madam Deputy Speaker, Canadians not only want to maintain our national medicare system because they believe it is the best way to guarantee that health care is provided and is accessible to everyone in this country regardless of their region and their wealth. They also defend that position, cherish that system, because in fact it is far less costly and it is much cheaper than the kind of system this Government would take us toward by its inaction, by its refusal to stand up and speak and support Manitoban's views of health care and national medicare.

Statistic after statistic, study after study has shown that health care in the United States costs much more than Canadian health care. Yet our system, Madam Deputy Speaker, is widely regarded as being better.

I want to refer very briefly to a study that was done not too long ago to back up that belief, that feeling that the Americanization of health care is absolutely wrong from a human rights point of view and from an economic point of view and from a quality health care point of view. The study was done in 1989 where adults in Canada, the United States and Great Britain were surveyed to determine how they felt about their health care system and about the health care systems of the other two countries. Many interesting things were discovered.

In Canada more than half of all those surveyed said that their system works pretty well, needing only minor changes. In Great Britain only 27 percent or about one in four people thought that their system worked pretty well. In the United States only one in 10 people thought that their system—and most of

the people who had been in the hospital were satisfied with their stay, but the percentage of people who were satisfied were much greater in Canada than in the United States.

Madam Deputy Speaker, those perceptions and feelings of Canadians are based on reality. They come out of a solid basis of real experience in life today with our experience with our health care system and with the responsiveness and effectiveness of our health care system.

Madam Deputy Speaker, I mentioned that we have been aware of a real threat to medicare for some time. First, the changes in the federal formula putting us on a trend line of declining federal transfer payments to the point where sometime around the turn of the century there will be zero dollars—direct dollars coming from the federal Government for health and post-secondary education in Manitoba and indeed for all provinces.

Now in the last number of days we have had signals from the Manitoba Government of the Day that it has not ruled out an option being pursued actively by British Columbia and Alberta, and that of complete takeover of the health care system and the provision, the implementation of a province by province health care system in direct opposition to a national medicare system.

The musings of the Minister of Finance (Mr. Manness), the statements of the Premier (Mr. Filmon), the blustering of the Minister of Health (Mr. Orchard) have all only added to our concerns and our worries. As every day that passes and every muttering is made we get more and more concerned about where this Government is either taking us or allowing us to be taken, because you see, Madam Deputy Speaker, you cannot go into a provincial Minister's meeting without a fixed position, without some idea of where you are going, because without a fixed position or some vague idea of long-term objectives and intentions, it will be the provinces with the strong positions, with the fixed opinions, with the clear strategies that will win the day.

Madam Deputy Speaker, by not counteracting the regressive, intolerable position being outlined, outlined in the position paper by the B.C. Minister of Finance—

\* (1540)

**An Honourable Member:** Supported by the western Finance Ministers.

**Ms. Wasylycia-Lels:**—and, as my colleague, my Leader, the Member for Concordia (Mr. Doer) said, supported by the western Leaders, Lloydminster, and subsequent discussions.

Without going in and counteracting that position, Manitoba is contributing to the erosion of our medicare system; Manitoba is permitting this course of action to be pursued; Manitoba is colluding, is actively acting in complicity with British Columbia and Alberta and any other province that may be interested in pursuing this course of action.

We are simply asking for the Government of the Day to come forward with a public position that is an expression of support for our national medicare system and an absolute rejection of the option being seriously proposed by British Columbia and that is a federal withdrawal from the field of national health care resulting in provincial takeover, province by province health care system.

In the past, Members of the Government, Members of previous Conservative Governments and in fact, of Liberal Governments and Parties, have said, have recognized the incredible pioneering efforts of Tommy Douglas, Stanley Knowles, David Lewis, people who were the pioneers of Canada's national medicare system.

They have in fact given credit where credit was due and recognized that if it had not been for the incredible pioneering efforts of the CCF and NDP, national medicare would not be a reality today. They have said time and time again that it is a good thing that the CCF and the NDP have fought for those efforts and then the conscience of the nation when it comes to such basic issues as universally accessible health care.

Madam Deputy Speaker, we would like Members of the Government today to continue recognizing the valuable contribution of those who pioneered our medicare system by doing the ultimate. That is unequivocally and clearly and passionately defending our national medicare system and saying what all Manitobans and Canadians are saying today, and that is universal, accessible, quality, portable, affordable health care is a basic fundamental human right that must be protected and preserved and defended and expanded.

Madam Deputy Speaker, we know that there are many challenges ahead in the health care field. We know that Canadians' expectations are high. We know we have a great deal of creative work ahead

of us in order to deal with those challenges, but we will not be able to handle those challenges, to respond to those challenges, to take up the work of the 1990s and beyond, unless we do two things.

One is that we ensure that the federal Government stays involved in health care in a significant way, stays involved in terms of adequate funding for health care and the maintenance of national standards. That is one absolutely essential ingredient for the future of a quality health care system. The other is that we explore new and innovative and creative ways for delivering health care. There is no question, Madam Deputy Speaker, that as a society we are obligated to begin to addressing the serious need to put in place community-based, preventative, holistic approaches to health care, that we turn around our approach from focusing totally on sickness and start to address the health care system in the context of wellness.

We know that the future of health care depends upon innovation and creativity of political leaders in this country. We know that the future of health care depends upon the imaginings, the dreaming—

**An Honourable Member:** The passion.

**Ms. Wasylycia-Lels:**—and the passion of elected representatives and political leaders right across this country. Without a national medicare system, without federal involvement in the funding and control of health care, there will be no system left for us to improve, for us to expand, for us to bring closer to the community and to the family.

If the trend continues, if the agenda of Conservatives right across this country is allowed to be developed any further, there is only one course of action, only one result, that can occur. That is a disemboweled system, an Americanized system, a two-tiered system, a system that no longer provides universal quality health care to everyone in this country, regardless of their circumstances in life, regardless of their background, regardless of where they live, regardless of their income, regardless of their economic position.

That desire, that philosophy, to ensure that health care is recognized as a basic right and is provided to all, regardless of life circumstances, was the dream of those who pioneered medicare. It is a dream that we will not let go of. We will fight this issue with every breath that we have. We will work with Manitobans to do whatever is possible to stop

this slippery movement, the slippery slope, as my colleague, the Member for Brandon East (Mr. Leonard Evans) said, the slippery slope to a two-tiered, patchwork health care system in Canada.

We will represent the wishes of Manitobans who believe that our medicare system is our best and most valuable service, and we will not let that right be taken from Canadians everywhere.

**Mr. Gulzar Cheema (The Maples):** Madam Deputy Speaker, it is a very complex issue in terms of having a debate within a very short period of time, but it is a very complex issue in terms of the general public of this country.

Madam Deputy Speaker, for the last three years, we have seen how the medicare system is going in this country and specifically in this province. I have said a number of times that it is not an issue of one political Party or the other group. I think it is a common issue, and that is the way it should be dealt.

That is why, whenever the present Minister of Health (Mr. Orchard) has done positive things, we have shown him our confidence, and I think that is very positive.

At the same time, it is such a fundamental thing about the structure of this country that is being discussed, and it is going to be discussed in the Finance Ministers' conference. We have seen, for the last week, a simple statement for clarification, in terms of telling the people of Manitoba where this Government stands on the fundamental issue of this country. No clear cut statement has been made. That is not only from the Minister of Finance (Mr. Manness), from the Premier (Mr. Filmon) and, of course, from the Minister of Health (Mr. Orchard).

The Minister of Health (Mr. Orchard) is an intelligent man. I was hoping that he would come up with the answer, because if you read his past weekend's clipping from Brandon, where he spoke on rural health care issues, he made it very clear that we do not have extra money to throw at the health care system. That statement is a very important statement, and I think everyone agrees with that. There is not much money available there.

\* (1550)

Once you have the basic structures of the health care system, which is being threatened by the federal Government, how is the Minister of Health (Mr. Orchard) going to fund even the existing program? A simple question. You do not have to be

a genius to ask that question. The Minister should tell us today. I think he should have the opportunity to stand up in this House and clarify his statement. If, within the present budget, he is going to have difficulty, what is he going to do next year, the year after that, and the year after that?

Madam Deputy Speaker, those issues were not discussed during the campaign. Now we see a four-year majority Government, and their true colours are coming along every day and every day. I think that is very dangerous. I think it is about time that the people of Manitoba should know where this Party stands on the fundamental structures of this country, because we have seen VIA Rail being cut. We have seen now the medicare system is being threatened.

If we are going to follow the rich provinces like British Columbia, Ontario, we will be the losers. Who is going to protect us? I think it is the Government's responsibility to make that clear. I think they will do, not only good for themselves, they will do good for the future generations.

The Minister of Health (Mr. Orchard) has produced some interesting statistics, and I have quoted his statistics of how our health care system, even in Manitoba, has gone up. It has gone up by 178 percent, and the population has remained very stagnant. There are a number of factors. That is not common only in Manitoba; that same situation is in British Columbia, Ontario, Newfoundland and New Brunswick.

The average Government in this country is spending about 32 percent to 34 percent of their provincial budget on the health care system, and each and every Government is in the process of reforming the health care system.

When such basic fundamental reforms are going on, how can the national Government dare to withdraw some of the funding? I think it is bizarre. It is unacceptable. They are taking advantage of the unrest in this country.

Basically, people are fed up with politicians. They are not going to believe any of them, whatever we say in their present state of mind. It is very difficult. I think that is why it is very important now for this Minister of Health (Mr. Orchard), and this Premier (Mr. Filmon), this Government to make it very clear to the people of Manitoba, what their final stand is, how they are going to fund the basic medicare system. I think that is the question here.

Today the Finance Minister (Mr. Manness) stood up and gave a five-minute speech. He said that we are going to have the opportunity, but I think, in terms of the general 57 Members of this House, that is the only opportunity. In the Health Estimates debate, we have to go through some of the service factors, and there is where the stress lies, in the Estimates.

This is an important issue. It should cross all the boundaries. I am really surprised that the Members of the Government, the backbenchers, really do not know what is going on. It is very important for them to understand, and tomorrow to protect their constituents. I do not know how they are going to face their voters, because when they know which party was in the process, or which party helped to dismantle the health care system, it will be our present Government.

It was good to see the election campaign—canoes, and all those trips—but those trips in the rivers are not going to be beneficial until people get the basic care. When the economy is down, who is going to hurt the most? It is the people who are poor, underprivileged. The medical system is the fundamental thing, irrespective of their income. It is the most important asset in this country for the general public and the general constituents.

I think we are going to dismantle that, not only the federal Government and the ministries who are going to take part in that. They are not being dishonest to themselves; they are being dishonest to the future generations. I think that is the tragedy. It is extremely important for the present Government to make a clear statement; they have been given the chance for the last one week. Once you investigate this issue, more and more questions are coming. If it is such a fundamental thing which everyone is concerned about, why not make a clear statement? That is not happening.

The Member for St. Johns (Ms. Wasylycia-Leis) said that we are in the process of having a two-tier system. We are, in fact, in a race towards the two-tier system already. If you have to wait for any services—once you delay the services, that means you are cutting the services. A lot of people are waiting for many procedures. In some ways, Manitoba is better than others, I must admit that. Some of the people from British Columbia are going to the United States for heart surgery. That is not happening right now in Manitoba, but eventually this will happen if there is no clear direction, because



with our population, our economic base, our fundamental structure depends upon the transfer payments.

If we are not going to stand against any cuts, who will suffer in the long run? This Government, with four years of mandate—I think that is the first step to test the public Tories. They know they have four years; people may forget it. In four years' time, such a fundamental thing is not going to be forgotten. The Deputy Premier (Mr. Downey) should remember it that, if you try to dismantle the fundamental health care system, nobody is going to excuse you for that.

**An Honourable Member:** They will not forget.

**Mr. Cheema:** They should not forget. It will not only be the responsibility of the Members of this House. All the organizations, every concerned group, once they start reading into the facts, this Government will have no other option than to go back and say that we should stand for the national, fundamental medicare system.

That system is so crucial for the survival of each one of us in the long run. We simply have to go to the United States and see that there are 40 million people without a basic insurance. Once you go to the hospital, you have to show your VISA card or something else.

If you happen to have a heart attack in the United States or some other part, you may go bankrupt. If that is the kind of security we want for our people, then I think that is dishonesty, because you are going away from the fundamental structure of this country. I am not overly criticizing that. Probably you know, once this Government understands the whole issue, once the second bench and third bench understand what is important and what is at stake right now. It is one of the basic fundamental structures.

Madam Deputy Speaker, I just want to go back to the 1990 campaign. In that campaign, it was said time after time by this Premier (Mr. Filmon) and this Deputy Premier (Mr. Downey) and all the Caucus Members, we are going to take care of the medical system. Don't worry, be happy.

It is only two months after the campaign and they are coming with their true colours and that is fundamentally to dismantle the first step to insult with the medical system, which is already on the verge of collapse. You have to simply go through statistics.

(Mr. Eric Stefanson, Acting Speaker, in the Chair)

The Minister of Health (Mr. Orchard) has all those statistics and I am sure he does share with his Cabinet Ministers, but unfortunately I do not think anybody is really paying attention. You have to understand what it takes for a 70-year-old man to wait for nine months for by-pass surgery or somebody to have a simple CAT scan and wait for a few weeks to a few months. That situation is not uncommon not only in Manitoba but through the rest of this country.

\* (1600)

It is very crucial for any Government to stand up and say, no, we will not dismantle the fundamental characteristic of this country, which is the most important asset people have right now, which is the medical system. Unfortunately this Government's benches have sat very quietly and not made any protest. I would challenge them to do the same thing in the 1994 campaign and we will see the result at that time.

I think it is good to be honest and be consistent and tell people where you stand. We are not talking about the multicultural funding here. I just wanted to point out to the Minister of Energy and Mines (Mr. Neufeld), we are talking about a fundamental characteristic and if you attack a fundamental characteristic, you are not going to have 100 positive phone calls. Try it.

It is not a matter of a particular group of people. We are talking about a general population across the board and if you touch poor people, when they are hurt—the simple thing is that it a basic necessity, it is like food and shelter. The medical system is very, very vital. We should take pride of that, but if anybody tries to dismantle them they will face the consequences. -(interjection)-

Mr. Acting Speaker, the Member for Assiniboia (Mrs. McIntosh), she is asking for it—I just would like her to make it clear. If she is going to ask for the fees, to charge for the hospital fees, have the fees to go to doctors. -(interjection)- I think our commitment is more than ever clear to stand for the basic and fundamental rights, which is the medical system.

**An Honourable Member:** Except for free food in hospitals. That is what they are going to charge for. You seem to forget about that, Gulzar. Do you not?

**Mr. Cheema:** No, we are not forgetting about anything else. We made it very clear. We made it very clear where our Party stands and our record is

very, very clear. Where everyone is telling the truth and I think what we need to know, we need to know the truth from this Party on the right side, Mr. Acting Speaker, where do they stand. I just want to see where the Premier's (Mr. Filmon) canoe is going to go, to the right or to the left—

**An Honourable Member:** It is going to the bottom.

**Mr. Cheema:** —is going to the bottom—

**An Honourable Member:** And sinking.

**Mr. Cheema:** —and sinking every day, on personal care homes, election promises, waffle waffling. Those election promises every day are having a different face, going and having the dances and coffee parties, telling how good they are going to be, and the first thing they do after they win the election is to try to dismantle the health care system. That is the honesty we are facing here.

Mr. Acting Speaker, it is really strange that the new Member for St. Norbert (Mr. Laurendeau) has not spoken about anything, you know, where his constituents would stand in terms of the medicare system. Each one of them has to face their own constituents—

**An Honourable Member:** I have spoken out a lot stronger than you have.

**Mr. Cheema:** —and it may be good—

**An Honourable Member:** I have spoken out a lot more than you have.

**Mr. Cheema:** Well, you know—

**An Honourable Member:** My constituents hear me when I speak.

**Mr. Cheema:** Well, you know, you do not get—

**An Honourable Member:** Let it come.

**Mr. Cheema:** I am coming—by getting 124 extra does not mean a guarantee for life. People have to see your performance and how you are going to work for your constituents in this building—

**An Honourable Member:** They know how I work for them.

**Mr. Cheema:** —and that is why we want to know from your Party where your Party stands on the medicare system.

**An Honourable Member:** Your constituents know how you work for you?

For you, not them but for you.

**Some Honourable Members:** Oh, oh!

**Mr. Cheema:** I think I have touched a wrong—

**The Acting Speaker (Mr. Stefanson):** Order, please. The Honourable Member for The Maples has the floor. Could we all pay attention, please?

**Mr. Cheema:** Mr. Acting Speaker, I would like the Member to stand up and make some comments on the medicare system. I think it is about time to make a speech and say where are your policies, the policy of your Party, because you guys have no policy.

**An Honourable Member:** We have policy.

**Mr. Cheema:** You are the right-wingers, you have a different agenda, the hidden agenda. The second phase of your Government is coming now, the second phase —(interjection)—

**The Acting Speaker (Mr. Stefanson):** The Honourable Member for The Maples—

**Mr. Cheema:** —is to dismantle our health care system.

### Point of Order

**The Acting Speaker (Mr. Stefanson):** The Member for Assiniboia has a point of order.

**Mrs. Linda McIntosh (Assiniboia):** I object, as one of my predecessors in this House objected some time ago, to being called a guy by a Member of the Legislative Assembly.

**The Acting Speaker (Mr. Stefanson):** The Member for Assiniboia (Mrs. McIntosh) does not have a point of order.

**An Honourable Member:** Apologize.

**Mr. Cheema:** Mr. Acting Speaker, I do not mean to be making any comments for it, about the gender here. We are talking about the basic principle here—

**An Honourable Member:** Well, apologize then.

**Mr. Cheema:** The basic principle is the health care system.

**Some Honourable Members:** Apologize.

**Some Honourable Members:** Oh, oh!

**The Acting Speaker (Mr. Stefanson):** Order, please.

**An Honourable Member:** Okay, sit down.

**The Acting Speaker (Mr. Stefanson):** The Honourable Member for Assiniboia (Mrs. McIntosh), on a point of order.

**Mrs. McIntosh:** I did not ask for an apology for being called a guy earlier, but I do ask for an apology for the statement that matters of gender are not a basic principle with Members in this Assembly.

**An Honourable Member:** I did not say that. I did not say that.

**The Acting Speaker (Mr. Stefanson):** The Member for Inkster (Mr. Lamoureux), on the same point of order.

**Mr. Kevin Lamoureux (Second Opposition House Leader):** Mr. Acting Speaker, the Member for The Maples is trying to put forward a valid grievance, and the Member for Assiniboia would be best advised to allow the Member for The Maples to finish his speech. If she wants to stand up and put on her remarks, albeit she can stand up on a grievance. I would suggest that she does not have a point of order this time, nor did she have a point of order on the first time she stood up.

**The Acting Speaker (Mr. Stefanson):** The Honourable Member for Arthur, on the same point of order.

**Hon. James Downey (Acting Government House Leader):** Yes, Mr. Acting Speaker, on a point of order, is the Liberal House Leader (Mr. Lamoureux) saying that my colleague, because she is a female, does not have the right to stand and raise a point of order when she finds something not in good taste in this Assembly coming from the Member for The Maples (Mr. Cheema) that she does not have the right to fully stand and express it, or what is he saying?

She has every right to rise on a point of order, Mr. Acting Speaker, when she finds something distasteful to her as a Member, and I would ask the Members, both of them, to apologize for the attack on my colleague from Assiniboia.

**Mr. Lamoureux:** Mr. Acting Speaker, on the same point of order, the Acting House Leader seems to feel that in fact it was a point of order. If he feels it was a point of order, I would ask him to make the reference in Beauchesne's or the Rules and Procedures saying that it was in fact a point of order.

**The Acting Speaker (Mr. Stefanson):** I thank all Honourable Members for their advice on that particular point. The Honourable Member for Assiniboia did not have a point of order.

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**Mr. Cheema:** Mr. Acting Speaker, I did not want to have an intention of saying anything against the Member for Assiniboia. I was talking about the basic principle of the health care system.

**An Honourable Member:** I am serious. Quit wiggling around and apologize.

**Mr. Cheema:** Mr. Acting Speaker, will you order this Minister for examination somewhere, because he is chirping from his Chair and he is not letting me speak my words?

**An Honourable Member:** I am listening. Apologize.

**The Acting Speaker (Mr. Stefanson):** Order, please; order, please. The Honourable Member for The Maples has the floor. Let us continue debate and discussion.

**An Honourable Member:** Do not threaten me, Gulzar Cheema.

**Mr. Cheema:** I am not threatening.

**An Honourable Member:** It is laughable now. It is a big joke. He does not have to apologize for his . . .

**An Honourable Member:** You will hear more of this. I am sure you will make . . .

**The Acting Speaker (Mr. Stefanson):** The Honourable Member for The Maples, please continue.

**Mr. Cheema:** Mr. Acting Speaker, it looks like I have touched the wrong nerve on the Deputy Premier (Mr. Downey) and the Minister of Health (Mr. Orchard), but they are not going to shut me down. I will say what I think is best for the people of Manitoba.

We are talking about the basic principle of the health care system here.

### Point of Order

**Mr. Orchard:** Mr. Acting Speaker, on a point of order, the Member for The Maples has made references to Honourable Members in this House, referring to their gender, to which an Honourable Member has objected, with the simple request that he apologize for that.

Mr. Acting Speaker, I would like my honourable friend, the Member for The Maples (Mr. Cheema), to apologize for his gender remark in this House, which was considered inappropriate by an Honourable Member.

**Mr. Lamoureux:** Mr. Acting Speaker, you have made a ruling on this. If the Minister of Health cannot accept your ruling, I would suggest that the Minister of Health challenge your ruling.

**The Acting Speaker (Mr. Stefanson):** I have already ruled on the point of order raised by the

Member for Pembina (Mr. Orchard). There was no point of order raised earlier by the Member for Assiniboia (Mrs. McIntosh).

\* (1610)

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**The Acting Speaker (Mr. Stefanson):** Would the Member for The Maples please continue.

**Mr. Cheema:** Mr. Acting Speaker, I was discussing the basic principle, the fundamental issue facing the people of this country. We are going through a very difficult situation in terms of the health care costs. The health care costs are rising because of the aging population, because of the changing technology, because of the demand by the public, because of the fear of malpractice and because of the maldistribution of the various resources. So that situation is not unique only to this part of the country, but all through Canada. That is why it is very crucially important to make sure that the fundamental characteristic of this country, which is a universal medicare system that should be accessible, should be kept.

What is happening at present is not moving into the right direction. What this present Government has done, they have not made a clear statement. That leaves room for a lot of suspicion, whether this Government has the best interests for all people of Manitoba. If they want to divert the attention from the real issue, it is their wish, but they are not going to stop me from saying what is right and what is wrong.

It is not the campaign where we had discussed the definition of a real Canadian. We are discussing the definition of a real medical system. Medicare is a system which is important for all of us. The Deputy Premier (Mr. Downey) knows what I am talking about. If he wants to get bad with them, I will reply in the same way.

Let us go through the clipping, as I was discussing earlier, what the present Minister of Health (Mr. Orchard) said in Sunday's newspaper. "Unlimited health funding labelled thing of the past"—taking that headline into consideration, and taking the escalating costs, how is this Government going to fund the health care system? That is the question.

That can be done only with the present formula, to have the equalization and EPF. If this Government is going to take part in dismantling the national program, that will have a serious impact on the health care system. This will be a serious matter.

If this ministry thinks that people are going to forget in four years' time, they will not forget the basic principle which this Government has deviated from and that is a fundamental medicare system.

I was comparing, before I got interruptions from the other side, the system with the United States. In the United States, there are about 40 million without basic health insurance. The basic health insurance which we all in this country take for granted. That system is the best possible system right now in this country, but moving toward the Americanization to some extent eventually will lead to a destruction of the system. That is what the people of this country are debating.

If the present Government is thinking that by shutting up one Member they are going to stop it. It is not going to happen. If I am not here, somebody else will make the noise. I am not going to take any nonsense, personally, from any one of them. I do not have to learn any lesson from them about what the medical system should be. My responsibility is there, and I am serving my constituents as long as they want me here. I am not going to be bullied by the Deputy Premier (Mr. Downey). We are not in the middle of the campaign; we are in the middle of the most common, most important debate this country will ever face—the medical system of this country.

Mr. Acting Speaker, the complex issue, as I said from the beginning, is how you are going to fund the medical system, the basic structure which is being reorganized in this country, because of the various issues I have already outlined. To continue to even provide what we have today, there is going to be more funding required. The provinces which are poor, which are disadvantaged to some extent, will not be able to fund a system if you do not have a national standard. If you do not have a national standard, everyone will have their own way of doing things. Ultimately, people will suffer, and people will suffer who cannot pay, who cannot speak for themselves will suffer.

I think it is very crucial that we, irrespective of the political Party, should work very hard to make sure that this system is protected. That is what I was debating and if that debate has touched some Members' personal nerves, it is their problem. It is not mine.

I do not intend to have any personal allegations for any Member, whatever intentions they have, but I was asking them, they should then defend their

records during the campaign. They should make it very clear where this Party stands on the fundamental structure of this country, which is the medicare system.

We cannot have one system for the South, one for the North and one for the East. Everyone is not privileged to make a living which some of the Members may be making or some of the members of society, to have the basic accessibility to a health care system. It is very important that people get the best possible care.

The best possible care will be only possible if we have the social conscience attached to the fundamental characteristics of human beings living, which is, each one at a given time in their lifetime will need access to medical services. If he or she cannot afford it by their resources, then the Government should have the responsibility. That makes this country better than anyone else's. That is what we are debating here.

We are not politically criticizing the whole structure. No, we are simply asking this Government to make a clear statement, and this Government has failed to make a clear statement. I am just reading what they have said here. We are not bringing something from another planet.

(Madam Deputy Speaker in the Chair)

We are simply talking about this country so that people from St. John's, Newfoundland to Victoria can have the same medical care system, the same care under the present medical system, which they enjoy. People take it for granted. That is the one essential worry which is taken away, because under the bad economic times comes more health problems. As the Minister of Health (Mr. Orchard) put it very well the other day, he said that we need wealth.

We need wealth but when right now there are people who are at a disadvantage, who are poor, who need help, if we are going to dismantle the health care system, those are the people who will suffer the most. We need to know the clear statement from the present Government, which is missing.

Madam Deputy Speaker, I am personally very, very disappointed with the Deputy Premier (Mr. Downey) in terms of from his seat, he makes a lot of comments. I think he should stand up from his place and make those statements public. I have offered him—it is not a campaign. We are not

discussing the definition of a "real" Canadian. We are talking about the basic structure. That is health care and that is the medicare system. -(interjection)- Madam Deputy Speaker, if there is something I have said wrong and hurt somebody's feelings, I will always apologize. That is not the question here, and I do have respect for every Member of this House, irrespective of what they have for me.

Madam Deputy Speaker, today's headline in the Free Press: Medicare fees laid down on the table, B.C. plan to push Ottawa out of health care. If that is going to be the position of British Columbia and other Finance Ministers going to be taking part in that, what we ask today, what the Member for River Heights (Mrs. Carstairs) was asking, a simple statement, what is the position of this Government? This Government has not made their position very clear, not very clear in terms of whether they are going to defend the medicare system or not.

\* (1620)

Rather than that, Madam Deputy Speaker, they have taken a different attitude. They are going toward the old, slowly going up on the confrontation way of doing things. A two-Member majority is not a great thing in the world. I think they must be very cautious.

Also, if only 42 percent of the people have said yes to them, there are 58 who said no. To have the basic change in the system, I think they must consult with all the groups, all the organizations. Every concerned person knows where this Government is going to lead, toward the American system, and that is what we are asking. That is what the whole issue is.

Madam Deputy Speaker, unfortunately, Government thinks it is a big joke. It can be just forgotten in a day or two, but it is not going to be forgotten. The next budget is going to become even more and more clear where this Government is standing. If this Government tries to take any of the health care system away from the people of Manitoba, we will not let them do that. We will do everything possible, even though we are seven, but I think we can still do a better job.

Madam Deputy Speaker, if somebody has the perception that we do not have a two-tiered system, they are utterly wrong. We have a two-tiered system when we have people waiting. When you delay surgery, you cut services. When you have somebody who can pay \$800 and get their eye

surgery done, we are already moving towards that system. At an average, a lot of Manitobans go out of this province and out of this country to seek medical treatment. Some of them are paying from their own pocket.

Above all, the Member for Inkster (Mr. Lamoureux) said, if they have money, if you have the funds to pay for all those bills, then that system is just for the rich. What we want is a more genuine system, more fair system, more accessible system, but that will not be possible if you dismantle the present structure based on the fundamental characteristics of this country, which are the equalization payment and EPF. That way, you are ensuring that it does not matter where you live, whether in British Columbia or Newfoundland, you will be able to access the services.

I am disappointed. I just do not want to leave the record untouched here, that the Member for St. Norbert (Mr. Laurendeau) was saying I am working for myself. In my lifetime, I have done whatever I can. I am working for my constituents. I will continue to do that. I think those are my only intentions there, and just taking cheap shots from their seats, they are not going to stop me doing my work. If they have not already learned their lesson from the campaign, I think it is about time they start realizing that I am here to stay, and I will do the job everyone else is doing here.

I think we should not deviate and take pride in some of the statements made by the one Minister, the Minister of Energy and Mines (Mr. Neufeld), and see whether some people are going to go for dismantling some of the system. We are talking about a basic fundamental characteristic which is the medicare system. No Government and no Member has the authority, was given the permission, to do that. If you have to do that, go and fight the campaign on the basic issue, and we will see what happens in 1992.

In 1988, the present Prime Minister said health is a sacred trust, VIA Rail is a sacred trust. Each and every sacred trust is being cut every year. No wonder the people of this country, only 17 percent, are supporting the present Government. I want to caution the present Government there are not going to be opportunities like Meech Lake every time to save this Government.

I think there are going to be other fundamental issues which affect each and every human being,

and one of them is the medicare system. They must be very, very careful how they are going to progress on that issue. We would like them to—at least they still have tomorrow to table their position in this House and make sure that people of Manitoba know how this Government is going to approach that basic issue.

With the \$1.5 billion we are finding it difficult even to fund the basic program in Manitoba. How are we going to fund the further programs? We are in this House, on this side of the House, always asking questions to improve the system. Can they tell me simply, how are they going to do it within the present resources this Government has, if you do not have the national standard, if you do not have the equalization payment, if you do not have EPF? Basic things.

Somebody on the street, a 70-year-old male, or a 70-year-old female, would like to know how they are going to have the basic access to that system. Most people will give it up because if you do not have the services they will simply say, well, let us wait, let us wait. I think waiting has become almost a slogan, and a very unacceptable way of life.

Not to pay attention and just wish that this issue will go away, it is not going to go away. We will do everything possible in our power, in terms of what constituents have told us time after time. Irrespective of their Party background they have made it very clear. The basic principle of medicare must be protected. We have said that. We have paid the political price for these things, and we will pay it, for any price, until we keep on achieving what is the best possible for each and every Manitoban.

We have made promises many times to this Minister of Health (Mr. Orchard) that we will say good things when positive things are happening. If somebody is going to touch the basic structure, then there is no way we are going to stand by. I think that is the message we are trying to tell this ministry, that, please, have a second look at the whole thing. Do not rush, because something like this we will not be able to reverse easily. The same thing was said about free trade. We are seeing already a fact of free trade.

In a way, this Government is moving towards a more disorganized way of living, more a way which will benefit only a section of the community, but not the larger community which is the most important thing. In a human life, you cannot guarantee that you

are going to be the same all the time and have the financial backing. The time will come that you, or your children, or somebody else in your family, would need access to services. If you do not have the funding, if you do not have your own resources, who is going to fund for you? There are a lot of people in this country who are asking the same question. The basic question is, are we going to protect our health care system or not? The answer that we are getting from the present Government—they are saying no. We, on this side of the House, are saying yes, we want to protect the health care system.

I would ask a simple question. If there was a minority Government, would they proceed that way? No.

**An Honourable Member:** No. We would have an emergency debate today.

**Mr. Cheema:** Today we saw smiles and saying, well, we have a majority, we will see. What can you do, I think this is their way. They must remember, 42 percent of people said yes, 58 percent said no. Those 58 percent, that number will grow. As I said earlier, there are not going to be opportunities like the Meech Lake debate to take the political platform and take advantage. Major issues will be discussed in this country, and one of them is going to be a fundamental structure, which is health care. If they try to dismantle the health care system in this building, each Member from this side of the House, including the NDP, will do everything possible to make sure that no Government can touch our medicare system.

We will bring in every issue in this House if they try to do that. We have personally tried not to bring in every day the extent of the emergency situation, because we think that this Government needs more time. When they are trying to dismantle our health care system, we will do everything possible to let the public know on all the formations that no way we are going to stand by. I want to reassure the people of Manitoba from this side of the House, that all my colleagues, irrespective of the Party background, will do everything possible to protect the health care system. We will give another chance to this Minister to change their mind. At the same time, I think it is about time that the people of Manitoba would like to know where this Party's true colour stands. Thank you.

**Mr. Dave Chomiak (Kildonan):** I rise on a personal grievance provision guaranteeing me the right to speak.

I rise on this very fundamental issue in this House, and I welcome the opportunity to speak in this House on this very pressing and urgent matter. Not very often in this House do we get to deal with matters of, something I would term, fundamental importance. Today, however, is one of those days when Members of this House—and I have chosen the opportunity to use my grievance to speak about something that is fundamental both to the nature of this province and to this country as a whole. That is the whole question of medicare and education and how it is applied in this country and in this province.

The reason that this debate has sparked so much emotion, I believe, and so much, for lack of a better word, antagonism in this House, is because we are dealing with differing philosophies. We are dealing with the philosophy on the other side of the House—I would term it the community-of-communities philosophy. That is the philosophy that we could have 10 little fiefdoms in this country, 10 little provinces that go their own way and do their own thing, and everything will be fine.

That is part of what Meech Lake was all about. That is part of what Conservative Governments and Sacred Governments both in Ottawa and the provinces are attempting to do in this country. It is to create 10 little fiefdoms. They call it the community of communities, but what it is, is their little chance to get together and run things the way they want them in their provincial jurisdiction. That is really what they want to do. That is one of the reasons we are having this debate, and that is part of the problem.

\* (1630)

Madam Deputy Speaker, I have lived in many provinces in this country. I lived in Saskatchewan. I have lived in Ontario. I have worked in Nova Scotia. I have lived in this province. Some of the most significant and important aspects of this country are certain national standards and certain national programs that we possess. That is what makes us a little bit different. That is what makes us Canadian. That is what binds us together across this ribbon of very sparsely populated regions that circumvent the American border.

What Conservative and Socred Governments have put in jeopardy are those national standards, those national programs, medicare and education.

I had ample opportunity, both during and prior to the provincial election, to go extensively canvassing in the constituency of Kildonan. I was told many things by my constituents, but one thing became crystal clear and that was they hold Governments, and this Government in particular, responsible for what happens in the areas of education and the areas of health care.

Manitobans and the people of Kildonan expect the highest standard in our education system and the highest standard in our health care system. They will hold this Government and any Government responsible who dare to tamper with those standards, who dare to tamper with those universal systems that we have put into place in this country.

You know, Members opposite wonder why the Premier (Mr. Filmon) has to come in here day in and day out and mouth the same rhetoric. Why are we concerned? Why do we not somehow accept their assurances? Ninety-nine times out of a hundred people simply will not accept the assurances of any Conservative Government or any Conservative Minister on matters of health care. That is because they have had good experience in listening to Members opposite and listening to Conservatives on matters of health care.

We remember what Brian Mulroney said before 1984. We have seen what Brian Mulroney has done to this country six years later. So, is it any wonder that 99 times out of 100 the people of Manitoba will not listen and will not have any confidence in the assurances of Members opposite as it relates to health care universality and education?

That is why we are having this debate. That is why I welcome it. That is why I have used my opportunity to speak on this very fundamental and very important issue as it affects this province. The other, of course, aspect of it is the effect that what this debate has, and what these Governments will do to our health care system and education system really comes down to a question of, you can buy it if you can afford it; if you cannot afford it, you cannot buy it, you wait in line. That is what is happening in both the health care system and the education system. I will get into specifics very shortly to illustrate that.

You know, I have had several opportunities to speak in this Chamber. On several occasions, I

have repeated back to Members opposite some of the quotations and some of the statements made by a particular Member opposite. In fact, the particular Member is now the First Minister (Mr. Filmon). I have read back to them, and I will read back to it again, because it very much illustrates the problem and one of the reasons why we are having a great deal of difficulty ascertaining what this Government's position is in regard to health care, in regard to education.

I draw your attention to Hansard, debate in this House, Wednesday, March 24, 1982. I will set the scene. It was following a provincial election. The Member for Tuxedo, present First Minister (Mr. Filmon) got up and harangued the Government—it was then an NDP Government—for their lack of spending and lack of priorities in the education system. I am just quoting him from page 809, Wednesday, the 24th of March, 1982. He said, "... education, which is presumably a priority, which they are presumably interested in supporting to whatever extent they can is only getting 12.9 percent and that breaks down into several areas. It breaks down into an increase of about 16 percent to universities, . . ."

Madam Deputy Speaker, would not the universities of this province now want an increase of that kind? At that time, what did the present Member for Tuxedo, the First Minister, say at that time? He harangued the Government for its lack of commitment, its lack of priorities in this area. The most telling comment of that Member, of the Member for Tuxedo, of the present First Minister (Mr. Filmon), was this—and this is on March 5, 1982. I am not taking this out of context because this is following an election.

This is what the present Member, the present First Minister said: What is happening is obviously that his Minister is not a very strong Minister in dealing with the federal Government. He is wringing his hands, and he is telling us about how terrible it is, all this money they are going to lose from Ottawa in the Established Programs Financing plan. He is telling us how much money they are going to lose in equalization grants, but he is not telling us that he has not put forth a very strong case on behalf of Manitoba. It is obvious that we are going to lose a great deal because that is exactly what the federal Government wants to deal with, weakness, and they have it. They now have it.



That is what the Member for Tuxedo (Mr. Filmon) said in 1982. Madam Deputy Speaker, do not the words of the Member for Tuxedo come back to haunt him now—accusing the Government then of not standing up to Ottawa, of not supporting getting together with all the provinces, not going to Ottawa and fighting for what is a most fundamental aspect of this country, our national health care program and our funding for post-secondary education.

Now we do not have a position from Members opposite. We do not have a position from the First Minister. He keeps coming to this House and saying, trust me, trust me, trust me. Madam Deputy Speaker, as we go on, I have the opportunity of reviewing documentation as it relates to this particular issue, and the Members opposite wonder why we are suspicious of their motivation.

I am astounded. In fact, I am appalled when I look at this document dated September 10, 1990, by the Honourable Mel Couvelier, Minister of Finance for British Columbia. What appalls me is the sentiments expressed in this document. The sentiments that I only can hope, indeed I can only pray that Members opposite do not latch onto. The way it is written causes me a great deal of alarm when I look at this document, this document that presumably is going to be one of the discussion papers at this First Ministers' Conference, the one where our Finance Minister (Mr. Manness) says, do not worry we are only going to be discussing certain things. We will not be discussing the health care system.

I look at page 4 where it says: Further, the federal Government has, through the imposition of national program standards, continued to interfere with provincial efforts to control program costs. Addressing the problem of waste duplication, overlap and intergovernmental funding and programming would not only reduce certain unnecessary public expenditures, it would increase public acceptance of the need for other cuts in public spending. What kinds of cuts? It is clear, cuts in the health care system, cuts in the education system. I will get into that shortly, Madam Deputy Speaker.

Further, what would a revamp of the medicare system, a revamp of the equalization and EPF financing systems, that these people want to do, what would it result in? Quote: It would enable provincial Governments to revisit the continued desirability of making expensive social programs available on a universal basis. Astounding. It would

also enable reconsideration of the necessity for maintaining expensive national program standards.

If there is anything, Madam Deputy Speaker, that makes us different than Americans, that makes this country the kind of socially acceptable place it is, it is that we have national standards in health care. It is the fact that if I get sick in Cape Breton Island I know I can get decent health care without paying an arm and a leg, and the fact that I know if I move to different regions of this country there will be a federal Government, a strong federal Government there, that will support my right to have a half decent post-secondary and university education.

The concern expressed in this document, one of the items presumably of discussion at this Finance Ministers' meeting will be, Madam Deputy Speaker, this question of disentanglement, disentanglement, I keep seeing in these documents.

\* (1640)

One of the options would be presumably, and I am quoting from this document produced by the Finance Minister of B.C.: The federal Government would withdraw from transferring cash to the provinces in respect of health care, post-secondary education and social assistance through the EPF, an arrangement, and the Canada Assistance Plan, Madam Deputy Speaker.

What would that result in? That would result in the community of communities. That would result in provincial-wide health care programs and province-wide, provincial-run education programs. The result would be provincial standards. The result would be provincial Governments would be able to say, well, I do not need—we will use user fees here; we will not use user fees here. The result would be a deterioration of the system.

The result, Madam Deputy Speaker, would in fact be a fundamental change in this country. It would take us back 50, 60 years and that is my fear. That is what I think the people of Manitoba fear with this group—this bunch wants to do.

Later on in this very same document, it says: Recognizing that Canada is large and diverse it would be appropriate to dispense with most national standards using instead standards developed by each province that would reflect the needs and preferences of provincial residents.

What further evidence and proof does one need, Madam Deputy Speaker? If this is even on the

agenda, then we have been compromised, if this is even on the agenda, and I am afraid it probably is.

Further on in this same document: As an alternative, provinces could work together to achieve a consensus on national standards for programs under provincial jurisdiction. What would that amount to—a consensus? What kind of strength is there in a consensus, Madam Deputy Speaker? No more national standards, no more national programs, but perhaps we could get together and perhaps we could develop a consensus of what these standards would be.

The road takes us to a community of communities, 10 different, 12 different, pardon me, fiefdoms in this country, and that would amount to a dismantling of the fundamental aspects and the fundamental characteristics of this country. I fear for that.

That is one of the reasons why we are so concerned on this side of the House. All Members of this House should be concerned and alarmed at the kind of future that is in this kind of document for our children and for our country, Madam Deputy Speaker. I am horrified, frankly. That is the best I can do.

(Mr. Speaker in the Chair)

Let me look at some other documentation. Members opposite say: Well, you know, do not worry, trust us, things will go fine. We are protecting the medicare system. I look at the fact that if trends continue, if they proceed along the road we are proceeding along, if Members opposite have their way and their federal Government friends, then we will see that by the year 2003, 2004, only 13 years from now, Canada as a whole will be no longer receiving any federal funding for health and higher education. That is the fear, Mr. Speaker.

That is the fear, as I indicated earlier, that the federal Government withdraws, the provinces occupy the field as it were, national standards fall, maybe at most we will develop a consensus of national standards and consequently we have our 12 little fiefdoms, our 12 Tory Health Ministers with whatever standards they have, and that would be frightful. That would change the nature of this country, and I fear for that.

Mr. Speaker, it is already happening. We have provinces like Newfoundland stating already that it is faced with choices of privatization, premiums,

user fees, extra billing, expenditure cuts, deficit financing or tax increases.

In this province, we have an increasing trend towards privatization, privatization, through the back door, Mr. Speaker. We have privatization in the education system, through the back door. We have privatization in the health care system, through the back door, and particularly the education system as we see it today. We see it inch by inch, slowly by slowly, the Government giving grants to private companies to do training rather than grants to the community colleges.

There is an example perfectly illustrative—this year's budget, the most recent budget, no increases to community colleges, but this Government will provide companies with a tax credit. Not small companies, no, Mr. Speaker, large companies with a tax credit to train employees. I am fearful of that. I believe that the private sector does have a role to play in training, but the private sector often does not look very far ahead. There is no better example than the results of the U.S. car industry and other places to see how well planned the private sector is. We could end up with many, many unemployed widget makers rather than the kind of trained people we need to take us into the 1990s and into the year 2000.

You know, Mr. Speaker, we have talked for years in this House and Members opposite are aware of it, all Members of this Chamber, as to how succeeding Governments at the federal level, the Liberal Government first and then the Mulroney Government—remember the Mulroney Government that was going to turn this country back together again, to provide consensus? Remember that? Well, now we have the Mulroney Government being just as—has cut back as drastically in the post-secondary and health field and perhaps more than the preceding Liberal Government.

An illustrative way of viewing it is to look at the budgets of the universities. Despite the fact that provinces—and to a certain extent I will give the Province of Manitoba credit both under the previous Government and this Government for trying to do its part in post-secondary and university education—have tried to do their part, Mr. Speaker, but they have been unable to because, frankly, in some cases the resources are lacking and the Governments have cut back. They have cut back to the tune of millions and millions of dollars. The result is quite apparent when you look at the base line

budgeting that is constant dollar versus current dollar and the effect it has on budgeting.

I am looking at the document entitled University of Manitoba Plan 1991, and that document is very illustrative of what the effect of the cutback in funding at the federal level has had on university and post-secondary education in general. If one looks at the various faculties in the various departments of the University of Manitoba, you can see what the effect of the cutbacks in funding has had over a 10-year period. I admit that takes us back to NDP Governments, and it moves us ahead to Conservative Governments, so I am not necessarily implying that this Government has been solely responsible for these cutbacks. The enemy in all of this. The overall problem, at least in this aspect, has been the federal Government.

When I look at the various departments and I look at the Department of Agriculture, for example, for this budgetary year it is funded in constant dollars at 81.5 percent of where it was funded 10 years ago. That is the Department of Agriculture. I look at the Department of Continuing Education, Mr. Speaker. It is funded at 77.3 percent of the level that it was funded at 10 years ago. The Department of Education is funded at 75.8 percent of the level that it was funded at 10 years ago, the Department of Social Work at 78 percent, and so on, the Department of Nursing at 80.4 percent. It goes on and on. In fact the total of all the departments and all the funding from a 10-year period is 77.6 percent. In other words, most of the departments at the University of Manitoba are now funded at 77.6 percent of the level that they were funded at 10 years ago. So the effects on underfunding at the university level has been nothing short of crisis proportion. The effect has been felt throughout the university system. That is a result of the federal Government pulling back from national standards, pulling back from funding, offloading on the provinces.

Now the province is going to pick up its marbles and go home and say, well, we are going to all do it ourselves now? I fear for that, Mr. Speaker. We should be going the opposite way. We should be demanding from the federal Government that it take its fair share of responsibility, that it participate more, not less, in the post-secondary education level.

In the sum total, as I indicated earlier, that is one of the fundamental differences of this country, that we have a federal Government that sets national

standards not only in the education system, but in the health care system, that provides for all. It is called sharing, Mr. Speaker. It is called co-operation. It is a fundamental aspect of this country, and we should not be going away from it. Rather, we should be going more towards it.

Mr. Speaker, it is incredibly ironic that while we have the federal Government cutting back, while we have the federal Government pulling back from these kinds of expenditures, in the United States of all places, some place where, frankly, we should not be taking an example from, United States I look and the United States Government increased funding to education nationally by 11 percent for next year.

The Congress approved budget area increases of 11 percent, and that is from Education Week, October 31, 1990. That is extraordinary. It has done this, Mr. Speaker, recognizing its role as a national Government, recognizing the impact and the importance of education standards on all of the population and, also, recognizing the impact and the importance of the federal Government on special needs and on areas of special education, something that we are suffering the lack of in this province.

Mr. Speaker, it is quite clear in this province that special needs are not even funded to the tune of 50 percent, despite Government's intentions otherwise—not even at 50 percent. Even in the United States, they have increased handicapped education this year, a \$410 million increase, in recognition of the fact that federal Governments in the United States, of all places, must step in and do their part.

While the United States Government, which I do not hold out as an example in many areas, Mr. Speaker, in this respect, are proceeding to fund national education programs, to improve national standards, we have the federal Government of this country going exactly, galloping exactly, the opposite way down the road.

\* (1650)

As I indicated, Mr. Speaker, the effects on higher education have been devastating. I need not even get into the question of the post-secondary education in the form of the community colleges this year because I have made statements many times in this House indicating that funding is down. In fact, it is zero.

We look at the University of Manitoba. I look at the Department of Computer Science, the effects of

underfunding. Because of lack of funds it was necessary to cancel four courses this year, Mr. Speaker. One of these is a post-graduate course normally undertaken by research students.

This is significant, for when you cut back funding to institutions like this, one of the areas that gets hurt is the research component. When you cut back funding to research, you cannot attract post-graduate students. When you cannot do that, Mr. Speaker, you seriously hurt your R & D. Presumably, we are interested in fostering, not decreasing, the ability to do R & D at our institutions of higher learning.

Mr. Speaker, we have lack of sufficient funds for markers and teaching assistants. It means no first or second year course with less than 100 students has a teaching assistant of any sort. That is the kind of crisis that has developed at our universities as a result of lack of funding from the federal area. It is clear that the effects are going to be accelerated. The effects of this are going to be accelerated as we move on, as we move away from national standards and as we let the federal Government by default give up its responsibility and its role in this country. We cannot let that happen and that is the reason for this debate. That is the reason for concern on this side of the House.

Mr. Speaker, I can go on and continue—the research funding has suffered as a result. Graduate students are no longer coming to many faculties in many parts of the university system because, frankly, they will go elsewhere. That is what happens when Governments cut back to universities and cut back on their responsibility to fund post-secondary education.

Mr. Speaker, I had an opportunity to do some research based on the annual report of the Universities Grants Commission and while it is dated—just reviewing the distribution of provincial operating support to Manitoba universities by the Universities Grants Commission in current dollars, I see from '88 to '89 the University of Manitoba received, and this is very interesting, less money to the tune of 2.1 percent, a decrease in '88-89.

The University of Winnipeg received an increase of 2.1; Brandon an increase of 2.5; College de Saint-Boniface received an increase of 8.7. In sum total—because the University of Manitoba accounts for the bulk of grants via the Universities Grants Commission—we see a decrease of 1.1 percent to

universities. I do not have the figures for succeeding years, but I fear that it has in fact been worse since that period in time.

Again on this very point I want to reiterate that while I fault this Government for many things, I realize that it is receiving cutbacks from the federal Government, and it is forced to reallocate its resources accordingly. Where I fault this Government is their lack of drive, their lack of desire to pursue the federal Government, to insist that the federal Government maintain standards with both the health care and the education system. I fear, Mr. Speaker, that they are not doing so, not because of any lack of strength on their part, but rather because of a philosophical disposition towards this community of communities idea that would have these 10 or 12 different fiefdoms.

Mr. Speaker, I could go on. I look at the review of some of the departments of the University of Manitoba. The Department of Botany has suffered cutbacks as a result of the serious effect of underfunding from the federal Government and through the provincial Government. A lower operating budget means labs cannot be supplied properly. Greenhouses continue to suffer from old equipment breakdown. These are all significant departments. The Department of Chemistry is suffering because of the funding, and all departments are suffering funding.

It is not just at the institutions of higher learning. We see it hammered home day in and day out, the pullback of the federal Government from education in such human tragedies. I cannot think of any other word to describe it as the "pullout" from the BUNTEP and ACCESS programs, programs that have been demonstrated by all to be of phenomenal success. For example, in the ACCESS program Natives have had a 5 percent success rate in the regular bachelor program, but the graduate rate in ACCESS programs is 25 to 85 percent.

Mr. Speaker, the New Careers north graduates, 95 percent are employed as a result of the program.

In 1970, when the programs began, there were only a handful of Native teachers in Manitoba. Now there are close to 500. About half of the Native teachers in the North are BUNTEP graduates. These are programs that are virtually cut back, that are virtually stopped as a result of the federal Government pull out of funding, of the federal

Government pull out from the Northern Development Agreement and its expiry.

Of course, probably the best example of a successful program is the BUNTEP program, which I alluded to earlier, Mr. Speaker, and that program began in '74. Since then, an average of 125 students are enrolled in the four-year Bachelor of Education program.

Now what we are seeing is a cutback in intakes or freezing of intakes, Mr. Speaker, no opportunity for individuals to take part in these very worthwhile programs. The reason for that is this move away from the federal Government, a move away from funding, a move away from national standards of education, an abdication of the federal Government's responsibility in the areas of education and health care.

So you can see, Mr. Speaker, that this matter is of serious and grave concern to all of the people of Manitoba, particularly because Manitoba, at this juncture in its history, is in a position where it does not have the ability to fund all of these programs on its own.

Frankly, if the federal Government should pull out, Manitoba standards will have to suffer. If the federal Government should pull out, most of the maritime provinces will have to suffer. If the federal Government pulls out, so will most of the West, and we will be a country far different than we were 10, 15, or 20 years ago.

So that is why we on this side of the House are extremely concerned about what is happening, what kind of strategy is being adapted by this Government, what kind of program, what kind of philosophy this Government is going into these meetings, these upcoming meetings, with.

We have not heard anything that would assure us and that would provide us with the kind of comfort necessary to know that this Government, this First Minister (Mr. Filmon) and this Finance Minister (Mr. Manness), will stand up for us, will take our message to Ottawa, will band together with the other provinces, to ensure that these kinds of programs do not get cut, Mr. Speaker, and we do not see these kinds of programs suffering. We see national standards going down the drain.

We are out of step. We are out of step with most countries in the world right now. Most industrialized countries realize that higher health care standards and higher education standards are required by

their people, not lower ones. Most federal Governments are moving more into the field to provide assistance to all of the regions, not less. They are not abdicating. They are increasing standards.

It strikes me as astounding that this Government should then say to us on this side of the House, do not worry, we will protect your interests, do not worry. Well, we have a lot to be worried about, given their performance.

\* (1700)

Just in closing, I want to make a couple of references to the health care issue, because it is a grave concern to the people of Kildonan. You know, since I have been elected as a Member, probably the one or two most prevalent issues that have been brought to my attention are the concerns about home care and the cutbacks in the home care system. In fact I had a call just the other day from a gentleman who had home care two and a half years ago, but now, Mr. Speaker, he does not have it any longer. It was cut off two years ago. Can he get it back? Oh, he can get it back, but he has to pay for it. He has to pay to get the home care worker in—

**An Honourable Member:** In Manitoba?

**Mr. Chomiak:** —in Manitoba, in Kildonan, Mr. Speaker. I do not know if he has to pay in any other part of the city, but he has to pay in Kildonan to have home care. He had it for free before, but since this Government has come in something has happened to the home care system like has happened to many other systems.

I have another health care issue in my constituency. I have another health care issue of grave concern to me and my constituency in our constituency of Kildonan, and that is Ten Ten Sinclair.

Ten Ten Sinclair was an innovation of the Schreyer Government. It was a very innovative approach to dealing with the disabled. It was a housing program designed to integrate those people who were disabled into the community. It was a very innovative program developed, I believe in Sweden, Mr. Speaker, and it has been functioning quite effectively in the Kildonan constituency for the past 16 or 17 years.

It is in some jeopardy and some trouble. Members of this House will know that this issue is not new. It came up during the election campaign. The Leader of the Liberal Party (Mrs. Carstairs) visited Ten Ten

Sinclair. I believe the Premier (Mr. Filmon) visited it. It was one of the sort of common stops that everyone visited. I suppose the Member for—the Honourable Mr. McCrae probably visited it.

Every Minister that trooped through Kildonan probably visited Ten Ten Sinclair, but I do not know if they came away learning anything, Mr. Speaker, because right now there are six individuals who are in that housing complex who have passed the program, who are ready now to be reintegrated into the community, but they have not heard back from this Government. They have been waiting for a month—they have been waiting for months to hear back from this Government as to whether the Government will approve grants to them in order to allow them to move from this effective halfway house to permanent residence in the community.

They have not heard back from this Government. They have written. They have talked to them, and there has been no response. This has been ongoing for month after month after month. I can only say that the reason they have not is because of the serious underfunding and cutbacks that are occurring in the health care system.

That is not something new that has been happening, but it certainly has happened in increasing frequency in this province in the last several years, Mr. Speaker, in the last several years since this particular Government has come into power.

There we see on a local level—not only do we see cutbacks at the post-secondary education system, cutbacks at the universities, cutbacks at the community colleges, the cutbacks at BUNTEP, the cutbacks at ACCESS, but at the local level, at my own community, our own community of Kildonan, we see the devastating effect of cutbacks on the health care system.

That is why I rise here today to discuss this very important issue. That is why we are so concerned on this side of the House, Mr. Speaker. That is why Members on this side of the House do not hold this Government at its word when it says do not worry, we will take care of your health care system. It is because, Mr. Speaker, the record shows otherwise. It is because we are concerned that 99 times out of 100 we cannot be certain as to whether the group opposite will do what is best in terms of the health care and in terms of the education system.

Mr. Speaker, I implore Members opposite to forget this idea of creating 10 or 12 different little fiefdoms. Let us go back to the way this country was established. Let us go back to programs at the national level that show caring, that show sharing, that show co-operation, not this move towards 12 different fiefdoms run by attempted Conservative and Sacred Governments.

Thank you, Mr. Speaker.

**Ms. Becky Barrett (Wellington):** Mr. Speaker, I too would like to rise in the House using the personal grievance provisions granted to Members of this Chamber to speak on the major threat to our health care system.

Before I get into the meat of my comments, I would like to respond to some of the comments that Members opposite made when the Member for St. Johns (Ms. Wasylycia-Leis) began her grievance procedure. Their comments were that, we could have dealt with these issues in Estimates. We could have asked questions of the Minister of Health (Mr. Orchard). We could have asked questions in the House.

The reason, Mr. Speaker, one of the reasons, why we did not do that is we have tried over many days in the House and Question Period to ask the Premier (Mr. Filmon), to ask the Minister of Finance (Mr. Manness), to ask the Minister of Health, what this Government's position is on the crisis facing our health care system.

Time after time, we have gotten absolutely no answer or at the best vague generalities. Certainly less specific than even the British Columbia Government was willing to put forward. As well, I can attest to the fact that when the Critic for Health care has been in Estimates over the last two days and has asked questions in this regard, she has gotten no answers at all, she has gotten—I do not know what to say here without being called out of order. She has gotten very negative responses from the Minister of Health (Mr. Orchard).

It would even appear as though the Minister of Health does not consider these important issues, does not consider these important questions before us.

So I would suggest to the Honourable Members opposite that we on this side of the House have taken every advantage of every opportunity afforded us in the House and in Estimates and have received virtually no answer, certainly no answer

that will satisfy either us on this side of the House or the people of Manitoba, and are taking advantage of this grievance procedure to bring onto the floor of the House this incredible problem that we are facing not only in Manitoba but in all of Canada.

I would like to—the problem, Mr. Speaker, certainly is not of recent origin. However, the Government has had almost three years to make some attempts to come forward with a policy, with a vision, with some concrete progressive suggestions, and has been unable or unwilling to do so. I would suggest that this Government start taking responsibility for its own actions or inactions and stop blaming various other levels of Government, various other Governments over the years, or divine interference.

Mr. Speaker, I bring to this discussion a different perspective than probably, I believe, anybody else in this House. I was born and spent the first 33 years of my life in the United States, so I have a very different and personal perspective on this whole issue of medical coverage than I believe any other Member in this House has. I speak from, and will speak from, personal experience on the role of the medical system in Canada as opposed to the United States.

One of the things that people would ask me when I first came to Canada in 1975 was: Well, what brought you to Canada? Why would you come from California up to Winnipeg.

**Mr. Orchard:** Because of the climate.

**Ms. Barrett:** The Minister of Health says, because of the climate, and for once the Minister of Health and I agree. Yes, I did say that. One of the major reasons why my family moved from the United States to Canada, and one of the major reasons why I think Canada is such a wonderful country to be a part of is the medical system. I know the joke is: What do you know about Canada? You know that it is cold, and you know that there is hockey. If you are really bright, you know that Winnipeg has a ballet and Folklorama.

\* (1710)

I knew those things when I moved to Canada. I also knew, and many Americans at that time knew, and even more of them know now, about the health care system. The health care system is the single most distinctive element of the Canadian society, of the Canadian ethos, if you will, that distinguishes us from our neighbours to the South. It truly epitomizes

for me and many others the fact that not the United States, as the President would have it, but Canada is a kinder, gentler society. It just truly grieves me, and that is why I am rising on a grievance, to think that we are in any way, shape or form in this House helping, either through action or inaction, to make changes or diminish in any way the health care system in our country.

As the Member for St. Johns (Ms. Wasylycia-Leis) so eloquently stated, we must fight for the continuation of universal, accessible, affordable, portable health care. I think we do need to make this fight. Maybe to paraphrase one of the statements that one of my former countrymen made, Thomas Jefferson, when he stated, the tree of liberty needs watering from the blood of its adherents.

We do need to, every once in a while, fight for what we believe in. I think that this fight that we are beginning, and I certainly hope it is not a protracted fight, I hope that it turns out that it has been a phony war, but I am afraid it will not turn out to be a phony war. I believe very firmly that this fight must be carried forward, not only in this House, but certainly on the part of the Government Members.

As I said, I grew up in the United States, and I know that there are many instances, many cases, of personal anecdotes and experiences that people have about the health care system in the United States versus the health care system in Canada. I would like to mention only three, two of which I personally have had experience with, and one which a Winnipegger has had recent experience with. I think that they sort of, for me, help frame the problem and the issue that we are dealing with.

My daughter was born 24 years ago with a completely normal delivery, no complications, nothing out of the ordinary. In 1967, that delivery cost myself and my husband \$600.00. In addition to that, it was \$50 for each day we were in the hospital. That was in 1967. We had no coverage. We were both students. We had to pay for that normal non-medical, if you will, event out of our own pockets. I know that the costs today for that procedure have gone up as everything else has.

The second incident is, a friend of ours when we were in California—he was a professor. He had what was at that time, about 15 years ago, the best medical coverage the United States had to offer. It is a Kaiser-Permanente coverage in California, and it is the closest thing to socialized medicine that the

United States has managed to produce for people who are not on Medicaid.

This family paid a fairly substantial amount of premiums each month for that health coverage. The wife of that couple contracted cancer and was in and out of hospitals and in and out of radiation and chemotherapy for two and a half years before she died. Her husband not only had to deal with bringing up two small children and the loss of his wife, he also, even with the best medical coverage that the United States had to offer at that time, had \$200,000 worth of medical bills that he was personally responsible for. His wife did not get cancer because she had a negative lifestyle. She did not get cancer because of anything she did, just as my giving birth was not something that was a negative event, but we both paid. We both paid dearly in terms of financial cost to ourselves and our families.

In both of those cases we were able to afford those medical expenses, but it has been stated in this House time and time again, and certainly we all have information at our fingertips, there are between 35 and 40 million Americans who have absolutely no medical coverage, and estimates in the hundreds of millions of Americans, or upwards of another hundred million Americans who have inadequate coverage, who do not have coverage for catastrophic illnesses, who are not able to access the medical system in the United States.

The third personal experience is one that happened to a constituent of mine and also someone who Members in this House may know, the city councillor for Notre Dame ward, Allan Wade, who in his annual holiday to the south in Texas had a heart attack and had open-heart surgery. His insurance—luckily he had insurance—had to pick up \$54,000 worth of expenses. He did have his coverage, but he might very well not have.

I give these examples to the House as merely three of hundreds of thousands of examples of the current situation of medical coverage in the United States. That coverage or lack of coverage, that concept of medical attention being a privilege rather than a right is something that is very indicative of the difference between the United States and the Canadian idea of fairness and equity. It permeates not only the health care system, but many other aspects of that society and that culture.

It is one of the reasons why we on this side of the House, among many other Canadians, fought so

strongly and long against the Free Trade Agreement. It is one of the reasons that the word harmonization strikes fear and terror into many of our hearts, because we know good and well that the harmonization that takes place, whether it is under the Free Trade Agreement between the United States and Canada, a potential free trade agreement between the United States, Canada and Mexico, or changes to our medical system, that harmonization can only mean a loss of our rights and our privileges and something that is basically connected to what makes us Canadians.

There is no way we can win under those kinds of circumstances. I have seen it happen in any area you want to talk about, which is one of the reasons why I am so deeply concerned about what I see is the hacking away, the change in our ideas and our thinking about medical coverage in Canada.

I do not only bring to this discussion and this crisis, as I believe it is legitimate to call it, my own personal background. I also bring to it—and I have stated this in the House in several speeches already this Session—my philosophy, which is the philosophy of the CCF and the New Democratic Party. That philosophy is at the basis of our medical system. It is at the basis of what makes our medical system as strong as it is. We would not have our medical system today, we would not have the accessible, universal, affordable and portable medical care that we have today, if it were not for the CCF and the New Democrats.

I do not think I am telling anyone in this House anything they are not aware of, but I may just do a little bit of a history lesson about Canada and what has happened in Canada and how we got the medical system that we have today. In the Depression, the Saskatchewan Government ensured that the local co-operative plans that had been under way and undertaken in the boom years of the 1920s were maintained so that people did have access to at least basic medical care. This is in a province, and let us maybe put this in a bit of perspective, what our financial and economic situation here in Manitoba and Canada is today compared to what it was in the late '20s and the early '30s in Canada, Saskatchewan and around the world. We were not then in the midst of a recession. We were not in the midst of a slight downturn. We were in the midst of the arguably deepest economic crisis that has ever faced the Western World and



maybe any part of the history of mankind, personkind.

\*(1720)

However, even in the midst of that economic crisis, without the federal Government's assistance in any way, shape or form, Saskatchewan managed to have medical care as the major priority and they managed to provide services to their residents. They continued on and in 1950, following the doctors' strike of 1950, they developed a more full comprehensive medicare system. By the end of the 1950s, a decade where according to current popular history, nothing happened, except for those of us who grew up in that decade, the Saskatchewan formula had expanded throughout the country, so that there were conditional federal grants to the provinces that helped cover things such as hospital construction, general public health programs, tuberculosis control, mental health programs, some professional training, cancer control, rehabilitation, child and maternal health programs and hospital insurance.

(Mr. Ben Sveinson, Acting Chairman, in the Chair)

Now, that does not sound too terribly different from many of the programs that our medicare system covers today, and this is 30 years ago. Actually, it was in the time of Mr. Diefenbaker as Prime Minister that the first Hall Commission on health care was established. It led to the Hospital Insurance and Diagnostic Services Act of 1957.

By 1961, when Lester Pearson was Prime Minister, all provinces had some basic forms of medical coverage. Again, by 1971, all provinces were even more fully participating in a federal medical coverage. As I stated earlier, it is not only my personal background that makes me very concerned about this issue, but it is also the background of the movement and the Party that I take my sustenance from.

I guess people have talked a lot about the fact that the system is overloaded, the system cannot be paid for, we have to make changes, we have to cut expenses, it is too expensive. It is all, I think, in the eye of the beholder. Too expensive for whom? Who is going to really pay if we continue on our path, as we seem to be beginning down that path of harmonization with the American system, of a dismantling, or as the Member for St. Johns (Ms. Wasylycia-Leis) so eloquently and colourfully put it,

the disembowelling of our universal, accessible medical coverage. Who is going to pay?

From my experience in the United States, from things that we have all read about the coverage in the United States, other countries where there is not some form of medical coverage—although in the developed countries, that is only the United States—it is the people like the people I represent in Wellington. We are working towards a two-tier system of health care, a system where if you are lucky enough to work in a corporation or for a business or a union that has enough clout, enough financial backing, to be able to provide health benefits for its employees, you will be covered, unless you are unlucky enough to be a casino worker for the Province of Manitoba, who were under the threat recently of absolutely no coverage at all. I find it quite remarkable that a government in Canada, in Manitoba, in 1990, could suggest that its employees not have even a basic benefits package. That is another element to talk about later.

The people who will pay are the people who always seem to pay when Conservative Governments come into power and see the need for restraint. I would not go so far as to say it is, at this point, acute, protracted restraint. It is packaged a lot more modernly than the Lyon Government's activities were, but I believe firmly that the same ideology that drove Sterling Lyon drives this Government as well.

The people who will pay are seniors who are living on fixed incomes who are finding it more and more difficult to live on their pensions that they have established over the years, who are finding it more and more difficult to deal with the money that they are required to put out for Pharmacare before they get their rebates, who are finding it even more and more difficult to deal with the fact that Bill C-22 allowed private drug companies inordinate, usurious profits at the expense of generic drugs, which is causing enormous hardship for not only seniors, although they are probably the largest group that is faced with drug costs, but anyone who has chronic or critical health problems that require medication. It is single parent families who are relying now on social assistance for the majority of their income.

If we are talking about not being able to increase social assistance payments now in the midst of a—what the federal Minister of Finance has finally admitted is a recession, but says will be over within

six months. If we cannot even as a province give those people less than the cost of living increase for their social assistance payments, it will not be long before those individuals will have their medical coverage cut back. I am convinced of it. It might be narrow and small at the beginning, but they will be required to have some kind of a user fee, some kind of a deterrent fee to go to the hospital. Something will happen. The system will pay one way or another.

The social assistance system will be required to pick up the costs for medical service. Whoever picks up those costs, the individuals will pay. People who are the most vulnerable, the least able to pay, will be the ones who pay.

What about the working poor? People who are working full time usually at least at one, if not two or three jobs—due in no small part to the fact that the minimum wage has not been increased in three years—these people, if we continue on this path, they are not working at jobs where they will get insurance coverage. They are not working at jobs where they can put away a certain amount of money so that they can cover medical costs that may come up. They are not going to be covered in any way, shape or form. What is going to happen to them?

\* (1730)

What will happen to them is likely what is currently happening to those people in the United States, those millions of people who fall through the cracks. They do not work for a company that has health care insurance, and they cannot afford to buy health care insurance on their own. They are not poor enough to qualify for medicare or Medicaid. So what happens to them when they have to go to the hospital for a crisis situation? They go to an emergency room or they go to see a doctor, and if they cannot produce a medical card, an insurance card, they are oftentimes turned away; or they are sent to the county hospital, which is the city hospital or the municipal hospital that has been identified as the one that will take people who are unable to pay for their health care. The standard of care in those hospitals is proved to be far below the standard of care for hospitals that have only those patients who can afford to pay. Those are the people who are going to pay.

What happens if you have a chronic health care problem? What happens if you have a child with asthma? What happens if you have to go to emergency rooms with a great deal of regularity, as

often happens with children with asthma? Unless you are on Medicaid, or unless you have private insurance in the United States, you have to make a decision between paying for that at exorbitant rates and doing without something else or hoping that your child's asthma clears up on its own.

As the parent of an asthmatic child, I can tell you that often does not happen. If it had not been for the accessibility of emergency care in Manitoba, my son might very well have died on several occasions because of the severity of his asthma attacks.

Who else really pays? Well, we have talked about the working poor, we have talked about people with chronic health care problems, we have talked about people with critical health care problems, and we have talked about seniors. Who really pays, though, is all of us. We really pay because one of the things that makes a society good, if not great, is how it treats the people who are its most vulnerable. Not only are people who are economically disadvantaged vulnerable on many, many indices, but we all are vulnerable. We can all be vulnerable to a health care problem that can strike us at any moment.

If we do not continue and fight for our medical system, for the quality of care that we have, if we do not continue to fight for the idea, the vision of universally-accepted portable health care as a right, not a privilege, we will all pay. We will all pay in a lessening of the quality of our life and something that appears to have a great deal of importance for the Government position, we will all pay through our pocketbook.

The United States pays a higher percentage of its gross domestic product on health care than Canada does. Ten of the 16 developed countries pay a higher percentage of their gross domestic product on health care than Canada does. We are getting better value for our dollar, far better value for our dollar and spending more wisely than the United States is, even now.

That is not to say that our health care system is not in crisis. I think we are talking two different things here. Our health care system is in crisis. We have for too long relied on the medical model, on the concept that you provide medical treatment, health care treatment in hospitals which is known to be the most expensive form of health care available. We have relied far too long on the fact that only physicians can provide health care. There are

studies and examples throughout Europe, the eastern part of the world and in rural and northern communities in Canada, as well as other places, where nurse practitioners, midwives, physiotherapists, occupational therapists, a whole array, a full panoply of health care professionals, who are not physicians, can and should be able to provide good quality health care. What that means is there is a complete rethinking of what we mean by health care.

If we continue to mean by health care, Health Sciences Centre, St. Boniface, Grace, Misericordia, Victoria, as virtually all of the containers of our health care delivery system, then, yes, we are going to continue to go down the slippery slope of being more and more unable to fund our health care system.

If we start looking at, as has been advocated over decades now—I remember one of the first things I read when I came to Canada was the Castonguay report on decentralizing of health care systems. I thought that was a great idea then, I continue to think it is a great idea.

We have to think in terms of community delivery of service. We have to think in terms of the fact, particularly in Manitoba, but also throughout Canada, that our population is spread out. We have a system where we have a large concentration of our population in an urban area, and then an enormous land mass with very sparsely populated small towns, and farm communities, that kind of thing. A health care system that is located in Winnipeg, where the vast majority of the services are provided out through Winnipeg is not a health care system that is either efficient, effective, or accessible.

So on all elements, those that we care very much about, as well as those that the Members opposite care about, our system needs help. It needs help in redirecting its resources; it needs help in training paraprofessionals; it needs help in training midwives, in training nurses, in training psychiatric nurses, in training the whole range of health care professionals in addition to doctors.

Many of our health care delivery programs could and should be delivered by other than full physicians. Once we start thinking in terms of a decentralized community-based health care system that concentrates on, the word that I love to use, prevention, we will find that our costs are more in line with what we are able to spend and the money

is being spent more efficiently, effectively and providing higher quality of service to all Manitobans and all Canadians no matter where they live and at a more efficient rate.

The reality is—if I could go back just in my closing and talk about the process that happened in the United States. I think we all listened and watched with a combination of bemusement, amazement and horror, the process that the U.S. Congress undertook recently in trying to cut its budget deficit. It was unable or unwilling to even put the defence spending under much of a microscope, but it was prepared to do some very serious cutting in the health care system. One of the things that it did was it took \$44.2 billion from the medicare program and raised out-of-pocket costs to beneficiaries, i.e. people who were accessing the medicare program, \$10.1 billion.

That means that individuals who are on medicare, who are the poorest people in that society, are being asked to pay over five years \$10.1 billion more into the medical system. They trimmed \$2.9 billion from projected spending for Medicaid; they agreed to raise to \$100 the annual deductible for medicare, and what I find very interesting is that they cut all of this stuff and they then did not cut rural hospitals. They did protect some rural hospital money, which I am not suggesting for a moment was not good, but they traded off urban hospital protection for rural hospital protection. That is the kind of adversarial system that is undertaken in the United States.

I shudder to think about the fact of what could happen in Canada if we allow our medical system to start down that harmonizing, the harmonizing of that we have all seen in the Free Trade Agreement, the harmonizing that I believe is already under way, and I have mentioned this in Estimates on several occasions for Family Services, that most of the people who I relate to in the critic area, most of the people who I relate it to in the Department of Family Services will have a direct or an indirect cost to them and to the programs that support them if we start harmonizing our health care system with that of the United States.

I do not for a moment—I am not an advocate of conspiracies, generally speaking, but I do believe that we do have a crisis here. We are in deep danger of losing the foundation of our medical system because of the ideological comradeship between the Conservative Government in Manitoba, the Conservative Governments in the western

provinces, the Conservative Government in Ottawa, and the Conservative Republican Government in the United States.

\* (1740)

The value systems are the same. The concern with the bottom line, at the expense of the impact on people, at times is the same. This harmonization has a great chance of succeeding if people who care about our unique Canadian perspective and our unique Canadian way of life do not stand up in this House, do not stand up in this province, do not start fighting.

As I started out, it would have been much nicer, and I think far more beneficial, if we had some answers from the Premier (Mr. Filmon), if we had some answers from the Minister of Health (Mr. Orchard), if we had been able to have a dialogue or a debate, if we had been able to share our concerns and talk constructively with each other about what is happening and what is going to happen in the next two days with the Finance Ministers, and what is going to continue to happen. However, we were not as Opposition Members allowed that debate, allowed that discussion.

The Government, for its own reasons, is choosing not to participate in this. So we are taking advantage of our duties as legislators to bring these issues before the House and to make very clear our unalterable opposition to the dismantling in any way, shape or form of our universal, accessible, affordable and portable health care system. It needs help. It needs the help that we can provide it, but it does not need the kind of help, the kind of dismemberment that will be its end result, if we allow this process to continue any further, one more day. Thank you very much.

**Hon. Clayton Manness (Minister of Finance):** Mr. Speaker, I never thought I would ever do this from the Government bench, but I will stand on using my grievance. I propose only to speak for five minutes, or maybe 10.

I also rise because I sense that there are Members across the way who probably would feel pressure to speak the clock out to six o'clock and so to save them that pressure I will also stand to rise.

Mr. Speaker, I have listened to Members opposite today, both here and indeed in my office as I listened to the monitor. I have tried to get a feel for the genuineness and the sincerity behind their arguments. I have tried to determine whether or not

they feel that this whole question of health care, and indeed the urgings by all political Parties that it be maintained, and particularly the Government's viewpoint that we have a problem, whether or not that commentary is taken seriously by the Members opposite, or whether indeed from their point of view they sense it is an ideological bent on behalf of Members of a Government, part of a Conservative Government, whether or not they feel that it is a desire, using their words, to destroy the medicare system.

Mr. Speaker, I guess the words last used by the Member for Wellington (Ms. Barrett), over the last five minutes, probably capture the view best of the Members opposite. Whether or not they politically want to use this issue as one that, of course, hopefully will put them in good stead as we work toward another period again to the next election or not, I guess, could be a matter of debate at another time.

The point being, what I take from all of the discussion, is that the Members opposite do not take seriously the comments made, by not only certain Ministers of the Government here and the Premier (Mr. Filmon), but others across this country, that the health care system as we know it is under some considerable pressure.

They choose not, of course, to look at the source of part of that pressure. To them it is a black and white issue. It is an issue that says, if you are in any way going to question the well-being of the system some time in the future, that you are obviously against that system and, therefore, have a hidden motive or hidden agenda, that you are obviously wishing to see the downfall of the system.

That has to be the basis of their arguments because to not accept that as their basis is then to say, well, if they are launching this appeal today in this debate purely for political reasons, and/or the belief that Conservatives, from their point of view, do not want the health care system that we have in place, I say to them, shame.

What I find so disturbing through all of this is that today, as I have listened to their representations, I have not heard the question of our provincial and national indebtedness addressed in one case. To them it is a non-issue. To them it is no issue. To them it is not important, and to them it has no impact on potentially what we will be able to do.

It says to me that Members opposite believe that a society can configure itself in a manner which will guarantee that there will always be funds available in support of the best health care system that we have had experienced over a period of time.

Mr. Speaker, it is obvious then why we cannot really enter into a meaningful dialogue, because, of course, we are not standing at the same place.

Members opposite genuinely believe that we are out to destroy the system. They genuinely believe that if they were in office that all it would take is, I do not know, some magic by the Minister of Finance and they would be able to support the health care system in some other place.

Other Members say well, you can shift the priorities around, and I have asked them to be so open and honest and tell us what those priorities are, Mr. Speaker, but nevertheless they sense that the health care system that we have in place today, one only needs a little bit more money and it will run to the satisfaction of all.

Mr. Speaker, I wish that were the case. I really do not see where it is that our Government, indeed any Government, that attempts to bring forward this whole very crucial issue and even puts it on the forum for dialogue, I do not really see an awful lot of votes and a lot of public support to be gained in even making it an issue. I fail to understand where the Members of this Government have a lot to gain by wanting to make this an issue. I do not see where the votes are. Maybe the Members can tell me, but I honestly do not see them. So using the perverse argument, what do we garner and gain by even making this an issue?

Well, Mr. Speaker, this Government gains nothing. So why do we do it? Why do we go through this? Why do we set ourselves up? Why do we give interviews? Mr. Speaker, because it is under threat, and the reality is, whether Members want to make fun of my public musings, or whether they want to take issue with the Premier's (Mr. Filmon) answers, or whether they want to take issue with the Minister of Health's (Mr. Orchard) commentary on the weekend, where he was addressing administrators from across the province, whether they want to take issue with that or not, the reality of it is, there is no public political currency that we can develop for ourselves as a political Party wanting to stay in Government for years, by making this an issue.

So it begs a question, why do we talk about it? Well, we talk about it because the reality is today that the Bill for the health care system in the province as we know it is \$1.7 billion and growing. The reality is what we receive from EPF funding from the federal Government in cash is roughly \$430 million, and the reality is the tax credits that we have gotten some time in the past probably gives us another \$150 million or \$200 million. The reality is that from the federal Government we may receive, and do not hold me to this, \$600 million of cash plus benefits on the tax credit side, and yet we have got a bill in the health care area of \$1.7 billion.

\* (1750)

So, Mr. Speaker, for the Members to say that we have some hidden agenda, I say to them, you are wrong. I say to you, I think it is absolutely ludicrous and incredible that you would attempt this most important issue to try and not accept some understanding of why it is an issue today, not only in Manitoba.

Indeed it was not Manitoba's request per se to add this to the agenda of the Ministers of Finance who are meeting, it was the reality of what we have experienced over two or three years in this country, when as a new Government, a minority Government by the way, that the Minister of Health (Mr. Orchard) and myself, going to a Moncton meeting in early 1989, pleaded with individuals all across this country to see whether or not we could come to some understanding of how it is we could try and contain the costs of health.

We had some fair success at that meeting to convince other provinces to lay aside for a moment the politics, to lay aside for a moment their partisan differences, and try and approach the federal Government in saying, be a partner to this attempt to try and resolve the health care crisis, that if it is not here in 1989, it is certainly going to be here in 1991. If it is not here in 1991, it is going to be here a few years after that. When I say crisis, I am talking about on a national basis.

That was a new Government, minority in basis, that made an effort to try and reach out. We will not give up on that. As much as Members would like us to go back and not even talk about it, we will not, because in reality it is being talked about across Canada.

Yes, the Members throw at me some supplement that Mel Couvelier, my colleague in B.C., has floated

around Canada, and tries to make it sound indeed like we have bought in somehow to his methodology and to his conclusions.

Mr. Speaker, I am not responsible for the actions, and indeed this Government is not responsible for the actions, for any Minister of Finance outside of this province. For the Members to use that as the rationale to try and convince Manitobans that somehow we want to see the destruction of the health care system is shameful. I say to the Members, you are doing nothing, absolutely nothing to safeguard the system that we all treasure and that we want to see maintained.

For the Members to try and make it appear, and I guess I have trouble really—I call into question the real intentions. I understand that you want the system maintained, but how is it that you maintain it if all of the dollars that are needed to maintain it are not there?

So I stand this time, not to recite the argument that I have made now several times in the last few days, but to tell the Members opposite that I have listened very carefully to their representations today. I have listened very carefully to whether or not they understood why indeed this debate is coming forward at this time, and that it is based on the fact that the debt in this nation is so great that unless there is a tremendous change in the priorities, and a reduction in the spending envelopes, not only of the federal Government, but of all provincial Governments, a tremendous change, Mr. Speaker, the health care system as we know is under threat.

So the Members do not identify with that, they do not recognize that problem, therefore, we really cannot involve ourselves in a meaningful debate,

because if the basis of the discussion is not going to be common, then obviously the path that we are going to try and follow to some conclusion, and to some successful solution, obviously cannot be common either.

That is a shame because I think for once this nation should be dialoguing around this very, very important critical issue, and it should be trying to step aside the politics of the day, if only for a moment.

I think that the issue is just that important, that crucial, and I say to Members opposite that important to all of us because I do not, in any way, sense that it is not important to them. Indeed, if we do not agree that the fundamental problem today is our collective debt, then I say we cannot even begin to address it on a common base.

Mr. Speaker, with those few words, I thank you.

\* \* \*

**Mr. Speaker:** It has been moved by the Honourable Government House Leader (Mr. Manness), seconded by the Honourable Minister of Justice (Mr. McCrae), that Mr. Speaker do now leave the Chair and the House resolve itself into committee to consider of the Supply to be granted to Her Majesty. Agreed? Agreed.

Chairman of committees, the Chair, please.

Is it the will of the House to call it six o'clock? Six o'clock.

The hour being 6 p.m., this House is now recessed until 8 p.m. at which time we will be in Committee of Supply.

# Legislative Assembly of Manitoba

Monday, December 3, 1990

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