



Third Session - Thirty-Fifth Legislature
of the
Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS
(HANSARD)**

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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
CARSTAIRS, Sharon	River Heights	Liberal
CERILLI, Marianne	Radisson	NDP
CHEEMA, Gulzar	The Maples	Liberal
CHOMIAK, Dave	Kildonan	NDP
CONNERY, Edward	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, Clif	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	Rupertsland	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, Hon.	Assiniboia	PC
MITCHELSON, Bonnie, Hon.	River East	PC
NEUFELD, Harold	Rossmere	PC
ORCHARD, Donald, Hon.	Pembina	PC
PENNER, Jack	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, Hon.	Kirkfield Park	PC
STORIE, Jerry	Flin Flon	NDP
SVEINSON, Ben	La Verendrye	PC
VODREY, Rosemary, Hon.	Fort Garry	PC
WASYLYCIA-LEIS, Judy	St. Johns	NDP
WOWCHUK, Rosann	Swan River	NDP

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, April 28, 1992

The House met at 1:30 p.m.

PRAYERS

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Mrs. Sharon Carstairs (Leader of the Second Opposition): Mr. Speaker, I beg to present the petition of D.J. Seaton, Debbie Wardale, Marilyn Booth and others urging the government to consider establishing an office of the Children's Advocate independent of cabinet and reporting directly to the Assembly.

Mr. Gregory Dewar (Selkirk): Mr. Speaker, I beg to present the petition of Sharron O'Neill, John Moss, Gill Moss and others requesting the Minister of Family Services (Mr. Gilleshammer) consider a one-year moratorium on the closure of the Human Resources Opportunity Centre in Selkirk.

Mr. Leonard Evans (Brandon East): I beg to present the petition of Wanda McKenzie, Jack Dodds, Graydon Cummins and others requesting the government consider reviewing the funding at the Brandon General Hospital to avoid layoffs and cutbacks to vital services.

READING AND RECEIVING PETITIONS

Mr. Speaker: I have reviewed the petition of the honourable member for Selkirk (Mr. Dewar), and it complies with the privileges and the practices of the House and complies with the rules. Is it the will of the House to have the petition read?

The petition of the undersigned citizens of the province of Manitoba humbly sheweth that:

WHEREAS the Human Resources Opportunity Office has operated in Selkirk for over 21 years providing training for the unemployed and people re-entering the labour force; and

WHEREAS during the past 10 years alone over 1,000 trainees have gone through the program gaining valuable skills and training; and

WHEREAS upwards of 80 percent of the training centre's recent graduates have found employment; and

WHEREAS without consultation the program was cut in the 1992 provincial budget forcing the centre to close; and

WHEREAS there is a growing need for this program in Selkirk and the program has the support of the town of Selkirk, the Selkirk local of the Manitoba Metis Federation as well as many other local organizations and individuals.

WHEREFORE your petitioners humbly pray that the Legislature of the Province of Manitoba may be pleased to request the Minister of Family Services (Mr. Gilleshammer) to consider a one-year moratorium on the program.

PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

Mrs. Louise Dacquay (Chairperson of Committees): Mr. Speaker, the Committee of Supply has adopted certain resolutions, directs me to report the same 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 the honourable members to the gallery, where we have with us this afternoon from the Joseph Wolinsky School, thirty Grade 11 students under the direction of Mrs. Linda Connor. This school is located in the constituency for the honourable member for St. Johns (Ms. Wasylycia-Leis).

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

TABLING OF REPORTS

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I inadvertently missed the call of tabling of reports, and might I ask leave of the House to revert back?

Mr. Speaker: Is there leave of the House to allow the honourable Minister of Health to revert back to ministerial statements and tabling of reports?

Some Honourable Members: Leave.

Mr. Speaker: It is agreed.

Mr. Orchard : I sense, Mr. Speaker, they want me to leave.

Mr. Speaker, I wish to table for the House the Annual Reports for the Manitoba Health Research Council, the Alcoholism Foundation of Manitoba and Manitoba Health, Sir.

* (1335)

ORAL QUESTION PERIOD

Hudson's Bay Co. Distribution Centre Sale Impact on Labour Force

Mr. Gary Doer (Leader of the Opposition): Mr. Speaker, last week the Hudson's Bay Company concluded an agreement with North West Company concerning the sale of their distribution centre. The province was involved in those negotiations in terms of putting up taxpayers' money for that change of ownership of the distribution centre.

We have since been getting a number of calls from Manitobans about this sale. Many Manitobans who are now presently working for the Hudson's Bay Distribution Centre have been asking us what conditions of their employment were secured by the provincial government in light of their taxpayers' money going into this loan proposal to The North West corporation.

I would therefore ask the Premier (Mr. Filmon): What should we be advising those Manitobans who are phoning us now, who have been told they are laid off? What guarantees did you receive for their employment with the new company takeover, and will the Premier agree to table the agreement the government has for the \$5 million amount of money going to the new distribution centre?

Hon. Eric Stefanson (Minister of Industry, Trade and Tourism): As I said when we discussed this issue last week, for all intents and purposes, there are two separate issues—the decision that the Hudson's Bay Company has made and the announcement that was made last week with The North West Company.

The information that we have received in our department is that Hudson's Bay Company has already made similar decisions in other parts of Canada, are looking at making decisions similar to what was made in Winnipeg, again in other provinces throughout Canada in terms of how they

are warehousing their merchandise and utilizing a new system of warehousing called Just-In-Time, whereby they do not require the size of facilities that they have here in Winnipeg. So it was a separate and distinct decision from the announcement as it relates to North West.

Clearly, what we have done with the agreement reached with North West, a major part of their industry is of a similar nature to what is currently being done by Hudson's Bay Company. The opportunity will clearly be there for employees of Hudson's Bay Company to apply for jobs with North West Company starting, I believe, in January of 1993.

I want to indicate very clearly to this House that any other more restrictive conditions would not have resulted in North West Company coming to Manitoba which would have then meant not only would we have had the negative decision being made by Hudson's Bay Company, we would not have the 189 full-time jobs that North West Company are creating here in our province.

Mr. Doer: Mr. Speaker, I would refer the minister to a letter that the Minister of Labour (Mr. Praznik) received from Hudson's Bay Company stating very clearly that they concluded an agreement with The North West Company. It was not a separate agreement.

I also refer the minister to the trading section of The Globe and Mail business section where it refers very directly to the 10 percent sale that was just achieved between the Hudson's Bay Company and The North West Company.

They are very directly related. It is basically the same function. It is the same warehouse. It is money from the provincial government. What is missing is a commitment and a guarantee from this provincial government to the employees, the taxpayers of Manitoba. The issues at stake are the decisions this government made.

Why would this minister put \$5 million of an interest-free loan into this new operation, this takeover of the existing warehouse? They deal with the capital asset. Why would they not deal with the human assets? Why would they not deal with the human beings who are phoning our office and saying we are laid off, and we have no chance of getting jobs at the new place, nor do we have any guarantees? How can they take our taxpayers' money and not give us our jobs in terms of the new distribution centre?

Mr. Stefanson: To make it perfectly clear, we are dealing with the human aspect, because the point I was making for the Leader of the Opposition was that Hudson's Bay Company was making that decision irrespective of any changes, any agreement we entered into with North West Company. That decision was going to be made, and those people would be out of work.

What we have created through the agreement with North West Company is the opportunity for many of those people to again gain employment in a particular field where they have some expertise. I cannot state often enough that they were, in that respect, two separate decisions. Hudson's Bay Company was making its decision. Another province was interested in the location of North West Company.

It is not going to another province; it is coming to Manitoba. They are closing a facility in Toronto, Ontario. They are closing a facility in Montreal, Quebec, to locate 189 full-time jobs right here in Manitoba, Mr. Speaker.

* (1340)

Mr. Doer: Mr. Speaker, we are talking about the decisions of this government. It makes a decision on a capital asset, and the human assets in this province, the employees who have worked 20 or 30 years at the Hudson's Bay Distribution Centre were not protected with one line in the agreement that they have for \$5 million of their money and our money in terms of this agreement.

The real question is, why do you leave the human beings scattered to the wind when you only deal with the capital asset? Why now are employees of Hudson's Bay Company being told by The North West Company that Montreal and Toronto employees will have first preference of jobs that will be located in Manitoba, when this government and this minister is giving them \$5 million of the employees' own money? How can you justify that to the people of this province?

Mr. Stefanson: Mr. Speaker, I hate to be repetitive, but I think I have to be, so that the Leader of the Opposition understands this issue.

The decision by Hudson's Bay Company was made and was being made, and those 60 people would be out of work with no opportunity in the same field for another chance of employment. Through the agreement reached with North West Company, those individuals will now have an opportunity to

apply for jobs with North West Company, not 60 full-time jobs, but 180 full-time jobs being created here in our province. So there is a human side to it that we recognized, and we created the opportunities for those people to get employment here in our province.

Workers Compensation Board Vocational Rehabilitation Benefits

Mr. Daryl Reid (Transcona): Mr. Speaker, family disintegration, mortgage sales and foreclosures are becoming all too frequent for the injured workers in the province of Manitoba.

I have here a letter, Mr. Speaker, two letters, in fact, from different independent medical specialists indicating that this male living in Manitoba is now a candidate for a heart transplant procedure since he has only 24 percent of his heart function remaining; 76 percent is deteriorated. We find that the Compensation Board has forced this individual onto vocational rehabilitation benefits.

My question is for the Minister responsible for the Workers Compensation Board. Why has the Workers Compensation Board forced this individual and others like him to undertake this vocational rehabilitation when it is clear that his life hangs in the balance?

Hon. Darren Praznik (Minister responsible for and charged with the administration of The Workers Compensation Act): Mr. Speaker, the member brings a specific case to the attention of the House without all of the information or facts on the case, that are not available to me in discussing this particular matter.

I can tell the honourable member that within the board, there is certainly a consideration of factors such as those that the member has outlined. If the member would like to share with me more specifics of the file, I would be prepared to ask the administration there to have a look to see if the processes that are in place to ensure fairness are in fact functioning, but I would need more information than the member has put forward now.

Mr. Reid: This is already before the minister's office, Mr. Speaker.

I ask this minister why his department is forcing totally disabled injured workers onto vocational rehabilitation benefits so that they can deduct the Canada Pension Plan disability payments from the

Workers Compensation payments to individuals such as this person.

Mr. Praznlk: Mr. Speaker, if I may just correct the honourable member for Transcona for one moment, Workers Compensation Board is not a department. It is an agency of government established by this Legislature.

Why I raise that is because the Workers Compensation Board is governed by a board of directors on which there are three members appointed by Labour—[interjection] Granted, under the legislation passed by this House, but the practices, procedures, policies are determined by that board.

I would remind honourable members that there are three members on that board of directors who are nominated by Labour, who have access to me as minister if there are problems in those procedures and practices, to bring them to my attention. I also want to point out to the other member, when he mentioned about the deduction of CPP benefits, what he in fact is suggesting if you did not allow for that is the double payment of benefits.

Mr. Reid: It is obvious, Mr. Speaker, the minister does not care for this—

Mr. Speaker: Order, please. Question, please.

Mr. Reid: Mr. Speaker, my final supplementary question for the same minister is: Can this minister explain what type of message this sends to the injured workers in our province of Manitoba and the Manitobans who are now working in our province? What type of message does this send to them about the type of agency that we have—

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

Mr. Praznlk: Mr. Speaker, in this House, I have never been one to indicate clearly that all things at the Workers Compensation Board are perfect. In fact, when this party came to power in 1988, the place was an absolute mess. Service to injured workers in this province was abysmal. There were long delays in processing claims, and it was a disaster, to say the least.

We have steadily been progressing in improvement of service, and I would remind him that the board of directors on which Labour has three nominees, three very capable nominees who serve on that board, have been charged with the responsibility of ensuring that there is service.

I would say to the honourable member, what he suggests in this House is that there not be proper procedures to deal with claims in a fair fashion. If he is asking this minister or any politician to intervene in specific cases, to make determinations in fact to diagnosis, that would be wrong.

* (1345)

Midwifery Government Initiatives

Mrs. Sharon Carstairs (Leader of the Second Opposition): Mr. Speaker, my question is to the Minister of Health.

Today, Judge Conner of the Provincial Court released his report on the death of one of a set of twins, a birth which was attended by two midwives in April of 1990. In his report, the judge found that the midwives lacked the knowledge, expertise and skill to recognize and deal with the complications which arose during the delivery and the birth of this second twin.

Mr. Speaker, we are all very concerned that these kinds of births continue to go on in our province, and if the coroner's report on this one is correct, there is nothing to indicate that a similar lack of appropriate procedures are in place.

Can the minister tell us today what he is going to do to ensure that deliveries by midwives are appropriately controlled and the knowledge is there?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I think all members of the House share in the obvious grief surrounding that unfortunate death of a newborn. That happened at a time when one might recall that the issue of midwifery was brought before government through a report which recommended that midwifery become part of the Manitoba health care service provision.

Subsequent to that, Sir, we engaged the College of Physicians and Surgeons and the Manitoba Association of Registered Nurses, who presented to government some months ago a report which would guide and recommend certain procedures to introduce midwifery as a profession in Manitoba.

A working group is currently investigating that implementation and developing an action plan for government to assure that should midwifery become a profession in the health care system of Manitoba, the kind of checks and balances and assurance of safety is part of the service provision.

Mrs. Carstairs: The minister has had the report of the College of Physicians since March 22, 1991. It is now April 28, 1992, and this type of procedure is still going on in the province of Manitoba.

I want to know what the minister is going to do today to protect mothers who want to have midwives to ensure that they have midwives who are appropriately trained and controlled by the Province of Manitoba.

Mr. Orchard: Well, Mr. Speaker, midwifery is not a recognized profession with standards for professional service delivery in the province of Manitoba. There is no midwifery that the province of Manitoba endorses as a care-providing profession.

That is exactly what MARN and the College of Physicians and Surgeons presented in the report last March. A working group is investigating that report to make recommendations to government around the exact issues my honourable friend is wishing to be resolved.

Mr. Speaker, there is no appropriate access to midwifery at this time. Hopefully, the working group will make the kind of recommendations which provide the professional accreditation to allow safe provision of that service within the Manitoba health care system.

Mrs. Carstairs: Mr. Speaker, there is no legal way to access it, but the reality is people are accessing it.

I want to know what this government is going to do now to make sure that mothers who are accessing midwives have a guarantee to legislation in this province that they are appropriately trained and that they are appropriately monitored for their health and the health of these children.

* (1350)

Mr. Orchard: Mr. Speaker, I recognize what my honourable friend wants to have happen now, but surely my honourable friend would be patient and wait for the working group to give the guidance to government to do exactly that.

When I am in a position as recommended by the working group to introduce such legislation, I would hope my honourable friend will encourage members of the opposition to ensure speedy passage, but until the working group gives us the recommendation which, incidentally, they are attempting to provide to government with full consultation with, for instance, Alberta and Ontario

who are under similar paths of professional accreditation—in the meantime, this court action and the observations made by His Honour ought to indicate to Manitobans and to women in Manitoba that there is no licensed profession in midwifery that they can access with complete assurance of safety at this time.

Distance Education Program Rural Areas

Ms. Rosann Wowchuk (Swan River): Mr. Speaker, my question is for the Minister of Education and Training.

We all know the importance of post-secondary education, and we all want the opportunity to send our children to university. Unfortunately, this is financially out of reach for many rural families. For this reason, there has been a tremendous interest in the first-year Distance Education Program which has proven to be very successful. In fact, it is so successful, Mr. Speaker, that divisions are willing to pick up half the costs.

I want to ask the minister why, if divisions are prepared to do so much, is she denying the Swan Valley School Division the opportunity to provide first-year university education to rural students in the area? Does she not believe in rural—

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

Hon. Rosemary Vodrey (Minister of Education and Training): Mr. Speaker, my department did meet last week with representatives of Swan Valley. As they know and as has been explained before, the first-year Distance Education Program is a three-year pilot program. It is completing its second year of the pilot.

At this point, we have not done the evaluation and, therefore, it did not seem an appropriate time to encourage other sites to join into a pilot project.

Ms. Wowchuk: Mr. Speaker, if the minister says her department is evaluating, even though they know that the program is a success, why are communities such as Swan River and the Interlake being encouraged to submit applications? Why is the government giving these people false hope?

Mrs. Vodrey: Mr. Speaker, we recognize certainly on this side of the House and in the department that distance education is in fact a great interest across this province. We have in fact established a task

force to examine the use of distance education within the Department of Education and Training.

The specific project that the member has raised is a pilot project and it has, as she has said, been successful in some ways, but it does need a total evaluation to determine if in fact it should continue in its present way. It is a pilot project.

Ms. Wowchuk: My question is to the same minister.

In light of the success of the program, why is the minister not taking the necessary steps to work with these communities to put in place programs to communities that are offering money? They are so committed to the rural children. Does this minister not realize the cost of educating—

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

Mrs. Vodrey: Mr. Speaker, we are certainly concerned about education in the rural communities, also the northern sparsely populated communities, so concerned in fact that I have set up within my department several task forces to examine that area. I am looking at a task force on distance education, also a task force on sparsely populated and rural communities, to look at the necessary education.

This is a specific project which the member raised. This is a pilot project, and I am quite sure that the people of Manitoba would like to be very confident that this pilot project is operating in its most efficient way before it is expanded.

University Review Commission Appointments

Ms. Jean Friesen (Wolseley): Mr. Speaker, yesterday, I asked the Minister of Urban Affairs about the lost Tory years in the inner city of Winnipeg.

Today, I would like to ask the Minister of Education about the lost Tory years in university education. Since 1988, we have seen a rapid increase in student fees, an increase in class size, a deterioration of laboratories and libraries and a decline in graduate students, and yet the minister still refuses to act on a university review which has been promised for two years.

Will the minister make a commitment today to appoint the university review commission and to announce its mandate before the end of May?

Hon. Rosemary Vodrey (Minister of Education and Training): I am certainly working very closely and very carefully, and as quickly as possible, to appoint the members of the commission for the university review. It will be announced as soon as possible.

We on this side of the House view that to be very important, but I would also like to say, I accept none of the member's preamble because the difficulties that the universities are facing now are from the years of mismanagement of the NDP government before and the huge deficit that this government is dealing with now.

* (1355)

Mandate

Ms. Jean Friesen (Wolseley): Will the minister make a commitment to ensure that this university review, when she in fact eventually announces it, will have a mandate that will be very broad and that it will look at the university's position in the social and economic future of Manitoba? Particularly, will it include the issue of university distance education—

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

Hon. Rosemary Vodrey (Minister of Education and Training): The scope and mandate of the review—I have met with, as I said previously in this House, the four university presidents, the presidents of the student unions and other interested Manitobans in an attempt to develop the university review with the widest scope and a scope and mandate that will assist the province and the people of Manitoba.

Government Commitment

Ms. Jean Friesen (Wolseley): Mr. Speaker, will the minister make a clear commitment, when she eventually announces that review, that it will include public hearings that will be accessible to all those communities from Cross Lake to Sagkeeng to Swan Valley, which have already expressed their enthusiasm and their interest in university distance education?

Hon. Rosemary Vodrey (Minister of Education and Training): Mr. Speaker, I think this government has made its commitment to the public consultation process very clear, and I think I have as minister also, but the exact process of the university review will be announced when the review itself is announced.

Government Economic Policies Impact on Manitoba

Mr. Reg Alcock (Osborne): Each time, Mr. Speaker, I raise a question with the Finance minister asking him, really, why his policies have been failing so badly, he references the fact that there has been a recession. I have some sympathy for him. Certainly, the country has been in some trouble.

But when you look at Manitoba's position when this government came to power and you look at its position today—its relative position, so inflation is taken into account—you find that we have fallen far further than the country has.

I would like to ask the Minister of Finance: In the area of wages and salaries, why is the amount of money, the share of national wages and salaries in this province, 17 percent lower than it would be if we had just held the same position we had in 1988? Why are his policies failing so badly?

Hon. Clayton Manness (Minister of Finance): I do not know where the member is leading, Mr. Speaker. He seems to be going down one or two paths.

Firstly, he seems to be saying that the government somehow should impose itself in the corporate boardroom through free collective bargaining, and impose its will on, ultimately, the settlements reached between those who provide work and, indeed, those who manage, those who are the owners of the factories.

That is basic economics, Mr. Speaker. This government will not impose its will. That is derived by way of the to-and-fros within the free marketplace. The government will not impose its will on wage settlements in this province.

Mr. Alcock: I would just inform the minister, I am not talking about weekly wages.

Mr. Speaker, the problem is that the total amount of money being spent on wages and salaries in this province is some 17 percent lower than it would have been had we just held the same position in this country that we had in 1988. After four years of the Finance minister's policies, we have fallen badly. I simply want to ask him the question: Why are his policies failing so badly?

Mr. Manness: I categorically reject the member's assertion that the policies are failing. The policies are succeeding. You have a situation in Canada today where individuals looking around at where to invest in this nation are at least considering

Manitoba as an option today. Part of that reason, of course, is the fact we have a tax history. There have been no increases at all in taxes over the past five years. You have a situation where you have an industrial wage base which is beginning to become competitive.

Mr. Speaker, those are the factors that ultimately in combination will determine whether or not jobs are created in significant fashion. Those are the building blocks on which you base an economy. I say that indeed the province has been successful in trying to put into place a stable environment in business in the years to come.

* (1400)

Mr. Alcock: Perhaps I could ask the minister this. If his policies are working as well as he says they are, why do we have 16,000 fewer full-time jobs, a considerably smaller share of the national retail trade, and a considerably—at 17 percent—smaller share of wages and salaries in this country? How is that an example of the success that he feels he has achieved after four years?

Mr. Manness: Again, I remind the member that we are in a recession. I remind the member that we are an exporting province. I remind the member—[interjection] Well, the member says it has nothing to do with the recession, and yet he berates me for saying that the government is not going to impose higher settlements on the private sector.

Mr. Speaker, which way does he want it? Does he want the government to be all intrusive? Does he want the government to run the boardrooms of the private sector in this province? I say, no, that is his philosophy. That is his former NDP philosophy, his Liberal philosophy. The Conservative philosophy is different, and we will follow our course. Would he be in government, he would follow his course, and his course would lead to bankruptcy. That is where it would lead.

The Pas, Manitoba Employment Decline

Mr. Oscar Lathlin (The Pas): My question is for the Minister of Rural Development. Last year, The Pas lost over 10 Civil Service positions along with major cuts at the Keewatin Community College. Since then, the Clearwater Lake nursery has been closed for some time now, and we still do not know what its future is today. Just last week, the government announced that it was relocating

Highways programs, and it was closing the Women's Directorate office in The Pas and relocating it to Thompson.

Mr. Speaker, my question is for the minister. Has this minister told his colleagues that cutting more positions in The Pas will only compound the situation, as bad as it is now with Repap employees continuing to be laid off? Will the minister get in touch with his colleagues and make sure that there are no more jobs being moved or—

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

Hon. Leonard Derkach (Minister of Rural Development): I can assure the member for The Pas that the announcement that was made with regard to decentralization in the initial stages has indeed been lived up to in its entire commitment, Mr. Speaker, in that we are moving towards fulfilling that commitment as quickly as we can.

Mr. Speaker, as I indicated before, we have already decentralized more than 500 positions. There are still a few more than a 100 positions to be decentralized before that initial commitment is complete, and I can assure the member that we are moving as quickly as we can to ensure that our commitment is attained.

Mr. Lathlin: Mr. Speaker, practically everything is deteriorating in the North. One may as well say that we have no infrastructure to speak of in the North that would support economic development.

Mr. Speaker: Question, please.

Mr. Lathlin: My second question is to the same minister.

Will he, or has he already advised his colleagues that cutting highway staff and maintenance of roads further will only result in the roads deteriorating further and loss of tourism, thereby creating more unemployment?

Mr. Derkach: Mr. Speaker, I have to tell my honourable friend for The Pas that the whole initiative of decentralization was to ensure that services throughout Manitoba can be accessed more equally and more freely by Manitobans who live outside the city perimeter.

As a matter of fact, I could say to the member for The Pas that the new Housing Authority will increase its staff in The Pas, and those will be located in The Pas in the very near future.

Mr. Speaker, our commitment to the area of The Pas and northern Manitoba is strong and remains strong.

Northern Manitoba Employment Moratorium

Mr. Oscar Lathlin (The Pas): My final question is for the same minister, and it is simply this.

Will the minister recommend to his colleagues in cabinet that there be a moratorium on job cuts in northern Manitoba until the unemployment rate in the North equals the rate which exists in the rest of the province? Will he do that at least?

Hon. Leonard Derkach (Minister of Rural Development): Mr. Speaker, I have to say to the member that with regard to the responsibilities of my department and to ensure that rural Manitoba is revitalized, we are doing everything we can to ensure that private entrepreneurs, that organizations that may be attracting a variety of businesses into their communities are given every possible advantage to attract those kinds of opportunities into an area.

For that reason, we have introduced programs such as the Community Choices Program, the Grow Bonds program and most recently the REDI program, and I invite members of this Legislature to go back to their communities and ensure that their communities have every bit of information about these programs that are available to all Manitobans.

Glass Recycling Contract Award Criteria

Mr. Gary Doer (Leader of the Opposition): Mr. Speaker, we have just been informed that a Manitoba company, Major Industries, has lost the bid in this province to recycle glass that is used in metallic paint on highways. We have been informed that this contract has been awarded to an Oklahoma firm.

I would ask the Minister of Highways: What were the criteria for the change in use of firms?

Hon. Albert Driedger (Minister of Highways and Transportation): Mr. Speaker, every year my department tenders out for glass beads, which are used in the paint that we use on the highways for our painting of the lines as a reflector there.

We have followed the same process that we have in other years. We have asked for public tenders. We received those tenders. The tender that we

have accepted is \$28,000 cheaper than the next tender, which basically was awarded the last few years to Canasphere Industries from Moose Jaw.

Glass Recycling Government Initiatives

Mr. Gary Doer (Leader of the Opposition): I would ask the Premier (Mr. Filmon), Mr. Speaker, then—I asked the question of what the criteria were, and I assume that price was one of the obvious criteria. My other question is—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order, please.

Mr. Doer: The government gives away \$5 million—

Mr. Speaker: Order, please.

Mr. Doer: Mr. Speaker, my further question to the minister is: The issue of recycled glass that is now presently recycled back for the use of metallic paint, was that part of the criteria?

Can the minister advise us what will happen to the recycled glass from Manitoba that is now recycled back to the metallic paint in this province? Will that be incorporated in the new awarding of the contract that the government has awarded?

Hon. Albert Driedger (Minister of Highways and Transportation): Mr. Speaker, we have certain criteria that we put out at the time when we ask for the tenders. If that criteria is basically met and all conditions are equal, then we look at the price issue of it.

That is no different than Saskatchewan, because my colleague out there, Bernie Wiens, who is the Minister responsible for Highways out there, in a letter to Mr. Mitchell from the Moose Jaw company, has indicated as well: Considering the tough economic times this province is facing, we must deliver services to the public at the lowest possible cost. Awarding to the lowest bidder is usually the best means to accomplish this.

Mr. Speaker, we have done exactly what we have done in the past and what the other provinces are doing in terms of following a process for tendering.
* (1410)

Mr. Doer: The minister did not answer the question. The question was: Was the issue of recycled glass considered in the decision the government made? We have been advised that tons of recycled glass from this province will not now

go back to the metallic paint in the highways but will rather go in the landfill sites of Manitoba.

I would ask the government: Was that considered in the decision? What is the cost benefit of those items ending up in the landfill site if indeed that is going to happen?

Mr. Driedger: Mr. Speaker, first of all, let me indicate that I will not jeopardize the tendering system that we have in place right now. However, there are some problems because of the glass that has been basically sent to Moose Jaw from this province. I am working together with my colleague the Minister of Environment (Mr. Cummings), and together we are looking at the possibility of establishing, through the Environmental Innovations Fund, some way of maybe trying to make use of the glass that we have at the present time.

We know there is going to be an expanded mountain of glass for the future, so we are looking at seeing whether we can incorporate something in terms of the construction in highways or other innovative ideas that are being looked at in terms of making use of the glass.

Wildlife Poaching Interlake Area

Mr. Edward Helwer (Gimli): Mr. Speaker, my question is directed to the Minister of Natural Resources.

There was another slaughter of wildlife in the Interlake area during this past weekend. There were seven pregnant elk cows found slaughtered by poachers. The communities of Poplarfield and the whole Interlake area are in an uproar over the slaughter of the deer, elk and moose in the Interlake area.

Can the Minister of Natural Resources tell us what his department is doing to try to stop the poachers from slaughtering our wildlife in the Interlake area?

Hon. Harry Enns (Minister of Natural Resources): Mr. Speaker, I wish to, in the first instance, thank the honourable member for Gimli for raising the question. It saddens me and shocks me, that kind of wanton waste of the wildlife in this instance, particularly this time of spring when we think of life beginning, and all of these animals were heavily pregnant with calf.

My department has been instructed to pursue most vigorously the situation, and charges will be

laid if we can find the persons responsible for this action.

Heritage Grants Government Commitment

Mr. Kevin Lamoureux (Inkster): Mr. Speaker, my question is for the Premier in regard to the MUPI last Friday.

The Deputy Premier (Mr. Downey) yesterday said that the Minister of Natural Resources (Mr. Enns) was acting on his own last Friday. Yet after the vote, the minister was applauded and congratulated by his colleague. Then the government members, with the exception of the government House leader, walked out of—

Mr. Speaker: And the question is? Order, please.

Mr. Lamoureux: My question to the Premier is, Mr. Speaker: Given the new-found support of the Manitoba Heritage Federation, will this government reverse its decision and not politicize heritage grants?

Hon. Gary Filmon (Premier): Mr. Speaker, I just want to assure the member for Inkster that this government is not and will not politicize heritage grants. I just want also to ensure that he does not put on the record anything that is not true with respect to any of his preamble. He knows full well, because several of us spoke to him indicating a commitment for us to be in Brandon for sod turning of the library at the University of Brandon, and he ought not to suggest any sort of great plot in any of these things.

The fact of the matter is, our government has made a move with respect to the Heritage Federation because of concern for very substantial costs that are being expended on administration and not going to heritage projects that many people in the province depend upon.

Mr. Lamoureux: Mr. Speaker, the Minister of Natural Resources was applauded and congratulated. Everyone in the caucus was pleased to see what he did.

My question to the Premier is: Does the Premier support or endorse what the member for Lakeside did in regard to the heritage funding?

Mr. Filmon: A budget decision was made by the government that was reviewed by the Treasury Board and ultimately by the cabinet. At the time that the review took place, I was still a member of Treasury Board.

Certainly I am a member of the cabinet that approved that budgetary decision and, obviously, I support the decision that was made by the government because we believe that funds that are raised for the purposes of going to heritage projects should go to heritage projects and not to building up a bureaucracy and administration costs.

Mr. Speaker: Time for Oral Questions has expired.

Nonpolitical Statements

Mr. Daryl Reid (Transcona): Mr. Speaker, may I have leave to make a nonpolitical statement? [Agreed]

Mr. Speaker, today, April 28, is the National Day of Mourning. April 28 has been declared a Day of Mourning in recognition of Canadian workers who have been killed or injured on the job or suffered from work-related illnesses. It is a day to remember the supreme sacrifices that workers have been forced to make in order to earn a living.

It is a day for all of us to rededicate ourselves to the goal of making Canada's workplaces safe and healthy. I ask all members of this Chamber and all Manitobans to rededicate themselves to that task. Thank you.

Hon. Darren Praznik (Minister of Labour): Mr. Speaker, may I have leave of the House to make a nonpolitical statement? [Agreed]

Mr. Speaker, as Minister of Labour and on behalf of members of this side of the House, I would like to join with my colleague the MLA for Transcona (Mr. Reid) in recognizing today as the National Day of Mourning for those who have been injured or killed in the workplace.

I think the comments of the member for Transcona are most apt in that it is time for all of us to rededicate ourselves to the goal of reducing and eliminating risk and injury in our workplaces, and ultimately that goal will only be accomplished through co-operation and working together towards that common cause. I would hope all members of this Assembly would join with us in recognizing this day and taking forward that spirit of co-operation to achieve the common goal.

Mr. Kevin Lamoureux (Inkster): Mr. Speaker, I would ask for leave to make a nonpolitical statement? [Agreed]

Mr. Speaker, as the Labour critic for our caucus, it is with pleasure that I stand up in recognition of this very important day, and it is important that we

all recognize it as the National Day of Mourning, that in fact we all as legislators have a role to play to ensure that we do whatever we can to ensure that our workplaces today and tomorrow, into the future, are safe.

I would echo the remarks that have been made by the Minister of Labour (Mr. Praznik) and the member for Transcona (Mr. Reid), and hopefully we can work together in a nonpolitical way on some of the areas in which, with co-operation, things can be facilitated in a much faster fashion. Thank you very much, Mr. Speaker.

Mr. Speaker: It appears that the honourable member for Gimli (Mr. Helwer) wants to make a committee change. Does the honourable member for Gimli have leave to make his committee change? [Agreed]

Committee Change

Mr. Edward Helwer (Gimli): Mr. Speaker, I move, seconded by the member for St. Vital (Mrs. Render), that the composition of a Standing Committee on Public Utilities and Natural Resources be amended as follows: the member for Gimli (Mr. Helwer) for the member for La Verendrye (Mr. Sveinson). [Agreed]

ORDERS OF THE DAY

Hon. Clayton Manness (Government House Leader): Mr. Speaker, I move, seconded by the Minister of Environment (Mr. Cummings), that Mr. Speaker do now leave the Chair and the House resolve itself into a committee to consider of the Supply to be granted to Her Majesty.

Motion agreed to, and the House resolved itself into a committee to consider of the Supply to be granted to Her Majesty with the honourable member for St. Norbert (Mr. Laurendeau) in the Chair for the Department of Health; and the honourable member for Seine River (Mrs. Dacquay) in the Chair for the Department of Education and Training.

COMMITTEE OF SUPPLY (Concurrent Sections)

HEALTH

* (1440)

Mr. Deputy Chairperson (Marcel Laurendeau): Order, please. Will the Committee of Supply please come to order. This afternoon, this section of the Committee of Supply, meeting in Room 255, will

resume consideration of the Estimates of the Department of Health.

When the committee last sat, it had been considering item 3. Continuing Care Programs, (1) Salaries

Mr. Gulzar Cheema (The Maples): I do not have any questions on this issue. I thought we wanted to pass and get on with the Mental Health Services. We have taken a lot of time.

Ms. Judy Wasylycia-Lels (St. Johns): I just had one remaining question, and then I am prepared to move on to Mental Health Services.

One issue we did not touch on yesterday evening was the question of very high care people, people with very high care needs. The minister says over cost, I am not sure. I think this is an area where there is overlap between this department, of Family Services, and Housing and perhaps others. But I raise it because we continue to hear from a number of individuals who feel frustrated dealing with the department or with the fact that it is so difficult to address their needs. The needs appear to be with respect to home care and probably more sensitive home care options with respect to more options around long-term housing. I am wondering if the minister can shed any light in terms of how this perceived problem, in my sense, is being addressed. What solutions are being looked at?

Hon. Donald Orchard (Minister of Health): Mr. Deputy Chairperson, I realize that there may well be some frustrations in the system, and I simply say that we try and work as diligently as we can to remove those frustrations and undertake provision of services to the degree possible, and to the degree possible in some ways is new budget allocation as well as program expansion considerations.

But bear in mind, we have introduced the Self-Managed Care Project where we are trying to determine the feasibility of that aspect for program opportunity for independent living. I simply indicate that I think we have made some quite significant progress, certainly not as much or as quickly as some would observe, but we are certainly not going backwards.

Ms. Wasylycia-Lels: How many committees are there with respect to continuing care and independent living arrangements?

Mr. Orchard: Two, Mr. Deputy Chairperson, the Continuing Care Advisory Committee and the Self-Managed Care Project Advisory Committee.

Ms. Wasylycia-Lels: Could the minister—and he could table this, he does not have to necessarily take up time now—provide us with information on the membership of each committee, how often they meet and what each of their mandate is.

Mr. Orchard: Yes, we can provide that, Mr. Deputy Chairperson.

Ms. Wasylycia-Lels: A final question. It flows out of a case—and I do not want to name the person or get into the details of the individual, but it does raise some bigger issues and longer term issues—of a woman who has a clear physical disability, a debilitating disability. She went through considerable personal trauma, ended up in the psychiatric ward at Health Sciences Centre and spent months working with Home Care or Continuing Care officials trying to find suitable living arrangements and felt many obstacles and blockages along the way.

I am sure the minister knows who I am referring to and it points to a broader issue as well. I am wondering if the minister can tell us why this happens and what is being done to ensure that people are not taking up beds in expensive institutions when they could be out in the community in a less expensive arrangement, if the will could be found and if all the different players and parties to such a case could get together and co-operate.

Mr. Orchard: Mr. Deputy Chairperson, I simply indicate to my honourable friend that where the ministry is involved and particularly through the Continuing Care Department, I think we make very significant effort and with very significant success, program delivery which does exactly as my honourable friend indicates, i.e., provide services in the community to avoid institutionalization. In most of the cases that is a lesser cost alternative.

There are other instances, however, where provision of those services in the community are more costly than the institutional provision of care. We recognize that and I think have made a deliberate choice that we would allow the individual's choice to prevail and maintain service in the community.

Guiding us throughout all of those individual cases and decision making has to be the overriding objective of providing safe care for the individual, safe living environment for the individual, because I think my honourable friend would concede that should we make arrangements other than within an

institution—in other words, independent community living arrangements for an individual—there is an obligation on behalf of government and the ministry to ensure that those arrangements provide for safe patient care.

That cannot always be assured in as expeditious a fashion or to the satisfaction of individual clients and has caused prolonged negotiations around the structuring of service provision, but it does not reflect a lack of will upon the ministry to undertake structuring those arrangements where the appropriate need and the appropriate individual is identified. But, let me tell my honourable friend that some of the discussions do become prolonged because of unique circumstances which compel the department to be guided by an abundance of caution so that the individual would not be compromised in terms of their personal safety through the arrangements that are desirable and are being explored and investigated for implementation.

Ms. Wasylycia-Lels: I will leave it for now and perhaps at some point later in Estimates, if I have questions, pursue it then, and I am sure the minister will not have any problem if we have to revisit this issue as it may in fact overlap with Community Services after all. I am prepared at this point to pass some lines and move on to Mental Health Services.

Mr. Orchard: I might just add some information that was requested yesterday before we pass the line. I have got one of the committees, the Advisory Committee for the Continuing Care Program. Membership: Michael Rosner, Nancy Whiteway as an alternate, Mrs. G. Hewitt, Mrs. Jane Edwards as an alternate, John Lane, James Lee, Bea Sharp, Elizabeth McKean, Margaret Mackling as an alternate to Elizabeth McKean, Jane Ackroyd and Helen Peterson as an alternate, Pat Sisco, Frank Maynard, Lynne Fineman is the membership of the committee.

* (1450)

A number of those individuals represent the Manitoba League for the Multiple Sclerosis Society of Canada, the Canadian Parapalegic Association. One is a caregiver, the Manitoba Society of Seniors, Alzheimer's Society, Age and Opportunity, and Society for Manitobans with Disabilities. I did not identify the individual with the respective organization. I do not have the Advisory Committee on Self-Managed Care, but I will provide that later on.

My honourable friend last night indicated the Adult Day Care Program and I would like to share some information with my honourable friend. We have 48 program sponsors; that is down from a high of 58 sponsors, so there are 10 fewer sponsors. The days of care has tended to level out from a high of 48,000 in the year there were 58 sponsors, to 45,207 days of care last year with 48 sponsors. The numbers of individuals served has gone from 927 when there were 58 sponsors providing service to 1,459 individuals served. The budget has gone in that period of time from \$1,224,000 to \$1,511,500. So, Mr. Deputy Chairperson, there are fewer sponsors, a slight decrease in the number of days and days of care, but a significant increase in the number of individuals who are part of the Adult Day Care Program.

In terms of respite care, we have every year a growing number of admissions. There were 924 last year. Those represented an increase, the largest number of days of care in the history of the program at 13,724. There are the largest number of homes ever providing respite care at 42 in 1990-91. The number of individuals served was the highest since the inception of the program at 565. The number of beds is the highest since the inception of the program which totalled 55 in the province, 25 in rural Manitoba, 30 in Winnipeg. The rural number of beds increased by five last year over the year previous. I do not have the utilization for rural Manitoba, but the utilization for Winnipeg was 96.27 percent. That is all the information I think that was germane to yesterday's discussion, Mr. Deputy Chairperson.

Mr. Deputy Chairperson: Item 3.(a) Administration: (1) Salaries \$282,300—pass; (2) Other Expenditures \$51,700—pass.

(b) Home Care: (1) Salaries \$1,335,400—pass; (2) Other Expenditures \$3,151,100—pass; (3) Home Care Assistance \$62,000,000—pass; (4) External Agencies \$1,297,500—pass.

(c) Long Term Care: (1) Salaries \$725,000—pass; (2) Other Expenditures \$66,300—pass.

(d) Gerontology: (1) Salaries \$251,600—pass; (2) Other Expenditures \$74,200—pass; (3) External Agencies \$2,892,900—pass.

Resolution 67: RESOLVED that there be granted to Her Majesty a sum not exceeding \$72,128,000 for Health, Continuing Care Programs, for the fiscal year ending the 31st day of March 1993—pass.

Item 4. Provincial Mental Health Services (a) Administration: (1) Salaries \$396,800.

Mr. Cheema: Mr. Deputy Chairperson, is the minister going to have his staff at the Mental Health be here before we want to start, or shall we just proceed?

Mr. Orchard: Yes, just proceed if you wish.

Mr. Cheema: Mr. Deputy Chairperson, I think this is one area where we want to have some solid proposals from the minister in terms of seeing the way reform is going, because the minister made a commitment as of 1988 and in 1990 campaign and the way the process was put in place.

In terms of making a mental health services approach from a reasonable point of view, there should be a balance between community and the institutional care. The commitment was made, and we have seen progress, and that is why we said in 1990 that we want to make sure that our progress will continue.

There have been a number of debates in this House, in this committee and outside this committee. In my view, I want to say that we were very pleased, and we are still very pleased with the progress so far. But we want to see, in these few hours, some of the solid proposals, and how the minister is going to give the direction to the Department of Health, how they are going to change the system, and the time frame which has been expressed in the past. Probably two to four years is a reasonable time frame for the change in mental health services.

Also, we want to see the numbers, how this \$212 million is going to be spent. Right now we spend 87 percent in the institutional care versus 12 percent in the community. That trend is almost the same in this country; it is not only an isolated case in Manitoba.

I must add here that the other provinces are also having a good look at reform in mental health in Manitoba. So I think that is why it is even more important to have the changes in the system in terms of achieving the goal, which is to give dignity and respect back to the patients and their families and move the dollars where the patient will go in the community setting.

That community setting definition we would like to see from the minister's office. Now what will that mean to the average patient and to average Manitobans? What is the Manitoba model? We

have always argued that the policies which are going to be implemented in Manitoba must meet the needs, based on our population, severity of illness, structure, geographic location, how to balance the care between the rural and northern communities and as well as the aboriginal people and the needs of multicultural communities.

Mr. Deputy Chairperson, one thing that is very positive which has happened here in Manitoba is that the decisions that our minister is going to make will be based upon the advice he is getting from the community groups in the name of Regional Mental Health Councils, which have representation from various groups.

They operate at a distance from the minister's office, and I think that is very positive. It is very risky for the government to do that, but I think that is the right approach. That way, whatever the criticism that will come in the changes through the system, it will not be only to the government but also the people who are making the decisions. So I think that is one positive approach which will help the minister to implement some of the policies.

As we understand, I do not want to take too long about what I want to put on the record, but certain things are very important from our point of view. We must let the health care provider know where we stand, and how we view the mental health care system in Manitoba. It was about two or three months ago, I guess, when the discussion paper, the paper called the Road Map to Mental Health Services discussion paper which was supposed to go into the communities to have a consultation process right into the basis to involve the patient and the advocacy groups and the Canadian Mental Health Association and other interested groups. I want to see how much progress has been made.

I think basically we want to see a road map from the minister's point of view now and see how he views how the system is going to change, whether he is going to put the fears to rest to a lot of other groups who are still questioning that things may not be happening. I personally believe that things are happening, but I want to make sure that the process will continue.

I think one thing that was very positive was when there was a cabinet shuffle. We would have been very disappointed, I personally, to see a change in the ministry of Health because when you have changes, when you have a major policy direction being developed in a department which deals—even

the component of this department is \$212 million—with more than many other department in the cabinet.

* (1500)

If you were to have a change it would have a very negative effect because it takes time to understand the system. It takes time to understand the process. It takes time to make connections within the community, and it takes time to build a credibility, not among your own colleagues but other health care professionals and the opposition politicians. It is very, very important to have a base line credibility built in the department to show leadership. I think that that is there, and that is expressed to me not only by people with whom I come in contact, but people from a political spectrum, saying that finally things are happening and specifically the health care economists, and the people who have to do with ethics in medicine, or the various professional groups have expressed their intention. That is why we have not seen for the last few months any major front page or third page stories on mental health.

I think that is a positive sign because people want to give time. I think that is a very reasonable approach. We have always said there are going to be some difficulties. No question, difficulties are going to be there, but as long as we can continue to change some of those aspects of the mental health system and work within the communities and try to achieve a noble goal, which is to achieve the best for the patient and take them away from the institution model which is completely outdated by any reasonable person or by any reasonable government or by any reasonable party in this country.

That is the message that we want to convey to the minister and specifically when the new division of Mental Health was reorganized, that was two years ago. Under the leadership of the ADM and Mr. Reg Taylor who has established credibility in the department. I think this is very essential again as to how the system is going to reform because you have to have the kind of knowledge and background and confidence of the people in terms of making some changes.

Not to take more time, I want to put those things on the record, then we want to see from five angles now even though the basic plan—plus we want to see what is going to happen in the acute care institutions in Winnipeg. Then we want to see what is going to be the plan for two major teaching hospitals, and we

want to see the major plan for the western region. We want to see what is going to happen in northern Manitoba, and above all we want to see what is going to happen to the mental health services in terms of the personal care homes and group home situations. Above all, what will be the ultimate role of the advocacy groups to deliver some of the services.

I think those are the five areas we would like to see some actual planning and when we see the actual planning, I think then we can question the numbers because numbers have not changed. I do not anticipate the numbers to be changed in the books right now because when we change the system, we have to see how those things are going to be implemented. So I will ask the minister now: Can the minister give us the overview of where the policy directions are moving? Then we can move into specific questions.

Mr. Orchard: Mr. Deputy Chairperson, I say at the outset that I have appreciated the support that I think the concept of reform of the mental health system has enjoyed in the Legislature. I think it has been one of the few opportunities where, on most occasions, we have worked towards a common goal.

My honourable friend has been quite consistent in supporting the process and supporting it with patience, knowing that you do not achieve instant results. I think that kind of support is the ingredient that should make the reform and the change, that all of the observers and participants in the system have observed for a number of years, happen. That co-operative approach will ensure that it will happen.

Basically, let me indicate to my honourable friend, again—I will do a thumbnail sketch of where we are at in terms of the process. Subsequent to the initial discussion paper in 1988, the Regional Mental Health Councils in the province have been working diligently. The provincial advisory council has been working providing the provincial overview with regional representation for a lesser period of time, but during an important period of time in that they helped us make changes.

We had the rough draft or conceptually the Phase II discussion paper crafted, and the provincial advisory council, through its diverse membership, put a significant amount of final touch to that discussion paper which laid out the four to five-year plan of action that we hope we can undertake.

The concept is still the same in that we intend to move the budget with the patient from institution to community. We have established a commitment to building support services in the community in advance of the movement of the patient. We have a significant amount of work going on throughout the province to achieve that move.

That is why my honourable friend observes that basically, for instance, at the Brandon Mental Health Centre, Selkirk Mental Health Centre, the budgets remain increasing rather than decreasing. But the opportunity is clearly understood by all, that as individuals could be removed from Brandon Mental Health Centre and Selkirk Mental Health Centre and our other institutions, that the budget will follow service provision in the community and that this budget, if I can use direct terminology, is a very flexible budget.

(Mrs. Shirley Render, Acting Deputy Chairperson, in the Chair)

In other words, if, pending a receipt of our action plan—I will give my honourable friend an update. The three western Manitoba councils, Central, Westman and Parkland, are targeting this June to present the provincial advisory committee with the first draft of how they believe their reform process can take place in those three regions of the province. Should we be able quickly to agree to the plan and make any changes, modifications, that might emanate from discussions from the provincial advisory council, we could be seeing as early as the end of this year a shift of that budget from institution to community.

What is happening—there are a number of initiatives ongoing at the regional mental health council level, supported by staff resource seconded to assist those mental health councils—is an identification of current resource available in terms of housing, for instance, or accommodation, in those three regions of the province, so that we might be able to, where there is an appropriate existing residential alternative, we may be able to achieve some patient support in those communities quicker than what most of us had envisioned.

Predicating the whole initiative, we did work very closely with Brandon Mental Health Centre to establish the care needs of the individuals who are in the Brandon Mental Health Centre so that we have a better sense there in terms of our long-term residents of what their needs are, and where they

may be appropriately met in the community and under what circumstances.

That dynamic of understanding who the people are, working with the original Mental Health Councils and our staff as identifying the appropriate relocation that can take place. I think the greatest strength of this process now, if I can maybe be so blunt to try to simplify it is that I think it is fair to say that six years ago or whatever, whenever the time was when I was proposing as an opposition critic that there should be some pilot projects on moving the system from institution to community, that I think it is fair to say that there were two solitudes in terms of the mental health community.

* (1510)

There was the strong institutional solitude, and there was the very strong community solitude. Without oversimplification, the two did not have a great deal in common. The institutional side, I think it is fair to say, viewed the community side as being people who believed they could get away or provide services without any institutions. The same generalization by community supporters, community-based care advocates would say that the institutional side was perceived as being inflexible in that they did not believe there was a role in the community.

I think over the four years that we have had discussions there has been a considerable melding of those two opinions and an agreement that there are necessary elements of both institution and community based care.

Having come to that understanding and agreement, the broad framework of moving from institution to community where appropriate is now achievable. I think really that probably is the hallmark of the process in Manitoba—that understanding of what the system can do. That understanding has been facilitated by a lot of work by Reg Toews, my ADM, and his staff in the Mental Health Division, and my deputy minister and others in the ministry who have really worked a lot of hours in bringing the process to fruition.

It also represents, I think, a reality, a growing reality that the current system is simply inappropriate. It is potentially too expensive today, and certainly it is unaffordable into the future. The cost of maintaining institutional service provision is simply beyond the affordability and, when you balance that off that it is not the most appropriate care in many cases, the system has to change.

The process is there, understood by I think many players and understood to a degree that was never possible before, because on our advisory councils and on our Regional Mental Health Councils we have involved family and consumers so that their input is part of the process of change.

I think they have made a significant contribution. I have to admit that at the provincial advisory committee meeting about two months ago, or two and a half months ago, I attended it on a Saturday morning, and I do not think anyone would disagree with my statement that the most powerful commitments to change and statements about the change process were made by the consumer representatives and consumer group representatives on our provincial advisory council. They have that incredible skill of bringing the issue right down to the fundamental issue of meeting the needs of people requiring service. I mean that is the goal over and above all.

We are moving with and working with Selkirk Mental Health Centre in terms of understanding the dynamics of patient care there and where alternatives can be appropriately brought in. Similarly, we are working with a similar understanding in the Winnipeg acute-care hospital side as well.

I see the process moving rather rapidly. I think if there is one reaction that came out of the tabling in January of the Phase II discussion paper, it was a fear—I think it is fair to say—by some of the Regional Mental Health Councils that by not being specifically mentioned, they were being left out and put on the back burner in terms of the opportunity to make changes and to move the system towards the community.

I guess when you have that kind of concern that they are going to be left out of the process, you would know the process has a life of its own and is going to achieve results independent of the obvious desire we have and the obvious drive we have as a ministry and as a government behind achieving that.

I say to my honourable friend that these Estimates, I think in presentation next year, will reflect changes in our institutional budgets, showing the movement of that to community when we print these Estimates next year. That is the kind of dynamic development of the estimate process that we have stated in this program. These are not the end product of a program delivery, but they are the

budget that we have to work with in terms of the reallocation of budget.

Maybe I will stop now. My honourable friend might have some questions of specifics.

Mr. Cheema: Madam Acting Deputy Chairperson, I will have lots of specific questions, but I just want to add a few more comments.

I think it is very essential that such major changes are going to be made and at a very, very high political risk in a very critical instability in terms of the public mood. I think that, when we started the process in '88 and '90, it was unheard, but now I think that was the first step towards making health care nonpolitical.

I think the second step is coming with a general trend that is changing and people are seeing health care as a nonpolitical entity. I think the department must take pride in that. I think it is very essential. It was very risky for everyone who works in the department. They are risking their jobs, and many allegations and counterallegations and very, very risky when you want to just hang on to your own jobs.

I think the process was very essential. It was important, and two years' time was required for maturing the process; now we need two to four years minimum time to transform the process. So I just wanted to add those comments that, when we started, it was thought to be a very naive approach from a politician's point of view, that you cannot trust a political process to make changes, but I think that has proven completely wrong. That is very good for the taxpayers.

The next question comes of which people were asking then and they still would have a question. The minister was asked even a question on CKY radio of why we would trust Mr. Orchard when 21 years ago, started from 1971, started from the Clarkson report, various ministers came and went without even having the courage of their conviction to change the system. Some of them were in power for a long time, but they did not have the courage, they did not have the knowledge, they did not make an effort, and the government did not have the courage to take a major step. So I think that should answer to a lot of people's criticism, that there are some things happening.

It is so strange that things when happening in such a major fashion do not show the results tomorrow. It is going to show the results in five to

10 years, probably a longer time, and by that time most of the individuals who are working in the department probably will be gone. The minister probably will be resting somewhere with his so-called big pension plans and so-called big salary. He will be enjoying somewhere, but I think it is very essential to make those comments and show that things can change and it will change.

I will ask the question now in terms of—I want to first start with Winnipeg Region. I want to go with the community hospitals, and my first question is naturally about the Misericordia Hospital. The question is that the 20 beds were approved in principle by the advisory council on the recommendation by the consultation process to close down those beds and the proposal was supposed to be on the minister's desk through the process.

* (1520)

(Mr. Deputy Chairperson in the Chair)

Now there is a group out at the Misericordia Hospital and they are consulting not only this issue but also on emergency care. My question is: Can the minister tell us what are the plans to make sure that the beds are closed in an organized fashion in terms of the patients who have been getting care out of that hospital—I understand more than 2,500-2,800 outpatients in that catchment area which have utilized services out of the community hospital, this particular program. Where are they going to go?

The professionals who have worked very hard to serve those communities, where are they going to go? How are they going to serve? How are we going to restructure the whole thing in terms of the Misericordia Hospital? I think it will be really sad to see everything go all of a sudden.

If you have a plan in terms of five people, 10, 15 or any given number to have the reorganization done in a systematic way. It is just a matter of, say, five minutes from Misericordia Hospital to the Health Sciences Centre, which is a major teaching centre and the new building is coming, the structure is already there. There has to be a definite plan because advocacy groups and interest groups and other individuals are going to be very upset if they do not see the plan. If we have a plan to show it to them—when I say we I mean the Department of Health would have a plan to justify the numbers, the time frame, how it is going to be done, and how the patients' best interests are kept in mind.

I think it can be done, so I just wanted to see whether the minister has any plans right now or are they going to wait until they release the whole package, or is there something I am thinking too advanced in this area, or am I out of touch with the plan. I just want to know what is actually happening in terms of the Misericordia Hospital?

Mr. Orchard: I am receiving Thursday of this week their recommendation to government in how to proceed with the acute bed issue at Misericordia Hospital. Without prejudging the report of the Urban Hospital Council, I think my honourable friend can speculate around what it may well entail. That takes us the next step to assuring that we have the ability to put in place the support services in the community, the alternate services in the community prior to any closure of those 20 psychiatric beds, if that should be the recommendation. That is going to involve, I would expect, a diversity of initiatives and certainly a significant amount of co-operation with, for instance, Health Sciences Centre, and a greater level of awareness and co-operation from the citizens in the catchment area.

In that regard, the deputy minister and myself, but particularly the deputy minister, have been working recently with the Wolseley Residents Association. They have, I think it is fair to say, a very significant interest in the issue, and we have attempted to provide as full an understanding as we can to the Wolseley resident group as to what directions we envision the change taking, so they can have some comfort around the commitment we have made of making sure that the services of the hospital are adequately replaced in the community.

That may well be our first significant test case of moving institution to the community. As I say, I am receiving the report Thursday at a meeting of the Urban Hospital Council with a full opportunity for media, because the media—it is a press conference forum. We decided to take away this mystique of discussions and interim papers and leaked reports and that sort of environment. We decided some months ago that the process of discussion of issues that the Urban Hospital Council was undertaking would be opened up. We would lay a bunch of the issues on the table, so that there was no opportunity for sensationalism. I am trying to seek the right language, but really comment with incomplete information, I guess, is what we are trying to avoid.

So, on Thursday when the Urban Hospital Council presents me with a couple of recommendations, I

will be there receiving them so that the media can ask comment about the council and myself in terms of the process that government is going to take in accepting the recommendations and then the opportunity for questions of the council to see what underpinned their recommendation to government.

Mr. Cheema: Mr. Deputy Chairperson, can the minister tell us if the announcement is going to be also made inside the Legislative Assembly to table the report?

Mr. Orchard: No, I think the meeting of the Urban Hospital Council is set already for the board room of the MHO offices. I think I am going over there Thursday morning to have the reports presented.

Mr. Cheema: Mr. Deputy Chairperson, will there be opportunity for the minister to have a statement later on inside the House or for us to have copies of the report so that we can also have some input or make informed choice or judgment or whatever you want to call it?

Mr. Orchard: Mr. Deputy Chairperson, yes, I receive the report very publicly. My honourable friend will as well. I think that is the action plan. I mean, I am over there at a press conference receiving them, so there is no reason why you would not receive them as well.

At this stage of the game, I will not be announcing immediately what the process of implementation will be of the recommendations, but certainly we are not going to tarry on sharing an action plan publicly, because I have said that as quickly as possible we will react to recommendations made by the Urban Hospital Council, either rejecting them as inappropriate for implementation by government right now or accepting the recommendation and then proceeding to move through a development of an implementation agenda.

Mr. Cheema: Mr. Deputy Chairperson, can the minister tell us then—we will wait for it on Thursday—if there is any plan for the other community hospitals, for example, Victoria Hospital or Grace Hospital or Seven Oaks or Concordia?

Mr. Orchard: The Misericordia Hospital was a specific recommendation that came out of the Urban Hospital Council task force—I guess that is the terminology—to investigate acute psychiatric bed capacity in Winnipeg. Furthering that now, after the initial work, the task force is being restructured involving a wider membership, I think it is fair to say, of consumers and advocates as well as wider

institutional representation to take a look at the other community hospitals.

The two teaching hospitals were part of the original task force; that is my understanding. Now we are going to be looking at all of the hospitals and the revamped task force has representation of the Winnipeg Regional Mental Health Council as well so that we have a more complete interface now to deal with the acute psychiatric bed capacity from a Winnipeg perspective.

That working group or that task force, it is expected that they may well have some recommendations by the end of the year or some direction by the end of the year that they can bring to government.

* (1530)

Mr. Cheema: Mr. Deputy Chairperson, that was my next question, the time frame. Can the minister tell us now what is the target in terms of bed numbers in the city of Winnipeg? Can you give me the comparison between the other major centres in this nation, and how do we compare with the rest of the country in terms of acute care beds in the community hospitals?

Mr. Orchard: Mr. Deputy Chairperson, I will give my honourable friend two figures. When you talk provincial averages in terms of number of acute psychiatric beds, we are about at the Canadian average. Mr. Toews informs me that, when you consider Winnipeg in isolation, the per capita bed availability is amongst the highest of cities in Canada. Again, I suppose you might say we have that maldistribution in terms of institutional capacity with a concentration of Winnipeg.

Mr. Deputy Chairperson, we deliberately did not establish targets for closures, and targets for remaining or continuing capacity on the acute care side. We did that very deliberately. I do not want to provoke an argument with members of the previous administration, but I think that was a mistake that was made in terms of initiatives such as Welcome Home where certain targets were set. The target became the goal rather than the care to the individual. We have avoided that. We think that was a lesson that should be learned and not repeated.

Even in the Phase II discussion paper, we did not set targets for a reduction in bed numbers across the system. That was deliberate. I will say, however, that led to some observation that our

program did not have any teeth, that we were not really serious about changing the system. We did not spell out where government was going, and how many beds we thought could be closed. We think the process that we have got in place where the Urban Hospital Council has looked initially at all hospitals and made a recommendation or will be presenting a recommendation.

The next step in Winnipeg is to take a look at now the total capacity in the city of Winnipeg and try and develop recommendations for the city of Winnipeg and its fit into the provincial system. Similarly, the three councils of Central, Westman and Parkland are doing exactly that in terms of the service provision in Westman. In Interlake, Norman, looking likewise, but I think it is fair to say maybe the process is not as far along for investigation around the Selkirk. We are guided by an awful lot of consultation and input into that numbers process and from that standpoint deliberately avoided setting targets.

Mr. Cheema: Mr. Deputy Chairperson, if somebody does not know the process they will be astonished to know that the Tory government, the so-called right-wing government, has such an attitude which is a very responsive attitude in this area, because you would never set a target for a system you do not know yet, how it is going to evolve. I think this is the way to go. Just see how it is going to work within one hospital and whether the experience is going to go within community care and then expand to the other areas and see.

That is why when individuals say, well, let us have a 50-50 ratio of mental health, we do not know how it is going to come. Any person who picks up the number is just probably dreaming that they do not know exactly what is going to happen. I think that is the way to do it. Just have one hospital like the Misericordia or any other hospital, see how it will work, how the system is going to change.

That is why, if it is the end of the year by the other hospitals, then total two to four years, that is the minimum time frame it is going to require to change a system. I think that is why I wanted to reinforce that. That is a very, very realistic number in terms of time, in terms of the whole process. Certainly, the issue of the other community hospitals, I think when the regional councils are involved, they have to look at the location, the type of population, the type of the care they are providing at present and then what kind of rules those hospitals will play in terms of

servicing their own needs, and in terms of rather the so-called capacity that is required or there has to be some different mechanism put in place.

When are you going to take some of the burden away, in terms of, from those hospitals? As you said, in community care some of these patients will not require hospitalization. That is why I think it will become easier and more efficient and more effective and more can be sold to the public. This is what is happening and then there is less pressure to justify the so-called restructuring or the closing or whatever name you want to give, given bad circumstances, not of given but of a given hospital to restructure those hospitals.

I think it is a very, very positive approach in terms of the process. Nothing can be done more than that because this is the way to do it. You can have the people who are going to provide this service. You have the individual organizations who are going to be giving advice. You have the department who is having a look at you, you have the statistics, you have the health policy centre and you have the will to do it. So this time frame is the only thing and whether that time frame can be changed, if there is a major change in the government, a major change in the policy of a given administration. I do not anticipate something like this happening.

That is why I think the next administration is going to enjoy the fruits of this process of what is happening today. That is why we do not see much noise coming out from other groups, but then at the same time we wanted to make sure the community resources are put into place before anything is done. That has been the fear and that was a failure in the past.

Otherwise, you will end up with many patients on the street, and ultimately you will end up—when I say “on the street,” they are not getting the service that they were getting before. To provide them the meaningful productivity of life, as the minister has said, the Department of Housing has to get involved, the Department of Family Services has to get involved and above all you have to have the second part of your Mental Health Act. That probably will fit if the consultation is taking place in six months or nine months.

I think that is probably a reasonable time to develop a Manitoba health act to make sure those policies are implemented into real life, that there could be a problem if we do not have the right law

in Manitoba to uphold the principles and goals and objectives of the mental health care system.

I wanted to ask the minister: What is the ultimate role going to be for the two teaching hospitals in terms of the St. Boniface Hospital and the Health Sciences Centre in this area of mental health reform?

Mr. Orchard: I am going to give an indefinite answer. I am going to give you as much as I can, but I am very, very attentive to potential recommendations that will come in from the Winnipeg Regional Council. There is an advisory body looking at the Winnipeg region itself. Certainly, I would be very interested in the discussions around the expanded task force of the Urban Hospital Council.

* (1540)

We made a commitment at Health Sciences Centre to the Faculty of Psychiatry basically in terms of the redevelopment of the psych health building. I realize that has caused some consternation within the mental health community at large in terms of appearing to be at odds with where we were heading in terms of provision of psychiatric care in the community. But, Mr. Deputy Chairperson, I do not think it will be viewed as out of sync or at odds two or three years from now, because, first of all, we recognize that the faculty role of psychiatry must be maintained in Manitoba. We think that we have got strengths in that faculty, and the new psych health building provided that kind of educational environment with the Faculty of Medicine.

Secondly, some of the capacity at the psych health building is in terms of intermediate forensic care. As my honourable friend knows from recent events in the province of Manitoba we are woefully underserved in that area. We have had to make less-than-satisfactory temporary provisions via Headingley.

Other provinces have had to undertake the same kind of action because of the rather quick changes that occurred to federal statute. So that role is there and will continue to be there because of the presence of the psych health building. There is an adolescent component that has been identified as a need which will be accommodated at the new psych health building, and then a replacement of really quite old bed capacity for general admission for psychiatric health.

Now, clearly, that will become the most modern facility in Manitoba when it is opened later on this fall. I can see from the brick-and-mortar side it being a pre-eminent facility with the opportunity, as no other facility would have, to offer much longer hours of service capability, which would be important, I can see, in terms of crisis intervention not within your routine nine-to-five time frame. So I think in the emerging reform of the mental health system, the role of psych health building, hence psychiatric care delivery, will be reinforced at the Health Sciences Centre and not to the feared complete compromise of community-base services, but rather in concert and in system interface with a changed mental health system.

In terms of the roles at the other hospitals, including St. Boniface, I have to tell my honourable friend that I do not have as clear a future role that I can see being there. That is not from lack of care or concern, it is simply because I can see a changing role for all of those facilities under a reformed system. I am really quite anxiously looking forward to the work of the task force as well as the Winnipeg Regional Mental Health Council and their recommendations and then, of course, the overview position that the provincial advisory council can put on any proposed changes of the bed structure within Winnipeg.

Mr. Cheema: I do have other questions, but I have one of my good friends visiting, a former member from Crescentwood, so I want to go and talk to him and I will let the member for St. Johns (Ms. Wasylycia-Leis) ask further questions.

Mr. Orchard: Mr. Deputy Chairperson, might I ask, do you think that we will go beyond the mental health line today?

Mr. Deputy Chairperson: No.

Mr. Orchard: Okay, fair enough. Thank you.

Ms. Wasylycia-Leis: If I could first get a clarification on the process involving the paper that the minister released in 1992. It was indicated at that time that there would be a consultation process based on that plan. Could the minister give us some information about what kind of consultation process, who is being consulted, where it is, what the time line is?

Mr. Orchard: The consultation process is ongoing in terms of the Regional Mental Health Councils, as I indicated in answer to my honourable friend earlier on, I think, around the Phase II paper. For instance,

Central, Westman and Parkland are developing an action plan to present to the provincial advisory council as soon as June of this year based on the consultation paper and their work within their respective communities as to how the consultation paper fits and the action plan that they envision flowing from it.

Other Regional Mental Health Councils are doing the same in their respective regions. I think it is fair to say that the most advanced group would be Central, Westman, Parkland. At a lesser advanced stage of consultation and discussion is Winnipeg region and Interlake-Norman, although they are moving very, very quickly along with developmental plans as well. That consultation has been undertaken at the Regional Mental Health Council level and is probably on a weekly basis.

I guess I will receive correspondence and feedback in my office directly from either individuals or organizations who have reviewed the document and have offered their comments around the process, and those are then forwarded on to the Mental Health Division for their assessment and their determination of appropriate changes, if any were recommended, et cetera. The provincial advisory council is open to the summarization of those written responses to the discussion paper.

Ms. Wasylycia-Leis: What is the role of the advisory committee in all of this?

Mr. Orchard: The provincial advisory committee? As a provincial advisory committee with representation from all of the regions to provide that system-wide approach, appreciate each Regional Mental Health Council will have potentially different objectives. The provincial advisory council has the opportunity to provide a provincial perspective to the reform so that ideally a proposal in community A would not compromise community B. It might be an excellent proposal as viewed by the Regional Mental Health Council from community A but may compromise goals of the Regional Mental Health Council in which community B is located, as an example. So that is why you need the system overview vetting process.

As well, the provincial advisory council has representation from the professional disciplines as well that must be involved and must be part of the reform process. So we have got two very valuable components embodied in the Provincial Mental Health Council: first of all, your regional representation; and then your professional

representation as well as the very, very key component of family and consumer representation, which, I think, is probably as—I may be challenged, but I think it is as complete an opportunity as has ever existed to bring all of the players together around the process of reforming and changing our mental health service delivery system.

I think it is fair to say consumers and family members have never had that kind of opportunity in the past and certainly they have it today. As I mentioned to the member for The Maples (Mr. Cheema) at the provincial council meeting on a Saturday some couple of months ago, probably the most powerful presentations were made by the consumer and consumer-support representatives on the provincial advisory council. They have been playing a key and important role.

* (1550)

Ms. Wasylycia-Lels: Will we ever see a provincial plan?

Mr. Orchard: Well, maybe my honourable friend might want to give me some sense of what she envisions as a provincial plan. What would you consider a provincial plan that you would like to see?

Ms. Wasylycia-Lels: I would like to see something resembling what the minister has been promising for four years, as I understand it, some overview in terms of mental health reform for the province of Manitoba. The minister has indicated this committee is to provide that overview. He has also said that we will start to see at some point regional plans. So I am wondering if at any point we will see some sort of overall plan for the province of Manitoba.

Mr. Orchard: Again, I do not want to provoke unnecessary disputes in Estimates today, but if my honourable friend is asking me to—and I will pick a figure, let us say that there are 1,500 acute care beds in mental health service in Manitoba today, and if my honourable friend wants to see a plan, à la NDP in the past, that will be reduced by 750 beds in five years, she will not see that kind of plan. Because, as I pointed out in answer to my honourable friend the member for The Maples (Mr. Cheema), that was the plan that the NDP brought down in terms of the Welcome Home project, and then the target for decanting individuals from the institution, the number, became the program, the policy and the driving force, not the services to the individuals. So we have not approached this with a

plan à la NDP which has fixed and finite numbers and targets of achievement at the end of year one, year two, year three.

What we have indicated is an endorsement of a process, a process underpinned by a policy which moves patient and budget away from institution into community with bridge funding to establish the support of the necessary support of services for community service provision, and then a movement of the individual from the institution. That does not have a target of closed beds per year and will not have. But surely my honourable friend must recognize that represents a pretty significant plan with a commitment of government, with a commitment of professional groups, with a commitment of resources to achieve that and a goal of reallocation of the existing budget to more appropriate locations of service delivery in the community. Surely that cannot be rejected by my honourable friend as not being a plan for future mental health service provision.

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, our questions come out of four years of that kind of rhetoric from the minister and this government around mental health care reform. The questions I am asking flow directly from the process that the minister has put in place, and the questions are quite logical extensions of the rhetoric and commitment that he has made. We are not alone in the expression of these concerns. They are fairly widespread now in the community.

I think the minister indicated for a number of years that out of all of these glossy consultations, entitled partnerships in mental health, would come a paper of some detail and overall vision. After a long period of time waiting for that we were told that a provincial advisory committee was struck to indeed develop a consensus and come forward with that overall strategic document. Shortly after that a document was released at a press conference which turned out to be less than specific, less than visionary, less than comprehensive, certainly less than all of the rhetoric that the minister had been using around this whole area. So now we are wondering where that overall strategic document is so that we can then begin to assess how the dollars are flowing, where they will flow, what it means.

Those concerns are not NDP rhetoric. They come directly out of the community and, particularly, the Canadian Mental Health Association who wrote to the minister about a month after the January 1992

document was released indicating the same kind of sentiments we have been raising over the last several years. I quote from that letter: The government's recent discussion paper is general and disappointing. It does not contain the detail required to assess where government is going. It is silent on government's plans for development of the new psych health centre. It does not provide any detail on the services that are proposed to replace the beds that are to be closed at the Misericordia.

The letter goes on, Mr. Deputy Chairperson: Those are concerns we have been expressing for a long period of time. We still have those questions, and we are wondering when we might see the kind of detailed document for which we could offer comment and constructive criticism.

Is the minister saying that what we can expect to see is a series of regional plans, and, if so, could he give us a time frame for when those plans might be released for public scrutiny and constructive input?

Mr. Orchard: Mr. Deputy Chairperson, I really sort of accept my honourable friend's jaundiced view of this process. I think, if I can be so blunt, that my honourable friend was part of a government, if you want to talk process, that since 1971 had the opportunity to undertake this process and did not. I do not know why. In 1986 my honourable friend was in cabinet when as opposition critic I was suggesting just exactly these kinds of moves towards the community as indicated by the Canadian Mental Health Association, at the time, in discussions I had with them. At that time they shared very directly their frustration with the current government in doing nothing to change the health care system.

In terms of 1986, I thought having the commitment of the opposition that the government of the day might have been in process of developing some pretty sophisticated action plans for changing the mental health system, and to my dismay none existed. I mean, you had the opposition urging you to do something, and you did not.

* (1600)

I have gone through the process and I could take my time to do it again this afternoon, but I do not think it would help allay my honourable friend's alleged concerns, because the major concern my honourable friend has is one of narrowed partisan approach to this issue. My honourable friend is concerned that a Progressive Conservative government might actually be able to achieve on the

social program delivery side, such as mental health reform, something that a New Democratic Party government anywhere cannot achieve, which flies against the sort of perception New Democrats like to create, inappropriately I might say, that they are the only people that can do things on the social side of service provision.

I accept the criticism of the Canadian Mental Health Association in that they indicate that the second discussion paper is not focused enough. What they want is a target of, presumably, number of beds to be closed. I believe that would be an inappropriate target to give out because, as with the Welcome Home Program that my honourable friend was directly involved with as a cabinet minister, surely she would recognize and acknowledge that the target became the program at the expense of the services to the individual.

I am not going to make that mistake. I mean, goodness gracious, if there is one thing that government ought to do it is to learn by the mistakes of either previous government action or your own experience in government or other governments in office. So I accept the criticism. I do not accept the concern from the Canadian Mental Health Association that nothing is going to happen.

There is going to be a significant amount of change because many people across the whole spectrum of service provision and right to the consumer and their families are involved with planning this process of change. That means it has a purpose and a life beyond government.

As my honourable friend the member for Maples (Mr. Cheema) said, the process is in place and even a change in government cannot change the direction that the community is going to take mental health reform. It is much larger in terms of its involvement than it ever has been before in the history of the province, more professional groups, more regional sensitization and involvement in the planning and change process.

Now, specifically to answer my honourable friend, I will repeat the answer that I gave to the member for The Maples. The Westman region involving Central, Westman and Parkland region are actively working an action plan to a draft paper or a presentation paper which hopefully will be before the provincial advisory council as soon as June this year. Depending on what sort of consultation, discussion process is required at the provincial advisory council and certainly at government level,

we may well be seeing implementation of action plan as early as December this year or January next year.

At the same time, I indicated to the member for The Maples (Mr. Cheema) that I will be receiving a report from the Urban Hospital Council Thursday of this week around the issue of acute psychiatric beds at Misericordia Hospital. Subsequent to that, the task force on the Urban Hospital Council has an expanded membership currently in place which is now looking at the acute care capacity in the city of Winnipeg. The membership of that group has been broadened, as I indicated to the member for The Maples, and now includes membership from the Winnipeg Regional Council.

(Mr. Jack Reimer, Acting Deputy Chairperson, in the Chair)

At the same time, Interlake, Norman regions are creating and developing action plans and analyzing the future role of the Selkirk Mental Health Centre in serving individuals in their region, in Eastman and in northern Manitoba, and will be presenting to the provincial advisory council appropriate plans of action based on their consultation around the discussion paper.

Ms. Wasylycia-Lels: Let me ask a few specific questions. That will be more fruitful than the general. On what basis was the 20-acute-care-bed target made?

Mr. Orchard: When I receive the Urban Hospital Council report on Thursday, I will be better prepared to answer that question.

Ms. Wasylycia-Lels: Is the minister saying that target of 20 acute care beds came from the Urban Hospital Council?

Mr. Orchard: I am saying to my honourable friend that on Thursday of this week I am receiving a report on the Misericordia psychiatric beds from the Urban Hospital Council. I believe there are 20 beds involved. I cannot give my honourable friend the details of the report. I can share it with her on Thursday.

Ms. Wasylycia-Lels: Mr. Acting Deputy Chairperson, I am asking about where the department came up with the figure 20 acute care beds. This is separate from the Urban Hospital Council; it is part of the minister's press release; it has been mentioned before, and it comes out of the department. I am just wondering on what basis, in

what framework, this 20-acute-bed target came from.

Mr. Orchard: The Urban Hospital Council wanted to receive a report from the task force working group on the feasibility of reallocating services from 20 acute care beds. System-wide analysis identified Misericordia as the hospital for which that adjustment could be considered and proceeded there to develop recommendations which I will receive on Thursday.

Ms. Wasylycia-Lels: Is the minister saying that this figure of 20 beds came out of Urban Hospital Council officials and has no origins in his own department?

Mr. Orchard: Mr. Acting Deputy Chairperson, we are very supportive within the ministry of that target, and it is not taking a half a wing away—that would be inappropriate to leave half a facility. Naturally, the 20 beds is around the capacity of a ward. It is part and parcel.

I sense from my honourable friend's question that now she is questioning whether we should close the 20 beds or consider closing the 20 beds when just 10 minutes ago she read criticism that her party shares with a community group that there are no specifics. How in the world can you go from A to Z in five minutes and remain consistent in terms of your commitment to reforming the mental health system?

The Urban Hospital Council, knowing the agenda that government had of reforming the mental health system to move away from institution to community, charged a working group to identify a process by which beds could be closed, services replaced and individuals cared for in the community. They undertook that task as part of what they believe was the provincial government's goal, what they believe was supported by opposition members even of moving away from institutions to community-based care. They have made that investigation, and I will receive the report with their recommendations on Thursday around the issue of changing where we deliver mental health services away from the institution to the community.

I do not quite catch what my honourable friend is trying to achieve in this questioning. Are we seeing a change in philosophy that the NDP may this afternoon tell us, do not accept the report, do not even consider closing acute care beds? Is that

where I sense the NDP are going to come from in the next half hour or so?

* (1610)

Ms. Wasylycia-Lels: Mr. Acting Deputy Chairperson, the minister can chortle and giggle and go through all kinds of antics as he pleases. This is not an uncommon response on the part of the minister when he is clearly uncomfortable with the question and when he is clearly looking for ways to detract from the intent of any question.

Is it not interesting that someone can ask a question as basic as where did a figure come from, and the minister gets his jollies out of leaving impressions that such an objective question looking for basic information takes someone off in a certain direction and contradicts in another direction and all of these silly little conclusions that the minister can come to. Well, I am getting a little tired of this when I am asking for basic information, something I know we are not used to getting in this committee, but I am not about to give up trying.

I am going to ask again where the figure 20 came from, because that figure came up long before we heard about the psychiatric bed closing at the Misericordia or the closure of the 22-psych-bed unit at the Misericordia. That number 20 was floating around long before, then it appeared in the minister's documents, it has been a figure generated from his department, and I would like to know on what basis this figure 20 comes from. Is there a plan from which the figure 20 is drawn or has the figure 20 been pulled out of thin air and the minister is asking for the Urban Hospital Council to develop a plan around this number? I do not know. It is a simple, straightforward question and if the minister does not feel comfortable answering it, perhaps he should just say so instead of going through all these little antics and silly, time-consuming efforts at this committee.

Mr. Orchard: Well, Mr. Acting Deputy Chairperson, the Urban Hospital Council charged the working group with identifying a process by which—I believe the target was even 22 beds because it sort of fit with ward size throughout the hospital, to see whether there was an appropriate plan of action that can be undertaken to close 20, 22 beds, a wing of psychiatric care in an urban hospital, with the process of moving those services to the community.

I make no bones about it. That fit with the agenda that government had set in terms of reforming the mental health system as identified as early as 1988 in the first discussion paper where we said the institutional-based care is out of balance with community care and we must move from institution to community. The process is a starting point in the urban hospital environment, picking a ward so that you have some sense around the rationalization and the change. You do not close half a ward, you do not close two beds in one hospital, two beds in another hospital, five beds in hospital No. 3, and seven beds in hospital No. 4. You take an economical unit and consider how you would replace those services with community-based services, completely in tune with the direction and the agenda that government laid out and has consistently laid out.

I believe it is even in tune with outside organizations that my honourable friend from time to time quotes. I think they agree with the process of moving from institution to community with supports in the community. The Urban Hospital Council created the bed number as a workable number to consider as a target for reduction instead of pulling, as I say, half a ward here or half a ward there, a unit, because these are CEOs that are around the table. They understand the economics of staffing and maintenance of wards versus individual beds. The task force was charged with that goal and proceeded to deliver on it.

I do not know, despite the fact that my honourable friend seems to think I am offended at her questions, I am puzzled at them because I cannot understand where my honourable friend is coming from. I used to think that my honourable friend supported the move from institution to community with supports in the community. That is what this whole discussion has been about in terms of the Urban Hospital Council investigation of the closure of one ward in a Winnipeg urban hospital.

Ms. Wasylycia-Lels: I do not think it is probably worth getting into reducing all of the Estimates for Mental Health Services to that level, Mr. Acting Deputy Chairperson. Suffice it to say, I think the Urban Hospital Council and all of the groups that the minister refers to and individuals involved in this field will find it surprising to hear that they are responsible for this magical number of 20, when there has been no plan and no study done to put this all in a context.

Mr. Acting Deputy Chairperson, that number could be 10 beds; it could be 50 beds; it could be 200 beds. I do not know; the minister clearly does not know, and we are not getting any further then we were last year. I asked last year in Estimates: have there been any studies done to determine the optimum number of psychiatric beds for a community for Winnipeg and for the province as a whole, and the minister said no.

I was hoping that in the space of one year maybe some of that work had been done, and we would have a framework to determine what is the optimum number of beds that a community should have access to and go from there. So let me ask a question about beds pertaining to the new psych services building at the Health Sciences Centre: Could the minister tell us what number of beds will be developed in that new building?

Mr. Orchard: I now find out where my honourable friend is coming from in terms of the 20, 22 beds. I did not realize my honourable friend wanted to know what the optimal number of psychiatric beds would be in the province of Manitoba.

I guess, I have to ask my honourable friend and seek her advice because I just checked with staff, and I do not think any jurisdiction or there is any standard of an optimal number that they are aware of. Now, if my honourable friend knows of an optimal number that she is aware of from her extensive experience in research in the mental health system, she might want to share that with committee. We do not have the knowledge of such an optimal number and that is why I said, from square one we did not set out with some targeted numbers in terms of the reform. To the best of our professional knowledge, there is not an optimal number of beds that is a guiding factor that might help us to establish that.

* (1620)

If I could offer my honourable friend some comfort, five years from now Manitoba may be able to demonstrate what the optimal number is to meet necessary needs for institutional care. By that time, I think our experience in the reform of the system will guide us to have a sufficient number of beds available to meet the needs appropriately in institutions. Maybe we will be able to write the paper on it five years from now, but right now I am not aware of any optimal number that would guide us in this reform.

In terms of the psych health centre, the total capacity of the psych health centre would be 118 beds with—that is with the constructed number. Right now, it appears as if we will be commissioning or opening some 89 of those this fall for utilization for various purposes and have the balance of the capacity there as a resource that can be used within the emerging and reforming mental health system.

Ms. Wasylycia-Lels: Could the minister indicate what operating budget is being planned for the psych services building?

Mr. Orchard: We will provide, I think, that information as part of the Hospital line later on in the Health Services Insurance Fund.

Ms. Wasylycia-Lels: Could the minister give us a breakdown of the 118 in terms of types of beds?

Mr. Orchard: Yes, I can. I think I have already given most of that information earlier this afternoon, but I will be glad to do it again.

Ms. Wasylycia-Lels: Oh, sorry. That is okay.

Mr. Orchard: [interjection] Well, that does not add up, so we are not going to give you that.

Twenty in terms of intermediate forensic service capability, 18 projected for child and adolescent, and 80 general admission, I guess, would be the—or general adult.

Ms. Wasylycia-Lels: Could the minister indicate where the emphasis will be with respect to the 89 opening this fall?

Mr. Orchard: Right now, it looks like we will be implementing 10 child and adolescent, 65 adult, and 14 forensic.

Ms. Wasylycia-Lels: Is it at this line or in the Hospital line that the minister can give us some information on the actual breakdown of the construction of the psych services building?

Mr. Orchard: Probably that would be better with Mr. Cook here. We could make note of that and provide that information when we hit Hospital line.

Ms. Wasylycia-Lels: Perhaps I will ask the questions now so that the minister can ensure that he could try to find this information. I am wondering if he could give us how much was budgeted for the psych services building, whether it was tendered. How was it tendered? On a stage basis? If so, for each stage, how much was allocated, and then how much the tender came in for?

Mr. Orchard: We should be able to provide that detail.

Ms. Wasylycia-Lels: Just a couple of more questions and I will pass it back to the member for The Maples.

I have heard some concerns with respect to the current situation with the Thompson regional council. Could the minister tell us what happened to Grace Goodmeyer?

Mr. Orchard: The individual resigned from the council and has been replaced by Glen Schmidt.

Ms. Wasylycia-Lels: What are the current plans with respect to that particular regional council?

Mr. Orchard: To continue operating as a regional council.

Ms. Wasylycia-Lels: Sorry, I was not more specific. Could the minister indicate what the timetable is for that regional council with respect to some plans in terms of mental health reform?

Mr. Orchard: Norman and Thompson councils are working together with the ministry in terms of developing their plans for the regions.

Ms. Wasylycia-Lels: With respect to, we have talked about in the past, the question of psych beds being allocated to regions in facilities that now do not have such beds, I am wondering if the minister can give us a breakdown of plans in terms of numbers of beds for each of those facilities throughout the province; and secondly, if those beds are being reallocated from the reduction in Winnipeg, potentially at the Misericordia Hospital, or from a reduction at the Brandon Mental Health Centre?

Mr. Orchard: I missed the last part of the question.

Ms. Wasylycia-Lels: Is the allocation for those beds coming from the reduction in Winnipeg, and Misericordia being the potential site, or from a reduction at Brandon Mental Health Centre, or from both?

Mr. Orchard: I think, from neither.

Ms. Wasylycia-Lels: Perhaps I will back up. Could the minister give us the information to the first part of that question and then indicate from what source these beds are coming from, since it is the minister who has been talking about moving beds from the institutional to the community-based side?

Mr. Orchard: I think in this case my honourable friend would appreciate that it is not moving beds

from the institution to the community. It is moving institutional beds to another institution that she is asking about.

That is very much part of the discussion that we are having with the councils in terms of—my honourable friend would appreciate that at one point in time Thompson had psychiatric beds, and they are no longer commissioned as such, I guess is the appropriate word, and consideration is being given to reinstatement of psychiatric bed capacity at Thompson General Hospital as well as at Flin Flon and The Pas.

I would not want to have my honourable friend left with the impression that that would be what we would consider a community-based service. I mean, that is an institutional bed just in another location closer to home. Those plans are currently in full discussion with the regional councils in Thompson and Norman.

* (1630)

Ms. Wasylycia-Lels: The minister is quite right, that such a transfer would not be from institution to community-based service. Pardon me if I was not totally clear about what I was attempting to say in addressing this issue of beds in large institutions versus smaller communities closer to communities. I am just trying to get a sense, since the minister has been talking about reallocation of resources from within the total mental health field, where the resources are coming from to meet the needs of some of those communities that do not have psych beds.

Will we at some point get a total plan for comment that addresses the province as a whole? Or will it be only on the basis of a region-by-region strategic plan without the benefit of some way to address and have input on a provincial-wide basis?

Mr. Orchard: Mr. Acting Deputy Chairperson, I think I indicated, and I will use the example of Westman as a region, Central Mental Health Council, Westman Mental Health Council, Parkland Mental Health Council are developing an action plan around Brandon Mental Health Centre and the service provision in that region of the province.

That action plan, or that plan of reform will be presented to the provincial advisory council to get the, sort of, provincial perspective on that regional initiative. As Norman and Thompson progress, they will have their plan vetted before the provincial

advisory council. Ultimately, government is going to make the final decision around the issue.

So there will be both the regional input, the regional creation of the initiative, the vetting through a provincial advisory council which has a system-wide overview, and then government having the final say with, hopefully, being able to assure that the system fits with the general goals and intentions of the reform processes enunciated in January of this year.

Mr. Cheema: Mr. Acting Deputy Chairperson, before I left I was on the issue of the Winnipeg hospitals, and I still want to go back to the same issue.

I think I will not be doing my job if I do not mention a few things about what the member for St. Johns (Ms. Wasylycia-Leis) has put on the record. Personally I have a lot of respect for her, but I think the issue here is whether you want reform or not. Second, what is your definition of community care? The third is, why do you want to target specific beds in a given hospital at this stage without knowing what is going to happen? The fourth thing is, it is going to take some time, and as the opposition members, we want to say, let us have reform and then criticize, get some critical mileage, but then enjoy the fruits of the process also in the long run.

So, I do not think—there is something missing or probably I am not catching up or something. It is especially wrong that you cannot have not even one way or both—you cannot have four or five ways about the major reform.

It is not something where you are going to move a chair from this place to the next part of the table, you are moving very, very sophisticated care and patients who are very, very vulnerable, you do not want to frighten them. You do not want to do anything which will really put them in a risky situation. I mean, this is a group of patients who have not got the kind of respect in the past. I think that is what it is, giving respect back to the patient, and they are not able to speak for themselves. They do not have a political body. Otherwise things would never have got to the point where they are today. So you have an organization, the Regional Mental Health Council, who are working on their behalf and speaking on their behalf and you want to make sure the process is successful.

As a personal point of view, I think you want to make sure that it is successful. So you have to have a clear-cut definition, and that is why we have been

asking the minister that there has to be a definition to help at the community care in Manitoba for the patients and that definition is going to change along when you are making changes. So I am a little bit disturbed that the member for St. Johns (Ms. Wasylycia-Leis) with her good experience, six or seven years as a member of the Assembly and has good credibility, should make some effort to understand and make her party lines very clear, and put her views on the record so that people who are reading this Hansard should know exactly what is going to happen.

I mean, it is very easy to raise issues. I mean, one can criticize, but at the same time, do we have an alternate? How are you going to provide the services? You cannot have \$212 million—and the member for St. Johns can make light of the issue. It does not bother me anymore. That is not the issue here. The issue here is how are you going to develop, how are you going to tell the people of Manitoba in a 35-day campaign? It is not going to be told.

You tell them right now, that this is a debate forum. Forty hours of the taxpayers money is being spent and the people are reading this, I can assure you that. They are reading this, and they want to know, and the people in the Regional Mental Health Council are putting in a lot of time and effort and they would like to know from three political parties how you are going to change the system. I have a disagreement here. I think in terms of taking advantage of the situation—that is what is happening, but I am sure the people will judge that. Who am I, one member, to question those things?

Certainly, I want to express my views because it is so important that you put so much energy and time and effort and taxpayers' money and the patient's dignity—a lot of patients who have got the services in the past, their families, their health care providers, everybody is concerned. But we cannot just shoot down the process without seeing at least the end product or a part of the end product.

I will go to my question. Now that the ministry is going to make an announcement this Thursday, can the minister tell us how they will provide us with data about the admission, time period and severity of illness and the number of patients that are part of the Misericordia Hospital and how those patients are going to be deployed just, sort of, in the community? Will they be able to give us their community component concept on Thursday so that

the patient and we can know which way the government is going to move?

Mr. Orchard: In anticipation of the report and the recommendations that are going to come from it, I think that the type of care required by patients admitted to Misericordia will have been really central in terms of the recommendations around support services that will be envisioned as necessary to achieve that change from institution to community as it applies to the Misericordia experience. As I said this afternoon, I cannot prejudge. I have some sense of general direction in what they are going to recommend, but I will simply say to my honourable friend that I think it is mid-morning that the press conference is, and I will assure my honourable friend that before noon he and the critic for the New Democrats will have the report so they can understand the recommendations that are being made to government and take that opportunity even possibly as soon as Thursday afternoon to offer some comment around the recommendations from their respective understandings of what is possible to be done there.

So, can I simply leave the further details that my honourable friend might want to ask? Not that I want to delay the process of the consideration of the Estimates, but I think they might be appropriately focused when each of us has in our possession the Urban Hospital Council recommendations.

Mr. Cheema: Mr. Acting Deputy Chairperson, that seems acceptable to me, because we will still have a few hours to study that report, but the information that we want to have is the total data as long as it does not contravene any confidentiality of the patients. Other than that we have analysis available to us to see the type of patient and also the community complement, what kind of services are going to be put in place and the time frame. I think that will probably make our job easier to at least have a better understanding of the whole thing.

* (1640)

My next question is in terms of the Brandon area, the Westman region. When the Drysdale Report came out in 1990, and later out of the minister's own report, as far as I could get information from that report, this building is 100 years old, almost 120 years old, and there are a lot of problems with the building. Some money has been spent, the building has been upgraded and also the building has patients, some of whom could very well fit into the group homes or into the personal care home

situations. I would say a good number of them could fit into the personal care home situations where appropriate care in terms of mental health can be provided.

I would like to ask the minister, in view of the information we have from the task report and other sources of information from the ministry of Health, can the minister tell us what is the future of that building? Are they going to develop a centre close to the Brandon General Hospital, where it will make more sense, rather than continuing to spend money on the building which is 100 years old and also has a stigma attached to that place in the mental health system, which is very, very essential to take that kind of stigma and negative approach away. It was very clearly defined in that 40- or 50-page report that those were the serious problems, and they gave the minister a good idea of how much money will be required over a period of three or four years to upgrade versus to set up a new building, and how many beds they are going to require.

Can the minister tell us what are the recommendations they are going to accept out of that report? Specifically we want to know how the new building which we would like to see adjoining Brandon General Hospital and what would be the time frame and how many beds are going to be allocated.

I think it will also provide an opportunity for a capital program in the Brandon area for job opportunities, for a right cause. There are too many things here which are very positive coming out of the whole process for that area in terms of getting this new building close to the Brandon General Hospital and getting the construction jobs and other jobs attached to the new building and, secondly, some of the patients may have to move into the personal care home situation or some of the local hospitals where the patients have their communities and their families.

I would like to know whether something is going on in that regard or not, or will we see a statement in the capital budget of this year for the Brandon General Hospital, specifically for the Brandon Mental Health Centre?

As I said earlier, so many things are attached which are very, very negative and this does not make economical sense in the long run. We had two or three inquests when patients were walking out of their building. That was between '88 and '89. There was some problem. Upgrading was

required. I think that is the area where a lot of people have concern.

The second question that is going to come out of that question is: What is going to happen to the future of health care professionals? But I will ask that later as a follow-up question.

Mr. Orchard: I think we enjoy two—if I can put it this way—significant advantages in developing maybe a more mature action plan in the Westman region, Central, Parkland region as well, because the Brandon Mental Health Centre's physical structure has been under review by government for probably 15 or 20 years.

We did commission the Drysdale Report to give us as current an estimate on what renovation costs would be, because that sort of puts in context the investment that we make if we are going to maintain the centre at its current physical capacity and location.

Now the Drysdale Report, along with the general direction of mental health reform, triggered a number of processes, and internally within the department we have probably got a more mature understanding of the patient needs in Brandon Mental Health Centre.

My honourable friend is correct that a number of those individuals can be quite appropriately served in a personal care home setting, some with maybe a more intensive setting of personal care home, but certainly not the formal mental health institution setting that they are currently in. The age profile has been established, and there is a significant number of the current resident count that is 59 years or older.

My honourable friend mentioned several potentials. An affiliation with the Brandon General Hospital needed on the acute bed capacity—yes, that is being considered currently in terms of the plan in development with the three councils. Secondly, the opportunity to utilize capacity outside of Brandon, closer to home in our hospitals, Dauphin and other communities as example—yes, that is being considered. As well, we know that we are probably going to have to seriously consider a time line of investment in alternate community living arrangements and service providers in Brandon community itself and in the regions served within Parkland, west Central and Westman region.

I do not want to prejudice the plan that the councils will be presenting this June to the provincial advisory council, but I have every confidence that we will

have the elements that my honourable friend has alluded to in terms of Brandon General Hospital and accessing existing facilities within the communities served in those regions as potential immediate opportunities for service provision for some of those individuals where the services can be delivered appropriately.

Then, of course, an identification of the kind of community resource that would need to be developed over a two-, three-year period of time.

I cannot prejudice whether the councils will conclude in their June report—I simply have no sense of this—whether there should be some ongoing role for the physical facilities of Brandon Mental Health Centre or whether they would be recommending the function be reallocated, for instance, to Brandon General Hospital in part, and to other service-delivery locations within Brandon and within some of the surrounding communities. I think clearly their discussions will no doubt make recommendations around at least the areas that my honourable friend has suggested:

Mr. Cheema: Mr. Acting Deputy Chairperson, I want to again reinforce one of the issues, which is development of an acute centre close to the Brandon General Hospital and the timing—the situation financially may not be the best in the province, but money is going to be spent on capital expenditure. It will be good for the region; it will have some economic benefit for the Brandon area; and also it will provide a kind of place which is eventually going to be required. It is a matter of time; whether we do it this year or next year or the year after that, that centre will have to have a new place.

That is a given, and that is from the Drysdale report. It is quite a detailed one and certainly did a good job on getting all the data collected. I just want to reinforce that again. I do not know what the minister is going to tell us in his capital budget. I am not trying to have a sneak preview here, but I simply want to reinforce that this is one area where everyone is screaming about the infrastructure and so many things can help the local economy. That is one consideration, especially when you have something that you need. That should be given due consideration.

The next question is a larger one, not only because of Brandon but other hospital care. What is going to be happening or what is the future of health care professionals who are working now in

the institutions? How will they fit into a new role, and what kind of mechanisms are going to be put into place for their education, re-education, their employment and the counselling and explaining to them how the system is going to be reformed so that they are given the first opportunity for the new jobs? I am sure there is going to be new definition, a new name attached to a health care provider who has been functioning within the hospital, but when she goes into the community, the role has to be changed to some extent.

As long as those four areas are taken care of, and the health care providers are explained about their total situation, it will make the job easier. Second, it will give them security, and third, we will have trained individuals who have already participated in the process for 10 or 15 years. Some of them have been there for a long time. Also, they know the families; they know the patients; they know the old structure and also the new policies. So I would like to know from the minister if there are any specific directions or if special protocol is going to be followed upon dealing with major changes.

* (1650)

Mr. Orchard: Mr. Acting Deputy Chairperson, when we approached the whole reform system, the one thing that was pointed out by the Brandon Mental Health Council, the Westman Mental Health Council, and we always had it in the back of our minds, except we never had it articulated as decently to us—I did not articulate it as reasonably as members of the Brandon Mental Health Council did at a meeting that my assistant deputy minister and I attended in Brandon in January preceding the announcement of the second phase discussion paper. We always were sensitive about the employee and the change that the employee goes through, and you can develop an environment of either being part of the change or threatened by the change.

Advice that we got when we visited Vermont was, from the professionals down there, to make sure that you do not develop a system where the current caregivers on the institutional side feel threatened. We agree, but it was very, very eloquently articulated to Mr. Toews and myself when we visited the council meeting in the evening the week before we made the announcement because I wanted to share the details, not specific details, but the concept and the process that we were going

through. We asked them to share with us where they thought some of the pitfalls would be.

As my honourable friend can well appreciate, there was a lot of concern about what the future is with employees of the Brandon Mental Health Centre, because it has been rumoured for 15 years and they have always been sort of in limbo in terms of having a positive direction.

(Mr. Bob Rose, Acting Deputy Chairperson, in the Chair)

The case that was made to us, and as best as I could do it in terms of the presentation in Brandon, I took their advice, and that is that within the care providers at Brandon Mental Health Centre you have probably got your best resource of knowledge in terms of understanding the system and, from working within the institutional side, understanding its inadequacies and having an understanding of what the change for the community can mean.

It was pointed out to myself and to Mr. Toews that we must make sure employees understand that we know they can make a valuable contribution, and I stated that at the press conference in Brandon. That is—how would I put it?—the philosophical understanding of their contribution, but we reinforced that with meetings immediately before and then subsequent to the announcement with staff. In the interim period of time we have established a union-management group at Brandon which will deal with the issues of retraining, redeployment, rehiring within the staff in a reformed health care system.

We very much want to—clearly, there may well be dislocations and job loss, and we want to mitigate against that to the best of our ability. Again, we are going on some previous experience where that was not done carefully enough. It caused a lot of consternation, and we do not intend to make that mistake again.

Ms. Wasylycia-Lels: I have a few more specific questions. Although this may not be the time or the place for questioning the minister, I intend on continuing to do that. At some risk in terms of being ridiculed, let me ask a few more questions along the lines of my questions around beds and what makes sense in terms of number of beds in institutions and communities, and so on. The minister in his Estimates book indicates that there are some 5,000 to 6,000 clients in the community. I am wondering if the minister could tell us where those individuals are, how serious are their illnesses, how long they

have been in the community, what success rate we have seen, and, on the basis of that, if he has any sense, how many beds one needs to have available at any given point in time.

Mr. Orchard: I think that is exactly the dynamic of change that we are trying to determine and to see in terms of final capacity, if you will, or end capacity or post-reform process capacity. We think that we will have sufficient acute bed capacity to meet those needs. I cannot tell my honourable friend today what they might be and where they might be. That is very much an issue that our regional councils and the ministry in co-operation with professionals and others will attempt to determine. Let me give my honourable friend an example, and I will try to be very brief on this example.

When my assistant deputy and I visited Vermont, we met with their Regional Mental Health Councils in Vermont, and the Burlington council, I can recall, made a very, very interesting case with us. Burlington university has a teaching hospital, and they have a very—I think a pretty major component of that is their psychiatric department. The Faculty of Psychiatry had a 50-bed capacity at the Burlington Hospital, I believe was the number, and that served—Burlington is not a major city, about 200,000, 225,000. Those 50 beds were virtually occupied all the time, because the Faculty of Psychiatry, the teaching hospital, that was a logical place for significant utilization of the bed capacity.

The Burlington Regional Mental Health Council, as part of their service-purchase arrangements, purchased the use of two of those beds. After the first year or so of use, questions started to come to the Burlington Regional Mental Health Council professionals, how is it that you appear to be committing and bringing into the institution, to the bed, more severely impaired individuals than we admit to the other 48 beds, but yet in a shorter period of time, your service provision, your approach, appears to be having a much more well individual being discharged from the psychiatric facility?

Now that sort of shook up the, I think it is fair to say in their observation, psychiatrists who were committing to the other beds there, because their method of providing care certainly was not delivering the kind of effectiveness for the individual that the Burlington Mental Health Council approach was doing on those two beds they were using.

So when one talks about bed capacity, that is such a variable, because in this example alone the

example was that they did not have enough beds in Burlington, but yet these people who serve in the community for severely impaired people were making use of only two beds and doing it on much shorter stays with much better outcomes. It is what you do in the regime of service provision that will determine how effectively you undertake service provision, that will determine how many beds you need. That is what the whole reform process is about, sir.

The Acting Deputy Chairperson (Mr. Rose): Order please. The time is now 5 p.m. and time for private members' hour. Committee rise.

EDUCATION AND TRAINING

Madam Chairperson (Louise Dacquay): Order please. Will the Committee of Supply please come to order. This section of the Committee of Supply has been dealing with the Estimates of the Department of Education and Training. We are on item 1.(d) Personnel Services: (1) Salaries. Will the minister's staff please enter the Chamber.

My understanding is that the honourable Leader of the Liberal Party (Mrs. Carstairs) was awaiting a response from the honourable Minister of Education and Training (Mrs. Vodrey) upon the calling of five o'clock yesterday.

Mrs. Sharon Carstairs (Leader of the Second Opposition): The minister indicated that they had gone to a new process in their relationship with the Civil Service and my question was, when do they intend to have the regular process re-established and reattached to the Department of Education?

Hon. Rosemary Vodrey (Minister of Education and Training): We in the department are working closely with the Civil Service Commission, and the Civil Service Commission is interested in also working towards restoring of the staffing authority. We do not have a definite time at the moment but it will be as soon as possible.

Mrs. Carstairs: There is a tremendous inconsistency between the Supplementary Information for Legislative Review tabled in this House in '91-92 and '92-93 with respect to the staffing of the community colleges.

Just to give you an example, we were told last year that the staff for the year ending 1992 would be 677.34 for Red River; it turned out to be 701.50. We were told that the staffing for Assiniboine Community College last year would be 203.18; they

said it was 205.18 in the Adjusted Vote. The staffing for Keewatin Community College, we were told last year would be 174.36, but in this year's Estimates it comes out at 165.46.

In every single one, significant differences between the numbers we were told and the numbers that were actually staffed, some up and some down. Can the minister explain why there were these fundamental differences in the numbers between last year's book and this year's book?

Mrs. Vodrey: The answer is that each of these numbers is a case-by-case specific basis rather than a global answer to answer the total number of staffing, and because of the details I would like to ask the honourable member if I could provide her with that information as soon as possible. Also, if I could suggest the appropriation lines for the specific colleges where I can discuss it in greater detail as 16-5(c)(2) is the appropriation for Red River Community College; 16-5(d)(2) is the appropriation for Assiniboine Community College; and 16-5(e)(2), the appropriation for Keewatin Community College.

* (1430)

Mr. Dave Chomlak (Kildonan): Just one final question in this area. This branch of the department is charged with the responsibility of implementing the Affirmative Action Program at the Department of Education. I am wondering if the minister could outline specifically what the Affirmative Action Program is at the department and what the status of the various components of that affirmative action is at this time.

Mrs. Vodrey: Madam Chairperson, I am informed, first of all, that the MGEA management and our affirmative action committee from our department met this morning and that we take the issue of affirmative action with both seriousness and sincerity. I would like to just give the honourable member a little bit of information on our affirmative action.

Manitoba Education and Training continues to promote affirmative action strategies, and, wherever possible, efforts are made to place affirmative action candidates in vacant positions. All staffing authorization requests must include an affirmative action strategy.

The Civil Service Commission's Employment Counselling and Support Services Branch is used when recruiting for entry level and term positions. This branch has been established in support of the

government's commitment to affirmative reaction. Outreach recruitment is also used as a source of referrals. Managers and supervisors are responsible for implementing affirmative action strategies and maintaining commitment to the Affirmative Action Program within their respective operating units. The affirmative action co-ordinator works closely with the Society for Manitobans with Disabilities in order to facilitate work experience opportunities for people with disabilities, and Red River Community College is developing a strategy to ensure all staff are provided with cross-cultural training awareness of the needs and the concerns of people with disabilities, and client-centred awareness training.

The department seconded a female native employee to the Civil Service Commission to finalize the inventory of Manitobans of native ancestry who have graduated from post-secondary institutions. She also serves as aboriginal adviser on affirmative action issues.

Windmills is a workshop that challenges our thinking about workers with disabilities, and this was delivered to managers at Assiniboine Community College. Further Windmills workshops have been scheduled for the school side of the department, and an affirmative action plan was approved and forwarded to senior staff by the deputy minister in April 1991 for implementation during the 1991-92 fiscal year.

In terms of actual positions at this point, senior appointments of affirmative action target group members '91-92, we have an assistant deputy minister, who is a woman, the Assistant Deputy Minister of Administration and Finance, Dominique Bloy.

In terms of college presidents, women, we have the president of Assiniboine Community College, Brenda Cooke, who is now the president, and we have Pat Ferguson who is the acting president of Keewatin Community College.

At the director level, in terms of women, we have Jane Holatko, who is director of the Internal Management Audit. In senior management and management representation of affirmative action target group members—

Those were the appointments made in the last year, and now, I would just like to add to some of those people named by also mentioning the chairperson of the Public Schools Finance Board, Pat Mosiewich, who is a woman; and then women

who are directors, Gail Bagnall, director of Curriculum Development and Implementation Branch; Jane Holatko, whom I mentioned, the internal Management Audit; Louise Gordon, who is the acting director of New Careers; Carol Sigurdson, who is the director of the Student Financial Assistance; Caroline Loepky, who is the director of the new Student Support Branch that I have spoken about.

In terms of women who are native women, we have Juliette Sabot, who is director of the Native Education Branch. On the college side, would the member also be interested in the college, post-secondary side of the department?

Mr. Chomlak: Yes, I would be interested. I was wondering if the minister would have more of a statistical breakdown in terms of percentages. Would she have that? That would simplify matters I would think.

Mrs. Vodrey: I do have some statistics for the member but these statistics are accurate to December 28, 1991, and we are working on updating the statistics for the next few months.

In terms of the Department of Education and Training excluding community colleges, number of employees, 742. These are of employees who are currently employed and who have declared themselves as affirmative action candidates: males 31 percent or 230, females 512 or 69 percent, native 4.31 percent or 32, disabled 2.29 percent or 17 individuals, visible minority 2.43 percent or 18 individuals. For Red River Community College, the total number, 683: males 54.61 percent or 373, females 45.39 percent or 310.

* (1440)

I have just been informed by my staff, I would like to make sure that I have clarified for the honourable member that the total number of employees that I have given is the total number of employees broken then down into total number of males and total number of females, and then from that total group I have taken percentages for total number of native, total number of disabled, total number of visible minority.

I think I have just given Red River Community College. I will just follow with Assiniboine Community College: number of employees, 200. Of that, 58 percent are males or 116; 42 percent are females or 84. Of those, 0.5 percent are native or

one individual; disabled, 0.5 percent or one individual; visible minority, 1.50 percent or three.

At Keewatin Community College: total number of employees, 166. Of that number, 43.37 percent are males or 72 individuals; 56.63 percent or 94 are females. Of that group, 9.04 percent or 15 individuals are native; 1.81 percent or three individuals, disabled; and 1.81 percent or three are visible minority.

In the Department of Education and Training, the total number then is 1,791; 791 males or 44 percent; 1,000 females or 56 percent. Of those, 3.2 percent or 58 are native; 1.6 percent or 28, disabled; 2.2 percent or 39 are visible minority.

I would like to stress that these are the employees who have, in fact, declared themselves affirmative action employees. But some people, we are aware, have chosen not to declare themselves in an affirmative action category. So these numbers are of those who have currently declared themselves, but I am informed by my staff that there are certainly likely more and the numbers are larger, but we, at this point, can go only by those people who have declared.

Mr. Chomlak: Madam Chairperson, I thank the minister for those numbers. I require two clarifications, however.

Firstly, is the minister saying to me that the totals are correct, but what is not clear is the category of declared affirmative action employees. In other words, the total of 1,791 is the total of all employees. The only differential would be the case that some individuals may or may not wish to declare themselves affirmative action within that total. Is that correct?

Mrs. Vodrey: Madam Chairperson, I am informed by my staff that those total numbers are correct. The affirmative action numbers we are informed by the Civil Service, and those are, as the member has suggested, correct about those people who have presently declared themselves affirmative action.

Mr. Chomlak: My second clarification is, the minister gave me the male and female totals for Red River Community College, but I do not believe she gave me the native or the visible minority figures.

Mrs. Vodrey: Madam Chairperson, for Red River Community College, in the native category, 1.46 percent or 10 individuals. In the disabled category, 1.02 percent or seven individuals; and 2.20 percent or 15 individuals in the visible minority category.

Madam Chairperson: Item 1.(d) Personnel Services: (1) Salaries \$334,600—pass; (2) Other Expenditures \$25,700—pass.

Item 1.(e) Financial Services.

Mr. Chomlak: Madam Chairperson, I am wondering why there are eight staff transferred and why this appropriation is paying for the transfer of the eight staff to the Public Schools Finance Board.

Mrs. Vodrey: Madam Chairperson, I am informed by my staff that this is a result of the Provincial Auditor requiring us to delineate the Public School Finance Board and the operating, and the changes to the staffing level is due to the transfer of eight Capital facility staff to the Public Schools Finance Board in accordance with the recommendation of the Provincial Auditor's office, and the transfer was initiated last July.

Mr. Chomlak: I note that one of the activities of the Schools' Finance Branch is to provide assistance and accounting to school division districts, et cetera. I know from my discussions with various school divisions that there is an incredible stress period around budget announcement time of the grant to school in order to crunch out the numbers, et cetera. I wonder again whether the department or the government has looked to any kind of a multiyear or any kind of a phase-in, particularly since there is a new funding formula in effect—whether any kind of multiyear budgeting program or system is being put in place to assist school divisions in proper planning and accounting of the monies provided to them.

Mrs. Vodrey: I would just like to mention to the member that the details of the Schools' Finance Branch would be covered under the appropriation 16-2, but what he has found noted in this particular line are the resources to operate the Schools' Finance Branch, and so that may clarify what their particular role is at this point.

In terms of the multiyear budgeting, we are not at the moment contemplating multiyear budgeting because there is some difficulty in terms of the Estimates process with ours being a yearly process. Perhaps we can talk more about that if it comes up again in the next appropriation.

* (1450)

Mr. Chomlak: Mr. Abe Peters, who is very, very well respected in the education community, is now assigned a new position within the monitoring of the private schools, and I am wondering if the minister can indicate whether this is the department or the

branch or the agency which Mr. Abe Peters functions out of?

Mrs. Vodrey: No, this individual would be covered under the PDSS section of the Education Estimates and the appropriation line is 16-3.

Mr. Chomlak: Could the minister therefore outline to me what is meant by under the category Expected Results on page 29 of the Supplementary Estimates book where it says "Ensuring School Divisions, independent schools and other grant recipients are accountable"? How does this branch ensure that the grants to the private schools are accountable to the department, and what are the specific activities undertaken by this department to ensure that?

Mrs. Vodrey: First of all, the public schools are required to submit information through FRAME, the financial reporting and accounting system in which they categorize their expenses, but this is a data collection method. It is not an accountability method; therefore, all public schools and all independent schools must submit an audited financial statement to the department for that accountability.

Mr. Chomlak: One of my concerns last year with the so-called centralization of communications out of the various departments centrally in government was that communications costs would rise within the departments, and we see it happening in almost every branch and every component of the various departments.

We see the communications costs in this agency going up by roughly \$12,000 and I am wondering if the minister can account for why that increase in communications expenditures.

Mrs. Vodrey: I am wondering if the honourable member is mixing up the Communications branch with actual communications activities, telephone, postage and so on. Yes, it is up, the line is up and it is up \$11,700. Under the changed mandate, the Schools' Finance Branch assumed responsibility for certain communication costs that were previously charged to PSFB.

Mrs. Carstairs: I know the minister answered this question, but I am afraid I do not understand her answer. There was a transfer of eight capital facility staff as per the recommendation of the auditor. That makes sense. What I do not understand is why their salaries did not go over, why their salaries have remained in this particular line?

Mrs. Vodrey: The residual salary budget of the \$54,100 was removed from the 1992-93 budget, but it has been exactly offset by the increase for the merit increments and the general salary increase for those who remain.

Mrs. Carstairs: Madam Chairperson, that does not make any sense, I am sorry. I do not know how you can show an increase in salary from \$33,000 a staff person to \$40,603 a staff person, which would give each staff person of that department an increase of 34 percent. I do not think that is what the government has done. If it still requires \$1.4 million to pay the salaries of these people, then explain that to me.

* (1500)

Mrs. Vodrey: I am informed first of all, that the \$54,100 was a partial year amount put into this budget because the change for those eight individuals was made at the end of July, so the salary budgeted for and noted here was for April, May, June and July. I am also again informed by staff that in fact it is correct that this also has been offset by the merit increase and also the general salary increase for those individuals remaining.

Mrs. Carstairs: I am looking at page 33 of the Supplementary Estimates. It indicates no figure of \$54,000. So the minister keeps referencing a figure of \$54,000 which I cannot find on my page. Maybe it is on some other page, but it is not on my page. Also, last year this staff with this department was supposed to have 48.26 staff. There was an Adjusted Vote down to 44.26. Nobody has shown where those four people went either.

I am prepared to take this question in written form if they want to give it to me some time in the future.

Mrs. Vodrey: This is a complicated technical and accounting issue which, my staff informs me, may take a little time for us to get the exact required explanation, so I will take that under advisement and provide that to the honourable member.

But, just in the point of the four staff from last year's Supplementary Estimates, I am informed by my staff that four additional staff members were transferred to Administration and Professional Certification. Those were people working in the area of pupil transportation.

* (1510)

Madam Chairperson: 1.(e) Financial Services: (1) Salaries \$1,472,300—pass; (2) Other Expenditures \$268,500—pass.

1.(f) Management Information Services: (1) Salaries.

Mr. Chomiak: Madam Chairperson, I am wondering if the minister could describe for me, and I have got in my notes in plain English, precisely what Management Information Services, what activity this branch and this component provides, because I am not terribly enlightened by the description contained on page 34 of the Supplementary Estimates book.

Mrs. Vodrey: Madam Chairperson, to provide some additional information on the Management Information Services branch, this branch exists solely in a support role for programs offered throughout the department. This includes reactionary support for numerous ad hoc information requests, and also statistical analysis generated throughout the year, along with several planned systems initiatives.

Currently, major production systems that are supported include: library systems, separate systems in both DREF and IRB; professional school personnel; student records for the independent study program; student academic records, Grades 10 through 12; student enrollment; grants systems, separate in both PSFB and BEF; GED; basic electronic mail and messaging service.

The four primary support functions provided by the branch are: branch administration and management which is the general operational co-ordination and financial administration; policy development and implementation; liaison to central agency, the Information Technology Review Office; annual co-ordination of departmental information technology plans; ongoing facilitating and administration of departmental information systems and related procurements and also secretarial and office support.

Secondly, computer data centre operations which co-ordinate departmental data, security and disaster recovery planning, maintain ongoing computer system operations, perform technical systems programming and tuning.

Thirdly, applications development to facilitate overall systems, related project management, co-ordinate and implement departmental computing standards, systems analysis and design of planned initiatives and systems projects, central co-ordination of departmental data in electronic formats, major development project about to be undertaken is the Medix project.

Fourthly, end user and office automation system support and in that to co-ordinate and implement departmental computing standards, provide technical guidance to departmental programs re technology procurement and opportunities, maintain a centralized information centre for departmental staff to have access to technological tools on an as-needed basis, an aid program to aid program areas in developing business cases re system procurement. They also trouble-shoot technical difficulties experienced by departmental staff and provide training, formal and through skills transfer, to departmental staff as it relates to computer hardware and to computer software.

Mr. Chomlak: Madam Chairperson, with all due respect to the minister, I still do not understand how we can spend three-quarters of a million dollars in this branch in this department, and I still cannot get from the department or the minister cannot table for me information like retention rates, drop-out rates, statistical data relating to students in the province of Manitoba.

With all due respect to the minister's comment and description of this department, I do not understand how we can spend this much money and not have access for use by the minister and by the department that kind of information.

Mrs. Vodrey: Madam Chairperson, I am surprised that the honourable member claims that nothing is being done, because in the first part of my answer I think I spoke very clearly about the systems which the Management Information Services branch is already engaged in. It certainly does require a significant amount of funds to gather information, to store information, to analyze information and to retrieve information. I have given the honourable member some of the very significant work being done by this branch in order to support the statistics that we would like to have.

Now we are interested in moving into the next stage which the honourable member also has talked about, and we too have said that we are interested in being able to be as accurate as possible. We are in a proposal stage to look at moving on to the next phase, but at this point, we are relying currently on the systems, which are costly, that we have in place now, and we are also relying on some additional data, some very good data, from other jurisdictions, such as Statistics Canada.

Mr. Chomlak: Madam Chairperson, the minister has made my point, I believe.

Last year the former minister indicated that the province had signed on to the school indicators program and indicated that data would be available for 1992. I am wondering if the minister would provide us with that data in relation to the school indicators program.

Mrs. Vodrey: Madam Chairperson, for the information of the honourable member, I would just like to let him know that the school indicators project has not yet occurred, that it is still in the development stage, and the Council of Ministers of Education is working on this.

They are looking very carefully at the curriculum needs and curriculum in the provinces which will be participating, but the tests are not yet constructed nor administered.

* (1520)

Mrs. Carstairs: I am going to make some assumptions which I think are correct, and then the minister can correct me if I am not. It seems to me that Management Information Services, last year, was part of Administration and Professional Certification. At that point, the global budget for those two departments was \$1.7 million. It is now \$2.11 million, for a 23 percent increase.

I would like to know from the minister, if those assumptions are all accurate, and I think they are, what additional value are the students of a public school system getting for the increase of expenditure of 23 percent, including the addition of 10.29 staff persons?

Mrs. Vodrey: Madam Chairperson, I am advised that the explanation is that when the communications appropriation was wound down, there was an appropriation number free and that there was an intention then to establish MIS or the Management Information Services separately under the appropriation 16-1(f). Resources that were previously budgeted to Administration and Professional Certification were then realigned into this particular line.

Also, as I mentioned earlier, in Administration and Professional Certification, there was the reorganization with the pupil transportation and four SYs then were transferred in along with the funds attached to those individuals.

Mrs. Carstairs: Madam Chairperson, I do not blame the present minister for that, but I want her to know that it has been duly noted that when the government wants to make its numbers look good,

as it did with the Public Schools Finance Board pushing it into public schools support, it did so.

Now, when it wants to make its numbers look good on the other side, it is separated to lines of the administration so that the increases do not look quite as much as they might have been, nor in the case of the Public Schools Finance Board going into public schools support, the increase did not look as bad as it in reality was, and it has been duly noted.

Even four staff years, I do not think, would make a difference of some \$400,000, which is the figure that I come up with as the difference between 1.7 as a global figure for last year and 2.11 as a global figure for this year. I would like to know what other expenditures are anticipated, other than four staff positions, by this particular section.

Mrs. Vodrey: Madam Chairperson, this is another accounting issue which, I am informed, tends to be quite complicated. I would just like to make a point very clearly to the honourable member that these changes have not been made to make anyone look good. These changes have been made at the recommendation of the Provincial Auditor. The Provincial Auditor recommended a realignment of function to the appropriate line to put the function in a line matching its function. At this point, the honourable member is trying, it seems to me, to be looking at two lines together, creating some confusion, so what I would like to offer is that we would be pleased to provide a reconciliation of those figures to the honourable member.

* (1530)

Mrs. Carstairs: I am quite prepared to get that at some future date in time, but just so they know where I am coming from, because I want to be very clear, what I have done is exactly what I said I would do in my opening comment. I have taken the line from Administration and Professional Certification, which in my detailed Estimates is \$1,349,100; I have taken the line for Management Information Services, which again, according to my books, is \$766,600. I have combined them together for a figure of \$2,115,700, and I have compared that with the figure when these two were combined, which was, for last year, \$1,720,600, for a net difference of \$395,100. It is that \$395,100 for which I would like an explanation, because it amounts to a 23 percent increase, and if they give that to me in written form at some time in the future, I will be quite satisfied with that.

Mrs. Vodrey: Madam Chairperson, we are certainly prepared to provide that information, that reconciliation information, but at this point, I am informed that there appears to be a comparison between last year's 1991-92 pre-Adjusted Vote figures to 1991-92 Adjusted Vote figures, and then combining two appropriation categories, 16-1(g) and 16-1(f) for 1992-93, but we do have an explanation for that, and we will be pleased to provide it.

Mrs. Carstairs: Well, then one of the explanations may be that there were some significant changes made during the budgetary year of last year, which I could not ask about last year because I had the figures given me. If there was this massive increase during the year '91-92, then I would also appreciate an explanation for that.

Mrs. Vodrey: Madam Chairperson, we will provide an explanation to the honourable member.

Mr. Chomlak: Madam Chairperson, I do not think that the preadjusted-adjusted figures will account for the difference that the member for the Liberal Party is requesting. I also would appreciate copies of the information to be provided to the member with respect to the reconciliation of that sum.

Mrs. Vodrey: I will be also pleased to furnish that reconciliation information to the honourable member. I am informed that though the number being used by the members opposite is an increase of 23 percent, I think we will be able to demonstrate, when we actually bring forward that information, that the increase is more in the range 2.6 percent.

Madam Chairperson: Item 1.(f)(1) Salaries \$471,000—pass; (2) Other Expenditures \$295,600—pass.

Item 1.(g)(1) Administration and Professional Certification.

Mr. Chomlak: Madam Chairperson, firstly I note that at the bottom of page 39, there is a footnote to the Estimates which indicates, quote: "Net increase is due primarily to the relocation of Professional Certification."

The figure of increase is from \$265,000 to \$314,200. I am wondering if the minister could provide us with an explanation as to the component of that increased cost being somewhere in the neighbourhood of close to \$50,000.

Mrs. Vodrey: Madam Chairperson, yes, the total increase in the Other Expenditures is \$49,200, to be exact, and the breakdown for the honourable

member's information is that the Communications line, which is a constant expense, is \$21,000. Then the projected expenses in other areas are telephone, toll-free lines, postage in the range of \$13,000 and fax and photocopy, \$3,200 and travel, \$12,000.

Mr. Chomiak: The Professional Certification has been relocated. Can the minister please indicate how many staff relocated from Winnipeg, how many were hired from outside of Winnipeg? How many staff are presently occupying that component of the department?

* (1540)

Mrs. Vodrey: Madam Chairperson, there are a total of 11 staff, and two of those staff were reassigned intergovernmentally. Nine staff were people who were hired for their specific position, and of those nine, eight of those live in the rural area.

Mr. Chomiak: Madam Chairperson, I assume then that there were 11 staff, previously, who were located in Winnipeg. Can the minister give some idea what happened to those individuals?

Mrs. Vodrey: Madam Chairperson, of those 11 individuals, six of those individuals were permanent staff positions, and all six of those individuals have relocated elsewhere in government. Five others were term positions. One of those term positions is still currently working with government, and the other four positions ended when their term ended.

Mr. Chomiak: Were all of these individuals offered an opportunity to relocate?

Mrs. Vodrey: Yes, they were all offered the opportunity to relocate.

Mr. Chomiak: Can the minister indicate for me the 11 individuals?

The names and positions of the 11 individuals, as well as the method by which those individuals were hired.

Mrs. Vodrey: All the 11 individuals were hired by competition, and the names of the 11 individuals and their positions are: the first individual is Lorne Bogusky, hired in a professional technical capacity, program director, and then in administrative support; Rita Upton, who is a clerk; Karen Simard, who is a clerk; Gaylene Magnowski, who is a clerk; Donna Evanchuk, who is a clerk; Veronica Laycock, who is an administrative secretary; Marilyn McCorrister, who is a clerk; Shawna Graham-Gross, who is a clerk; Leanne Rowat, who is a clerk; Donna

Pollock, who is a clerk; and Roberta Michalchuk, who is a clerk.

Mr. Chomiak: Were there other applicants for the position that is now occupied by Mr. Lorne Bogusky?

Mrs. Vodrey: I am informed there were approximately 21 applicants for this position.

Mr. Chomiak: Just that I understand correctly. There was an advertisement, 21 applications came in, there was a competition and the Civil Service Commission selected Mr. Lorne Bogusky for that particular position.

Mrs. Vodrey: Yes, I am informed by the staff that this was done according to Civil Service procedure and under Civil Service delegated authority.

Mr. Chomiak: Can the minister indicate when that particular hiring process took place?

Mrs. Vodrey: I am informed that the competition occurred last summer, that is the summer of '91, and that the individual assumed his position in and about September '91.

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

Mr. Chomiak: Just for my own understanding, a clarification again: Did the minister state that there were 21 applicants for that particular position?

Mrs. Vodrey: I am informed that details of this were available in the personnel section, so the numbers that we are giving you at this moment are approximations, but I am informed by staff that it appears that the number of applicants were about 21 applicants.

Mr. Chomiak: There were approximately or in the range of, give or take five or 10 individuals, 20 applicants for the position now occupied by Mr. Bogusky, correct?

Mrs. Vodrey: It is, I am informed by staff, much closer in the range of 20.

Mr. Chomiak: As a result of this move, roughly, we have seen an increase of \$50,000 in expenditures—\$49,000, specifically, is what the minister indicated for the Professional Certification for increased communications costs, faxes, telecopies, et cetera. Does the minister or the department have any figures that indicate whether this will be an ongoing increase or to what extent they think costs will increase as a result of the relocation?

Mrs. Vodrey: Mr. Acting Chairperson, of the \$49,200, we anticipate that the \$21,000 that I mentioned for communication is a fairly constant amount. In terms of the remaining \$28,000, that is an estimated figure, and we need to have the opportunity to go through one full year or cycle in order to determine how firm those figures are.

* (1550)

Mr. Chomlak: Mr. Acting Chairperson, I assume Student Records is also under this particular appropriation. I wonder if the minister can indicate how many staff are now in that particular area of the appropriations, that is Student Records, which has now been decentralized. How many staff were there previously?

Mrs. Vodrey: Mr. Acting Chairperson, I am informed that of the 11 staff persons in Russell, there is not a person at this point working on student records. There is, however, one person in Winnipeg working in the student record area, and that person does continue to issue the transcript of marks and also to collect the high school final marks.

Mr. Chomlak: Mr. Acting Chairperson, I was under the impression that the component that dealt with the student records had been relocated. Is that not a correct assumption? What has been relocated?

Mrs. Vodrey: Mr. Acting Chairperson, just to clarify, it is the Professional Certification which has been decentralized to Russell, and the student records is still operating in Winnipeg. It is still under consideration with our current proposal Medix.

Mr. Chomlak: The minister has obviously received representation information from the Manitoba Teachers' Society with respect to the establishment of a separate professional body for teachers in the province of Manitoba. I am wondering if the minister can outline for us what her particular viewpoint is with respect to this matter. She could perhaps outline that for us.

Mrs. Vodrey: Mr. Acting Chairperson, I would like to tell the honourable member that I have met with the Manitoba Teachers' Society several times since I have been minister, and I have a series of ongoing meetings with Manitoba Teachers' Society. We have set them up on a very regular basis. The agenda is submitted by the Manitoba Teachers' Society.

During those meetings, we have had some very good and very frank two-way discussion. In that discussion, Manitoba Teachers' Society has

outlined some of their concerns, and I know that it is a matter which they would like to discuss further. They have prioritized some of the issues which they would like to bring forward for consideration, and I certainly have understood that this is an important matter to the Manitoba Teachers' Society.

However, under the Legislative Reform Panel, the issue of teacher certification and the control of entry to practice was considered by presenters to the Legislative Reform Panel. So at this time, until I have the report of the panel, I think it would be very difficult for me to comment and to prejudice their work in any way.

I would like to leave it at this point, that this is currently under discussion as one of the issues that Manitoba Teachers' Society has put on an agenda to bring forward for discussion, and I believe that our meetings together have been very good two-way discussions.

* (1600)

Mr. Chomlak: Mr. Acting Chairperson, I take it from the minister's response that she has no opinion on the issue of a professional body for teachers, pending receipt of the submissions made to her panel on Legislative Reform.

Mrs. Vodrey: Mr. Acting Chairperson, I do think that was a bit of a presumption on the part of my honourable friend. What I want to be very careful of is: (1) not to prejudice, first of all, the work of the Legislative Reform Panel; and (2) to say to him that this matter is under open discussion between the Manitoba Teachers' Society and myself. We have not closed the matter, but it is a matter of process.

In addition, as I have said to him, the issues which the Manitoba Teachers' Society has wanted to discuss with me as minister, they have given to me a series of issues which we discussed briefly. Those issues are now being prioritized and brought forward on an agenda set by the Manitoba Teachers' Society at the very regular meetings that we have together. I look forward to discussing this further with the Manitoba Teachers' Society face to face.

Mr. Chomlak: I would like an opportunity to discuss the matter face to face with the minister during the Estimates process. I return back to the question that I am raising with the minister. The minister could very well use that response for every single issue on the Education agenda, because frankly the panel on education reform canvassed a

variety of issues that went from one spectrum to the other spectrum with respect to education issues. That has not precluded the minister from commenting on specific issues.

I simply want to know what the minister's opinion is with respect to the question of a professional body dealing with teachers, and notwithstanding that she is having discussions with the Teachers' Society and regardless of that fact, it is a question I have queried the previous minister on every Estimates process.

It is a question that comes up on the public forum when we have debates when the minister, the Leader of the Liberal Party (Mrs. Carstairs) and myself have debates constantly, and I am wondering what the minister's comment is or the government's position is with respect to that particular issue. If it is a question that—well, I will await the minister's response.

Mrs. Vodrey: I understand that the member would like to take this opportunity, would like me to discuss with him first what my position is. But I, as minister, have made a commitment to ongoing discussions with the Manitoba Teachers' Society, the body directly concerned with this decision, and I will be discussing this issue with the Manitoba Teachers' Society first to make sure that I fully understand their positions, what they would like to bring forward, exactly what their proposals are, and if their proposals are in one or two parts. Following those discussions, then I think he and I will have more to talk about.

Mr. Chomlak: I will largely leave this line of questioning at this point insofar as I am probably not going to get anywhere with respect to the minister in terms of—the fact remains that the issue does not just concern the minister and the Manitoba Teachers' Society. The issue is a concern to all Manitobans and everyone involved in the education field, and it is not confined to one separate area. I would suggest that it is a far broader question than simply narrowing it down to the minister's discussions.

The bus transportation study is involved in this—[interjection]

The Acting Chairperson (Mr. Svelnson): Order, please. The honourable Minister of Education would just like to address that one part.

Mrs. Vodrey: I would like to take a moment to address that. The honourable member has

obviously understood the point that I have been making. Yes, this is an issue for discussion between myself and the Manitoba Teachers' Society. It has also been an issue for discussion with the people of Manitoba, those people who spoke to the Legislative Reform Panel, those people who took the time and the opportunity to submit briefs. At the moment, I am asking the Legislative Reform Panel to complete their work and to bring forward also the opinions of Manitobans because we do understand that this is an issue of wide effect.

Mr. Chomlak: How many of the total staff years of 27.26 with respect to this branch of the department are involved in bus transportation?

Mrs. Vodrey: The answer, I am informed, is four.

Mr. Chomlak: Can the minister indicate for me, please, what basically the activities of those four individuals consist of?

Mrs. Vodrey: The functions of the pupil transportation unit are: to ensure regulatory compliance in regard to school bus vehicle operations; to perform school bus inspections for replacement of older school bus vehicles and quality control inspections of new buses; to provide annual training or seminars for transportation supervisors, school bus driver instructors and school bus mechanics; to develop bus vehicle purchase specifications; and to ensure, through quality control initiatives, that manufacturers' school bus units meet requirements. They are also responsible for school bus fleet inventory and preventative maintenance programs and also to maintain accident statistics and analysis.

Mr. Chomlak: Can the minister indicate what the status is of the bus transportation study that was undertaken by the previous minister?

Mrs. Vodrey: Mr. Acting Chairperson, just to refresh my honourable friend's memory, it was on August 23, 1990, that the previous minister wrote to school divisions and invited them to participate in a pilot project related to capital support for contract bus service. This pilot project was to be implemented and directed by a transportation steering committee. Membership on the committee was formulated at the direction of the then minister and finalized by an invitation coming from the deputy minister's office.

The mandate of the transportation steering committee, also known, by the way, as the Pupil Transportation Committee on pilot project, is to

examine key program and funding issues, such as pupil safety, standards, control and flexibility, contracting options, definition of service requirements, determination of current costs, labour agreements and other agreements in place at the present and cost to modify or to remove those.

* (1610)

The transportation committee has been divided into two subcommittees, safety and finance. The chairperson of the safety subcommittee is Rita Roeland and the finance subcommittee is chaired by Dennis Kostick. The first meeting of the transportation steering committee was convened or held on March 22, 1991. Meetings have been held monthly, as have meetings of the subcommittees with a few exceptions.

The finance subcommittee is addressing four main themes: first is special education transportation; secondly, rural versus urban needs; thirdly, various approaches to contracting out; and fourthly, requirement for control and flexibility. The safety subcommittee is addressing student control ridership program, training programs—for example, bus drivers, mechanics, transportation supervisors—the issue of cleanliness, bus driver rapport with students, parents, divisional office and school staff, length and time of routes, special needs students and transportation, overall safety regulations and their adequacy, vehicle evaluations, and the CSA standards and provincial standards.

Data with which to examine these issues has been generated by a detailed questionnaire which was sent to all school divisions and districts in Manitoba. This information is being used by both subcommittees to write individual reports which will thereafter be merged into an overall report of the transportation steering committee, and this report, with the associated recommendations, is to be presented to the Minister of Education and Training as an advisory document for consideration.

At this time, the safety and the finance subcommittees are well underway in the writing of their respective reports. Analysis of survey data is being performed by Glen Doerksen with assistance from Brian Hanson and the department.

Once the subcommittee reports are complete, it will then fall to Larry Bisson, by the deputy minister's memorandum of September 17, 1991, to synthesize and to write the final report. The target for the completion is the spring of this year. Then there will be submission to the minister by the late spring, and

we are looking for that to be completed as soon as possible.

At the moment, I think it is important to say that Manitoba currently enjoys one of the best and one of the safest pupil transportation systems in Canada. The forthcoming recommendations of the steering committee should be very carefully weighed as to their potential to add something of true significance or to detract from a system that is, overall, functioning to the satisfaction of the users, those being the school divisions.

Mr. Chomlak: Mr. Acting Chairperson, that begs the question of why \$440,000 had to be spent on a bus transportation study.

I am wondering if the minister can indicate to me how many school divisions participated in the pilot study.

Mrs. Vodrey: Mr. Acting Chairperson, I would just like to inform the honourable member that the \$400,000 was an estimate out of capital for bus contracts, set aside for the contract busing pilot. We now have 78 contracts at \$3,000 a contract for a total of \$234,000 at this point and eight divisions taking part.

Mr. Chomlak: Mr. Acting Chairperson, can the minister indicate which eight divisions are participating with the project that comprises the 78-contract buses?

Mrs. Vodrey: The divisions are: St. James-Assiniboia, Assiniboine-South, St. Vital, Pelly Trail, Flin Flon, Frontier, Churchill and Snow Lake.

Mrs. Carstairs: Mr. Acting Chairperson, I want the Deputy Minister of Education to know that I sent him over the glass of water because he should know better than to swallow medications without having something to drink, and as a good teacher he should know better than that.

I want to get into the issue of teacher record and certification and to begin those remarks by saying that there have been calls from a number of groups for a number of changes to teacher certification. We often say that we cannot do anything about the faculties at the university because they are autonomous, but here is a place where we really can do something, because if we refuse to certify the teacher, then obviously they have to make the appropriate curriculum changes at the Department of Education, at the Faculty of Education so that their students, who are educated, meet the criteria as set by teacher record and certification.

Can the minister tell me how long it has been since there has been a thorough review done of exactly who should or should not be certified and what new program initiatives should perhaps be examined for the purposes of certification?

* (1620)

Mrs. Vodrey: I am informed that the regulation governing the requirement for certification was revised in 1988. The requirements for certification, academic and professional, are reviewed by the Board of Teacher Education and Certification which then advises the minister. Certainly, prior to 1987, Manitoba required 30 professional credit hours, and, in 1987, those hours were increased to 60 professional credit hours. I am advised that we are the only province which at this point requires 60 professional hours.

(Madam Chairperson in the Chair)

I am also informed that the University of Manitoba has just conducted an extensive consultation with the field regarding the initial teacher preparation. They have told us that they will bring the report to myself and to the department, and we did have involvement in that report, as did several groups. This seems to be an example that I think the member is interested in talking about, of a partnership whereby the field, those people actually practising, MTS, the Department of Education, have had an opportunity to look at what should be the effect of initial teacher preparation.

Mrs. Carstairs: Madam Chairperson, there has been a decision recently taken by the faculty of business at the University of Manitoba that they will not take students into entry-level degree programs in business administration. They will require them to do a preliminary year and then admit them to the faculty of business. That has also become, I understand, the appropriate route for the interior design students.

Can the minister tell us if she has had any discussion with respect to the same kind of an entry-year requirement for the Faculty of Education?

Mrs. Vodrey: Madam Chairperson, I am informed that the faculty is itself considering potentially two years in another faculty as an entry requirement into the Faculty of Education and that my department has met with the Faculty of Education and the University of Manitoba and this has been one of the issues which has been brought forward for discussion.

Mrs. Carstairs: Madam Chairperson, can the minister tell me if they are looking to change the accreditation so that there would be a differential accreditation? Some universities, in fact, give an elementary certificate which only entitles teachers to teach at the elementary level, others a 7-12 certification. It is my understanding that we are still granting in Manitoba a K-12 certification.

Is there any thought that we might change that method of certification in the province?

Mrs. Vodrey: I think what the honourable member is leading to is the concern that the amount of information on the academic side of training of teachers is certainly growing, and that education may itself be heading into areas of specialization.

I am informed that in the report prepared by the university, the initial teacher preparation report, that there will be a proposal in there to discuss certification or equating certification with early years, middle years and senior years. This is certainly something which I think would require some further discussion and would also be very important to consider further discussion on.

Mrs. Carstairs: Let me make it perfectly clear that I am not just concerned about specialization. I think specialization is extremely important for those teaching at the secondary level and particularly the new 9 to 12 concept, but I think it is equally important that those teaching in the elementary years, particularly the early years, have very clear skills in the teaching of reading.

That particular form of specialization, if you will, which is not normally considered a specialization, must be considered a specialization for the purposes of certification. I have to tell you that although I have a master's degree in education, I do not feel qualified to teach elementary children under any circumstances whatsoever. I simply do not have the skills or the knowledge to perform that function.

* (1630)

There are two specific areas that I keep having teachers raise with me, and indeed parents, with regard to the training of teachers that to my knowledge is not required at the present moment for certification.

One of those is in cross-cultural awareness and a better understanding of the mosaic that makes up Canada and a better understanding of the strengths

that youngsters bring from a variety of backgrounds and indeed their weaknesses.

The other area is the special needs area in which teachers frequently find themselves with a special needs child mainstreamed into the classroom situation which has now become the acceptable model, but that teacher has little or no background, experience, or training in the special needs area required for the handling and the educating of that particular child.

Are there any decisions being made or even debated with regard to adding those two curriculum contents to a degree in education in the province of Manitoba?

Mrs. Vodrey: Madam Chairperson, I am informed that within the document Answering the Challenge—and as the member knows I did sit on that committee—there is a strategy No. 42, and in that strategy it recommends that the department require that all teachers applying for teacher's certification in Manitoba have a minimum of one full course or six credit hours in special education. At the moment, that is being studied by the Board of Teacher Education and Certification.

In regard to the cross-cultural awareness, I think that is certainly a point which I would be interested in discussing further with the Faculty of Education and recognize that certainly in today's school programming across the province, that could really be a very valuable point.

Mrs. Carstairs: There was a Civil Service audit done on the hiring practices with regard to the Department of Education. We have tried to get a hold of that audit through freedom of information. We have been denied.

Can the minister tell us if anyone hired within this department or this particular section, Administration and Professional Certification, including the bus transportation issues and those hired for the new office for Professional Certification were subject to that audit?

Mrs. Vodrey: Madam Chairperson, I am informed that the audit which was performed was not an audit about individuals. It was an audit about practice within the department, and the audit then did not focus on individuals in this area.

Mrs. Carstairs: I think in the list of individuals, which the member for Kildonan (Mr. Chomiak) asked for and the minister gave, there was the appointment of a clerk Gaylene Magnowski.

Can the minister tell me how many people applied for that particular clerk's position for which Ms. Magnowski was hired?

Mrs. Vodrey: I am informed that we did not interview for each individual position singly, but instead there were interviews for 10 positions which were available. There were in the range of 240 applicants for those 10 positions. There were approximately 37 individuals interviewed for those 10 positions, and ultimately, 10 individuals were selected to fill the 10 positions.

Mrs. Carstairs: Can the minister tell us if experience within the field of education was considered a primary factor in the hiring of these individuals?

Mrs. Vodrey: I am informed that for those 10 individuals, the criteria and the skills required were computer skills and clerical skills, accounting skills, evaluation skills for documents and also people skills, and that it was only in the area of the program director that educational skills were specifically required.

Madam Chairperson: Item 1.(g)(1) Salaries \$1,034,900—pass.

Mr. Chomiak: I just had a couple of more questions in this area.

One of the major areas of concern that has been expressed by teachers in the field and by the Manitoba Teachers' Society—and I raise it at this point; the minister can correct me if she feels I should direct this question at some other point in the Estimates process—is the question of violence in the classroom.

I am wondering if the department has any initiatives in this area or any undertakings in this area to deal with that particular aspect of what is occurring in society today.

Mrs. Vodrey: We might like to have a more full discussion under the PDSS appropriations, 16-3(b), but because this has been such an important issue—it has been raised to me in the discussions that I have had with representatives from the field and with parents and with other educational stakeholders—I would like to provide the member with some of the initiatives which we, in the department, currently are undertaking in relation to violence, the violence issue, and the concern expressed within the schools and also within the community in general.

The first is a provision of in-services for teachers and parents in dealing with violent behaviour. Secondly, the provision of consultative services to schools. Thirdly, the department has identified 65 educators who can act as resource persons for teaching youth about issues such as anger management. Fourthly, provision of curriculum support document entitled Learning Activities to Prevent Violence Against Women.

Also, it is important to note that violence, and I am sure the member understands this, is not an isolated issue alone, and that no one course or one policy or one unit can adequately address the issue of violence within the community. The department is attempting to address the issues and concerns surrounding violence in a broader context, and some of the ways we would like to do that are to work more closely with schools to develop positive learning environments.

* (1640)

I refer him again to our new branch, the Student Support Services Branch, which I think will have a very good opportunity to look at some of the at-risk characteristics for students in the area of violence and also providing relevant courses such as the Skills for Independent Living, and also portions of our health curriculum and also providing formal mechanisms for parent involvement and participation in decision making, for example, the special needs policy and providing relevant curriculum support material dealing with violence against women.

Certainly there is a recognition that this is an area of specific concern both again in the wider community and also violence within the schools.

Mr. Chomiak: The minister made a reference to a study being undertaken by the Faculty of Education at the University of Manitoba. I am aware of another study, a previous study, dealing with teacher supply and teacher volume, et cetera. I am wondering if the minister has received that report and whether she would be willing to provide us with copies of that report.

Mrs. Vodrey: Yes, the report was received by the previous minister. The report was also released to the public late last fall in November 1991, and we would be pleased to provide the member with a copy of the report. It was sent to all school divisions and all major educational organizations. The report has also been reviewed by the department with an

implementation proposal currently being developed. I think it is important to say, and we are very pleased to say that to this date the department has not received any negative comments about the study or about its recommendations.

Mr. Chomiak: Can the minister indicate when the department will be coming out with specific proposals relating to that study?

Mrs. Vodrey: As the member knows, this is a complicated matter. It does have many implications for the future, but we are certainly looking at it carefully, and we will be prepared to talk about it shortly.

Mr. Chomiak: Madam Chairperson, I am sure the honourable minister is quite aware of the—well, she has indicated the serious implications of it, but it affects the lives of many students, many potential teachers and the like quite dramatically. Soon—I wonder if the minister can give us a time frame. Are we talking about the summer, the fall? What are we looking at in terms of—because people's lives could very well be planned and could very well be developed on the basis of what the department's response is to that particular volume survey of teachers and teacher demand.

Mrs. Vodrey: The conclusion of the study, for the member's information, was that throughout the 1990s, the annual demand for teachers should be approximately equivalent to what it is today. If the number of education graduates are maintained throughout the decade, the supply should satisfy the demand. However, there was some indication that there may be some shortage in specific areas and, of course, it is very important for us to make sure that people considering professional training and so on will have knowledge about that as soon as possible.

I will say to the member again that the recommendations are under review, and I will be making a public announcement about that as soon as possible. That should be within the next few months.

Madam Chairperson: Item 1.(g)(2) Other Expenditures \$314,200—pass.

Item 2. Financial Support - Schools (a)—

Mr. Chomiak: I anticipate we will be on this appropriation for a fair amount of time. Just at the onset, I wonder if the minister would be prepared to table, as the previous minister has in the past, a

The minister for the past several years has provided us with school division breakdowns for special needs grants; school division breakdown for the former block equalization and guaranteed support, which is now roughly a block categorical, et cetera; a supplementary, total special need support on a division-by-division breakdown; a summary of grants to all private schools in the province, as well as the instruction and support services to all private schools in the province. I wonder if the minister would be prepared to table that information for our purposes for the course of this discussion under 2.(a).

Mrs. Vodrey: Madam Chairperson, we will be pleased to table those, but we would like to make sure that we have a complete package available for the honourable member. So we will table those as quickly as possible within the next day or so.

Mr. Chomiak: Madam Chairperson, I thank the minister for those comments. I am sure we will both be looking forward to receipt of those particular documents.

I would like to commence my discussion in this area by discussing the Education Finance Committee. I will ask the minister a question I asked previously. Does the minister presently have an Education Finance Committee? If she does, who comprises it?

* (1650)

Mrs. Vodrey: Madam Chairperson, I would like to tell the member that, yes, in fact I do have a minister's Advisory Committee on Education Finance and the representatives on that committee are, from the Manitoba Association of School Trustees, two members: Brenda Leslie, and Jerry MacNeil is the alternate; the Manitoba Teachers' Society: Donna Goodman the representative, and Aubrey Asper is the alternate; Manitoba Association of School Superintendents: George Buchholz is the representative and also the chairperson of the committee, Les Milne is the alternate; the Manitoba Association of School Business Officials: David Bell is the representative, and Laverne Cherry is the alternate. There are also citizen members on this committee: Glenn Dressel is the vice-chairperson, Clark Burnett is a member, and Cathy Vanstone is the alternate.

There has also been a recommendation come forward for a representative specifically to offer forward concerns of northern interests, so I will be

looking at adding an additional member to that committee. I am in the process of putting the finishing touches on that representation.

Mr. Chomiak: Can the minister indicate when the committee last met?

Mrs. Vodrey: I would like to tell the member that I met with the committee; it was about two weeks ago. Then the committee has met itself, and I am informed that that was last week and that the committee will meet again on May 2.

Mr. Chomiak: Are there not any departmental officials on the committee, as has been the case in the past?

Mrs. Vodrey: I am informed that Dominique Bloy, the Assistant Deputy Minister of Administration and Finance, is secretary to the committee and that staff attend the committee as needed to give details that may be required by the committee.

Mr. Chomiak: Can the minister outline for us what the mandate of the committee is at present?

Mrs. Vodrey: Yes, I have outlined terms of reference for this committee; firstly that the committee will provide advice and recommendations to the minister concerning, first of all, the implementation and the evaluation of the new funding program for the 1992-93 school year and also general matters pertaining to the funding of education in Manitoba.

Secondly, with respect to the first term of reference, the committee will also meet at least quarterly during the 1992-93 school year. They will receive and consider briefs and presentations from the education community concerning the implementation of the new Schools Finance Program, and they will also evaluate any proposed changes to the SFP as submitted by the Department of Education and Training and others. Also, they will present a report to the Minister of Education and Training (Mrs. Vodrey) by August 31, 1992 recommending any changes to the SFP for the implementation in the '93-94 school year.

Mr. Chomiak: Can the minister indicate whether a proposal call or any kind of other communication has been expressed to the community, and the education community in particular, soliciting their opinions with respect to the SFP, which would therefore solicit briefs to the minister's advisory committee to allow them to evaluate the program based on those submissions?

Mrs. Vodrey: Yes, as I was explaining to the honourable member in the terms of reference, with respect to doing its work, the committee may receive and consider briefs. I am informed that during the previous meetings, the committee did discuss what kind of information they might seek. No briefs or presentations have been received at this point.

Mr. Chomiak: Yes, that is why I would like to follow up. Has there been a general call, or is the community aware that this committee exists presently in order to hear responses to the community as a result of the new funding formula?

Mrs. Vodrey: Just for clarification, this advisory committee was not designed for a public hearing process per se as its only mandate. However, if it does wish to receive briefs and information, then certainly it has been included in their mandate that they may do so, but I would just also like to tell the honourable member again that each association that may have a particular interest is represented on this committee. I personally have met with over 20 school divisions, and MAST, Manitoba Association of School Trustees, in a sense of partnership, has polled each school division in the province and asked for their response and their input regarding the effect and the implementation of the new Schools Finance Program. They will be providing to the department their analysis.

That is a very helpful, I think, process which is going on and a very good indication of partnership. In addition to that, as I mentioned at the time of the announcement, staff have visited each division in this province and have had a chance to sit with each division and meet with them, discuss the effect and help divisions look at their actual budget, and certainly have been available past that initial meeting to visit again where they have been requested or where divisions have had some difficulties. They have also made themselves available by telephone, which has been a very big help to divisions.

Madam Chairperson: Order, please. The hour being 5 p.m., it is time for private members' hour. Committee rise.

Call in the Speaker.

* (1700)

IN SESSION

Mr. Speaker: The hour being 5 p.m. and time for private members' hour.

Committee Report

Mrs. Louise Dacquay (Chairperson of Committees): Mr. Speaker, the Committee of Supply has adopted a certain resolution, directs me to report the same 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.

PRIVATE MEMBERS' BUSINESS

DEBATE ON SECOND READINGS—PRIVATE BILLS

Bill 52—The Pas Health Complex Incorporation Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for The Pas (Mr. Lathlin), Bill 52, The Pas Health Complex Incorporation Amendment Act; Loi modifiant la Loi constituant en corporation "The Pas Health Complex", standing in the name of the honourable Minister of Urban Affairs (Mr. Ernst).

An Honourable Member: Stand.

Mr. Speaker: Is there leave that this matter remain standing? [Agreed]

DEBATE ON SECOND READINGS—PUBLIC BILLS

Bill 16—The Health Care Directives Act

Mr. Speaker: On the proposed motion of the honourable member for The Maples (Mr. Cheema), Bill 16, The Health Care Directives Act; Loi sur les directives en matière de soins de santé, standing in the name of the honourable Minister of Health (Mr. Orchard).

An Honourable Member: Stand.

Mr. Speaker: Is there leave that this matter remain standing? [Agreed]

Bill 18—The Franchises Act

Mr. Speaker: On the proposed motion of the honourable member for Elmwood (Mr. Maloway), Bill 18, The Franchises Act; Loi sur les concessions, standing in the name of the honourable member for Sturgeon Creek (Mr. McAlpine).

An Honourable Member: Stand.

Mr. Speaker: Is there leave that this matter remain standing? [Agreed]

Bill 25—The University of Manitoba Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for Osborne (Mr. Alcock), Bill 25, The University of Manitoba Amendment Act; Loi modifiant la Loi sur l'Université du Manitoba, standing in the name of the honourable member for Niakwa (Mr. Reimer).

An Honourable Member: Stand.

Mr. Speaker: Is there leave? [Agreed]

Bill 27—The Business Practices Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for The Maples (Mr. Cheema), Bill 27, The Business Practices Amendment Act; Loi modifiant la Loi sur les pratiques commerciales, standing in the name of the honourable member for St. Norbert (Mr. Laurendeau).

An Honourable Member: Stand.

Mr. Speaker: Is there leave? [Agreed]

Bill 31—The Municipal Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for St. Boniface (Mr. Gaudry), Bill 31, The Municipal Amendment Act; Loi modifiant la Loi sur les municipalités, standing in the name of the honourable member for Niakwa (Mr. Reimer).

An Honourable Member: Stand.

Mr. Speaker: Is there leave? [Agreed]

Bill 50—The Beverage Container Act

Mr. Speaker: On the proposed motion of the honourable Leader of the Second Opposition (Mrs. Carstairs), Bill 50, The Beverage Container Act; Loi sur les contenants de boisson, standing in the name of the honourable member for Gimli (Mr. Helwer).

An Honourable Member: Stand.

Mr. Speaker: Is there leave? [Agreed]

Bill 51—The Health Services Insurance Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for The Maples (Mr. Cheema),

Bill 51, The Health Services Insurance Amendment Act; Loi modifiant la Loi sur l'assurance-maladie, standing in the name of the honourable member for St. Norbert (Mr. Laurendeau).

An Honourable Member: Stand.

Mr. Speaker: Is there leave? [Agreed]

Bill 54—The Consumer Protection Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for Elmwood (Mr. Maloway), Bill 54, The Consumer Protection Amendment Act; Loi sur la protection du consommateur, standing in the name of the honourable member for Wellington (Ms. Barrett).

An Honourable Member: Stand.

Mr. Speaker: Is there leave? [Agreed]

Bill 77—The Liquor Control Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for the Interlake (Mr. Cliff Evans), Bill 77, The Liquor Control Amendment Act; Loi modifiant la Loi sur la réglementation des alcools.

An Honourable Member: Stand.

Mr. Speaker: Is there leave that this matter remain standing in the name of the honourable member for the Interlake? Leave? It is agreed.

Mr. Jerry Storie (Flin Flon): Mr. Speaker, the other day when my colleague the member for Point Douglas (Mr. Hickes) introduced this piece of legislation, it was, I think, to say the least, a timely introduction. It followed on the heels of a week of interesting revelations about the nature of the use and abuse of products which contain alcohol.

The fact of the matter is that this minor amendment to The Liquor Control Act is an important one, and I think, Mr. Speaker, it signals a very serious recognition on the part of the people of Point Douglas, but also people of Manitoba, to the incremental way in which our life style and the things we do contribute to our own ill health and sometimes to our death.

Mr. Speaker, this particular piece of legislation was provoked by the fact that over the course of the last number of years it is believed that some nine, perhaps more, individual Manitobans have died as

a result of ingesting what is nominally called cooking wine. We have to acknowledge on our part the rather swift action of The Manitoba Liquor Commission and the minister in recognizing the danger that this particular product posed to individuals. We want to say that we hope that The Manitoba Liquor Commission will continue to go further to ensure that this product is still available for those who are still using it in the way that it was intended, but that it is somehow limited in terms of the market, so that the use of this particular product will not be abused.

We know that you cannot prevent people from abusing substances. That is the long and short of that matter. If people have a will to ingest materials and goods which were not intended to be ingested, we cannot prevent it. Mr. Speaker, we can do what we can do to make access to those products less convenient. That is what this particular amendment was intended to do.

We know there are many people out there who use cooking wine, Chinese cooking wines, other cooking wines in a responsible manner. We know that there are commercial institutions which use them as a matter of course. Mr. Speaker, we do not want to prevent access to these products by those people. What we want to do is to make sure that the person who is perhaps already confused, perhaps already intoxicated from drinking alcohol, or using other substances, we do not want to encourage the use of this product when it can be fatal by making it easily accessible.

Mr. Speaker, it is not simply a matter of the people that were consuming this product, there were other accomplices in this. The accomplices were retailers who knowingly sold these products to individuals who were already intoxicated or had been abusing other substances for profit, not because they believed for a minute that the people who were buying the litres and litres of this particular product were using it for its intended purposes. They understood that abuse was going on.

What we want to do, Mr. Speaker, is not keep people from using the product the way it was intended, but make sure that its access is limited only to the extent that it is practical and reasonable. I believe the steps that the liquor commission has taken with respect to some, I do not know what it was, 22 different brands of cooking wine are reasonable and practical, and I think they will receive wide support in the public.

Mr. Speaker, I would like to think that we will see speedy passage of this legislation, because it is a very reasonable response to what is a personal tragedy for the families of the people who have died as a result of ingesting this material. I think it is a reasonable limitation on the right of people to have access to this product.

* (1710)

Although the bill does not deal directly with the issue of how the liquor commission is going to make this available for purchase or how the liquor commission is going to treat it in terms of provincial excise and so forth, taxes, but I believe it is the intention of the member for Point Douglas (Mr. Hickey) to make sure that this is available without any penalty or tax that would normally be applicable to alcoholic beverages or to products with alcohol in them that are intended for consumption.

We want to make it very clear that while we want to limit access and that may inconvenience some people, we want to make it very clear that nothing in this legislation is intended to add to the cost, the nominal cost, of these products. In other words, we do not want the Manitoba Liquor Commission saying, well, there is 18 percent alcohol in this, it could be used for a beverage, or we are selling it, it is the liquor commission, and therefore these duties, these Manitoba taxes are applicable. We simply want a means to control the sale of these products, and we think the most appropriate vehicle is through the liquor commission.

As my colleague from Point Douglas (Mr. Hickey) said in introducing this legislation, this is not a situation that is unique to Manitoba. The liquor commission in other provinces, notably Alberta, handles many of these products in the same way that that the Manitoba Liquor Commission is now proposing to deal with these products. At least, Mr. Speaker, that is my understanding. What we want to do is make sure that we are at the leading edge of protecting people from this product in moments when—at least we would hope they would have better sense than to use them—but when they do not, by applying common sense in the way these products are marketed in the province of Manitoba. That is our objective.

Mr. Speaker, this act is quite specific in the product that it is dealing with, but I think we could go on and expand this debate quite easily in this Chamber to a number of other products. I do not need to remind the members of the government, and

particularly the Minister of Health (Mr. Orchard), that the member for St. Johns (Ms. Wasylycia-Leis) almost two years ago now introduced a bill which would have prevented—the fact of the matter is that the member for St. Johns introduced a bill two years ago to prevent the abuse of products which were being sniffed, another set of products that were being abused by the public. To this day, the government, although it supported that particular measure in this Legislature, has failed to introduce any regulation, has failed to come to grips with that very real problem, the abuse of another substance.

I do not think it is a stretch of the imagination to say that there are young people, there are people on the streets of the city of Winnipeg whose lives are in jeopardy as a result of that complacency on the part of the government.

Mr. Speaker, those products which the member for St. Johns (Ms. Wasylycia-Leis) identified, whether it is Lysol or other aerosol products, or shoe polish, or mouthwash, any of those products which can have damaging effects on people's health, which can be fatal if ingested, should be controlled.

Although members opposite might want to suggest that it is almost impossible to keep people from abusing those products, I do not think that means we should not try to limit the access.

If we can prevent the death of one individual by limiting impulse buying or the ability of people to impulse-buy products which are going to be harmful to them, then I think we should do it. I think it is quite clear that many of the deaths that have occurred, particularly with respect to cooking wine, are impulse buying.

The fact that the Redi Mart or the supermart or the local mom-and-pop grocery store or convenience store gives access to individuals in this intoxicated state so easily and at such liberal hours, so to speak, I think is reason enough for some controls to be put in place.

Mr. Speaker, we are very anxious to hear some comments from the minister responsible for the Manitoba Liquor Commission (Mrs. McIntosh), the member for Riel (Mr. Ducharme) who is putting.

An Honourable Member: Puttering around in the Leg.

Mr. Storie: Puttering around in the Leg, he says. We are anxious to see this debate proceed. This small amendment could be incorporated into the statutes of the province with a very quick vote.

I am hoping that the Deputy Premier (Mr. Downey) will stand in his place very shortly and announce the government's intention to support this legislation. We can pass it, and we can give legitimacy to the minister's statements supporting the member for Point Douglas (Mr. Hickes), give legitimacy to our intention to protect the health of individuals through this amendment and ensure that no additional people die needlessly, because we as a Legislature, we as a province have failed to take due precaution in terms of making this product available.

Mr. Speaker, I know that my colleague from St. Johns (Ms. Wasylycia-Leis), and I know my colleague from Point Douglas, and previous colleagues, including the member for Logan, Ms. Maureen Hemphill, have all expressed in this Chamber the horror at what they see occurring on a daily basis in the streets of inner-city Winnipeg. It would be no lie to say that the lives of dozens of young people, children in many cases, are being put at risk as a result of the abuse of substances in the province of Manitoba, substances that are—in and of themselves—legal to possess, substances which in most cases have purposes other than ingestion.

We can begin to deal with the social cost that is being wreaked on these young people by implementing this particular bill. I hope that members opposite will join with us quickly, Mr. Speaker, and support this legislation.

Thank you, Mr. Speaker, for the time.

Mr. Speaker: Prior to recognizing the honourable member for Flin Flon (Mr. Storie), I had inadvertently, when I was going through the scroll of bills for second reading, on the bill that the honourable member for Flin Flon had just spoken on, Bill 77, I had said it was the proposed motion of the honourable member for the Interlake. It was actually supposed to have read the honourable member for Point Douglas (Mr. Hickes).

I had also asked leave that this matter would remain standing in the name of the honourable member for the Interlake, which actually should have been the honourable member for Point Douglas.

For clarification: As previously agreed, this matter will remain standing in the name for the honourable member for Point Douglas.

SECOND READINGS—PUBLIC BILLS

Bill 36—The Health Care Records Act

Ms. Judy Wasylycia-Lels (St. Johns): I move, seconded by the member for Brandon East (Mr. Leonard Evans), that Bill 36, The Health Care Records Act; Loi sur les dossiers médicaux, be now read a second time, and be referred to a committee of this House.

Motion presented.

Ms. Wasylycia-Lels: Mr. Speaker, I am very pleased to have this opportunity to introduce this bill, Bill 36, The Health Care Records Act to the Manitoba Legislative Assembly and to begin what I hope will be a process of dialogue and constructive debate on a very important issue addressing a serious gap in health care policy.

Mr. Speaker, I want to begin by saying that there are those who came before me who deserve credit for the work that has been done in this area and on this bill.

Although I have the privilege of standing before this Chamber and introducing Bill 36 for second reading, this bill is here in actual fact because of community efforts over a good long period of time, and because of the hard work of a former colleague of mine, former NDP health critic Jay Cowan, the former member for Churchill.

* (1720)

Mr. Speaker, it was Jay Cowan who began the process that led to this bill being introduced in the year 1992 at the Manitoba Legislative Assembly. It was Jay Cowan, when he first became health critic, who began the process of consulting with community groups, health care professionals and organizations to address the serious gap in health care policy.

So I want to first give credit where credit is due and to indicate to this House that if members in this Chamber find this bill to be, or parts of this bill to be, innovative, substantive and significant then it is to my forerunner in the New Democratic Party, Jay Cowan, to which the credit should be directed.

It is to the community groups who worked with him over a period of time to whom credit should be directed. If there are flaws in this bill, if there are gaps in this area then I am fully prepared to accept all the blame.

In fact, I want at the outset to say, I am not here to suggest to members that this is a flawless bill, that it is perfect by any stretch of the imagination. I made those comments in the past. I have made them at the outset of any private members' bill that I have introduced with the hope that through a dialogue, through committee work, through presentations from community groups, through hard work at amendments—a good idea can become an excellent bill, excellent legislation for the province of Manitoba.

In fact, I also want to say at the outset of my remarks that this bill is here addressing an important gap in public health care policy which should have been addressed by the present government, by the government of the day. It still can be addressed by the government of the day. If the only way for this idea to proceed and be entrenched and ensconced in legislation is for the government to introduce such legislation, then I want the Minister of Health (Mr. Orchard) and his colleagues to know that they can take the ideas, they can take the best parts of this bill, package it as if it were their own and present it back to this Legislative Assembly. I do not feel any sense of ownership around this bill. I do not believe my predecessor Jay Cowan feels that kind of ownership around this bill. What we would like to see is this gap in policy addressed and in short order legislation passed by this Assembly to recognize some very serious outstanding principles.

That gets me, Mr. Speaker, to the main principles of this legislation. This bill is about something as fundamental as legal right to access of one's own health care medical records. I do not know how many members in this Chamber actually know and realize that each one of us, as an individual, does not have that inherent right presently. Except for the good will of an individual physician, or the open-mindedness of a health care facility, we as individuals have no right to access our own health care records. That was not really apparent to me until I had to access the health care system and had to deal with many levels of our health care system as a result of an illness of my own son.

It came as a shock to me, Mr. Speaker, that social workers, psychologists, psychiatrists, educators, school counsellors, teachers, principals, school boards all had access to my son's records, but I was not allowed to see those records. It certainly hit home to know that as a mother or as a direct user

of the health care system I did not have that inherent right.

So, Mr. Speaker, this legislation attempts to address something that basic. It is a very fundamental, first-base principle, the right of each one of us to access our own health care records and to have a reasonable process put in place to ensure that right of access, to ensure limitations on that right of access, to ensure an appeal process for when access is denied under the provisions of this law, and to make it possible for each and every one of us to know about our own health, our own well-being, our own problems, our own illnesses, our own medical needs, our own health care requirements so that we in turn can have a greater role in the delivery of our own health care system, and thereby lead to a more efficient, effective health care delivery system.

Mr. Speaker, I believe, and I am sure there are others in this Chamber who believe as well, that the goal of health care reform, something we all share, cannot be separated from empowerment of individual health care consumers. I believe, as do many others, that through accessing our own health care records, having more information about the system and the practitioners that address our health care needs, that we can actually lead to more effective, efficient health care delivery.

Mr. Speaker, let all members in this Chamber know that today, in 1992, consumers of health care in Manitoba do not have a right of access to their own medical records unless legislation provides that right, and so we end up with the most unusual situation in Manitoba today where it is possible because of legislation to access one's records if one is a client of Workers Compensation. One is, in certain circumstances, able to access records pertaining to mental health because that is stipulated in mental health legislation. But on the general front of health care records and access to those records, there is no general provision, no legislative right.

* (1730)

Let all members in this Chamber know and understand and discuss that health care consumers have an inherent right to personal information and that that information should not be withheld, as a matter of human dignity. That is what we are talking about, something as basic as dignity and respect about ourselves, about our well-being, about our place in this society today. This legislation first and

foremost begins to provide criteria, stipulation, methods by which one can access records pertaining to the health care status of that individual.

This legislation also addresses another fundamental principle, and that is the question of confidentiality. It seeks to entrench in legislation, it seeks to entrench in statute law, the principle of maintaining confidentiality. Nowhere is that spelled out. It may be a principle followed by many practitioners and a general rule of thumb in all of our health care facilities, but is not entrenched in law. There is no legal basis by which an individual can challenge a breach of confidentiality, can demand that confidentiality be recognized, be acknowledged, be entrenched.

So, Mr. Speaker, we have two very basic and fundamental principles in this legislation. I hope that members in this House will agree that it is an area that is worthy of debate, worthy of detailed deliberations, worthy of committee consultations.

I hope that members in this Chamber will see fit to at least have this bill passed from second reading to committee stage for that very important input and advice about amendments to this legislation, for, as I said, there are flaws in this bill.

I have consulted with many groups and organizations and individuals. I have pursued a process put in place by Jay Cowan before me. I have heard the benefits of such legislation from many, and I have heard some specific concerns from some organizations about how such legislation should be drafted and framed.

I am pleased, Mr. Speaker, that we have had the benefit of some very solid advice and input from such organizations as the Health Care Consumer Rights Committee of the Manitoba Association for Rights and Liberties, the Health Record Association of Manitoba, the Manitoba Association of Registered Nurses, the Manitoba Nurses Union, the College of Physicians and Surgeons, the Manitoba Medical Association, many nonprofit, self-help community health organizations, many health care trade unions and many interested individuals and concerned citizens in our society today.

There is, I think, a growing and overwhelming recognition that this legislation is long overdue. It is something that is happening across this country. I hope that we are ready for this challenge, and I look forward to the advice of all members on this serious matter. Thank you, Mr. Speaker.

Mr. Leonard Evans (Brandon East): Mr. Speaker, I wish to join the debate on this particular Bill 36, introduced by my colleague the MLA for St. Johns, on the question of health care records and the accessibility of health care records by Manitobans.

I rise to support my colleague the member for St. Johns (Ms. Wasylycia-Leis) in this very basic piece of information which, as she explains, is something that has been advocated by many organizations in Manitoba, health care organizations and other community groups such as the Manitoba Association for Rights and Liberties, the Manitoba Association of Registered Nurses, the Health Record Association, various trade unions, the College of Physicians and Surgeons and so on.

Indeed, there has been research done in this matter by our former colleague, Mr. Jay Cowan, when he was critic for Health. I think I agree as well with my colleague the member for St. Johns, it would be great if the government would take it upon itself to introduce either this particular piece of legislation or some version of it, and bring us a step forward in this particular area of information to be accessible to Manitobans.

I find, in fact there is a precedent, I suppose, Mr. Speaker, in this House, in this very session, because I believe it was the member for The Maples (Mr. Cheema) who brought in the private member's bill on health care directives. This is legislation referring to living wills, and lo and behold, not long afterwards the Minister of Justice (Mr. McCrae) brought in Bill 73, The Health Care Directives and Consequential Amendments Act. So there is a precedent for the government taking a good idea and going to bat with it.

(Madam Deputy Speaker in the Chair)

I find generally that in this country it is very difficult for citizens to get information. In fact, it is even, in spite of freedom of information legislation, difficult to get information on the operation of this government, and it is certainly difficult—well, it is impossible to get information on medical records in this province.

If we did pass this legislation, it would make it possible for health care consumers to access their own records. As I stated before, the Manitoba Association of Rights and Liberties is on record in this matter and have indicated in one of their reports that health care consumers do not have a legal right to examine and to copy their records. There is an exception. The exception is users of psychiatric

facilities and workers under The Workers Compensation Act. Those are two exceptions.

We argue, and MARL, the Manitoba Association of Rights and Liberties argues, that this right should be available to all. There should also be a right to note in the record any corrections of factual information or disagreement with the contents of the health care record. Believe it or not, that is something that happens often, in fact happens too frequently in many areas, including this area of medical records, so this would be a step forward in providing access to information to Manitobans.

There has been research on this particular question done by various authorities. Back in December of 1977, there was an article prepared by Professor Alan F. Weston called Medical Records Should Have Access. In this particular report he wrote, and I am just quoting: The movement to give patients a legal right of access to their medical records parallels attempts by parents and students to get access to school records and of consumers to get access to credit bureau records. These are part of a growing citizen self-determination and place limits on the power of institutions to determine important aspects of people's lives without due process-oriented procedures.

* (1740)

As I said, Madam Deputy Speaker, this was an article written by a Professor Weston back many years ago in 1977, about 15 years or so ago. Since that time there have been developments in Canada and in the United States. There are several American states and Canadian provinces that have legislated access for patients to their own medical records.

As I understand it, the provinces of Alberta, Nova Scotia, Quebec have already moved in this direction. They have legislation on the books to enable patients to have access to their own medical records. I understand that the federal government has also legislated access for institutions under its jurisdiction. I would imagine these are essentially veterans' hospitals and other federal hospitals that are operated by the federal government. I would imagine that would include hospitals operated in the Northwest Territories and the Yukon territory.

As I indicated a moment ago, we have moved partly in this direction by legislating access to medical records and doctors' reports for Workers Compensation claimants—this was back in 1983—and also for patients being examined or

treated in psychiatric facilities. This occurred in this Legislature in 1987.

I would observe that medical records can have and do have a profound impact on a person's life. They are, after all, used by many professionals as a way of determining medical treatment and including possible confinement of those particular individuals, and they are used to determine if an individual is entitled to compensation or to insurance. So in many ways they may have a powerful influence on critical events in a person's life. This is one very important reason for members of the Legislature to support this particular bill of my colleague the member for St. Johns (Ms. Wasylcia-Leis).

We believe also that to deny access to these fundamental, important records to the very individuals whose lives could be most significantly altered or affected by those same records is a denial of natural justice and simply unfair. The previous government, as I said, had recognized the inequity, at least in these two areas, that is, the Workers Compensation area and the psychiatric facilities area. So it has been recognized previously.

Historically there has been some opposition by the medical profession to this type of legislation, that is, legislation that would require them to provide access to and copies of medical records to patients. There are a number of concerns, and we might as well recognize them and lay them on the table. One concern is that the individuals involved could misinterpret their records and medical condition and therefore lead to some problems simply through misinterpretation of the record, of the material, of the comments of the doctors.

A second point of opposition by the medical profession is that a person's health might be adversely affected by information in the records. That is, knowing the truth as indicated in the record could have an adverse effect on the individual, perhaps leading to some psychosomatic problem. Therefore, it is argued by those doctors that only the medical team is capable of determining whether or not the release of information would be detrimental to the individual.

Another argument used to oppose this type of legislation goes along these lines: that the records are the property of the physician, of the doctor, or perhaps of the hospital or the laboratory, and the patient is paying for this treatment in services. The

patient is not paying for the information, so therefore the patient has no right to the information.

Again, I am not saying that these arguments do not have any validity whatsoever, but they are among the prominent arguments put forward by the profession.

Another argument that doctors may use against this legislation goes along this line: medical professionals may have written derogatory, defamatory or frivolous comments in records because they were not concerned that the patient would have access to them. In other words, they may have, in a moment of weakness or in a moment of frivolity, written some type of comment that they may not wish the patient to see, regardless.

But, of course, this is an argument against retroactivity, and we are not talking about retroactive access here. So, presumably, if a doctor or a lab technician or a hospital official realized that the patient could have access to his or her records, that these kinds of defamatory or frivolous comments would not be inserted into the records.

Also, another argument against it is, well, the records may contain information about more than one individual. That, indeed, is a problem. But, again, that could be corrected if the physician recognized that people should have access to these records, and therefore perhaps attempt to keep them separate. Then, another argument still, is that it might encourage frivolous lawsuits and open health care workers to charges of negligence. I would trust that would not happen. But, at any rate, that is the concern that the medical profession has.

Another argument used is that medical professions will be less forthright and candid in their record keeping if they know patients will have access to those records. Therefore, the professional involved may be not as forthcoming in writing down valuable information, and therefore the records would be less than complete and less valuable to other professionals who may need to access those particular records.

I am advised that other jurisdictions which have passed legislation allowing access to records have found that these criticisms, although they have potential, have not been well-founded, or where they have been founded they have been dealt with successfully by particular features of the legislation. In other words, there could be clauses within the legislation to ensure that some of these criticisms would not have any basis. In other words, there

could be adequate protection for doctors. There could be adequate protection perhaps against frivolity on the part of the consumers, that is, frivolity in engaging in lawsuits. I should put it in another way perhaps—a clause that would discourage frivolous lawsuits.

Mr. Justice Horace Krever, in his 1980 report of the commission inquiry into confidentiality of health information, supported the development of statutory right of access to medical records in the following way, and if I could quickly sum up by using this quotation: The principles upon which this position is based can be summarized as follows. First, as an incident of human dignity a patient ought to have the right of access to the most personal information about himself or herself. No person even though he or she may be a professional with much knowledge and experience should be entitled to withhold that information. Second, the patient in his or her own interest should be able to correct any information which may appear on his record. Third, the patient will have a better understanding of his or her treatment and be in a better position to assist in future care. Fourth, access to the file will allow a patient to make an informed consent to the release of information from the file to a third party when necessary. Fifth, access creates a feeling of trust and openness between patient and health care providers and the quality of health care will thereby be enhanced.

Madam Deputy Speaker, I see my time has expired so I will have to conclude. I will simply say that I would commend this legislation to other members of the Legislature, and hope that they will give it their support as I have indeed given my support to this bill. Thank you.

Mr. Jack Reimer (Niakwa): I move, seconded by the member for St. Norbert (Mr. Laurendeau), that debate be now adjourned.

Motion agreed to.

Bill 56—The Public Health Amendment Act (2)

Ms. Judy Wasylycia-Lels (St. Johns): Madam Deputy Speaker, I move, seconded by the member for Brandon East (Mr. Leonard Evans), that Bill 56, The Public Health Amendment Act (2); Loi no 2 modifiant la Loi sur la santé publique, be now read a second time and be referred to a committee of this House.

Motion presented.

* (1750)

Ms. Wasylycia-Lels: Madam Deputy Speaker, I am also pleased today to be able to introduce Bill 56 at second reading before this Legislative Assembly and again to encourage all members in this Chamber to look at the content of this bill very seriously and to ensure that a thorough dialogue and opportunity for input is had at the committee stage.

Like Bill 36, Bill 56 has had a long history of dialogue and discussion in the province of Manitoba. It comes out of, like Bill 36, a movement to ensure more involvement by health care consumers in their own health care and medical requirements. It is part of a movement, Madam Deputy Speaker, of community and individual empowerment. It is part of a movement to ensure that consumers have some control over their own health and their own lives.

Also Bill 56, like Bill 36, came about as a result of a lot of hard work and research and consultation by a former member of this house, a colleague of ours, Jay Cowan, the former NDP Health critic and member for Churchill. This bill addresses the fact that there is nowhere in legislation a requirement to report adverse reactions to vaccinations.

So, Madam Deputy Speaker, this bill does precisely that. It is basically a bill to allow for some reasonable reporting of adverse reactions so that we have a better basis of knowledge upon which to make decisions, a better mechanism for ensuring some redress for individuals who have suffered the consequences of an adverse reaction or who have dealt with the pain and sorrow of a family member, a child who has died or become seriously disabled as a result of an adverse reaction to a vaccination.

I want, Madam Deputy Speaker, at the outset to indicate quite clearly that the introduction of this bill does not in any way indicate a questioning on our part as to the benefits of mass immunization. It is generally accepted by all of us that immunization has been a factor leading to the reduction of many diseases. We know that the general population has benefited, and we will continue to advocate for immunization that leads to the reduction of disease and for the introduction of new vaccines when benefit has been demonstrated.

That is why in recent times we have been raising the issues of meningitis. We are pleased to note

that this government is moving to ensure coverage under our health insurance plan of haemophilus vaccination B. Pardon me, if I have not got the exact medical presentation of that vaccination down pat, but I am sure members in this Chamber know what I am referring to.

Madam Deputy Speaker, let there be no mistake about our commitment to immunization and mass vaccination. However, we cannot ignore the fact that there is evidence and considerable evidence to show that immunization has caused disability and death in some healthy infants, can cause disability and death in some healthy infants.

As has been stated by parents affected by this situation, vaccine-damaged children and their families are a small percentage of the population but they are a hurting percentage. Furthermore, it is clear from reports and committees who have reviewed this matter thoroughly, it is highly likely that even the most sophisticated vaccines will carry some risk of adverse reaction.

As a report, by the Infectious Diseases and Immunization Committee of the Canadian Paediatric Society reported some years ago, although the number of people involved is small, the injury is tragic.

We are bringing this legislation forward, even if the benefits will only make a difference for one individual. There have been some concerns expressed with respect to this legislation. I am not here to pretend that this bill has had unanimous support in every aspect and facet of our society. There has been considerable concern that such a bill might lead to less commitment to public immunization. There have been concerns that this may be a duplication of efforts.

In our view, this bill requires among other things that a detailed family history be taken, that advice on the benefits and possible adverse reactions to vaccinations be provided, that mandatory reporting of adverse reactions is required for accurate determination of the incidence of vaccine-damaged persons and that this information be registered with the Minister of Health (Mr. Orchard) and the Department of Health with the government of Manitoba.

It is our view that these are not onerous demands on the part of practitioners and facilities and health care professionals, that these provisions make sense, that they can only benefit all of society in terms of our understanding of the benefits and negative impacts of vaccination, and that in fact this mandatory reporting and legislative provision outlined in Bill 56 may make a difference in terms of preventing any unnecessary deaths or disabilities among healthy children.

It is our view that this bill deserves serious consideration, that we ought to hear from the groups and individuals concerned at committee, and that we ought to proceed with some form of legislation recognizing the adverse reactions to vaccinations in the context of what makes good healthy public policy, that being immunization on a broad basis according to certain standards and guidelines.

With that, I encourage all members to look at this bill seriously, to have an open dialogue on it and to proceed further at committee stage.

Thank you, Madam Deputy Speaker.

Madam Deputy Speaker: Order, please. The hour being 6 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow (Wednesday).

Legislative Assembly of Manitoba

Tuesday, April 28, 1992

CONTENTS

ROUTINE PROCEEDINGS

Presenting Petitions

Independent Children's Advocate Office Carstairs	2684
Selkirk Human Resources Opportunity Centre Moratorium Dewar	2684
Brandon General Hospital Funding L. Evans	2684

Reading and Receiving Petitions

Selkirk Human Resources Opportunity Centre Moratorium Dewar	2684
---	------

Presenting Reports by Standing and Special Committees

Committee of Supply Dacquay	2684
--------------------------------	------

Tabling of Reports

Annual Reports: Health Research Council; Alcoholism Foundation of Manitoba; Health Orchard	2684
--	------

Oral Questions

Hudson's Bay Co. Distribution Centre Sale Doer; Stefanson	2685
Workers Compensation Board Reid; Praznik	2686
Midwifery Carstairs; Orchard	2687
Distance Education Program Wowchuk; Vodrey	2688
University Review Commission Friesen; Vodrey	2689
Government Economic Policies Alcock; Manness	2690

The Pas, Manitoba Lathlin; Derkach	2690
---------------------------------------	------

Northern Manitoba Lathlin; Derkach	2691
---------------------------------------	------

Glass Recycling Contract Doer; Driedger	2691
--	------

Glass Recycling Doer; Driedger	2692
-----------------------------------	------

Wildlife Poaching Helwer; Enns	2692
-----------------------------------	------

Heritage Grants Lamoureux; Filmon	2693
--------------------------------------	------

Nonpolitical Statements

Injured Workers National Day of Mourning Reid	2693
Praznik	2693
Lamoureux	2693

ORDERS OF THE DAY

Committee of Supply

Health	2694
Education and Training	2715

Private Members' Business

Debate on Second Readings - Public Bills

Bill 77, Liquor Control Amendment Act Storie	2731
---	------

Second Readings - Public Bills

Bill 36, Health Care Records Act Wasylycia-Leis	2734
L. Evans	2736

Bill 56, Public Health Amendment Act (2) Wasylycia-Leis	2738
--	------