

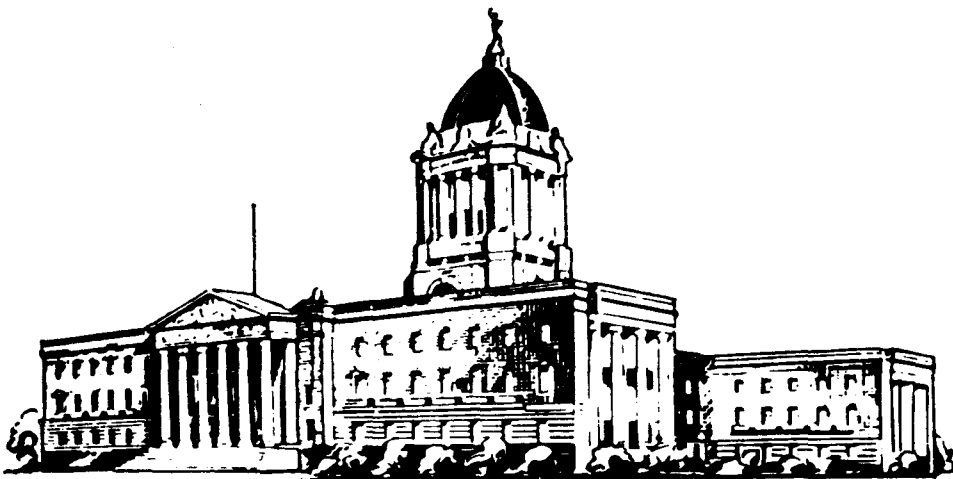


Fourth Session - Thirty-Fifth Legislature
of the
Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS
(HANSARD)**

42 Elizabeth II

*Published under the
authority of
The Honourable Denis C. Rocan
Speaker*



VOL. XLII No. 80 - 10 a.m., THURSDAY, JUNE 10, 1993

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
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
GRAY, Avis	Crescentwood	Liberal
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
ORCHARD, Donald, Hon.	Pembina	PC
PALLISTER, Brian	Portage la Prairie	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
WASYLCIA-LEIS, Judy	St. Johns	NDP
WOWCHUK, Rosann	Swan River	NDP
<i>Vacant</i>	Rossmere	
<i>Vacant</i>	Rupertsland	

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, June 10, 1993

The House met at 10 a.m.

PRAYERS

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Ms. Marianne CerIII (Radisson): Mr. Speaker, I beg to present the petition of Eliette Levreault, Gisele Labossiere, Suzanne Delaquis and others requesting the Minister of Health (Mr. Orchard) consider restoring the Children's Dental Health Program to the level it was prior to the '93-94 budget.

Mr. Jim Maloway (Elmwood): Mr. Speaker, I beg to present the petition of Debbie Pittet, Gilbert Pittet, Ryan McKimmie and others requesting the Minister of Health consider restoring the Children's Dental Program to the level it was prior to the 1993-94 budget.

READING AND RECEIVING PETITIONS

Mr. Speaker: I have reviewed the petition of the honourable member (Mr. Santos). 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? [agreed]

Mr. Clerk (William Remnant): The petition of the undersigned citizens of the province of Manitoba humbly sheweth that:

WHEREAS Manitoba has the highest rate of child poverty in the country; and

WHEREAS over 55,000 children depend upon the Children's Dental Program; and

WHEREAS several studies have pointed out the cost savings of preventative and treatment health care programs such as the Children's Dental Program; and

WHEREAS the Children's Dental Program has been in effect for 17 years and has been recognized as extremely cost-effective and critical for many families in isolated communities; and

WHEREAS the provincial government did not consult the users of the program or the providers before announcing plans to eliminate 44 of the 49

dentists, nurses and assistants providing this service; and

WHEREAS preventative health care is an essential component of health care reform.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba may be pleased to request the Minister of Health (Mr. Orchard) consider restoring the Children's Dental Program to the level it was prior to the 1993-94 budget.

Mr. Speaker: I have reviewed the petition of the honourable member (Mr. Clif Evans). 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? [agreed]

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

WHEREAS Manitoba has the highest rate of child poverty in the country; and

WHEREAS over 55,000 children depend upon the Children's Dental Program; and

WHEREAS several studies have pointed out the cost savings of preventative and treatment health care programs such as the Children's Dental Program; and

WHEREAS the Children's Dental Program has been in effect for 17 years and has been recognized as extremely cost-effective and critical for many families in isolated communities; and

WHEREAS the provincial government did not consult the users of the program or the providers before announcing plans to eliminate 44 of the 49 dentists, nurses and assistants providing this service; and

WHEREAS preventative health care is an essential component of health care reform.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba may be pleased to request the Minister of Health (Mr. Orchard) consider restoring the Children's Dental Program to the level it was prior to the 1993-94 budget.

Mr. Speaker: I have reviewed the petition of the honourable member (Mr. Dewar). 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? [agreed]

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

WHEREAS Manitoba has the highest rate of child poverty in the country; and

WHEREAS over 55,000 children depend upon the Children's Dental Program; and

WHEREAS several studies have pointed out the cost savings of preventative and treatment health care programs such as the Children's Dental Program; and

WHEREAS the Children's Dental Program has been in effect for 17 years and has been recognized as extremely cost-effective and critical for many families in isolated communities; and

WHEREAS the provincial government did not consult the users of the program or the providers before announcing plans to eliminate 44 of the 49 dentists, nurses and assistants providing this service; and

WHEREAS preventative health care is an essential component of health care reform.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba may be pleased to request the Minister of Health (Mr. Orchard) consider restoring the Children's Dental Program to the level it was prior to the 1993-94 budget.

Mr. Speaker: I have reviewed the petition of the honourable member (Mr. Chomiak). 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? [agreed]

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

WHEREAS Manitoba has the highest rate of child poverty in the country; and

WHEREAS over 55,000 children depend upon the Children's Dental Program; and

WHEREAS several studies have pointed out the cost savings of preventative and treatment health

care programs such as the Children's Dental Program; and

WHEREAS the Children's Dental Program has been in effect for 17 years and has been recognized as extremely cost-effective and critical for many families in isolated communities; and

WHEREAS the provincial government did not consult the users of the program or the providers before announcing plans to eliminate 44 of the 49 dentists, nurses and assistants providing this service; and

WHEREAS preventative health care is an essential component of health care reform.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba may be pleased to request the Minister of Health (Mr. Orchard) consider restoring the Children's Dental Program to the level it was prior to the 1993-94 budget.

* (1005)

Mr. Speaker: J'ai examiné la pétition (Mme. Friesen) et celle-ci est conforme aux privilèges et pratiques de la Chambre et respecte les règles de procédure. L'Assemblée désire-t-elle que l'on procède à la lecture de cette pétition? [entendu]

[Translation]

Mr. Speaker: I have reviewed the petition (Ms. Friesen). 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? [agreed]

Mr. Clerk: La pétition des citoyens, ici soussignés, de la province du Manitoba, humblement démontre que:

VU QUE le Manitoba a la plus haute proportion d'enfants nécessitant au pays; et

VU QUE au-dessus de 55,000 enfants se fient au programme dentaire pour enfants; et

VU QUE nombre d'études ont démontré l'épargne due aux coûts attribuables des programmes préventifs de soins de santé tels que le programme dentaire des enfants; et

VU QUE le programme dentaire pour les enfants est en vigueur depuis 17 ans et a été reconnu étant très effectif en épargnes réalisées et de nécessité primordiale pour les familles habitant des régions isolées; et

VU QUE le gouvernement provincial n'a consulté ni les pourvoyeurs ou les clients du programme avant d'annoncer la coupure de 44 ou 49 dentistes, garde-dentaires et auxiliaires qui administraient le programme; et

VU QUE le programme préventif de la santé fait partie composante du plan de la réforme de la santé.

PAR CONSEQUENT vos pétitionnaires supplient l'Assemblée Législative du Manitoba soit sollicitée de demander au Ministre de la Santé de considérer à restaurer le Programme Dentaire des enfants au niveau dont il bénéficiait avant le budget 1993/1994.

[English version]

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

WHEREAS Manitoba has the highest rate of child poverty in the country; and

WHEREAS over 55,000 children depend upon the Children's Dental Program; and

WHEREAS several studies have pointed out the cost savings of preventative and treatment health care programs such as the Children's Dental Program; and

WHEREAS the Children's Dental Program has been in effect for 17 years and has been recognized as extremely cost-effective and critical for many families in isolated communities; and

WHEREAS the provincial government did not consult the users of the program or the providers before announcing plans to eliminate 44 of the 49 dentists, nurses and assistants providing this service; and

WHEREAS preventative health care is an essential component of health care reform.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba may be pleased to request the Minister of Health (Mr. Orchard) consider restoring the Children's Dental Program to the level it was prior to the 1993-94 budget.

Mr. Steve Ashton (Thompson): I was wondering if there might be leave to revert to presenting petitions?

Mr. Speaker: Is there leave to revert to presenting petitions? [agreed]

PRESENTING PETITIONS

(continued)

Mr. Steve Ashton (Thompson): Mr. Speaker, I beg to present the petition of Jerry Primrose, Charlie Joe Hart, Violet Turner and others requesting the government of Manitoba consider reviewing the state of Highway 391 with a view towards improving the condition and safety of the road.

Mr. Dave Chomiak (Kildonan): Mr. Speaker, I beg to present the petition of Anne Hofer, Susan Hofer, John Hofer and others requesting the Minister of Health (Mr. Orchard) to consider restoring the Children's Dental Program to the level it was prior to the 1993-94 budget.

**PRESENTING REPORTS BY
STANDING AND SPECIAL COMMITTEES**

Mr. Marcel Laurendeau (Acting Chairperson of the Standing Committee on Public Utilities and Natural Resources): Mr. Speaker, I beg to present the Fourth Report of the Committee on Public Utilities and Natural Resources.

Mr. Clerk (William Remnant): Your Standing Committee on Public Utilities and Natural Resources presents the following as its Fourth Report.

Your committee met on Tuesday, June 8, 1993, at 7:30 p.m. in Room 255 of the Legislative Building, to consider the Annual Reports of the Manitoba Telephone System for the years ended December 31, 1991, and December 31, 1992.

Mr. Tom Stefanson, Chairperson; Mr. Oz Pedde, President and Chief Executive Officer; Ms. Heather Nault, Vice-President Corporate and Regulatory Affairs and Corporate Secretary; Mr. Barry Gordon, Vice-President Network Services and Mr. Bill Fraser, Vice-President Finance provided such information as was requested with respect to the Annual Reports and business of The Manitoba Telephone System.

Your committee has considered the Annual Reports of the Manitoba Telephone System for the years ended December 31, 1991, and December 31, 1992 and has adopted the same as presented.

All of which is respectfully submitted.

Mr. Laurendeau: Mr. Speaker, I move, seconded by the honourable member for Turtle Mountain (Mr. Rose), that the report of the committee be received.

Motion agreed to.

ORAL QUESTION PERIOD

Video Lottery Terminals Economic Impact—Legions

Mr. Gary Doer (Leader of the Opposition): My question is to the First Minister.

Mr. Speaker, for some time now, decisions have been made by the provincial government dealing with gambling and lotteries in a back-room kind of way and announced in a rather ad hoc fashion by the provincial government, with no discussions about the economic impacts and a retroactive review of the social impacts of gambling.

Today, Mr. Speaker, there is a report dealing with the impact of video lottery terminals on jobs in legions and army, navy, and air force veterans' organizations.

I would like to ask the Premier: Has he reviewed the economic impact of this situation, and will there be jobs lost in the legions in Manitoba based on the changes in the policy of the government?

Hon. Gary Filmon (Premier): Mr. Speaker, I will take that question as notice on behalf of the Minister responsible for Lotteries (Mrs. Mitchelson).

Social Costs

Mr. Gary Doer (Leader of the Opposition): One would have assumed the cabinet would have reviewed the economic impacts of the decisions prior to the government announcing the decisions being made.

Mr. Speaker, the government has announced a social impact study which will be completed by the end of June. This study will evaluate the social implications of the changes in gambling.

I would like to ask the Premier if the study indicates that there are negative social costs to gambling in Manitoba that have not been dealt with by the provincial government. Does the government have the option of not continuing the expansion which they have already announced?

Hon. Gary Filmon (Premier): Mr. Speaker, that is a hypothetical question.

Mr. Doer: It is not hypothetical. They have already made the decisions, announced the expansion for September 1, 1993.

Mr. Speaker, I would like to ask the Premier: Does he have a contingency plan, for the social cost implications, that includes the freezing of gambling expansion if the social costs are identified by the study that the government had? Presumably, that study should have been done before they expanded gambling, not in midterm. That is not hypothetical, that is real.

Do they have a contingency plan to deal with the study they expect in June, when they have already announced the expansion in September?

Mr. Filmon: Mr. Speaker, the question is certainly hypothetical, and the member is certainly hypocritical.

It was his government that brought in gambling in a big way to Manitoba. They brought in the casino in the Convention Centre. That was New Democratic policy and decision. That was the big breakthrough of gambling in this province, and the member opposite ought not, in his hypocritical fashion, try and make this an issue.

* (1010)

Point of Order

Mr. Steve Ashton (Opposition House Leader): Mr. Speaker, Beauchesne's Citation 489 is very clear that the word "hypocritical" is unparliamentary. I would ask that you have the First Minister withdraw that, and answer the very serious questions that are being asked about VLTs and the impact it is having on legions, army, navy, air force, and society in general.

Mr. Speaker: Order, please. On the point of order raised, the honourable opposition House leader is indeed correct. "Hypocritical" does show up on the unparliamentary list. [interjection] No, it does not show up on both lists. I would ask the honourable First Minister to withdraw that one word.

Mr. Filmon: Mr. Speaker, I will be happy to withdraw it.

Mr. Speaker: I would like to thank the honourable First Minister.

School Division Boundary Review Government Polling

Mr. John Plohman (Dauphin): Mr. Speaker, the government and this minister and ministers before have bounced the issue of boundary review for school divisions in this province all over the map.

First, they promised in the last election that there was going to be a boundary review. They reconfirmed that in the throne speech. Then they said that they were going to have to delay it. Then they said it was on again, then they said it was off. Now, finally, they are saying there is a better time to consider it, this Minister of Education (Mrs. Vodrey) just said.

We know what is causing the confusion now and the delay, because the government seems to be governing by focus groups and polling.

We understand this morning that the chairperson of the Winnipeg School Division said that the public is being polled to determine whether there should be a boundary review, how many trustees there should be on the review, and so on.

Will the minister now come clean to this House and confirm that polling is in fact taking place and that she is not making an imminent announcement as she said, but she is awaiting the results of the—

Mr. Speaker: Order, please.

Hon. Rosemary Vodrey (Minister of Education and Training): Mr. Speaker, I can certainly tell the member I have absolutely no knowledge of any polling being conducted, but perhaps the member may have some knowledge from other groups which may be polling.

School Division Boundary Review Government Polling

Mr. John Plohman (Dauphin): I want to ask the Premier's position on this then. He probably knows about the polling. He has not told his Minister of Education for very good—

Mr. Speaker: Question, please.

Mr. Plohman: What is the Premier's position on the issue of boundary? Is he simply waiting for the results of the polling that is going on that he is undertaking right now, or is he confirming that the Minister of Education is indeed making an announcement imminently on boundary review?

Hon. Gary Filmon (Premier): Mr. Speaker, I have no idea what the member is talking about with respect to polling.

* (1015)

Mr. Plohman: I understand why he would not want to talk about it.

I want to ask the Premier whether in fact he will confirm today that he is also polling on the performance of his Education minister, and will he promise today to release the results of that poll when it is completed and abide by the results—

Mr. Speaker: Order, please.

Mr. Filmon: Absolutely not, Mr. Speaker, and that is the kind of drivel that has put the New Democrats in the position they are in this province with no credibility. No-talent drivel, that is all we get out of that side.

Manitoba Public Insurance Corporation Premium Increase Justification

Mr. Paul Edwards (Leader of the Second Opposition): Mr. Speaker, my question is for the Minister responsible for the Manitoba Public Insurance Corporation.

On May 6 of this year, the minister unveiled his plan for no-fault injury insurance in the House, and the presentation included very fancy graphs forecasting that personal injury claims costs would be going through the roof but for this plan.

MPIC has now applied to the PUB for a 9.5 percent increase in insurance premiums, which will give them a \$33.6-million boost in revenues. That is double the \$17.7-million loss for last year, Mr. Speaker, and the quarterly report tabled yesterday shows that claims costs, year over year, actually declined by more than 5 percent in the last year.

It is now obvious, Mr. Speaker, that the application to the PUB is part of the bigger PR scam to scare Manitobans into no-fault insurance.

My question for the minister: On what is this minister basing his need, and MPIC's, for a 9.5 percent revenue increase, when the fact is their claims costs are going down? The fact is, that will net revenue double what last year's loss was.

Hon. Glen Cummings (Minister charged with the administration of The Manitoba Public Insurance Corporation Act): Mr. Speaker, MPIC is quite capable of defending its rate

structure in front of the PUB, but I am quite puzzled by the Leader of the Second Opposition, when he says our claims costs are going down. Does he mean it is okay for us to only lose half as much as we lost last year?

Mr. Edwards: The fact is they are asking for double the money of their loss last year, and claims have gone down by 5 percent, Mr. Speaker.

No-Fault Auto Insurance Claims Costs

Mr. Paul Edwards (Leader of the Second Opposition): My second question for the same minister: When this government unveiled this plan to move to no-fault, again, the graphs showed that the future would have spiralling claims costs.

What was the government basing its projections on when they made those bell curves in that nice-looking pamphlet, Mr. Speaker, and will they now be spending another \$200,000 to tell Manitobans that, in fact, they were wrong?

In fact, the claims costs have gone down. In fact, the 9.5-percent revenue request out of the PUB is an absolute scam based on the current financial projections in their own quarterly report yesterday.

Hon. Glen Cummings (Minister charged with the administration of The Manitoba Public Insurance Corporation Act): Mr. Speaker, I would not want to be too abusive to the new Leader at this juncture in his tenure, but it is obvious—I would give him the benefit of the doubt that he just does not understand the figures that were put forward, because if he thinks the people of this province are going to be fooled by the idea that we can only lose half as much this year, then his credibility just went down the toilet. [interjection]

Mr. Speaker: Order, please. The honourable Minister of Health (Mr. Orchard) apparently would like to answer some questions here. You will have an opportunity, I am sure.

The honourable Leader of the second opposition party now has the floor.

Mr. Edwards: Mr. Speaker, I think the people of this province are asking why a government spends \$200,000 selling them something without telling them the details. That is the question of credibility, and that is the tough question for this minister.

Revenue Transfers

Mr. Paul Edwards (Leader of the Second Opposition): Mr. Speaker, my final question for this minister: He is basing it on the Quebec-style program. The Quebec Crown corporation now has had increased profits and is sending those profits into the general revenue of the province. It has become a form of taxation in Quebec.

My question for this minister: With the additional revenues, is that his plan? Is he modelling on the Quebec plan, which takes motor vehicle registration and licensing fees and puts them into general revenues, as opposed to reducing the fees for the motorists in that province?

Hon. Glen Cummings (Minister charged with the administration of The Manitoba Public Insurance Corporation Act): Well, again, Mr. Speaker, I hesitate to ridicule the new Leader of the second party, but when he was out campaigning, I explained in this House before that the legislation under which MPIC operates does not allow government to strip any profits out. I have no intention of changing that.

I wish he would quit putting incorrect information on the record about the amount of money the corporation spent to put the information in front of the public. He is wrong.

Manitoba Public Insurance Corporation Public Utilities Board Application

Mr. Leonard Evans (Brandon East): Mr. Speaker, I would like to ask a question to the Minister responsible for MPIC.

Last year, the corporation filed its final position with the Public Utilities Board as late as October, because cabinet refused to allow the corporation to cap agency fees at 3 percent, causing rate increases to be higher than they would have been originally.

So, Mr. Speaker, I want to ask the minister: Why does MPIC have to file for an increase now in the face of the no-fault legislation which is before this House?—because what is happening now, the way it is happening, it gives every appearance of a pure political ploy.

Hon. Glen Cummings (Minister charged with the administration of The Manitoba Public Insurance Corporation Act): Mr. Speaker, I am sorry that the member for Brandon should try and

interpret this in front of the cameras in a way that is entirely wrong.

I think if he were to check the records, he would find that MPIC filed in early June last year, and I would venture a guess it was around the 12th of June, which seems to me is pretty close to the time we are at right now.

Mr. Speaker, I would think that of anybody in this House, the long-serving member for Brandon East should recognize that no one should assume anything in terms of legislation coming out of this House in the same manner in which it goes in.

An Honourable Member: What about Sunday shopping?

* (1020)

Mr. Cummings: That is exactly my point. Legislation, until it is passed and proclaimed, is not law. It seems to me only fair and reasonable— [interjection]

Mr. Speaker, it would be foolhardy on my part, or anyone else's, to assume that the public is going to be fooled by the kinds of comments that we are getting on the other side.

If the corporation cannot prepare its books and proceed under the existing legislation as they have done, then how is the public to judge the veracity of the records that have been presented? The fact is this is a logical progression, and the amendment will be filed, if necessary, in the fall, the same as last year.

Mr. Leonard Evans: Mr. Speaker, we seem to have one standard for Sunday shopping and another standard for this type of legislation.

No-Fault Auto Insurance Legislation

Mr. Leonard Evans (Brandon East): Mr. Speaker, I would like to ask the minister then: Why did the minister and MPIC spend, I think, probably about \$200,000—a large amount of money, anyway—to advertise no-fault insurance, saying that it is going to save millions of dollars, and now argues that he must file for an increase because he is not confident that the legislation will pass?

I hope he is getting the support of his own caucus. Is there some problem in not getting the legislation passed?

Hon. Glen Cummings (Minister charged with the administration of The Manitoba Public Insurance Corporation Act): Well, Mr. Speaker, given that the official opposition is on record as supporting this legislation, I think we can expect the corporation to be bringing forward its amendments this fall.

There is a lot more in the application that goes before the Public Utilities Board than just injury compensation. I think the member for Brandon East is probably more aware of that than anyone else in this House. That is only one portion of what is included in insurance cost that goes into the rate structure in this province.

Mr. Speaker, this is a fair and open process. The Public Utilities Board and those who wish to intervene will have an opportunity to ask questions, put interrogatories on the record, and all those will be dealt with in due course at the public hearings.

Manitoba Public Insurance Corporation Agent Fees

Mr. Leonard Evans (Brandon East): Mr. Speaker, I want to ask the minister a straightforward question.

Is the minister now ready to cap brokers' fees this year to ensure that Autopac rates will be kept as low as possible? Will they stand up to the auto insurance brokers lobbying on this matter on behalf of the motorists of Manitoba?

Hon. Glen Cummings (Minister charged with the administration of The Manitoba Public Insurance Corporation Act): Mr. Speaker, I presume the member is then saying that he would prefer to have a government-run bureaucracy handle the Autopac renewals in this province if he does not want to use the existing system.

Mr. Speaker, it is very apparent to me the members are grasping for straws to try to find something to criticize about the program MPIC has embarked upon.

The process is open. The process is clear. The interrogatories can be filed with the PUB, and when the legislation is passed in the exact form it is passed in, then the corporation will file its amended application.

Assiniboine River Diversion Irrigation

Ms. Marianne Cerlilli (Radlsson): Mr. Speaker, a review of the Pembina Valley Water Co-operative's environmental impact statement on the Assiniboine diversion says that: The transport of treated water does not mean the project will not be used to justify increased irrigation in the Pembina valley. Local water sources should not be reallocated. Rather, local aquifers should be allowed to recharge over time and make up for past allocations exceeding sustainable yields.

My question for the government is: What assurance can they give that the water freed up from the diversion would not allow for increased irrigation, would not be allocated for increased irrigation from the aquifers in the area?

* (1025)

Hon. Harry Enns (Minister of Natural Resources): Mr. Speaker, I regret that my friends in the opposition, it seems at all levels from both parties, simply have not recognized how water prudently and responsibly used can aid in the economic development of one of the most productive regions of our province.

If the honourable member wishes to cause me some embarrassment about acknowledging the important role of irrigation in providing jobs and added-value product to the things this province can produce, she is simply on the wrong track.

What the report alludes to is that, regrettably, because of the chronic water shortage in the area, I have been forced to break my own Water Rights Act on several occasions for important communities like Winkler and Altona when they have come in desperation and asked for further access to current aquifers, which are already being drawn to full maximum levels.

In the community of Winkler, I just authorized three additional wells a year ago by which, against the better advice within the department although we had no alternative, we are in fact taking water out of that aquifer beyond its sustainability, at about 130 percent.

What this and what the report and what the member draws to our attention is, the proposal that is currently before the Clean Environment Commission would allow us to more responsibly manage those aquifers.

Ms. Cerlilli: Mr. Speaker, can the minister explain that with irrigation as the sixth of the priority uses or the sixth allocated use for water, does this government think it is appropriate to transfer water from one region, adversely affecting that region, to supplement another region that has depleted its water supply from irrigation?

Mr. Enns: Mr. Speaker, ground water is generally, in fact, totally, not used for irrigation purposes. There is one exception, one long, outstanding licensee that has had access to it out of a gravel pit or source, but ground water is not used for irrigation purposes.

Mr. Speaker, the honourable member keeps raising the question of irrigation. Allow me to introduce to honourable members the fact that it is not this government. Previous governments, indeed the federal government, have acknowledged that in this particular part of Manitoba we have some of the finest growing land available for added-value crop production.

It was none other than the Honourable John S. Plohman, Minister of Natural Resources, supported by the Honourable Eugene Kostyra, then Minister of Finance, along with the federal Minister of Agriculture, then the Honourable Minister Wise, who commissioned this \$1-million report at taxpayers' expense to indicate how 250,000 acres could be irrigated in southern Manitoba.

Ms. Cerlilli: I would ask the Minister of Natural Resources, if this current project is not going to benefit irrigation interests, then why is the irrigation association spending \$300,000 to advocate for the project?

Mr. Enns: Mr. Speaker, the Pembina Valley Co-operative, consisting of some 15 municipalities in the southern part of Manitoba, have a proposal before the Clean Environment Commission. They, in their wisdom, and understandably, because they are municipal officials, have addressed the serious question of municipal water and municipal water only. That is the issue before the Clean Environment Commission, and that is the issue that will be decided by the Clean Environment Commission as to its suitability.

No-Fault Auto Insurance Private Insurers

Mr. Paul Edwards (Leader of the Second Opposition): Mr. Speaker, again, I want to follow

up on the answers of the Minister for the Manitoba Public Insurance Corporation.

Another aspect of the Quebec plan was that the private insurers in Quebec were given a windfall by that plan because they were then asked to provide top-up insurance for thousands and thousands of Quebec motorists once they realized that it was not about no fault, it was about no benefits.

Mr. Speaker, my question for the minister: Can the minister tell members of this House what the projected income gain of the private insurers in Manitoba will be with respect to the thousands of Manitobans who are going to now have to go to the private sector to buy top-up insurance? Will he acknowledge that the private insurers are now winning the debate they lost 20 years ago when we got public insurance in this province?

* (1030)

Hon. Glen Cummings (Minister charged with the administration of The Manitoba Public Insurance Corporation Act): Mr. Speaker, obviously the Leader of the Second Opposition does not agree that \$55,000 maximum will cover 90 percent of the population of this province. If he disagrees with that, then I hope he has figures to back that up and bring it to committee.

I have inquired as to how much additional or, if you will, income insurance upper-income earners have been taking out in Quebec, and I am told that the numbers are not large. Mr. Speaker, I am satisfied that service is available here; whether or not it will be used will be an individual decision.

The member wished to follow up on his previous questions. I would like to follow up on my previous answer. The corporation spent about \$90,000 putting the information in the hands of the province.

Mr. Edwards: Mr. Speaker, the minister knows that this is a reduction in benefits for thousands and thousands—

An Honourable Member: No.

Mr. Edwards: Yes, it is.

Income Replacement—Seniors

Mr. Paul Edwards (Leader of the Second Opposition): Now, my question for the minister: On what basis will people 65 and over be denied income benefits, reducing 25 percent per year until age 68 when they will get nothing? On what basis

will that be done, regardless of what actual income they had prior to the accident, regardless of any of that? Has the minister sought a legal opinion as to their ability to defend this age discrimination?

Hon. Glen Cummings (Minister charged with the administration of The Manitoba Public Insurance Corporation Act): Mr. Speaker, the member has tried to imply that this is regardless of their record. They will receive income replacement based on the status that they are within at that particular time. If they are employed, they will receive income replacement.

Let the member not characterize this as being a reduction in benefits. There are many times under the tort system where a person may receive \$2-million or \$3-million worth of benefits being awarded in the court, and the person may not have that much insurance, so it is a crap game.

Mr. Edwards: Mr. Speaker, if it was a crap game before, it is sure a crap game now. The fact is, and the minister knows this, this is a cost-cutting measure on the backs of injured motorists in this province.

Claim Cap

Mr. Paul Edwards (Leader of the Second Opposition): My final question for the minister: The minister's propaganda machine has told us it is all about personal injury claims. That is the problem. Eighty-nine percent of personal injury claims are six months or less, whiplash claims for under \$10,000. He knows that.

Why has he thrown the baby out with the bathwater? Why did he not do what Ontario did and put a cap on those 89 percent of claims under \$10,000? Why has he done this on the backs of the paraplegics and quadriplegics and gone far further than he had to deal with the real problem, because if he was talking about the real problem, he would have known what he could have done?

Hon. Glen Cummings (Minister charged with the administration of The Manitoba Public Insurance Corporation Act): Mr. Speaker, it has become increasingly apparent where the Liberal Party stands on no-fault insurance in this province. They are dead set against it.

I would not be so foolish as to attempt to put into place the type of very convoluted no-fault system that went in in Ontario. The first thing they did was reduce the amount of premium tax in order to give

the private companies a break. That was the view of the Peterson government—give them a break on the taxes. Then they put in a threshold that automatically becomes a target for every claim that goes into the system, a verbal threshold that eventually the legal community was able to break through and now they have lost the predictability of their system.

Barley Marketing Minister's Position

Mr. Cliff Evans (Interlake): Mr. Speaker, opposition to the unilateral decision of the federal government to open the border to barley is growing steadily. Yesterday, 30 farm leaders from groups such as the Canadian Federation of Agriculture, pools and the Wheat Board Advisory Committee have all called for a change on opening the border to barley.

I would like to quote: "We cannot stand by while one of the marketing systems which was designed by farmers, and which serves the majority of producers . . . is weakened by the Government of Canada."

Will the Minister of Agriculture join with these groups and support the marketing board system?

Hon. Glen Findlay (Minister of Agriculture): Mr. Speaker, just for the member's knowledge, the Canadian Wheat Board will still have an opportunity to sell in the United States, as they have in the past. They will sell all the barley outside of North America for farmers. The American barley market represents about 4 percent of the barley grown in western Canada and 1.25 percent of the Wheat Board's activity in total around the world.

Mr. Speaker, I am positive the Wheat Board will sell in the United States in competition. We will expand the opportunity for markets.

The member does not recognize the fact that 11 of the 19 members on the barley commission supported the study that was done, supported the fact that there are additional market opportunities in the United States, and they support the principle that has been advocated by the federal minister right now.

I would also like to remind the member that since the oats was taken away from the Canadian Wheat Board, the sales to the United States have gone on average per year from 110,000 tonnes per year up

to 350,000 tonnes a year, a three-and-a-half fold increase. Three oat processing mills have opened in western Canada, one of them in Portage, because of the access to the American market.

Mr. Cliff Evans: Mr. Speaker, the minister did not answer the question as to whether he supports the marketing board system.

Plebiscite

Mr. Cliff Evans (Interlake): I would like to quote from the chairman of the Canadian Wheat Board Advisory Committee: "A barley plebiscite would give all producers a right to choose a marketing system that would be right for the industry as a whole."

My question for the minister: Will this minister add his support to let farmers decide whether or not barley should be removed from the Wheat Board, and why will he not support the request for a plebiscite?

Hon. Glen Findlay (Minister of Agriculture): Mr. Speaker, I am a farmer in Manitoba and Minister of Agriculture, and in both capacities, we support the Canadian Wheat Board and what it has done in the past and what it will do in the future.

Mr. Speaker, if the member would pay attention to the federal timetable, the ultimate plebiscite will come up later this year called the federal election.

Manitoba Interests

Mr. Cliff Evans (Interlake): I would like to table the news releases and the reports from the farm leaders.

Why does this Minister of Agriculture insist on ignoring the wishes and needs of Manitoba producers by standing up against Charlie Mayer and telling him that these federal policies will hurt Manitoba producers?

Hon. Glen Findlay (Minister of Agriculture): Mr. Speaker, there is no question there is a divergence of opinion. I can quote, 11 out of the 19 members on the commission supported the study. I can show him a list of farm organizations that support the initiative. He has a list that does not support it.

So people will make their decision. If they want to sell barley to the United States through the Canadian Wheat Board, they still have the

opportunity. If they want to sell it privately, they have the opportunity.

People believe in choice in this world, Mr. Speaker, and farmers need competition. They need more sales to the United States. Under the dual system, I am almost confident, in fact, I am very confident, that we will expand our sales to the United States, bring more money, more revenue back into western Canada for farmers to receive at the farm gate.

Personal Care Homes Fee Schedule—Means Test

Mr. Dave Chomlak (Kildonan): Mr. Speaker, yesterday the Minister of Health confirmed that personal care home administrators will be administering and implementing the new massive increases to residents in nursing homes.

There are two fundamental changes here. First, massive increases and a means test. Second, the administrators would now be forced to do not only the collecting, but the calculating, et cetera.

My question to the minister: Can the minister advise this House whether these people will be forced to submit their income tax reforms and statements of income to these nursing home administrators?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I indicated the answers to that yesterday. My honourable friend might want to refer to the transcript of Hansard.

Mr. Chomlak: Mr. Speaker, why, less than 60 days before the implementation of this massive change, is the minister refusing to answer questions such as, what is the definition of family income? What is the lowest threshold for the increase? How many are going to be forced to pay this massive, almost doubling of the rates?

These are very valid concerns for thousands and thousands of Manitobans. Why is he refusing to answer, if he has a policy in place?

*(1040)

Mr. Orchard: Mr. Speaker, my honourable friend uses a lot of rhetorical flourish in terms of his preamble and his alarmist intentions of questioning.

As I have explained to my honourable friend, the increase to \$46 parallels Ontario. That province, I

believe, has a government quite familiar to my honourable friend.

Mr. Speaker, I have explained to my honourable friend that the increased charges will only be applicable to those with the ability to pay the additional costs. The alternative, quite frankly—and it appears as if my honourable friend is in favour of the alternative—that those very same taxpayers my honourable friend claims are being impacted by all sorts of decisions nationally, provincially, municipally, and do not have ability to pay, he wants them to contribute taxes to sustain people in personal care homes who have the ability to pay.

Mr. Speaker, that is an interesting change in position on this issue that my honourable friend appears to be putting before the people of Manitoba.

Mr. Chomlak: Mr. Speaker, it is obvious the minister either does not care or does not know. He has not answered any of the questions, nor has he told the thousands of Manitobans what is going to happen and whether their income tax forms will now be submitted to these administrators.

My final question to the minister is: Can the minister advise this House whether people who have been panelled for placement in nursing homes will also be required to pay these massive increases and submit their tax forms or whatever to hospital administrators, who now, I suppose, will be forced to administer this program as well?

Mr. Orchard: Mr. Speaker, my honourable friend might be reminded of the history of the per diem charges for panelled patients who are resident in hospital. That initiative was brought in I believe in 1985 by his colleagues on the front bench.

Mr. Speaker, we did not disagree with that policy when it was brought in, even though we could have politicized the issue because it was appropriate. That policy brought in by the NDP in 1985 will be followed consistently.

Child and Family Services Hiring Policy

Mrs. Sharon Carstairs (River Heights): Mr. Speaker, yesterday in an appearance before the task force on child welfare for our aboriginal people, the director of Winnipeg's child welfare system said very clearly that only 8 percent of the staff were aboriginal, but 60 percent of the caseload was

aboriginal. That is not new. I think we have known that statistic for some time.

What is new is the fact that the director said there was, in fact, no policy.

This government is supposed to have a policy with respect to itself and its agencies.

Can the Minister of Family Services explain why this agency does not have a policy?

Hon. Harold Gilleshammer (Minister of Family Services): Mr. Speaker, government clearly does have a policy on hiring. The agency, as it appeared yesterday, indicated that they do not have a policy. They are independent of government. They have an independent board who administers that. Clearly, the executive director of that agency said they are prepared to put one in place.

Mrs. Carstairs: Mr. Speaker, this agency is so independent that its director is appointed by the minister himself, and all their funding comes from this government.

This government has said clearly the agencies have a responsibility for ensuring appropriate service. Why does this minister not direct the agency to put a policy into place and why has he not done that already?

Mr. Gilleshammer: Mr. Speaker, agencies that receive their funding from government have boards that make those decisions. The director clearly indicated that while they did not have a policy and plan in that area, they are now prepared to proceed with one.

Mrs. Carstairs: Mr. Speaker, will the Minister of Family Services, responsible for ensuring that children get appropriate delivery, direct the director, whom he appointed, to put a policy in place today?

Mr. Gilleshammer: Mr. Speaker, I am satisfied that the director has indicated they will proceed with a policy in the near future.

Poverty Rate Reduction Strategy

Ms. Judy Wasylycia-Lels (St. Johns): Mr. Speaker, it was a moment of great shame and embarrassment and sadness for Manitobans and Canadians when the United Nations recently delivered a scathing condemnation of Canada's treatment of people in this country and commented

on the high levels of poverty, hunger and homelessness here in this country.

In particular, that report monitoring Canada's record noted that more than half of the single mothers in Canada, as well as a large number of children, live in poverty and commented that the government of this country has not outlined any new or planned measures to remedy the situation.

I would like to ask the Premier (Mr. Filmon) if he has reviewed this U.N. report and if he could tell us today what concerns he has with respect to it and what steps he is taking to ensure, at least in Manitoba, that we are dealing with these issues.

Hon. Harold Gilleshammer (Minister of Family Services): Mr. Speaker, this report was discussed with ministers from across the country at a meeting I was at in Regina last week and, clearly, there are concerns with the information that Statistics Canada provides. Ministers from other jurisdictions have indicated that what was not taken into consideration were provincial initiatives that are part of the support plan for recipients.

I can tell you that besides dealing with the rates on an annual basis, we have brought in a number of enhancements—income assistance for the disabled, the supplementary benefit which was introduced last year, the exemption of children's trust funds, the assistance for school supplies, the passing through of the GST credits, the increased liquid asset exemptions, the head-of-the-household policy which was an issue that was around for many, many years that we addressed last year.

We moved ahead with the municipal assistance regulation. We have modified and improved the wheelchair transportation for social reasons. We have also—

Mr. Speaker: Order, please.

Ms. Wasylycia-Lels: Mr. Speaker, I would like to ask the minister then, considering that Manitoba has the worst record of any province in this country for hunger and poverty, especially among single parents, mothers and children, if the minister could tell us what specific steps he is taking to remedy the situation.

Mr. Speaker, we are tired of the same propaganda from this minister. We would like to hear some concrete steps of how this government is addressing this very serious situation.

Mr. Gilleshammer: Mr. Speaker, I am very pleased to go into a little more detail on these initiatives to give the member a better understanding of some of the enhancements we have brought to the system over the past number of years.

For instance, the increase in the liquid assets was an issue that was never addressed by the previous government, where individuals were not allowed to accumulate any funds in their bank accounts that they were able to get through exempted income. We have massively extended that liquid asset exemption limit so that recipients can now keep money for major purposes.

Also, we have extended the health card benefit, and this is an initiative other provinces are very interested in, that individuals who are on social assistance and are moving into the world of work can now keep their health card benefits.

We fully expect that this is an initiative that other provinces are going to follow. It allows particularly single parents—

Mr. Speaker: Order, please. The time for Oral Questions has expired.

Nonpolitical Statements

Mr. Speaker: Does the honourable member for the Interlake have leave to make a nonpolitical statement? [agreed]

Mr. Cliff Evans (Interlake): Mr. Speaker, I rise today to add our congratulations. Last night, we saw the result, the championship of the Stanley Cup, the 100th Anniversary, won by the Montreal Canadiens. We add our congratulations.

Also, on the hockey team itself, we have a Winnipegger by the name of Mike Keane, so we here would like to add our congratulations to him. As a matter of fact, I had him in the playoff pool this year, and he did very well for me. So we add our congratulations, not only to the Montreal Canadiens, but to Mike Keane.

Mr. Speaker: Does the honourable Minister of Health have leave to make a nonpolitical statement? [agreed]

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I want to join with my honourable friend in congratulating les Canadiens for their superb victory last night, four in a row after a first defeat.

I will tell you, it makes easier the harsh memories of my high school days where I was the lone supporter of les Canadiens in Miami, Manitoba and it makes that sort of pain go away to see them win again.

Committee Changes

Mr. Edward Helwer (Gimli): Mr. Speaker, I move, seconded by the member for St. Vital (Mrs. Render), that the composition of the Standing Committee on Municipal Affairs be amended as follows: the member for St. Vital (Mrs. Render) for the member for Springfield (Mr. Findlay); the member for Charleswood (Mr. Ernst) for the member for Morris (Mr. Manness); the member for Lakeside (Mr. Enns) for the member for River East (Mrs. Mitchelson) and the member for Portage la Prairie (Mr. Pallister) for the member for Pembina (Mr. Orchard).

I move, second by the member for Portage la Prairie (Mr. Pallister), that the composition of the Standing Committee on Economic Development be amended as follows: the member for St. Norbert (Mr. Laurendeau) for the member for Turtle Mountain (Mr. Rose).

Motion agreed to.

* * *

Mr. Speaker: Order, please. Prior to Orders of the Day, yesterday the House agreed that we would sit this morning from 10 till 4:30. What we did not do was get unanimous consent of the House that we do not sit tomorrow, so that when this House adjourns today at 4:30 p.m., it will stay adjourned till 1:30 p.m. Monday. [agreed]

House Business

Hon. Clayton Manness (Government House Leader): Mr. Speaker, before I move the motion to go into Supply, also there has been an agreement between the parties that in the event that—we would treat the Estimates hours today as if they were past ten o'clock Monday evening.

So that would be invoked then from the point we go into Estimates till 4:30 p.m. today.

Mr. Speaker: That is agreed? [agreed]

ORDERS OF THE DAY

Hon. Clayton Manness (Government House Leader): I move, seconded by the Minister of

Energy and Mines (Mr. Downey), 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 presented.

* (1050)

MATTER OF GRIEVANCE

Mr. Gulzar Cheema (The Maples): Mr. Speaker, I would like to take the opportunity under the rules of the House to have my grievance.

With initially some hesitancy, but on a matter of principle and a matter of injustice in terms of what is happening with HIV patients in this country, these patients who got the disease through the tainted blood, and what the federal government has done last year, they gave them a four-year package, and they left them in the cold.

We are not saying it is the fault of this government, which I have said consistently. It is the fault of the federal government because what they did is almost criminal. If somebody else was doing it, I think that they would face—if it was not a part of the government, somebody who was in the private sector, could face a jail term. I think it is that serious.

The same thing happened in France, that one of the high officials who was part of the process got seven years in jail, because what happened between 1984 and 1993, that some of these patients had no knowledge. They had no clue and they got the blood which some official—there was some gray area that they knew to some extent and that is a matter of serious concern to me.

Mr. Speaker, I am sure that all members of this House will agree with me on that matter, because it is a matter of principle. We must speak when the injustice is being done, and especially, we have about 23 Manitobans who are part of that injustice where the federal government has really given up their responsibility.

Mr. Speaker, we are not talking about each and every person here. We are talking about their families. We are talking about their children, their parents, their friends and their communities. Such an action the federal government has done, only paying \$30,000 per year for four years, and they have given up their responsibility, and now these patients across this nation are left in a very, very difficult situation.

Mr. Speaker, we have raised this issue a number of times in this House. We understand on this side of the House, and I understand the minister and the government also know full well that this is an issue which has to be dealt with. These are our citizens. They are part of our province. They are part of our country. When an injustice is done, we cannot run away from responsibility.

Mr. Speaker, it is really sad that whenever there is an election—for example, in Nova Scotia, this issue became very public, so they came up with the package. There is an election going on in Alberta. They are getting some kind of compensation package. There is a government in Ontario which is unpopular. They are going to give some package. These people have simply become a political football, and I think that is very, very wrong.

As you know and other people know in this House, this issue is not a political issue. This is an issue of human decency and human injustice which was done to these people, because they are getting blood which is a necessity for their survival. They were never told this blood was tainted with the HIV virus. When they came to know, it was too late. We have horror stories, Mr. Speaker, the stories of all these families. They have no income. They have lost their livelihood. They have lost their families, and many are really down.

Who do you go to for help? You go for help to your family, and if your family cannot support you, where do you go for help? You go to your government. The government, whether it is the provincial government or the federal government, one of the governments have to take responsibility, especially when it has always been made known that there is only one taxpayer. The same taxpayer is funding the provincial government. The same taxpayer is funding the federal government, so we as a society have a moral obligation.

We cannot say that we are the second best country in the world if we cannot even correct an injustice to all these people and their families and their lives and their future. They know their life span is very short. The treatments which are available today are not going to cure their disease. Their life is being prolonged, and they are trying to maintain their standard of living.

We have an international conference going on in Germany on AIDS. The conference is focusing on

many issues across the world. We are saying there are 30 million people who are infected with AIDS, and by the end of the century, it is going to be a significant number. AIDS is becoming the single most threat to human life as a whole.

Mr. Speaker, if we are not going to correct what has gone wrong in this country—and I can go through a number of stories, a number of reports, but I would like to focus on some of the things that are happening in our province in terms of some of the people who are here in this province of ours, Manitoba.

Originally, there were 25 families affected initially. Out of the 18 infected hemophiliacs that remain in Manitoba, seven have already died. Seven of them have lost their lives since the federal Minister of Health, Mr. Perrin Beatty, whichever way you want to pronounce that—what they have done was simply to take these patients and sign a contract with them and did not involve the provincial government during that negotiation. So these patients were stuck with only the federal government. The waiver was signed to say the federal government is not responsible, so they were in a desperate situation. They wanted a compensation package, so they got the package, \$120,000 for four years—\$30,000 per year per person.

Mr. Speaker, it is really sad. They must have thought, the federal government must have an idea that some of them may not survive that long. That is really a moral issue, and I think that is very, very unethical. Out of these 25 families in Manitoba, as I said earlier, 18 of them are surviving: one of them is separated with four children; three are married with children; two are married with no children; 11 of them are single, one under the age of 18.

Two of them have gone on welfare for the last few days. So government is going to end up paying ultimately anyway through that social assistance program. They will pay for the expenses, but who is going to be taking care of their families, their wives, their children? It is very, very difficult to live when you know you are going to die eventually and you have no future, and when you see your children around you, they see that. When you are caring for a person who is already so much down and when they see no hope and when they are being kicked around by the federal government, the provincial government should take

some responsibility now in the interim basis. That is why we are asking them to do it.

* (1100)

We are simply asking the Premier (Mr. Filmon), the Minister of Finance (Mr. Manness), the Minister of Health (Mr. Orchard), all the members on the government side to show compassion. Be reasonable with these families. Give them something until the federal government comes to the table, and then the negotiations can proceed. We are not asking you to write them a blank cheque; we are asking you to do what is right. Right is to make sure that citizens of this province are being protected.

Whom are they going to go to? They cannot go to other organizations. They cannot go out of the country. Where are they going to go ultimately? I think we have a moral obligation. We feel very strongly in this House, on our side of the House, and I am sure—I have talked to many members on that side of the House—they also feel very strongly. The one question that comes to their mind, well, if we give financial assistance at this time, the federal government will not do anything. I think that is not right.

Let us put a package together for only an interim basis, give them something for a while and then on the condition that the federal government must bear responsibility.

It is really sad that this weekend we are having a convention for the federal government. We are going to have a new Prime Minister, but so far, out of the five candidates, no candidate has made a statement about all these very, very fundamental issues. There are so many families.

If these people who are going to lead this country do not have any compassion, do not have any heart, I think we are really in a very, very bad state of affairs. It is very sad because ultimately it comes down to at the end of the day, it does not matter which party you belong to, which side of the House you sit on, it depends on whether you can support somebody when they really need it, when they have no support system and especially when they got the disease through the tainted blood which was given to them without their knowledge that this blood was not safe. It took a House of Commons subcommittee for so long to come up with a recommendation.

Finally, they came up with the recommendations. They were asking for the compensation package. But in a way they failed also. They did not pinpoint how much of a compensation package should be given; they did not pinpoint who is ultimately responsible. They simply came up with a statement, let us give them a compensation package.

But everybody is running away from the one notion that these patients are not going to survive. And I think that is immoral and almost criminal. I think it is so sad. We feel really strongly for these people. We have heard their stories on CJOB radio. We have heard many of these stories on Mr. Peter Warren's show.

One person is 18 years old, and she was telling, on the Open Line show, that she has to change her father's diapers because he has lost control. He cannot go to the washroom; he cannot do his daily activities; and they have no other financial sources. So what are they going to do? They cannot just commit suicide, but they are dying on a daily basis. I think that kind of life is even more dangerous than a person who has to go all of a sudden. It is very, very sad, Mr. Speaker.

I feel very strongly on this issue because ultimately the government is going to be judged on all these issues; we cannot run away from the responsibility. There are hundreds of clips—not even one editorial in any major newspaper in this country that has not spoken on their behalf. Not even one editorial.

Some of them have even gone as far as having a criminal investigation done to make sure these people are punished who were part of the system at that time. They knew that the blood was not safe, but these people were still given blood.

If those things can happen in a modern country like this country, where can we expect justice? So when we stand up and say, we have the best health care system, we have one of the best social policies in the whole world, and if we cannot protect our vulnerable citizens, those policies have no meaning. I think that is so sad.

Those policies have no meaning as far as I am concerned because if you do not have a deep-rooted social conscience, and if you are not compassionate, especially when all the ingredients are right—it is not somebody trying to cheat, somebody going to go and run away with the

money, or you are going to give them tons of money and they are going to buy luxury things. They are just going to buy the basic necessities of life, and I think we have to show some compassion. We have to be on their side.

I am asking the ministers of this government, I am asking the Minister of Finance (Mr. Manness), the Minister of Industry and Trade (Mr. Stefanson), in the meantime, for a package, and it will help your government's popularity. It will definitely, no question.

It will satisfy you personally when you go home and have a look at your own families. When I go home and when I think that if I were a patient in the same frame of mind, how am I going to manage my own life? How am I going to take care of my own children, my own family? Can I support them? What am I going to do? So with these patients, we should put ourselves, if not exactly in their shoes, but at least try to walk the same line they are walking. Go and visit them. Find out what kind of serious problem they are facing.

I mean, we must take care of these people. They are part of our province; they are part of our community; they are part of our culture; they are part of our habitat; they are part of everything this country stands for. It is not hundreds of thousands of people. Only 18 of them are left so far. Seven of them have already died.

I am asking, I am requesting and I am pleading on their behalf that the government should come up with an interim package. At the same time, the federal government should be taken to task for giving up the responsibility, because, as the minister said very clearly yesterday, what they have done was so unconscionable. It is so unacceptable, because simply giving up your responsibility when you have to and then leaving them in the dark, especially the thought that if they were so serious, they should have gotten everybody around the same table. They were not. They all had a malice feeling about the whole process. They thought, we will give them \$120,000 for four years, but it was not done in a way that would have helped in the long run. These patients were left in very, very bad shape.

We know we are going through rough economic times. We know we are having a difficult time. Who are we? We are part of the same community. If we are not going to be taking care

of our own people in this country, in this province, in this city, who is going to be taking care of them?

Mr. Speaker, I cannot overemphasize more than that in saying that it is not something which can be classified as giving away something or handing over something or being too unreasonable. It is simply asking what is right and what is a must. I think you should imagine what is happening in their lives, what is happening in their homes, what is happening with their children, with their wives.

There are stories of people. I was watching one time, it was on CBC I guess, that a husband and wife both have the disease. They have a 12-year-old child. They were concerned that they are going to go, who is going to be taking care of that 12-year-old child. If there is no financial package attached, how are they going to be taking care of their responsibility? Ultimately we will all end up paying.

I am simply requesting, pleading on their behalf. I am not blaming the provincial government at all. We have not done that because what the federal government has done was totally wrong, absolutely wrong when the Canadian Red Cross is under their jurisdiction, when they knew what was happening, so they should compensate for these patients, but they are not doing it. They signed a contract for four years and they gave up the responsibility. You have new ministers, but none of the five candidates—one of them is going to be Prime Minister of this country—had made this statement. Where is the compassion? Where is the reality? Are we going to run away from those things?

We have talked to them. I am sure many of the members of this House have heard their stories.

I got a letter from British Columbia from one of the patients. I want to read that into the record.

This person says: I am 29 years of age, married, and I have two young children. I have a son who is four years old and a daughter who is two years old. The disease that was injected into my body has dramatically affected my life. Not only am I suffering from a debilitating and fatal disease that has no known cure, I am unable to work, and I will undoubtedly be unable to witness my children go to school for the first time, let alone share in their experience of graduation, their marriage and birth of their children. Mr. Speaker, he further says: I am faced with the reality of financial hardship. I have lost a lifetime of earned income,

approximately \$35,000 annually, and cost of medication approximately \$1,600 per month.

* (1110)

He says his wife is only 26 years old, faced with the reality of raising two young children alone.

The impact of this disease for my family members has been devastating. My two young children are faced with the loss, not only their father through death, but of the primary, secondary and symbolic loss of their family structure and unit. The impact that the loss holds for my children is one of the greatest daily tragedies I bear.

Mr. Speaker, can there be a more tragic story than this? These people are on the mentally, physically, emotionally lowest scale possible in the human dimension that anybody can be, especially when it is not their fault. These people had never known that this was happening to them. If they had known, they would have gone further. If it was a private agency, they would have taken the agency to court.

The law should protect these people. Who is the law? The law is the people who are making the law, and we are one of them here in this country and in this province. If we are not going to protect our own citizens in our own community, in our own city, who are we going to be protecting? They are caught in the middle. They are caught in the middle of an insensitive, inhuman approach by the federal government, absolutely what they have done. It is unheard of, especially when people talk about the good things in this country.

Mr. Speaker, in five years time, I have never been so touched by any other issue as this issue because we have talked to so many people. You hear their stories, horror stories, and especially their life span is very short. We do everything for ourselves. We do everything for our families to make them happy. We sacrifice for our families. These people also have the same feelings, but the environment has been created for them. First of all, they had disease. Now they have been given a death sentence simply because of incompetency at the initial stage and now the insensitive approach by the federal government.

Wherever elections are being called, they are being given compensation packages. Is that not sad? I am sure this government—I know them; they have a good heart. I know they have a good heart. They are here to help people. I am asking

them to use that compassion for an interim basis until you come up with negotiations with the federal government. We are not asking you to just sign a contract which is going to be binding for life. We are asking you to do what is right on an interim basis and then let the federal government deal with the real issue. The issue is that they have no right and no authority to leave these people, and the provincial government, in a very serious situation.

I think it was very important for us to explain from Day One to make sure that the public out there is not blaming the provincial government for the mess. I wanted to do that. It is so important, because when you hear the story, you hear only one part that they are not being compensated, but nobody goes there to explain whose fault that is.

So, Mr. Speaker, I sincerely hope that by spending some time today, we have in this House done some justice to the cause. I would give full credit to the government that they have tried to explain, but we are asking them to, in the meantime, come up with an interim package, make sure that these people are protected because some of them are not going to survive by the September meeting. They are not. Seven of them have already died.

So, it is very, very tragic. I am sure when we go home, we look at our own families, see how much we do for them, how much we do care for them, and we like to be helpful as much as we can, in the same way, I am sure, the people who are involved, who are victims of this mess by the federal government, they have the same problem. They like to be with their families.

But it is tough to go through this disease alone, but once you have another burden, I think it really causes more of a horror on a daily basis hour by hour. I mean, if my father were involved in the same problem or one of my kids or somebody else I know or one of the family members were involved, we would do everything possible.

It is very sad what the federal government has done and we are simply asking this government, we are not asking them to do what is not right, we are asking them to do under the circumstances—you are stuck with the problem until the September meeting. No question about that. That is very clear.

If we can help them in one way or another, because through Social Assistance they are going

to get some help, no question. Their medication is covered. Some of their other things can be covered, but how about the others in the surrounding structure? There are a number of other issues one can raise. What is going to happen with the others who got the blood through the same disease, same pattern? We are opening an area where there could be a lot of lawsuits. It could be a long-term problem for the federal government.

Well, if the government is not going to be protecting their citizens, it is not a question of a huge policy, it is a question of what is morally right and what is ethically right. If you go through the reports in the House of Commons committee and other reports, it is very clear they had some knowledge as of '84 that something was wrong there, but they never took any action. One reason why it is too expensive to do that testing, but that is wrong, absolutely wrong.

Mr. Speaker, without taking further time, on behalf of those who cannot come here today and speak—the government of Manitoba is stuck with the problem. I think it will do very well for them as human beings to help these people in the short-term till you can come up with a package with the federal government because they are the ones who have basically done a criminal act in this area.

Thank you, Mr. Speaker.

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 Education and Training; and the honourable member for Seine River (Mrs. Dacquay) in the Chair for the Department of Health.

* (1120)

COMMITTEE OF SUPPLY (Concurrent Sections)

EDUCATION AND TRAINING

Mr. Deputy Chairperson (Marcel Laurendeau): Order, please. Will the Committee of Supply please come to order. This morning, this section of the Committee of Supply, meeting in Room 255, will resume consideration of the Estimates of Education and Training. When the committee last

sat, it had been considering item 4.(b) on page 39 of the Estimates book. Shall the item pass?

Hon. Rosemary Vodrey (Minister of Education and Training): Mr. Deputy Chairperson, when we were last together, I was asked for information on the dates and locations of the public meetings being held by the implementation committee on Francophone governance, and I have a list of those to table today.

In addition, I was asked some questions under the line of the Bureau De L'Education Française, and one of the first questions was to table the places where the public meetings were being held. That has been done.

The second question was around the nonparticipation of French immersion students in the Youth Parliament held for Francophone students. This particular parliament is an autonomous, nonprofit youth organization within the Francophone community. This organization is funded by the Secretary of State, and every year interested Franco-Manitoban students elect a cabinet. This cabinet is responsible for the administration and management of this organization.

The Conseil jeunesse provincial, a nongovernment Francophone organization, provides the technical advice. Targeted clientele are students from Franco-Manitoban schools. However, it should be noted that a few years ago, in 1991, an invitation was forwarded to the French immersion students to apprise them of the well being of this organization and to encourage French immersion students to form a similar organization. Some French immersion students did participate as observers.

Then a question was asked regarding budget line 16.4 (a)(2) in the area of Management Services, and the question related to the 1992-93 budget line, which was \$15,400 dollars. That was budgeted for in the book for various professional fees required by the branch; \$7,900 of that was budgeted for '92-93 planning and policy procedures development purposes, including manuals preparation for the three community colleges to assist with college governance transition, but these tasks were accomplished internally with the assistance of Manitoba Finance. So no college governance professional fees were paid out of that budget line. However, the actual

professional fees paid out of that budget line, in fact, totalled \$21,405, and I am prepared to table today a list of exactly what those contracts were paid from that budget line.

* (1130)

In 1993-94, the \$7,900 was eliminated as nonrecurring, and the remaining \$7,500 is budgeted for various professional services such as audit reports on Workforce 2000, labour market information reports, as well as for various financial and administrative management information systems requirements by the Student Financial Assistance Branch for transition to their loans program. I believe that covers all the information promised for today.

Ms. Jean Friesen (Wolseley): Mr. Deputy Chairperson, I would like to ask some questions about the professional fees paid. They are not on this line. How do you want to handle it? But they are subsequent to the—

Mrs. Vodrey: Mr. Deputy Chairperson, it is a line which we passed a day ago.

Ms. Friesen: Mr. Deputy Chairperson, it was a line which we passed while awaiting this. It would seem to me a courtesy for the minister to at least answer some questions on something she has tabled.

Mrs. Vodrey: Mr. Deputy Chairperson, just as long as it is on the record that this line has been passed, but we are prepared to answer questions to assist the member.

Ms. Friesen: Mr. Deputy Chairperson, that was, in fact, how I introduced my question: This line has been passed; would the minister entertain questions?

I wanted to ask about the \$1,500 for the Centauri Systems, Design of Labour Market Information Bulletin. Which Labour Market Information Bulletin is this? Does the minister have an example of the design?

Mrs. Vodrey: Mr. Deputy Chairperson, it is a Manitoba Labour Market Information Bulletin, April 1993. It is a monthly bulletin. I have a copy of the bulletin for April 1993 which I am prepared to table for the member.

Ms. Friesen: Mr. Deputy Chairperson, I am familiar with that. I am questioning that it was \$1,500 for design. Does that mean it is actual

layout, printing and production, or is it \$1,500 to design that cover?

Mrs. Vodrey: Mr. Deputy Chairperson, I am informed that money was for layout, for cover and for table redesign.

Point of Order

Hon. James Downey (Minister of Northern Affairs): Mr. Deputy Chairperson, I know the minister has agreed to answer questions on items that have been passed. I hope the members opposite appreciate the many, many staff, the way in which they are going through these Estimates, that it costs the taxpayers to sit here when they are going through the Estimates in the manner in which they are—all over the place, no pattern, no line by line.

The department cannot operate effectively and efficiently in this manner. In fact, it is a tremendous cost to the taxpayers, the manner in which they are dealing with these Estimates, and —

Mr. Deputy Chairperson: Order, please. The honourable minister did not have a point of order.

The honourable member for Wolseley had requested permission to move back to that line, and the minister has stated that she will answer it this time, but it is up to the discretion of the committee whether they wish to revert back. If the committee decides they do not want to or if the minister decides they do not want to, then we will not.

* * *

Ms. Frlesen: I asked labour market information policy because that particular member of staff is there. [interjection]

I was speaking to him. He has already mentioned me.

Mr. Deputy Chairperson, I thought the intervention of the Minister of Northern Affairs was uncalled for. We are going line by line. The minister had agreed to this. The question which I asked was about labour market information, and she has that staff at the table now. I really do not think that his intervention has furthered the process in any way. If he wants us to move very quickly, then I think it would be better if he kept his mouth quiet.

Mr. Deputy Chairperson, I wanted to ask about the auditing assistance for the Core Area Initiative

Program and which audit that was and whether that has been tabled anywhere else.

Mrs. Vodrey: This was done as part of our internal audit process. Occasionally an internal audit, where there is an area of very narrow scope and depending upon the volume then we do contract out. This was contracted out and has been received by internal audit.

Mr. Deputy Chairperson: 4.(b) Access Programs \$9,926,000.

Ms. Frlesen: We are now looking at the Access Programs and at the end of last time, when we were looking at ACCESS, the member for Thompson (Mr. Ashton), I believe, had raised some questions about a daycare program at KCC which was intended to facilitate the accessibility of students, both at KCC and in ACCESS programs, that would enable them to attend programs.

One of the problems I think he raised was that that particular daycare has been essentially caught in the squeeze in the change in policies and does not have at the moment any funded spaces. So I am trying to follow up on that question, and I do not recall whether the minister had begun her answer at that stage or whether we had dealt with that issue.

Mrs. Vodrey: Of the centre that the member is referring to, it is operated by a private board. That private board has made their decisions, and I believe the questions around the daycare spaces are best addressed by my colleague the Minister of Family Services (Mr. Gilleshammer).

Ms. Frlesen: I assume that the minister has an interest and a concern in enabling students to attend from the ACCESS programs and that daycare is one of those elements of public service which enable a broader range of students to attend ACCESS programs. I am wondering if the minister has made any position on this to the Minister of Family Services and what she intends, in terms of her discussions around the cabinet, in developing these kinds of public services and, in particular, this one, which is quite focused and is in an area where there are not many daycare services available.

* (1140)

Mrs. Vodrey: The area of child care is one of great interest to me. I moved to Manitoba and taught in the program at the University of Manitoba

which trained among the first child care workers in Manitoba. As the member knows, I am also a certified Child Care Worker III. So the issue of child care workers is an important one and the centres are important. I do make sure that my colleague and I do have discussions as I do with other ministers.

However, the answer, in terms of changes in that policy, is one that the member will be familiar with. Decisions had to be made and they were very difficult decisions. There were decisions made within the Department of Family Services which, again, had to be made. Any further discussion that the member may wish to have around the rationalization or reasons for that decision making would be best addressed to the Minister of Family Services (Mr. Gilleshammer).

Ms. Friesen: Mr. Deputy Chair, as the minister knows, those Family Service Estimates are completed. I am concerned about the overall public policy, which I am sure the minister is too, which enables students to be considered for ACCESS programs and to access the programs or to have access to the programs that are offered through community colleges. Funded places in child care facilities are one element of that.

I would assume that the Minister of Education, who is concerned about the broadest possible access to community colleges, if indeed that is her policy, would have some specific interest in this at this daycare which was to be at KCC or is at KCC.

It is experiencing difficulties, and again, I ask the minister, from the perspective of educational accessibility, the role of daycares in enabling a broader range of students to have access to the educational facilities that the public provides, that she would have some specific policy elements on this that she would be able to discuss with us.

Mrs. Vodrey: Mr. Deputy Chair, as I have said to the member, this is an area of interest to me and importance, and I have spoken with the Minister of Family Services (Mr. Gilleshammer). Any further questioning on this area should go to my colleague the Minister of Family Services.

Ms. Friesen: I am glad to hear that the minister has spoken to the Minister of Family Services on this. Could she tell us what kind of policy, what kind of concern she conveyed to him at that time?

Mrs. Vodrey: I do not think the member paid attention to the answer. However, I have said that

the area of child care is an important one and the area of training of child care workers is an important one.

My colleague and I have had those discussions. Any further discussions around the policy of funded child care spaces should go to my colleague the Minister of Family Services.

Ms. Friesen: But I did listen to the answer. The minister spoke, first of all, of her personal concerns about the general area of child care. Then she said that she had spoken to the Minister of Family Services (Mr. Gilleshammer) and she referred me to him.

I picked up on the second element which was that she had spoken to the Minister of Family Services. I understood that she meant that she had spoken to the Minister of Family Services about KCC and about the general availability of child care positions at KCC, funded positions which would enable a broader range of people to have access to the college.

So that was my question and I do ask that question again.

Mrs. Vodrey: Mr. Deputy Chair, the issues relating to funded spaces should be addressed to my colleague the Minister of Family Services.

Ms. Friesen: I will convey that to the people at KCC who are very concerned about the relationship between Family Services and Education and the public policy that is being developed for accessibility to community colleges.

Earlier in the Estimates process, when we discussed at the beginning under Planning and Policy, I did ask the minister for some numbers on ACCESS enrollments. I wonder if the minister has now been able to prepare those.

The numbers I asked for were enrollment patterns, I believe, and also the enrollment patterns of the three or four elements of ACCESS enrollment, that is, those people who are enrolled as women, as immigrants, as aboriginal students.

If the minister remembers, one of my concerns at that time was that the changes in policy in this area were, in fact, leading to a program where only students who had alternative sources of funding could be accepted into ACCESS, and that this was increasingly meaning that students only funded by bands would have access to certain programs.

This did, at that time, to me, seem to change the orientation of the program.

The minister said that she would provide such numbers so that we could see whether in fact there was such a change in policy.

Mrs. Vodrey: Mr. Deputy Chair, I have that information for the member now. I would just ask if you could make some additional copies for the other members here.

Mr. Deputy Chairperson: Thank you.

Ms. Friesen: While we are waiting to look at those numbers, I wonder if the minister perhaps could give us—now that I believe that she has her staff here for ACCESS and post-secondary education—some historical background, the reasons for the development of the ACCESS programs, the years in which it was developed, and the enrollment patterns historically.

Mrs. Vodrey: I am happy to read from the mission statement in terms of ACCESS programs: "To provide post-secondary educational opportunities to residents of Manitoba who have had limited educational opportunities in the past due to geographic, financial and academic barriers.

"To develop the capacity within the province to respond with greater flexibility, effectiveness and efficiency to the diverse learning needs of adult learners, in particular those individuals of Aboriginal ancestry and immigrants."

I have, in addition, some information regarding each of the programs from years in which they began. With the BUNTEP program, from 1976, the number of graduates has been 106. With the University of Manitoba ACCESS Program North, I have data from 1980; the number of graduates is 47. With the University—

*(1150)

Ms. Friesen: I know we do not have point of informations, but I just wanted to get those numbers down correctly. Are those cumulative numbers, so that from 1976 to 1992 graduation or '93 graduation?

Mrs. Vodrey: These are numbers to the end of 1990—[interjection] Right, cumulative numbers to the end of 1990.

We were at University of Manitoba ACCESS Program South, from 1982, number of graduates, 19; the Special Pre-Medical Program, from 1979,

number of graduates, 19; the Professional Health Program, from 1982, the number of graduates is 9; the Northern Bachelor of Social Work Program, from 1984, the number of graduates is 24; the Winnipeg Education Centre in the area of education, from 1978, the numbers are 97; Winnipeg Education Centre, Social Work Program, from 1981, the numbers are 52; and from the ENGAP or the Engineering Program, which began in 1985, there have been no graduates.

From the community colleges ACCESS Program North, from 1979, 66 graduates; community colleges ACCESS Program South from 1984, 30 graduates; from the Southern Nursing Program from 1981, 77 graduates; from the Electrical-Electronic Program from 1985, 19 graduates; and from the Civil Technology Program from 1985, 47 graduates; and the Northern Nursing Program from 1983, 65 graduates; and the ACCESS North Program from The Pas, we do not have any figures because it was transferred to college control in 1988.

Ms. Friesen: Mr. Deputy Chair, I would like to ask the minister first of all about the changing nature of enrollment as a result of recent government policies.

I think the public concern is that by reducing the \$1.2 million to ACCESS this year that the people who do the selection for ACCESS are having a much smaller range of people from which to choose. In some cases, there is only one funded person under the ACCESS program, whereas previously, a much higher proportion, not always a majority, but certainly a much higher proportion of people were funded directly by ACCESS, so that you are selecting from a smaller range of people and those who can find funding through various means, whether it is through bands, whether it is through particular arrangements with local municipalities, or whatever.

I think the range of selection is an important issue because one of the successes of the ACCESS program has been due to the very careful selection from a wide range of people bearing in mind the goals of the program to address equality of condition and equality of access for people who would not normally consider themselves as candidates for university.

So it is that \$1.2 million in reduction. It is the question of a smaller range of people who can be

selected and the nature then of selection for these programs.

Mrs. Vodrey: As the member knows, there are presently 712, I believe, students currently in the ACCESS program. We have said from all of our discussions that it would be important to see those students through the program and that our commitment is not one which would leave students currently in the program as happened with the federal government last year, who left students within the program without funding and how the provincial government came forward and supplemented that funding to allow those students to remain in the program.

We have currently 712 students. We want to make sure that with the money we have available those students are able to finish their program. As the member knows, we are taking in new intakes as well. We spoke about that the last time we were together to say that our commitment to ACCESS programs remains. It remains as a commitment to those students who are currently in the program and it remains to allow us to take in some new intakes.

The number of new intakes is perhaps not as large as the member might like to see. However, the commitment remains to take in those students and to see that there are people studying in a number of areas who are funded intakes.

I would say to the member again, with the amount of money that is available, we have made decisions which support students who are currently in the program and which allow us to also take in new intakes.

Ms. Friesen: That did not exactly answer the question. The question I was asking was, the focus of the program had been twofold. The two aspects of it that I asked were about the nature of selection and the opportunity that the selectors in all of these institutions had over the past history of the program to draw from a number of categories. Now they are being, it seems to me from the policies of this minister, that the range of categories they can draw from has narrowed because they can only consider for the most part those people who already have funding. That was the issue I was addressing because selection is crucial to the success of these students.

The numbers that the minister has given me of the students who have graduated in various

programs since the 1970s, I think it is a creditable record for any province under any government.

What concerns me very much are the changes in this program that are being brought about as a result of the federal action of two years ago and now the action of the government this year. I wonder if the minister could perhaps look at it from that perspective of a reduced range of selection and the effect that could have on graduation rates and success.

* (1200)

Mrs. Vodrey: The criteria for entrance into the ACCESS programs have not changed; they have not changed from the year before. The criteria for funded intakes into the ACCESS programs remain; the undereducated and economically disadvantaged are two of the selection criteria by the province. Other selection criteria include a residency in Manitoba: residency in the North for northern programs, residency in the South for southern programs, and residency in Winnipeg for two Winnipeg Education Centre programs. The Special Pre-Medical Studies Program and the ENGAP or the Engineering Program are for aboriginal people only.

In addition, we also look at selection decisions made by program directors in the institutions, and students must be admissible to the institution and meet the selection criteria in order to be funded.

Our process of selection remains the same. We have still continued to take intakes in, and those funded intakes will be required to meet these particular criteria.

Ms. Friesen: I suppose, to put it kindly, the minister is not understanding the question I am asking. Yes, there are funded intakes, but as I understand it, there is only one funded intake in each program now, which is down from other years, and that the majority of people who now are accepted into these programs must bring funding from other sources, from band funds or from other sources.

In speaking to students at the Winnipeg Education Centre yesterday, it seemed to me that that is exactly what has happened at the Winnipeg Education Centre in the most recent intake, that students who can be funded by ACCESS—that is, who can be selected very broadly under the criteria that the minister has offered and that can then be offered money by ACCESS—have been reduced in

many cases to only one person per program. That is my concern.

Mrs. Vodrey: The member does not seem to have understood and has not received accurate information from the people that she has been speaking to. There is, in fact, more than one individual being admitted into some programs in the ACCESS program, and I would point to the Northern Bachelor of Social Work, which, under our funded intakes, is accepting four. Of these individuals, they are not receiving funds from the bands.

There are, in fact, other numbers of other funded intakes who would receive the other kinds of funding that the member speaks about. That other funding might be band funding which she seems to be looking at specifically; it might also be Canada Student Loan funding. It may be funding available to those students from any number of sources. In terms of our funded intake, we have maintained a commitment and, in fact, have in some programs certainly been able to admit more than one student.

Ms. Frlesen: Then perhaps we can go through it program by program and the minister could tell us how many funded students were admitted last year into a program and how many funded students are admitted this year. I am speaking specifically of students who are admitted and funded by ACCESS and no other source.

Mrs. Vodrey: Mr. Deputy Chairperson, as the member knows, we have had to make budget decisions. If she is looking to make a comparison then she may as well just say that is what she wants, but as I have told her, we have with the money available to us continued to support those students who we have admitted into the programs and we have also taken in new intakes.

The Brandon University Northern Teacher Education Program has had two funded intakes this year; the University of Manitoba Engineering ACCESS has three funded intakes; Professional Health Program has two funded intakes; Northern Bachelor of Social Work has four funded intakes.

So I entirely reject, first of all, the line of questioning that was offered by the member for Thompson (Mr. Ashton) the other day that somehow there has been an abandonment and lack of concern for northern people, because we

have continued to fund the intake of those students within the ACCESS program of our funded intake.

Ms. Frlesen: Mr. Deputy Chairperson, I think the minister knows that my line of questioning is that the focus of this program has changed, that the basis of selection has changed and that when the basis of selection changes, then the nature of the graduation rate from the program comes into question. All I am trying to get at, and the minister has given me some numbers for this year, that there has been a funded intake, and I am sorry I missed the number she gave me for BUNTEP, that the Professional Health Programs have had a funded intake of two and the Northern Bachelor of Social Work has had a funded intake of four.

I wonder if the minister could continue with that list and give me the numbers from the year before or two years before or whatever the cumulative numbers have been. For example, in the health programs I am sure that there was a funded intake of at least five, if not seven in earlier years. So it seems that in that one, although the minister thinks that a funded intake of two maintains a commitment, in her definition of commitment, yes, it does. She has a line on the budget.

The broader question I am asking is the focus of this program, the future of this program and the fact that dramatically reduced funded intakes, which is I think what we are facing in some of these programs, means that the basis of selection is different and that the future of the program becomes different.

Again, what I tried to ask the minister at the beginning under Policy and Planning was: Does she recognize this, that there is a change in the focus and function of the program? Is it time in fact to begin to review this program and to look at the changes that the government is making de facto? What we are getting now is a real series of difficult situations both between students and within institutions, very difficult conditions that the people who work in these programs face, not understanding I think or not knowing what the next step of the government is going to be.

So I am looking at the actions of the government in reducing the number of funded intakes to, in some cases, one, and the uncertainty that this brings both to students, the questions that it raises about the future of the programs and the

government's policy and planning process in this area.

Mrs. Vodrey: Mr. Deputy Chairperson, we have been over today the fact that the selection criteria remains the same, and I have read that into the record. I have also explained our commitment in terms of maintaining the program, because we have not only continued to support those students who are currently in the program, the federal government did not. The Province of Manitoba moved in and assisted those students. So where there is a sense of wondering about commitment and certainty, I think we have certainly proved by our actions that we have supported and offered support for those students.

We have this year, with the money available, made it clear that we have continued to support students who are within that program. We have, in addition, taken in new intakes. Now there is only a certain amount of money available. With the money available, we have in fact made sure that we have assisted those students who are in the program and made sure that we have made the opportunity available for students who would be funded by us, new students to come into the program.

The member seems to not want to look at the federal government's role here. They have changed their role. The province stepped in and made sure that those students who would have been left without assistance had that assistance.

Ms. Friesen: Mr. Deputy Chairperson, when I began the discussion of ACCESS, I hoped that we did not need to get into this continual blaming of the federal government by the minister. I said that I acknowledged the federal government had made changes two years ago, and that did make a significant difference to the program.

* (1210)

Let us put that on one side, I said, and let us look at what this government has done in response to that. In the first year they did pick it up, and in the second year they dropped it. It seemed to me, having made that connection, that we could at least put that argument on one side. I know the minister believes that the action of the federal government was, as she said in her own press release, unconscionable.

I agree with her, but it seems to me that if it is unconscionable for the federal government to

reduce by \$1 million two years ago, it equally is unconscionable for the provincial government to reduce, as it says in this Estimates sheet in front of us all on page 83, by over a million dollars here. I am not quite sure what distinction the minister is drawing.

That would be my response to that particular action. We still have to deal with the fact that, although the provincial government two years ago did pick up what the federal government had cut—I have said that in the House. I have said it here. This is the second time or third time that we have said it. This year the provincial government decided that it was not going to continue to pay that money that the federal government had dropped. So the provincial government, this year, according to the Estimates book in front of us, cut more than a million dollars from ACCESS programs.

One of the effects of that cut has meant that fewer funded students by ACCESS can be brought into these programs. In some cases, as I understand it, and the minister has not, so far, provided me with any alternatives, in some of these programs the number of students being funded by ACCESS is down to one. As I understand it, there are at least three or four programs where that is the case. For the minister to talk in plural terms about continuing to admit ACCESS students is perhaps taking an overall look and is really not looking at the broader principle that I am addressing, that fewer students are being funded by ACCESS, in some programs down to one. That does affect the nature of selection. That is the second area that the minister does not seem to want to address.

Yes, the academic criteria and the employment criteria remain the same, but in addition, an additional criteria has been put on students—you must bring funding with you. You must be in some way eligible for another program. You must either be Metis and have money available through Pathways, you must have money available through your band, you must be able to find monies, perhaps from your spousal support, if that is possible, or from other sources such as being eligible for Canada Student Loan.

As the minister knows, some of the people who are indeed ineligible for ACCESS programs in some ways may indeed not be eligible for Canada Student Loans because, in earlier days, perhaps under The Private Vocational Schools Act, we discussed some of this or that section of the

department, people perhaps with limited education got themselves involved in large student loans and then had to drop out and now find themselves five or six years later with a debt that makes them ineligible for further student loans and essentially has cut them out of the whole educational stream. So those students are not eligible to be funded by ACCESS, and they are not eligible for other kinds of funds either. They are one group. That is what I meant by the basis of selection is that students now have an additional criteria that they must be able to fulfill.

Mrs. Vodrey: Mr. Deputy Chairperson, first of all, into the ACCESS programs, we have always taken students who are funded by other means, as well as students whom we fund.

The member has asked in her question, would there be some distinction between the action of the federal government and the provincial government? I would say yes.

The federal government had students whom they had funded in the program and were not going to fund any more. Those students would not have had funding to complete.

The province made the commitment to assist those students. The province has continued with its commitment to see students, who are in the program, through the program. Therefore, what we have done is, with the money available, assisted students who are in the program. We have continued to take in new students, maybe not as many as the member would have liked to have seen in the program, but perhaps she would have then, with the money available, liked to have funded new students and left those students currently in the program with no funding.

Ms. Friesen: The issue we are addressing is the cut of over a million dollars to ACCESS. The implications of that have been that a greater proportion of students, and that was actually what I asked the minister a couple of questions ago, if she could tell me the numbers of students who were funded by ACCESS last year, the number of students who will be funded by ACCESS in this coming year, so we could perhaps at least begin to look at the changes in proportions of students who are ACCESS funded and again address that issue that I was dealing with of selection and the prospects for the program.

I accept the grandfathering distinction that the minister made. I still think that the minister has to deal with the fact that she has cut over a million dollars from a program which was very successful. I believe the way in which the universities, the colleges and the ministers have dealt with this reduction in a million dollars that in fact we are changing the nature of the program. We are now funding students who are, for the most part, a large majority not funded by ACCESS but have to find other funding.

If I am wrong on that, I certainly stand to be corrected, but that is certainly the argument that we find from students in the program. It is the argument that we hear from the universities. It is certainly the public perception and if that public perception is wrong, then I think it would be very helpful if the minister would give us those numbers which would prove that was wrong.

Mrs. Vodrey: Mr. Deputy Chair, again, the member refers to the reduction in the budget line, which the member will see is the amount of money that was reduced by the federal government. The provincial government has maintained its commitment and we have looked to provide some assistance so that Manitobans who are currently within the ACCESS programs are able to complete their education through the ACCESS programs.

In addition, we have made sure that there are some students who are now in the ACCESS programs as new intakes which may not have been available in the past. The member is asking for the numbers from last year and the numbers this year, and I am happy to provide them for her. She will see a difference and she will see that we have put a great deal of our money into supporting those students who are currently in the program.

However, in an effort to make sure that the community did receive the message of the interest in ACCESS programs of this government, we did continue to fund new intakes. Perhaps had there been no new intakes, then perhaps the question could be raised, but in this case, there were new intakes.

In terms of the programs, and obviously they are not lined up in exactly the same order, the University of Manitoba ACCESS Program North—last year into the University of Manitoba ACCESS Program North there were 11 students and in the University of Manitoba ACCESS

Program South there were three students. This year, we were not able to accept students into that program.

* (1220)

Mr. Deputy Chair, let me make it clear that those would be funded intakes. However, in the nonfunded intakes, there certainly will be 10 spaces available. As the member knows, that is funded through a number of different areas.

In the Special Pre-Medical Studies Program last year there were eight. There will not be students entering that program from the funded intake this year. There will be eight nonfunded programs.

From the Professional Health Program, last year there were two students, and there will be two funded intakes into that program this year. From the Northern Bachelor of Social Work Program, last year there were 11 funded intakes. This year there will be four.

From the Winnipeg Education Centre and the Education Program, last year there were 11; this year, there will be one. In the Winnipeg Education Social Work Program last year there were 11; this year there will be one. In the Winnipeg Education Centre's Social Work Program last year there were 11; this year there will be one. In the ENGAP program or the Engineering Program, last year there were five; this year there will be three. In the community colleges ACCESS program last year, north and south combined, there were 14 students, and this year there will be four. In the Southern Nursing Program, last year there were 11; this year there will be five. In the Northern Nursing Program, last year there were 11; this year there will be three. In the ACCESS North Program, last year there were five; this year there will not be students taken in, funded intakes; there will be 15 unfunded intakes. In the BUNTEP program last year, there were seven and this year there will be two.

So as I said to the member, yes, the numbers will look different because with the money available, we had to look at, one, supporting students who are currently in the program. Perhaps the member would have not liked those—the member for Dauphin (Mr. Plohman) seems to have trouble with this. Perhaps he would have liked those students to not receive funding. We looked at the funding available, making sure that those students who are currently in the program have received support to

finish their program of study, but we have in addition, with the funds available, made sure that there were intakes into a number of the programs, funded intakes into a number of the programs.

Ms. Friesen: Mr. Deputy Chairperson, I thank the minister for that list. That is what I asked for some time ago. We could have eliminated some of the circular discussion we have had, because in fact we are looking at—

Point of Order

Mrs. Vodrey: A point of order, Mr. Deputy Chairperson. In providing the information, the staffperson present had to record the information. It was information that he knew. He wrote it down and provided it as soon as I had it.

Ms. Friesen: Mr. Deputy Chairperson, I was not clear on that earlier. I thought the minister was only going to give us in earlier ones, the ones where she had the least decline. I did not realize we were waiting.

* * *

Ms. Friesen: It seems to me that we have had in the region last year—and this is not looking at it over a three- or four-year period; I realize that the minister may not have those numbers here today. Would it be possible to have access to the numbers of ACCESS-funded enrollments since the beginning of each of these programs?

Mrs. Vodrey: Mr. Deputy Chairperson, I am informed that would be very difficult to provide, that some of the programs did not go through a system of record keeping, so we would not be able to provide that information. However, I have provided the comparison for the member today, and I have also given her the actual number of graduates from each of those programs from the years in which we were able to get that information. I do have information on the enrollment in each of the programs for '92-93 and the projected enrollments for '93-94, if that would be helpful.

Ms. Friesen: Mr. Deputy Chairperson, I appreciate that these programs have been funded in a variety of ways which have changed over the years. It seems to me some of that has stabilized, well, shall we say since 1988 or '89. Is it possible to have comparable numbers of enrollments funded by the ACCESS programs going back to '89?

Mrs. Vodrey: Mr. Deputy Chairperson, I am informed by the staff members present that even to go back to 1990-91 would involve a very long amount of work. It would involve a manual entry into each of the records and a manual tabulation. In the years that the member is asking to go back to and certainly before that, the data has not been reliable.

Ms. Friesen: Mr. Deputy Chairperson, so the numbers the minister has given today are the only ones that are available, or is there a year available before that?

Mrs. Vodrey: Mr. Deputy Chairperson, I am informed the information that I have provided this afternoon is what is available and that can be compared in a fairly reliable way year over year.

Ms. Friesen: There are quite dramatic changes in the numbers that the minister has given me. We are looking at, in terms of funded places, 107 to 25 I think, approximately, if I took down all the numbers correctly, so we have less than 25 percent this year of ACCESS-funded students than we did the year before. Just to be on the safe side, could I get a sense from the minister about whether last year's numbers were extraordinary in some way? If that is the only base line we have, was that unusual?

Mrs. Vodrey: Mr. Deputy Chairperson, in terms of the numbers which we have been discussing this morning, some of them, as I have said, are fairly complicated and in different kinds of groupings.

I can tell the member that last year, when we were looking at those numbers, of the total number of students who were enrolled in the ACCESS programs, provincial funding supported 58 percent of those students. Band-funded accounted for 19 percent and other funded accounted for 22 percent. The province's commitment is very substantial in light of the other types of funding.

Though the member has pointed to a reduction in numbers of new students coming in, I can tell the member that the enrollment in 1992-93 was 726 students, and of those, the province supported 58 percent of those. In 1993-94, the enrollment will be 712 students. I am also informed that enrollment level is really fairly stable as an enrollment number over the past five or six years.

* (1230)

The province has maintained its commitment to those students who are currently within the program. When we look at the province's record of funding the ACCESS students, it is strong. We had reduced the number of students this year, however, that has reduced the total enrollment somewhat also. The province has remained committed to supporting students in the ACCESS programs.

Mr. Deputy Chairperson: The hour is now 12:30. I am just going to canvass the committee to see what time we would like to break for lunch.

Mrs. Vodrey: I would suggest a quarter to two, halfway.

Mr. Deputy Chairperson: Quarter to two.

Mr. John Plohman (Dauphin): I would suggest we have lunch at 12:30 or now and then come back in a half an hour and get on with it. If the minister has any reason why that is not appropriate—this is lunch time.

Mrs. Vodrey: Mr. Deputy Chairperson, I was looking on behalf of all of us present, including the staff, to have a break at about midpoint through the Estimates this afternoon.

Mr. Leonard Evans (Brandon East): Mr. Deputy Chairperson, I do not care which way, but it seems to me that the Speaker was in here doing a survey of the members, and I thought he came to the conclusion that it would be 12:30 to 1 p.m., so if the Speaker of the House left with the impression that we were breaking until 1 p.m., personally I do not care, but I am just conveying that information to you, as long as we do not get our wires crossed with the Speaker.

Ms. Avis Gray (Crescentwood): I was of the understanding that we would break from 12:30 to 1 p.m., similar to what the member for Brandon East has indicated.

Mr. Deputy Chairperson: Order, please. We ran into this problem last year at one committee, and it was the will of the committee that was finally abided by within the rules of the House and the rules of the committee. At this time, I will canvass the committee again.

Mrs. Shirley Render (St. Vital): If the minister has requested a quarter to two, I think the minister's request should be—we go along with it.

Mr. Deputy Chairperson: Then we will carry forward with the—

Mr. Plohman: Mr. Chairperson, I think the committee should decide, not the minister. We have requested that the committee adjourn now for a half an hour, that we come back and that we can have a short break at around two or 2:15. If the minister so desires, for staff or for herself, that is fine.

Hon. Gerald Ducharme (Minister of Government Services): There is only one member of the whole committee who has been here continually, and that is the minister, so I would suggest that—[interjection] No, I am saying continually since Day One, is the minister, so at least give her the discretion of when she should call break.

Mr. Jack Reimer (Niakwa): I will accede to the will of the minister in regard to a quarter to two.

Mr. Deputy Chairperson: The Chair is going to rule that the committee, on the whole here, would like to wait till quarter to two, then to—

An Honourable Member: No. Did you canvass all of us?

Mr. Deputy Chairperson: Yes, I have spoken to all the members throughout this, and I find the numbers are saying that the minister will have her wish.

Mr. Plohman: Yes, I would like to have a vote, Mr. Deputy Chairperson.

Mr. Deputy Chairperson: The honourable member for Dauphin has requested a vote.

All those in favour of breaking for lunch now, please say yea.

Some Honourable Members: Yea.

Mr. Deputy Chairperson: All those opposed, please say nay.

Some Honourable Members: Nay.

Mr. Deputy Chairperson: In my opinion, the Nays have it. Carry on.

Ms. Friesen: The minister says that the government has supported 58 percent through ACCESS funding of students in these programs, but the projections obviously, when only 1 or 2 or 25 percent of the enrollment is going to be ACCESS funded, is that this proportion is going to change and that it is going to change very quickly.

Again, I go back to the questions, and the context in which I have been asking these questions is: What is the future of this program if only 25 percent of the intake is going to be, or less than 25 percent in fact, is going to be funded by ACCESS directly? In some cases, we have already seen that some programs have not admitted anyone. I think the minister suggested here ACCESS North, and I think there was one other, ACCESS South, which had no funded ACCESS students this year. I believe we have also seen a freeze in the Engineering Program for one year, at one point, on admissions.

So, again, there seems to be—once the government has decided to limit its commitment, shall we put it that way?—limit its commitment by a cut here of over a million dollars to this program, that it brings for the students, for the populations affected and for the people who work in these programs some very serious concerns about the future of it. I think we have some of the numbers to substantiate that, that the proportion of government-funded students or ACCESS-funded students is being reduced very dramatically.

So, again, I want to ask the minister to give us some sense of what her directions are for next year. Is this going to be, for example, the projection for the next couple of years? Are we looking at one or zero and sort of moving those figures around in each of the different programs, or are we going to look at some kind of overall perspective on the ACCESS programs? Are we going to look at freezes in acceptance of ACCESS students as we have done this year and in other years in certain programs?

Mrs. Vodrey: Mr. Deputy Chair, the percentage that I gave the member of 58 percent provincially funded students was as of December 31, 1992, that is, December of the year of less than six months ago. So I think that that number is quite a reliable one in that it is very recent.

As I gave the member the total enrollment of '92-93, the projected enrollment of '93-94, yes, she will see there is some reduction in that enrollment because there has been some reduction in intake. However, the intake has continued; there still has been an intake; and those students will still be taken in as funded students.

* (1240)

When we look at the commitment of this government to the ACCESS programs, I would remind the member that the commitment is \$9.9 million.

Ms. Frlesen: The question I am asking the minister is, what is the trend here? Yes, there may well be—I was not questioning her figure of 58 percent of six months ago, but that is an overall figure for all the students in the program.

I am looking at the future of the program. The way in which you look at the future of a program is to begin with the intake year and to see what kind of projections one can draw from that.

There are a number of concerns I have about that. One is, what proportion are going to be funded by ACCESS? Hence, the other side of that coin is, how many students, what proportion of students are going to have to bring with them other kinds of funding and, hence, have a different basis of selection than those ACCESS students and the program have had in the past?

Mrs. Vodrey: The trend that the member speaks about is reduced federal funding. That has been a trend that has been very much identifiable.

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

In terms of our commitment, again, I have explained to the member what it is. I cannot look ahead and say specifically what that funding will be in the following year other than to say that we have made the commitment to see students through. We have also made a commitment to bring new students in.

Ms. Frlesen: Mr. Acting Deputy Chair, the minister has said that she retains a commitment to students in the program. Could she tell us what reductions there have actually been in the funding of those students who remain within the program?

A year ago, I believe, those students were required to take, in some institutions, a proportion of what formerly had been a bursary as a loan, and I believe there have been further reductions to some students in some programs this year.

Mrs. Vodrey: Mr. Acting Deputy Chair, the reduction that the member is referring to, the student bursary is being reduced to some students who have been receiving more than others. So the reduction will be to those students who have

been receiving more than others and who have been in the program for three years or more.

The reduction is from \$6,000, approximately \$6,000, slightly more, to \$3,744. Now, again, notwithstanding this particular reduction which does now bring all students onto the level playing field, the Student Allowances in '93-94 will total an average of \$10,600 per funded student. That money, that \$10,600 is all nonrepayable money.

Ms. Frlesen: I divided my question into two parts, and I am not sure if the minister's answer is responding to both.

Last year, I understand, that reduction from \$6,000 to \$3,700 took place and the students were required, if they needed it—although God knows who did not need more than \$3,700 to see themselves through one year—were required to take that in a student loan.

I understand that there has been an additional cut this year to some students. Am I right in that or are we looking at the same amount? As I understood it, it was from students at the Winnipeg Education Centre where there had been a reduction of, I believe, it was over \$100 per month in addition to last year.

(Mr. Deputy Chairperson in the Chair)

Mrs. Vodrey: Mr. Deputy Chair, the changes that I have been referring to is one in the area of the grandfathering which we have spoken about. There has also been a change instituted this year in terms of the process of application for student loans, in that in the past ACCESS students followed a somewhat different process than other students who were applying for the Canada Student Loan.

So we have now had the ACCESS students follow exactly the same process in application as all other students applying for Canada Student Loan, and exactly the same criteria will apply to ACCESS students as for all other students applying for the student loan. This was required to bring us into compliance with the auditing procedures and request of the Canada Student Loan.

Ms. Frlesen: Could the minister explain to me the earlier process, the one that had to be changed? What different process did ACCESS students follow last year for Canada Student Loan?

Mrs. Vodrey: Mr. Deputy Chairperson, in the past, students in the ACCESS program simply

automatically received a loan without assessment. The high level of need was assumed, but there was no assessment. That was not true for any other student who was applying for the Canada Student Loan. So this year, we have now required that ACCESS students follow the same process as all other students to have an assessment to look at need. I am advised that some students may have been able to access the Canada Student Loan with perhaps not a need, certainly not a need established.

Now we are requesting that the assessment take place, however, for those students who in the past through the bursary received the \$6,000 and who now are on the level playing field with other students at the \$3,700 bursary. We have asked the Student Financial Assistance to take into account that change in their circumstances.

* (1250)

Ms. Friesen: I understood that as the minister read out the criteria for ACCESS students, that one of them was financial need, absence from the labour force or absence from school for some time. Presumably, that was why the assessments were not done because the need had already been established because they were in an ACCESS program.

Is there something that changed with the admissibility of ACCESS students such that the need would not be there? I am not quite sure what changed in between.

Mrs. Vodrey: Mr. Deputy Chairperson, the ACCESS students did receive funding through the ACCESS program to assist in the area of need. Yes, financial need was one area to be considered and, yes, ACCESS students do receive the living allowance, the rental subsidy and are certainly able to collect under the ACCESS programs up to \$10,400. Then when students determine that they have need in addition to that, they have applied for the Canada Student Loan.

Now what occurs is that with that money available through ACCESS as financial assistance, when they apply for further financial assistance now we are asking, as happens for all other students who apply for the Canada Student Loan in Canada, that they now are able to look at the amount of money available to them and establish need for further funding.

Ms. Friesen: Mr. Deputy Chairperson, the minister has already told us though that some students, those who had been in the program three years or more, were cut from \$6,000 to \$3,700. How many of those students in fact were affected by the new rules that she claims that Canada Student Loan wanted to apply? Is there a connection there? Are these the students who were affected?

Mrs. Vodrey: Mr. Deputy Chairperson, I am advised that none of those students were affected by this change.

Ms. Friesen: Mr. Deputy Chairperson, could the minister tell us who was affected and what proportion of the ACCESS students this has affected?

Mrs. Vodrey: I am informed that all the applications have not been received yet. As the member knows, some of the programs do not begin until the fall. So we do not know what financial need has been established by all ACCESS students at this point, and we probably will not know that until the fall.

Ms. Friesen: There have been intakes at the Winnipeg Education Centre. From talking to those students, I know there is tremendous concern about the financial instability of the program and of their own personal cases. I wonder if the minister has heard from them—in fact, I know she has—whether she has been able to have her staff speak to them and to deal with the tremendous uncertainties of people who have entered a program without adequate funding, without, it seems to me, any idea of where their funding is coming from for next week, let alone for the rest of the year. It is a relatively small group of people. It seems to me, it would not take long for the minister to find out what the issues are there and to deal with them.

This has been one of the most successful elements of the ACCESS program, generally, with high graduation rates, high employment rates. I would think it is one that the minister would be very proud of and would want to ensure that there was success, and that students were dealing first and foremost with their studies and not with the kind of financial anxieties and difficulties that they are finding themselves in, to the extent that at the moment they are camped outside their classrooms, an attempt to draw attention to this.

I know they have sent letters to the minister and she has acknowledged them. Has she yet been able to deal with the issues which they are bringing to her?

Mrs. Vodrey: Mr. Deputy Chairperson, for those students from the Winnipeg Education Centre, the ACCESS students who would be applying for the Canada Student Loan, I am informed that they certainly have been receiving the priority in terms of the area of assessment, and we are looking to assist those students as quickly as possible.

Ms. Frlesen: Could the minister give us a date? Could she give the students a date when their situation will be dealt with and when they will know what their financial situation will be?

Mrs. Vodrey: I can say to the member and to the students that their applications are receiving a special handling within our Student Financial Assistance Branch. They are being processed very quickly, but as the member knows, it is a matter of when the students applied themselves, in terms of when the student put in the application. Those applications that are in, again, are receiving a priority handling in terms of processing and it will be done very, very quickly.

Ms. Frlesen: I think the minister must bear some of the responsibility for this. One of the reasons I believe that the applications had not been put in till now is that the Education Centre did not know how many people could be funded, what their intake was going to be and, in fact, what basis of selection they could make. People who receive acceptance, who go through quite a long series of interviews—in fact, it is almost sort of six months of selection processes that they have to go through, and yet they could not give notice to their employers, those who were employed.

They did not know whether they had been accepted. They did not know what date they were starting. Classes were, even for those students who were in the existing program, two to three weeks late in beginning so that other elements of the school were disrupted. The additional problem has been the application for a student loan which leaves a considerable financial uncertainty for people who are starting a program for which they have been looking forward to, they are enthusiastic, they want to get down to work.

For many people it is a chance that they could only have dreamed of, to be accepted there and to

be on their way to be a social worker or to be a teacher. So the uncertainty, first of all, of whether they are going to have money to complete this year, the uncertainty about the programs, about whether they will be able to build upon the investment that they are making now in this program, simply is not there. We are only dealing here with one microcosm, with one very successful institution, which I am sure the minister is very proud of. Yet what the minister's policies are doing are leading to an instability and to serious problems, I think, both for staff and students, about their immediate financial issues and the long-term future of this institution.

Again, I have been asking these questions broadly of the minister in the whole context of the ACCESS programs. I am trying to narrow it now to a specific institution and a group of students who I know have contacted the minister and are very, very concerned about their future.

Mrs. Vodrey: Let me start by saying that any start date issues, we were asked by the universities and the colleges and the institutions which offer ACCESS programs to consult with them when any changes were being made. We did that. We did take the opportunity to make sure that we had spoken with all of the institutions, and the institutions in fact were very co-operative and worked very hard to look at reducing their own administrative costs to free up the greatest amount of money available to assist ACCESS students.

Had we not gone through that process, then perhaps we would have continued to have money available for administration and not as much money available to actually directly assist students. In terms of any time-frame difference, I can tell the member very confidently that we spoke to the institutions, we worked with the institutions. As a result of that process, as much money as possible has been available to assist students, and we were able to maintain the level of assistance. Things such as rent subsidy and so on is available to those students.

I would like to look now at the amount of money available for students in terms of financial assistance, first of all, through the ACCESS programs. As the member knows, a student through ACCESS funding would have available up to \$10,600. That is bursary, that is nonrepayable funding. In addition to that, students may also apply for the Canada Student Loan. They would

apply for the Canada Student Loan based on need as all other students would. They also, if their need is high, may apply for the Manitoba Student Financial Assistance, and then there is also for the most needy of students, we have maintained in our student Financial Assistance Program bursaries for the most needy of students, plus there are the Princess Anne and Princess of Wales bursary programs.

* (1300)

So the money available to students is through a number of stages. There are significant amounts of assistance available, and as I have said, students in the ACCESS programs in the past were not required to establish need. Now they are, as all other students, going to go through the process of assessment. We have just checked with our Student Financial Assistance office. The students' applications are being assessed as quickly as possible, but if students are concerned and would like to know exactly where their application is, they might like to call our office at 945-6312 and speak to Katie Kroeker.

Ms. Frlesen: Mr. Deputy Chairperson, I will pass that telephone number on to the Winnipeg Education students. I am sure they would like to hear from the minister directly on that as well.

So, essentially, what I understand the minister to say is that the late start, the disruption that has been brought to the Winnipeg Education Centre and perhaps other areas, the lateness in the selection and notification of students, which has resulted in their later applications to Student Loan, was in fact due to consultation. Yes, consultation is very important. I am certainly glad to see that the minister is in consultation with universities.

Given that most departments, including this one, wrote to institutions and societies and associations across the province some months before the budget on the changes that were likely to be expected and not to expect anything more or in fact even to budget for something less, why did that process of consultation not begin earlier? Surely, you cannot bring consultation for late delays. You simply have to look at the date when the consultation began.

Mrs. Vodrey: Mr. Deputy Chairperson, we certainly consult on an ongoing basis with the universities, and I do meet regularly with the Council of Presidents of Universities in Manitoba,

the COPUM presidents. We have an opportunity for both of us to put items forward on an agenda or items forward simply during the process of discussion.

In terms of the very specific decisions around the ACCESS programs and the discussions, there was a certain amount of money available as a result of the budgetary process. We wanted to make sure that the universities and the colleges and all institutions where the ACCESS programs were being offered fully understood the situation and to make sure that there was maintained an intake and also support for students in the program.

During the process of consultation, we looked at how we could make the most money available for actual program needs to meet the needs of students. That is exactly what happened. That was the process that was undertaken in regard very specifically to the ACCESS students. However, I can tell the member on an ongoing basis, we certainly have contact with the presidents of universities regularly.

Ms. Frlesen: Mr. Deputy Chairperson, if that co-operation exists on a continuing basis, and if these budget decisions were known as they were on the date of the budget, why did it take another two months essentially before any admittance could be made to the Winnipeg Education Centre?

Mrs. Vodrey: Mr. Deputy Chairperson, because the discussions were ongoing.

Ms. Frlesen: The minister referred to an audit by the Canada Student Loan of the process of application that have been earlier in place—or perhaps not an audit but an auditor. I wondered if that auditor had produced a report and whether that report was available.

Mrs. Vodrey: The Government of Canada does a series of audits as part of their ongoing series. They did a series of audits, I am informed, across Canada. I understand that they also wanted to look in that process at the whole area of criteria.

Ms. Frlesen: Mr. Deputy Chairperson, I understood from the minister that there was a specific direction from Canada Student Loan that Manitoba change its process here. Did I misunderstand the minister, or should it be put another way?

Mrs. Vodrey: Mr. Deputy Chairperson, I am informed that the Government of Canada, through

this audit, was not speaking specifically to Manitoba but spoke to those provinces who are the administrators of the Canada Student Loan Program. They were looking for compliance across all areas in terms of their process, and this required us to make sure that all of our process for Canada Student Loan was in fact the same.

Again, there did not seem to be an issue of major concern. However, they did ask for a tightening of procedures to bring our process into compliance with the strict interpretation of the Canada Student Loan.

Ms. Friesen: Would the minister table that letter from Canada Student Loan?

Mrs. Vodrey: This information was not communicated by way of letter. It was communicated to our staff who again are the administrators of the Canada Student Loan Program at an Intergovernmental Consultative Committee on Student Financial Assistance.

Ms. Friesen: Are there minutes from that meeting that would be available? If such an indication was directed to all provinces, then I would think that would be available in the minutes.

Mrs. Vodrey: Mr. Deputy Chairperson, we would have to check the minutes of those meetings of which we are participant with other provinces across Canada.

Ms. Friesen: Could the minister give us the approximate date and some way of identifying that meeting?

Mrs. Vodrey: Mr. Deputy Chairperson, I understand it was approximately some time in the fall of '92.

Ms. Friesen: Mr. Deputy Chairperson, could the minister tell us the name of the committee and perhaps the location where it met?

Mrs. Vodrey: Yes, I gave the member the name of the committee. The committee is the Intergovernmental Consultative Committee on Student Financial Assistance, and we believe that meeting was held in Toronto.

Ms. Friesen: Perhaps I can conclude the section on ACCESS, although not necessarily passing the line yet, but perhaps this line of questioning, to ask the minister again about the future.

I have asked it many times and I am trying to reflect the concerns that I hear about ACCESS across the province, amongst students, amongst staff. Again, I am asking the minister to perhaps allay those concerns that people have. It is a very constant concern for students who are in second, third year, who are not sure that they are going to be able to complete. It is a concern for staff because they do not know how to plan for the future. It is a concern, I think, for the whole community of Manitoba who see less commitment, who see fewer students being accepted, who see freezes upon the acceptance of students into some programs in an overall program of ACCESS which has been very successful.

I draw the minister's attention to the fact that even the numbers she has given us show that over the last couple of years graduation rates have both remained—in fact, in some places remained stable and in some cases increased. I mean this is good news. This is a good program and yet we see diminished support, less commitment for programs which have been models for other provinces.

I am sure she is aware of the kind of modelling that both Saskatchewan and Ontario are doing of the ACCESS programs in disciplines like engineering and in medicine. My concern is for the graduation rates, because when you have smaller intake rates your graduation rates are very much in danger particularly when you can only take in one or two students.

I am sure she knows that when you can take in five or six students into a medical program, you are quite likely to turn out three doctors a year at the end of that, and that was the plan. That is what has been happening, but students do not always complete even though the completion rates in ACCESS programs have been higher than they have been in university programs generally.

So in terms of completion, in terms of creating professionals in medicine, in engineering, in teaching, in social work, particularly from the aboriginal community, but not exclusively, these have been enormously successful programs. People now are concerned about their future and they are concerned about the level of support. I have asked the minister over and over again about the future and how she is addressing that future.

I do not necessarily expect her to lay out the plans for the next three or four years, although I

would be delighted and so would the students and the staff if she would, but what I do want to hear from the minister is whether there is any concern about the future and whether she has any plans or any process to address that future and those concerns that are there amongst Manitobans.

Mrs. Vodrey: As I have explained to the member, our commitment has been evident through our action, our action to support those students who are currently in the program, our action again this year to support students who are currently in the program and our action to take in new funded intakes. I think all three of those areas speak to an interest and a commitment in terms of the ACCESS programs.

I cannot tell the member what the next year financially will bring to this province and to Manitoba. So I am not able to answer that part of her question, because it requires me to hypothesize and it would be wrong for me to hypothesize, and where there would be changes one way or another, then students would feel that they had not been given the accurate information.

So I will say to the member again on that side, I cannot hypothesize and would feel that would be wrong for me to do so.

Ms. Frlesen: Mr. Deputy Chair, does that mean that we are in fact waiting for another budget and then another series of consultations and exactly the same kind of delays and difficulties that we have been through this year for ACCESS students next year?

Mrs. Vodrey: As I have said, I would not presume to hypothesize on the budget. However, I would say what she has called difficulties perhaps is an indication of how she might go about this—or she or her party. We have been consultative. We have worked with the institutions.

The institutions have been satisfied with that, and we believe that, as a result of that, we have been able to take in 25 new students and we have been able to maintain a strong commitment to those students who are in the ACCESS program. That process, which she seems to have had difficulty with, is certainly one which we believe has been of assistance to students in the ACCESS programs.

Ms. Frlesen: What I have difficulty with is the fact that this year the minister has taken in 25 ACCESS-funded students and last year there were

107, and that there is a diminishment, a decrease in the funds for ACCESS by over a million dollars this year.

That is the record of the government. That is what the minister has to contend with. What I do not see is how it fits with the overall economic prospects of this government as outlined in their policy directions for Manitoba and the partnerships that they are anticipating and which are so necessary for the future of Manitoba with aboriginal communities.

Those teachers, those doctors, those social workers are amongst the keys to those aboriginal partnerships that this government, any government, in Manitoba will need.

I want to go on to ask about the sections on this line which deal with the Churchill research centre. This section of the budget is not broken out for that, and I wonder if the minister could tell us what the historical record of funding is for the Churchill northern research centre, Northern Study Centre.

Mrs. Vodrey: Mr. Deputy Chair, the historical level of funding for the Churchill Northern Studies Centre has been \$100,000, as I have reported when we last discussed this.

Ms. Frlesen: Mr. Deputy Chair, is that \$100,000 last year's grant, and is it \$100,000 for this coming year's grant?

Mrs. Vodrey: Yes.

Ms. Frlesen: Could the minister tell us what that allocation is for? Does the minister know how that breaks out in terms of capital funds or salaries?

Mrs. Vodrey: Mr. Deputy Chair, it is considered to be core operating funding. It includes salaries and other operating dollars.

Ms. Frlesen: Does the minister know what proportion of the total funding of Churchill Northern Studies Centre this is? I know, for example, it is funded by other agencies, obviously, and that at times the national consortium on Universities for Northern Studies has funded it. There has been federal funding in it. Is there additional funding that comes from other Manitoba agencies?

* (1320)

Mrs. Vodrey: Mr. Deputy Chair, we provide \$100,000, as I have said. The centre also receives approximately \$156,000 in user fees, and they also receive about another \$5,500 from other

private donations. In total we funded approximately 38 percent.

Mr. Plohman: Just briefly on the Churchill Northern Studies Centre, the minister just said that \$100,000 is about 38 percent of the total budget, and that the \$100,000 was provided last year as well as this year.

What was the figure provided previous to that? Does the staff have any history of the funding over the last, even say, five years? I believe it was higher at one time.

Mrs. Vodrey: The funding for the Churchill research centre was a low of \$25,000 in 1984, I believe. That was when the member's party was in government. It is now at \$100,000. It was \$100,000 in '92; \$100,000 in '91; \$100,000 in '90; in '89 it was \$165,000; \$165,000 in '88; it was in '87 \$320,000; in '86, \$105,000; in '85, \$105,000.

Mr. Plohman: The minister tried to provide the committee with information that would seem to indicate that there was the policy by the previous government of gross underfunding of this agency. Then after making that comment, she proceeded to provide information that there were massive increases following that. That is a terrible misleading piece of information, whether deliberate or otherwise by this minister. I cannot understand why she would choose to put it in that way.

I would ask the minister: Can she give us any indication of what has changed in terms of the needs and the work being done by the Northern Studies Centre that would warrant these rather significant decreases from 1985, 1986 and '87 and '88 by this government? Why have they stopped funding, or decreased the funding in a significant way that they have?

Mrs. Vodrey: The member seems to have trouble with the way the facts were delivered. Perhaps he is embarrassed by those facts, but let me tell him, as he has asked for, what the centre does, what the work of the centre is. I am happy to do that. Researchers from Canada and the United States and the United Kingdom and circumpolar countries have carried out research at the centre. Credit courses are delivered at the centre by some universities across North America, and have given some young people the opportunity to experience researching in the North and also in the northern way of living.

Some studies are being conducted out of the centre that are relative to issues such as global warming, changes in the redistribution of wildlife, and also results on research of polar bears that has been undertaken by the Canadian Wildlife Service. The centre also contributes to the development of what we would say is a positive image in Manitoba among educational committees, and we are now—the member asks, now what is happening—discussing with them the need to establish a long-term work plan including activities and costs. A five-year business plan is to be submitted by the centre by June 30, 1993.

Mr. Plohman: Yes, the minister gave us some figures for previous years of provincial funding, and she said also that the \$100,000 represents 38 percent of their total budget at the present time. Can she indicate whether the partners providing funding to this study centre have—what the trend has been over the last numbers? Have they dropped their funding as well? The percentage of the total by Manitoba, has that increased or decreased over the last period of time that the minister has given us the figures for?

Mrs. Vodrey: One of the reasons that we are interested in looking at a business plan is that the centre has found it very difficult to develop and to attract external sources of funding on a dependable basis. The member has asked in terms of any changes. I will tell him that our funding has remained constant for the last five years; however, the user fees have certainly varied. In 1989 the user fees were \$203,683. Those user fees dropped in 1990 to \$109,832. In 1991 they were \$116,193, and then the user fees in '92 were \$156,113.

Our commitment has been stable over the last years, but the ability to attract those other sources of funding, and in the way of user fees in particular, has been an unstable part of the funding for the centre. In response to that, we have asked for a business plan, and I have explained to the member, we expect to receive that plan June 30 this year.

Mr. Plohman: So what the minister is saying is that the core funding, the stable funding from the province, has been dropped to \$100,000 in 1989 and remained there for the past five years. Before that it was higher and the minister had given us those figures. As a matter of fact, it reached a

high of \$320,000 in '87. Since then it has dropped to \$100,000.

That may be the reason why they are unable to attract other users, because the core funding, the basic integrity of the organization is threatened by the underfunding of the province. That is what I am asking the minister, as to whether in fact there could be some justification for the decrease?

* (1330)

Mrs. Vodrey: Mr. Deputy Chair, just let me clarify for the member what he thinks was such large core funding when his party was in power in '87. His core funding was \$105,000. The other funding that was made available that year was a renovation grant. So the core funding from the time that his party was in government was \$105,000, and \$104,000, and as I said earlier, at a low of \$25,000.

We have maintained a commitment over the past years of \$100,000, and with that commitment, there has been a fluctuation for the centre of their ability to attract user fees. In response to that, we have requested a business plan and we expect to look at that business plan and see what has been presented by the centre.

Mr. Plohman: Well, just to clarify here for the record, the minister has said, during the five years that her government has been in office, it has been \$100,000, and the five years prior to that, it was at least at \$105,000. You consider inflation, there has been a substantial drop in the amount of funding by the province during this government.

The minister has indicated that there is some variation in ability to receive fees from other sources for specific studies. She calls them user fees. Can the minister indicate: How many core staff are there in place as a result of the funding that the province is now providing, and has there been a drop in the number of staff over the period of time that we have been talking about, from 1985 down to 1993, two five-year periods here? Has there been a drop-off in staffing because of the decrease in funding, particularly by this government?

Mrs. Vodrey: Mr. Deputy Chair, while we are looking for the staff numbers, let me just say to the member, and go over those funding amounts again so that he is clear and it is also clear and accurate on the record: 1984, \$25,000; 1985, \$104,250; 1986, \$105,154; 1987, the education grant, \$105,000; 1988, when our government came to power, \$165,000; 1989, when our government was

in power, \$165,000; and then, since 1990, the grant has remained stable at \$100,000.

I understand that we do not have the staffing information available to us today, but we will get them for the next session.

Mr. Plohman: I imagine the minister does not have any reason or rationale why they dropped the funding from \$165,000 established by the former government in '88 down to the \$100,000 that she has it at at the present time.

Mrs. Vodrey: Mr. Deputy Chair, when that change took place there had to be an examination of exactly what the work was being done there and also what the benefits were, and certainly we have maintained a commitment at \$100,000. But in that time we also had to look at other needs in the area of education, and we looked at the total needs of education and the funding needs of education in that area. As I have said, we have maintained the commitment at \$100,000 over these years of very difficult financial decisions.

Mr. Plohman: Mr. Deputy Chairperson, I am going to leave this. I just want to ask the minister to provide the core staffing levels over that period of time, the 10-year period. If she could bring that to the next committee, we would want that information.

Mrs. Vodrey: Mr. Deputy Chair, yes, I said to the member, I am happy to provide that in the next session.

Ms. Gray: Mr. Deputy Chair, I just wanted to clarify one thing under the ACCESS section, and suffice it to say that the questions that the member for Wolseley has been asking, I think, are all very valid questions. Certainly her issues are some of the issues of our Liberal caucus. I could repeat all those questions, but I would imagine I would get the same responses from the minister. I think in the interest of time and moving on to other areas that I will not repeat those questions. I did want to ask a point of clarification, and I may not have heard correctly. The minister had indicated that in 1992-93 there were 726 students that were registered, 58 percent were funded by the province. Then she went on to say that in '93-94 there were 712 students, and she said that the commitment by the province for funding had been maintained. Can the minister tell us what percentage that would be?

Mrs. Vodrey: We do not have that figure available because the 712 would be an estimated enrollment, because it would be for the school year coming up, the '93-94 school year. So what we have done is taken the students who are within the program, added the intakes which we will be looking at this year, and removed the students who have graduated and said that would be the number of students that we would expect to have in the program. We do not have all the registrations yet because, again, it will be for the next school year.

Ms. Gray: If the 712 then is an average number, can the minister still tell us, based on those projections, what is the percentage of students that she feels would be funded if there were 712 students enrolled?

Mrs. Vodrey: We cannot know that number yet because we do not know yet who the students are who will be applying and their eligibility criteria, so we would expect to know that information in the fall when the applications have been processed, but they are not all processed at this time.

Ms. Gray: Can the minister tell us what is the maximum amount of dollars that would be available to fund these students, however many there may be?

Mrs. Vodrey: The amount of money available is the \$9,926,000 which is available in this budget line. There is \$9.9 million which is available in ACCESS programming.

Ms. Gray: Is the minister telling me—surely all of that money—can she break down those dollars? How much of that money is actually going to go to students in the program?

* (1340)

Mrs. Vodrey: Mr. Deputy Chair, in the past of the budget line, approximately 40 percent went to direct assistance to students, and the rest went into the supports that the students require, as well as administration. This year because we have asked all of the institutions to look very carefully at the administrative costs to make the maximum number of dollars available for students in terms of the student assistance, we expect closer to 50 percent of that amount of money will actually be available to students, the rest of the money available for the supports to students in the ACCESS program as well as administration.

Ms. Gray: If the percentage then of that amount of money may be close to 50 percent, as the minister has indicated, with that particular amount of money then what would be the maximum number of students that could be accommodated and given direct assistance?

Mrs. Vodrey: Mr. Deputy Chair, we are looking to provide the member with the information. The difficulty we have is that we do not know accurately how many students will be graduating because they have not all completed the courses at this point, but we would have to look at the number of people graduated, of those graduated students how many were funded, how many were nonfunded, look to add in the new funded intakes that we expect to take and that way get a percentage.

Ms. Gray: Can the minister tell me, what is the maximum amount of funding that one would give in terms of direct assistance, what is the maximum amount of dollars that is considered direct assistance to any one student? Is there a maximum?

Mrs. Vodrey: What I have been using as an average number of maximum amount of support is \$10,600. The amount of support could go as high as \$16,000 depending upon the number of dependents that the ACCESS student claims, and then, in addition to that, students would be eligible for Canada Student Loan, Manitoba Student Financial Assistance, and if they were among the most needy of students, the Manitoba bursary.

Ms. Gray: So if the average may be around \$10,600, then what is the maximum number of students that could be accommodated if they were all given that amount of money, given that you have almost 50 percent of your total budget of \$9 million—some available for direct assistance?

Mrs. Vodrey: Mr. Deputy Chair, I am trying to answer the member's question, but I can say we do not have those exact figures. We do not have any reason to think that the pattern will change significantly this year from other years. So in terms of the amount of money, I cannot be any more specific at this time because we do not know yet who those students will be. We do not know yet who the students will be who will be graduating.

Mr. Deputy Chairperson: The hour being 1:45 p.m., the committee will take a half hour break.

Mrs. Vodrey: Half hour or fifteen?

Mr. Deputy Chairperson: Do you want fifteen?

Mrs. Vodrey: Fifteen is fine with me—
[interjection]

An Honourable Member: Half an hour.

Mrs. Vodrey: Okay, half an hour.

Mr. Deputy Chairperson: Half an hour.

* * *

The committee recessed at 1:46 p.m.

After Recess

The committee resumed at 2:17 p.m.

Mr. Deputy Chairperson: The committee will come to order. We are on item 4.(b) Access Programs \$9,926,000.

Ms. Frlesen: Mr. Deputy Chairperson, I wanted to ask about the University of Winnipeg and ACCESS. I understand that the University of Winnipeg completed last year a study on the desirability of ACCESS programs at the University of Winnipeg, and that they have been talking with the government about the prospect of some funding in that area.

I wondered if that was included in this line or whether it is included in another line or indeed is it included at all. What stage are we at with that?

Mrs. Vodrey: Mr. Deputy Chairperson, the University of Winnipeg does receive some ACCESS grants through the line of the Universities Grants Commission, 16.7.

Ms. Frlesen: Is there anything in this Estimates here that we are now looking at that is a possible allocation to the University of Winnipeg?

Mrs. Vodrey: Mr. Deputy Chairperson, there is no funding allocation through this line for the University of Winnipeg.

Mr. Deputy Chairperson: Item 4.(b) Access Programs \$9,926,000. Shall the item pass?

*(1420)

Ms. Gray: I just added. When I look at the direct assistance if it is up to 50 percent and on an average of a little bit higher than the minister stated at \$11,000 per student, that means, according to my calculations, that there could be provision for approximately 400-410 students. Would that be

correct in terms of if all those dollars were used for students?

Mrs. Vodrey: Mr. Deputy Chairperson, on an estimated basis that may be correct, because there are about 414 students this year.

Ms. Gray: Therefore, of the 726 students last year and if 58 percent of those were funded which would be about 350, that means technically you could be funding more students this year than you did last year.

Mrs. Vodrey: Mr. Deputy Chairperson, the number that I have as of December 31, '92, is 389 students, accounting for 58 percent.

Mr. Deputy Chairperson: 4.(b) Access Programs \$9,926,000—pass.

(c) Student Financial Assistance (1) Salaries \$1,549,700.

Ms. Frlesen: Mr. Deputy Chairperson, there has been a major change in this department and this is the switch to a loan program as opposed to a bursary program. The minister has maintained all along that she has maintained some money as bursaries. I wonder if we could look at that amount and how many students it is going to provide for, at what rate and what proportion of the budget it is.

Mrs. Vodrey: We are looking at approximately 600 students qualifying for the bursary program. The amount would be about \$2,500 per student for a total of about \$1.5 million out of the \$10 million.

Ms. Frlesen: Could the minister tell us how this has changed from last year? How many students were receiving bursaries last year, and how much money was that?

Mrs. Vodrey: I am informed that it would be approximately the same number of students who would have qualified for student financial assistance at that same level.

Ms. Frlesen: So 600 students in Manitoba were receiving \$2,500 each last year.

Mrs. Vodrey: It is approximately 600 students, or approximately the same number of students who would qualify for support at the third level this year as qualified for support at the third level last year.

Ms. Frlesen: How much was given at the third level last year? What I am trying to do is to draw a comparison of what has changed for students in

Manitoba as a result of the changes in government policy.

Mrs. Vodrey: The money available at the third level this year has increased. Last year, it was \$1.1 million and this year it is \$1.5 million.

Ms. Frlesen: Well, I am obviously not posing the questions in the right way. Can the minister tell us how life will have changed for students in Manitoba as a result of having to go to loans rather than bursaries?

There are 600 students who had loans, there are 600 students this year who have bursaries of \$2,500 each. As I understand the minister, there will still be 600 students who will have non-repayable bursaries of \$2,500 each this year. Since she has allocated more money from \$1.1 million, I guess, to \$1.5 million, she is anticipating more students who will be at that level.

Now, the rest of the students in Manitoba—it seems to me there were more than 600 students who were being served by this division—those students must now move to a loan program. So can the minister explain to us the differences there? What has happened?

Mrs. Vodrey: Mr. Deputy Chairperson, in terms of the changes, first of all what has not changed is that the student's first level of assistance is in the form of the Canada Student Loan. We discussed this afternoon that there is a system of assessment for students to receive the Canada Student Loan based on need.

Where students find themselves in need of further financial aid, then the second step is the Manitoba guaranteed student loan. In the past, this was given as a bursary or students may have had a loan rebate. Last year this accounted for approximately 4,400 students.

Of those 4,400 students, those who have the loan rebate, we have made it clear that we will still honour the loan rebate for those students. For other students, they will move into a guaranteed student loan. As last year, for those students who have an additional need for further assistance, they will then move into the Manitoba study assistance level. As I said, we expect it to be about 600 of those 4,400 students who may require the Manitoba study assistance.

Ms. Frlesen: How many students does the department anticipate are going to fall into the

second level, where I assume that the change is the most dramatic?

* (1430)

Mrs. Vodrey: Mr. Deputy Chairperson, we anticipate that approximately 4,600 students may progress to the second level. That slight increase is because the first level of assistance available, the Canada Student Loan assistance, has not increased in a significant number of years. Therefore some students may then progress into the second level.

Ms. Frlesen: An additional 4,600 students in Manitoba, generally speaking, will have an addition to their Canada Student Loan to repay.

Does the minister have any—could she tell us what kind of financial arrangements are to be made for that loan, what rate of interest? Is it to be locked in until the period of repayment? When does it begin to be repaid? Is it cumulative? Is it added on to the Canada Student Loan? Which one takes precedence in terms of repayment?

Mrs. Vodrey: Mr. Deputy Chair, the Canada Student Loan is a separate negotiation to the Manitoba guaranteed loan. For the Canada Student Loan, as the member knows, Canada does subsidize the interest during the period of study. However, beginning in the school year '93-94, Canada will be eliminating the six-month interest-free after-graduation period.

For the Manitoba Student Loan, Manitoba will pay the interest during the period of study. Manitoba will subsidize or pay the interest for six months following graduation. Following graduation, when the student takes over the payment of the loan, the interest rate is prime plus 1 percent and it will be a floating rate.

Ms. Frlesen: As I understand the minister, students must essentially have two different sets of negotiations, one with Canada Student Loan and one with Manitoba to repay interest. There will not be a lumping of the two sums and students paying an interest rate on that and being expected to pay, each taking into account the other.

Mrs. Vodrey: The two loans are kept separate. Canada, through Canada Student Loan, has a fixed interest rate whereas Manitoba Student Loan has a floating interest rate. Therefore, the loans would not be consolidated together but would be looked at separately.

Ms. Frlesen: I am looking at this in the perspective of the student. In looking at the repayment schedule, from the Manitoba perspective, will Canada Student Loan be taken into account? A student now presumably might end up with a \$17,000 to \$20,000 debt at the end of a three- or four-year period of study will presumably now have a larger debt but two separate negotiations. I am looking at the repayment schedule.

Mrs. Vodrey: I am advised that the payment schedule would be worked out by the bank with their knowledge of the student's position.

Ms. Frlesen: The federal government, I believe, is considering going to one or two banks for its new proposals for Canada Student Loan. How is that likely to affect the student's position at the end of a grant? The provincial government, I gather, is retaining the option of a variety of banks and credit unions?

Mrs. Vodrey: We have had no confirmation from Canada regarding their plans. Any plans that they may have are still in the negotiation stage. In Manitoba, we are looking at a variety of banks and also credit unions as the member asked.

Ms. Frlesen: Just to clarify, the minister said she was looking at—does that mean the policy is not settled yet or was that just a figure of speech?

* (1440)

Mrs. Vodrey: Certainly, the plan and the policy is to make this available to all banks and credit unions. It is just being negotiated with the Canadian Bankers' Association now, and then as soon as that is concluded and we are able to pass the regulations which we look at doing as quickly as possible, there will be all banks and credit unions.

Ms. Frlesen: Are credit unions members of the Canadian Bankers' Association?

Mrs. Vodrey: No, they are not members of the Canadian Bankers' Association, but they have approached government and we have had discussion with them already.

Ms. Frlesen: So there are two parallel negotiations going on, with the Bankers' Associations and with Manitoba Credit Union Central?

Mrs. Vodrey: Mr. Deputy Chairperson, certainly we look for the final outcome for everyone to be

under the same set of regulations, the same kinds of rules. As it happens though, to open up to the numbers of lending institutions, credit unions are not part of the Canadian Bankers' Association. Therefore, the negotiations with credit unions are occurring just concurrently with the Canadian Bankers' Association.

Ms. Frlesen: When does the minister expect to have the written versions of the plan and regulations that will be available to students?

Mrs. Vodrey: I expect to have that very shortly.

Ms. Frlesen: Mr. Deputy Chairperson, is that likely to be before the beginning of the school year? Are students, for example, going to know the terms of repayment before they undertake a loan?

Mrs. Vodrey: Yes, before the beginning of the school year.

Ms. Frlesen: What will be the arrangements for repayments if students leave Manitoba?

Mrs. Vodrey: Mr. Deputy Chairperson, seeing as the terms are for other types of loans, the student would then look at transferring the loan to another branch of that particular lending institution.

Ms. Frlesen: Does the minister have any evidence yet—and I do not know whether this would be the pattern within applications. Can we tell yet from the pattern of applications whether this is going to deter students or whether applications will remain the same and students will simply be assuming \$20,000 to \$30,000 debt on graduation into an economy with rates of 18 percent youth unemployment?

Mrs. Vodrey: We do not have enough information to look at a pattern at this time.

Ms. Frlesen: In the cycle of the department, when would that begin to appear?

Mrs. Vodrey: Mr. Deputy Chairperson, I am informed that it really could be as long as a full cycle, because at this point we are still just getting in the applications for the Canada Student Loan.

Mr. Plozman: The minister said there would be two negotiations taking place with regard to student loans: one with the federal government and one with the provincial government for student loan repayment, the Canada Student Loan being one and the other being the Manitoba Student Loan.

Mrs. Vodrey: I am not sure from the member's question if he is asking if a loan is negotiated. One, the Canada Student Loan is negotiated and then following the award of the Canada Student Loan then the Manitoba Student Loan would be negotiated.

Consolidating the loans at the end of the period of study, yes, there would be two: one for the Canada Student Loan because that is repaid at a fixed interest rate; and the other would be for the Manitoba Student Loan because that is at a floating interest rate, a prime plus 1 percent at a floating interest rate.

Mr. Plohman: Mr. Deputy Chairperson, the floating is at prime plus one, and the fixed interest rate of the federal loan, initially, is it at prime plus one, but it stays wherever the prime was at that time or is it higher than that above prime?

Mrs. Vodrey: Mr. Deputy Chairperson, the amount that the federal government has negotiated is at 9.5 percent, and that is the level that students look at repayment at.

Mr. Plohman: Has the minister made any representation to try to have these two programs co-ordinated so that there does not have to be different policies for each one?

Mrs. Vodrey: Mr. Deputy Chairperson, there is not any province in Canada which has this consolidation or co-ordination of the two loans. Some provinces, I understand, do require that students negotiate the provincial money at the same bank that they have received the federal money, but we have not required that in Manitoba. They are seen as two separate programs.

Mr. Plohman: Is there any move to review—I mean, the federal bureaucracy is very cumbersome. We are talking 9.25 percent. It would seem to me that we are talking about an interest rate that was set a couple of years ago and certainly does not reflect today's interest rates and is really not fair for the students involved.

Is there any move at all to have theirs put onto a floating interest rate with the provision that they could be locked in at any point in time that the student so desired, like many loans can be done at the present time with banks or credit unions?

* (1450)

Mrs. Vodrey: Mr. Deputy Chairperson, during the discussions that I have had with the federal

government so far around the Canada Student Loan, this has not been raised by Manitoba and I have not heard it raised by other provinces. However, it is a point that could be raised in future meetings.

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

Mr. Plohman: It certainly could, Madam Acting Deputy Chairperson, but does the minister feel, as occupying that position, whether in fact it will be? Does she feel it is an important enough issue at the present time when we are dealing with a prime rate of 6 percent and students are paying 9.25 percent? It is not very fair for the students involved. It would seem to me to be an urgent matter. Is the minister intending to raise it?

Mrs. Vodrey: Madam Acting Deputy Chairperson, as I said, I negotiate with the Government of Canada and represent to the Government of Canada, in the interests of Manitobans, a number of issues and certainly try to take the issues raised by Manitobans always to discussions that I have as minister or that we have at a working level in terms of the staff.

I said in my last answer, that is certainly an issue that I would be prepared to take forward.

Mr. Plohman: Yes, well, you said it could be taken forward. I am glad to see that you have clarified that.

Do you feel that there would be general support? Madam Acting Deputy Chairperson, is the minister chairing the council of Education ministers, or who is doing that at the present time or is responsible for that?

Mrs. Vodrey: My colleague from the Province of Ontario the Honourable David Cooke is the chair of the Council of Ministers of Education at this time.

Mr. Plohman: Can every minister contribute to the agenda? Is it difficult to get it on, or is it just done on a basis of a—I am talking about who is chairing the council of ministers. What process does the minister use to get on the agenda?

Mrs. Vodrey: Madam Acting Deputy Chairperson, the member asked if this had been raised with the Government of Canada. I said that during meetings it had not been raised with the Government of Canada. The member now asks if it can be raised at a meeting of the Council of

Ministers of Education which is chaired by the honourable David Cooke, and yes, it could be.

Mr. Plohman: The minister says two options, one through the Council of Ministers and one directly to the federal minister responsible and she intends to raise this with both. Is that correct?

Mrs. Vodrey: I am prepared to raise it in both places. As I said, at meetings that we have had with the Council of Ministers of Education and also the meetings we have had directly with the federal Minister of State who is responsible for the Canada Student Loan, I have raised on behalf of Manitoba issues in the past and expect to continue doing that in the interest of Manitobans.

Mr. Plohman: In that spirit, does the minister intend to protest the removal of the six-month interest-free period after graduation and perhaps recommend that it be increased where students are unemployed following graduation, considering the economic situation that many of them find themselves in with job prospects very bleak?

Mrs. Vodrey: At the meeting that I had with the former Minister of State who was responsible for the Canada Student Loan, I raised a number of issues on behalf of students in Manitoba in relation to the Canada Student Loan. I have had one meeting with the new Minister of State as she came through Manitoba. She was travelling across Canada to introduce herself to ministers.

It was not a meeting where we had an opportunity to discuss in detail issues relating to the Canada Student Loan. However, we now will have the opportunity at a next meeting that that minister may call—and I do not know when that will be—on behalf of ministers, but at that point, yes, these matters can be raised.

Mr. Plohman: We know they can be and the minister has given assurance that she will raise it with the federal Minister of State. I hope that she will also raise it with the Council of Ministers because it may be difficult to achieve any changes with the federal policy unless there is a common front by ministers from across the country.

Of course, with the potential change in government or election at least, this makes it very difficult. However, it would seem possible that this does not have to be done at the political level. Perhaps it can be done through senior staff that work on these kinds of things.

Is there any chance that this is in the works at the present time, or are we going the opposite way, making terms tougher for students rather than an easing off considering the impact at the present time on employment prospects?

Mrs. Vodrey: Madam Acting Deputy Chair, Canada has been working on a modernization of the Canada Student Loan Program. There are working groups which are active, and certainly Manitoba is represented in a very active way in the working group, particularly in the area of needs assessment.

Canada has made no decisions yet on the changes; they appear to be following a process, and we do not know when those changes will be announced. I gather there perhaps may be some changes and then others may follow, so we do not have any details on the time frame.

Mr. Plohman: Would this be something, though, that is normally dealt with by ministers as opposed to final decisions being made by senior staff?

Mrs. Vodrey: As the member knows, ministers are the ones who do have the responsibility in the long run, and this is likely an issue which may be dealt with at the ministerial level. However, if it is appropriate we may look at raising it at the working group level.

Mr. Plohman: It would seem that the working group level is where it should be raised so the details are prepared prior to the minister's having to deal with it. This is a good time to do it. With an election coming, it might as well be a productive time for the bureaucracy. Then when the new government, whoever it is, is in place and a new minister or the same minister after an election, then at least there is something there to deal with. I am just saying that the minister should endeavour to have this referred to the senior staff so that the work can be done, working committees can get the work done.

While I am saying that, I think the minister has to also have a policy that is clean in this area herself because she does not have a great deal of credibility in advocating certain things without making the changes.

An Honourable Member: Oh, come on, John.

Mr. Plohman: Before I was so rudely interrupted, Madam Acting Deputy Chair, I was saying that the minister would not have a great deal of credibility in

dealing with the federal minister and other ministers if she does not have the action taken and a policy in place that is responsive. So she can enhance her credibility with dealing with the federal minister and the federal government and her counterparts in other provinces if indeed she has looked at some of these things herself. This is why I intend to raise a couple of things.

Now, the floating rates is good, and the six-month grace period is good. It is better than what the feds have, and it could be perhaps longer considering economic conditions. So I want to ask the minister whether she herself and her department are looking at the idea of under certain circumstances extending that six-month interest-free period, and whether she is looking also with her staff at a provision that would allow a locking-in of that interest rate before they begin to rise, so that if an individual student wanted to say, I would like to lock this loan in right now at the interest rates or maybe paying a penalty of 1 percent or whatever because they believe the interest rates are going to rise over the next number of months, through whatever information they have—that is their choice, they make that decision—that that option is available to them?

* (1500)

So, those two minor—well, I would think they could be major improvements: one, extending the six-month period under certain conditions of unemployment or whatever; and locking in at the choice of the individual student.

Mrs. Vodrey: At the moment, because we have just created our Manitoba Student Loan program, our guaranteed loans program, we have not looked at an extension to that six months. In terms of locking in at an interest rate, the student may be able to negotiate that with their individual bank.

Mr. Plohman: So there is nothing inhibiting a student from locking in.

Mrs. Vodrey: Nothing would stop students from negotiating directly with their bank or attempting to lock in with their bank.

Mr. Plohman: The minister has said that its floating rate, prime plus one has been established through the Manitoba government in negotiation with the banks. So there is obviously a lot more clout with the banks, if the government is

negotiating on behalf of all of the students that there would be a set rate involved here.

Mrs. Vodrey: Again the student may be able to negotiate with the bank. He may be able to negotiate a freeze. We as a government would not be negotiating that. However, the banks in terms of their agreement, if the student turned the loan into a consumer loan, then the bank could not come back to the province for loss, in terms of the guaranteed student loan.

Mr. Plohman: Right, so under a guaranteed student loan program, it is better if the province negotiates the terms with the banks instead, and they have an agreement and these are set and the students are the benefactors theoretically of the negotiation by the province. In this case, the floating rate prime plus one, that obviously had to be negotiated by the province. Now we are talking about what kind of provisions could be negotiated for locking in, because we are at very low interest rates relatively speaking now and the expectation would be perhaps that there might be some increases.

Some students might want to choose to do this. Why would not the government have that provision in place, so they would not be penalized and have to pay interest rates of 14, 15, 16, who knows what percent when the bank rate goes up and the floating rate goes with it, rather than leaving the student up to the mercies of having to deal with this on their own?

Mrs. Vodrey: Certainly in the negotiations that we have had and obviously that Canada has had, we would either be looking at a fixed rate which the Government of Canada has, and the member says rightly that is probably not the most advantageous to the students right now or the floating rate which we have been able to work out on behalf of Manitoba.

At the moment those seem to be the two options that we would have as a government on behalf of students. If students wish to negotiate further, they certainly would be able to do that with their local banker. That may be the case where the banker in some cases may know the student very well, and even with Canada Student Loan, Canada has always put forward the position that the students should develop a relationship with the bankers so that with the development of the

relationship, if other negotiations are required, then they could be more easily worked out.

Mr. Plohman: By the Province of Manitoba utilizing its expertise and its interest of the student being kept as foremost consideration and therefore entering into some discussions on what would happen when locking-in occurs, insofar as interest rates, that would not in any way deter a student from developing a relationship with the bank in terms of his or her financial needs as circumstances warrant.

This does not pre-empt any relationship developing. All I am saying is that the province could ensure that there were certain conditions that would apply when a student desired this option, and I am asking the minister whether she will attempt to move in that direction, to ensure there are some provisions that would protect students in those circumstances.

Mrs. Vodrey: The member may be asking for a mechanism which, if the government did negotiate a lower than market rate or perhaps a specific fixed rate or a rate which locks students in, the province would have to subsidize in some areas then if there was a change in circumstance. For the province to have to subsidize, I would be concerned about the amount of money then available for the Student Loan Program.

I think what the member is bringing forward may have another side to it which may not work out to be as beneficial to Manitoba students. The program we have worked out is one which we believe will provide some benefit repayment at an interest level that would be at least reasonable for students who are at that point no longer students, and those individuals who wish to negotiate otherwise would then be able to, depending upon their individual circumstances.

* (1510)

Mr. Plohman: Well, the minister is only looking at one way of negotiating this. That is that the government would pay the difference if the interest rates went above a certain level.

That is not really what I am suggesting at all. It is just simply a group negotiation on behalf of students by the government to simply get the best interest rate possible when locking in occurs, and that there would be certain guidelines in place. That is all I am suggesting.

I think rather than leaving the individual students to their own means, this would be advantageous to them, to have it done on their behalf as a group. I wonder if the minister would look at that, because I note that the Canadian Bankers' Association representative at an advisory group meeting where discussions were taking place with the Government of Canada mentioned parental cosigning of loans and a premium on loans as two criteria which the banks might impose before agreeing to guarantee student loans.

It would seem to me that if that is what they want to do with the province as well, it would be very difficult for students. This is Canada that I am talking about. It is the Canadian Bankers' Association, so they would probably want to impose the same terms on the provincial loan system. So it would seem to me that there is some room here for the province to get involved with them and negotiate on behalf of students to protect them in the circumstances.

Mrs. Vodrey: I am not able to say in relation to what the member referred to from the Canada Student Loan. I do not know what part of negotiations that is from or exactly to what he is referring.

I can tell him that in terms of the Manitoba Student Loan, the banks did not want co-signers—I beg your pardon, the Royal Bank whom we have begun our negotiations with and with whom the interim relationship is with while we are negotiating with the Canadian Bankers' Association.

Mr. Plohman: So the minister is saying that there will be some negotiations with the Canadian Bankers' Association, not with specific banks, but they have not got to that point yet.

Mrs. Vodrey: Madam Acting Deputy Chair, as I said, the interim negotiations were with the Royal Bank, and with that we have begun negotiations with the Canadian Bankers' Association to extend the availability of the Manitoba Student Loan to other banks, and we also will be extending that to credit unions.

Mr. Plohman: So the minister is not aware yet whether they will put in certain conditions such as cosigning or special premiums on the loans.

Mrs. Vodrey: First of all, what we have negotiated with the Royal Bank is the prototype. That will be used in all circumstances. Secondly,

the cosigner virtually in the Manitoba Student Financial Assistance program is the province.

Mr. Plohman: Just one more question on the issue of locking in interest rates. Is the minister saying then that she does not like this option of discussing with the banks some specific conditions that would apply under those circumstances and will not be doing that?

Mrs. Vodrey: We are in the first year of this new program. We expect to have ongoing discussions throughout the process, but as the member can be, I am sure, aware of, we will be conscious of the cost that any such changes to the program would be to the province.

Mr. Plohman: Is the minister saying she is not going to be making this a priority at least, if at all? I am not sure that she even agrees with the concept of negotiations on behalf of students for certain provisions to apply for locking in loans that are previously floating.

Mrs. Vodrey: Madam Acting Deputy Chair, what I have said this afternoon in this discussion is that we believe that we have been able to arrange with the financial institutions a reasonable circumstance around the interest rates, and it is a more favourable one than Canada has negotiated for the Canada Student Loan.

As I said, we are in the first year of operating this program. We expect that we will be having conversations with the financial institutions. But as I said as well, the member would like me to commit to a particular concept or course of action which potentially could be very costly to the province and, perhaps, have less money available for the Canada Student Loan.

So what I have said to him is, for any changes that would occur, they would certainly be made with a cost factor in mind.

Mr. Plohman: Well, the minister said that her arrangement right now is more fair than the federal one, and it happens to be at the present time, because the federal government is being very unfair in charging 9.25 percent when their borrowing rates are much lower than that, several percentage points. It is ridiculous.

Now, I agree with that. But I am talking about Manitoba's position when interest rates rise, which inevitably they do. They go in cycles, up and down, and the minister knows that. When the

rates go up, would she be making a provision that would ensure that students would be protected who wanted to lock in their loans? If it was costly, of course, the minister would want to renegotiate. She would not want to agree to anything like that. That is, of course, something that we would want to deal with, and we recognize the minister would not want to sign a bad agreement. That is understandable.

But if it was a good agreement that did not cost a lot of money, does the minister agree in principle? That is all we are asking her. Would she pursue this?

Point of Order

Hon. Linda McIntosh (Minister of Consumer and Corporate Affairs): Perhaps you could clarify for me whether or not I have a legitimate point of order, because I am not trying to grandstand as other people do when they bring in a point of order. I am very serious about this.

Is it in order for a member to repeatedly ask the same question over and over and over when the answer has been given over and over and over, and substantive issues are waiting to be discussed by those who are sincerely interested in getting on with some matters of importance here?

The Acting Deputy Chairperson (Mrs. Render): The minister does not have a point of order. Just for the minister's clarification, the member can ask as many questions as possible. If he does not seem to understand, I guess the minister has to keep repeating.

Mr. Plohman: Madam Chair, I think that the matter of understanding is not the issue here. The minister's answers are not very clear as to where she stands on particular issues. On that basis, I am pursuing it further. We have to do this all of the time. I mean, we are very patient because we realize that the minister does not give clear and straightforward answers, so we have to pursue them, and we do. That is what I am doing right now.

The minister has not clarified her position on this.

*(1520)

The Acting Deputy Chairperson (Mrs. Render): The minister, for clarification.

Mrs. McIntosh: We do not all realize that—

Mr. Plohman: There is no such thing as a point of clarification.

Mrs. McIntosh: Yes, I wish to—

The Acting Deputy Chairperson (Mrs. Render): Is this a point of order?

Mrs. McIntosh: No, it is a clarification. I wish to indicate that I am not included in his "we" all at this table understand certain things.

The Acting Deputy Chairperson (Mrs. Render): The Minister for Consumer and Corporate Affairs, you may only interrupt on a point of order, not for clarification.

Mr. Plohman: I am going to ignore those little interruptions from a person who did not know the rules.

Could you just indicate, Madam Acting Deputy Chairperson, through you to the minister, whether in fact there is any representation being made on the issue of extending the six-month free-of-interest period after graduation?

(Mr. Deputy Chairperson in the Chair)

Mrs. Vodrey: No, we have not been looking to extend that six-month interest-free period, because it would become very costly.

In relation to the previous questions that the member has asked, I would remind him that those are hypothetical questions.

Mr. Plohman: Mr. Deputy Chairperson, it does not matter if the minister thinks they are hypothetical. I am asking her position on the particular principle, and that is of course of locking in interest rates for students and provisions that could be put in place through negotiation by the province.

As far as the issue of extending the free period from six months to beyond, depending on circumstances, with certain criteria in place, I think that the minister has to be aware that many students are not finding jobs readily available or even under difficult circumstances finding them available at all. Therefore, it makes it very difficult to pay back these loans, and that is why under those economic conditions, when people are not working, there might be circumstances whereby the interest-free period could be extended.

So I ask the minister to consider that and consider some negotiations on that as well in light of the circumstances at the present time. I ask the

minister to consider that. Will she consider undertaking some negotiations in that area?

Mrs. Vodrey: Again, as the member knows, interest rates now are at the lowest they have been in many years, and those rates are beneficial to students.

In response to hypothetical increases, should they occur in the future, then we would certainly have a look at options at that time.

Mr. Plohman: That has to be in place before interest rates rise, because students would want to lock in early. Of course, they would also want to take advantage of the current provision of a six-month free-interest period and have an opportunity to extend that if necessary, and that is what I was asking the minister about just now.

I know that we are speaking on behalf of students who are finding it very difficult to attend university, to graduate, and then to get a job, under current economic conditions. It has always been difficult, but I think under the present circumstances, with the recession that has lingered in this province, there sometimes have to be special provisions put in place, and that is why I am pursuing this. It is an important issue, contrary to what the Minister of Consumer and Corporate Affairs said.

She talked about my wasting time on issues such as this when there are many more important issues and substantive issues to deal with. This is pretty darn important for the students in this province, and that is why I am raising it, and that is why I am spending time on it, and that is why I am asking the minister to consider ways to improve, not just to simply go about in merrily the old way that the department has done things in the past or whatever is in place at the present time. We are asking her to consider unique circumstances because of the unique economic conditions.

So we are imploring the minister to in fact take a proactive position on this and not sit back and wait till a huge amount of pressure mounts but in fact to do something now. It is a good time to do it when interest rates are low. Do it now and make sure those provisions are in place.

I want to ask the minister another question dealing with the impact of a removal of bursaries and loan rebates. The minister has announced that the vast majority of students in Manitoba will no longer be eligible for loan rebates, nor will they be

eligible for bursaries. That means many students are going to be impacted, and one of the ways for us to determine how many is to find out, first of all, how many received bursaries and loan rebates this past year and the year before.

How many students were on that program, received benefits from that program over each of the last two years? I think that might give us an indication of what we could expect as to how many students are going to be impacted this year.

Mrs. Vodrey: I do not know how to account for the fact that the member does not know the information that I have just given this afternoon; 4,400 students, as I said earlier today, did receive the Manitoba bursary and loans rebate. We are expecting approximately 4,600 students may access the Manitoba Student Financial loan in this year. Again, I will remind the member this is the second stage. Students apply first for the Canada Student Loan and then will apply for the Manitoba Student Financial Assistance. Then of that number we expect approximately 600 students will have a need rate which will also qualify them for the study assistance or the bursary available.

Mr. Plohman: I thank the minister for being so patient in providing that information again. So that is 9,000 students we are talking about that are going to be impacted. Does she know how many rural—

Point of Order

Mrs. Vodrey: I have to clarify for the member, the total is, we are projecting for this year approximately 4,600 students in total. The member asked in his question what last year was and what this year is, and there was no intention for him to add both years together. There is one year and then the next.

Mr. Deputy Chairperson: The honourable minister did not have a point of order. It was just a matter of clarification.

* * *

Mr. Plohman: Well, the minister combined the loan rebates and the bursaries in the 4,400 and in the 4,600. They were a combination of both of those.

Okay, I understand the minister. She is nodding her head. So these are a combination of both of those. There are 600 students who are impacted by the bursaries this year, so we are

looking at about 4,000 students, as the minister would be able to relate in previous questions by my colleague. How many of those are rural students?

Mrs. Vodrey: Mr. Deputy Chair, we do not keep records on Student Financial Assistance by separating the applications from rural versus urban students.

Mr. Plohman: Does the minister have any documentation on the number of rural students total then in the post-secondary institutions versus urban?

Mrs. Vodrey: Again, we do not keep records for students from rural areas. I can tell the member that program allowance levels are adjusted to reflect living costs away from home, but we do not keep a record of the loans awarded by that particular category he has asked for.

Mr. Plohman: Well, I would suggest the numbers would be quite high proportionally from rural areas, and I believe the minister should have that information, considering that the applications would clearly show that. Whether it is tabulated and kept is another thing. I do not know why it would not be kept.

Can the minister indicate whether there will be any change in the criteria for eligibility other than the fact that they will not be able to get bursaries now, but for student loans? Will there be any change in the income levels for eligibility? Will there be an allowance which would take into consideration that students would no longer receive bursaries and therefore perhaps make it a little easier for them to get loans?

Mrs. Vodrey: The criteria will remain the same and the needs assessment will also remain the same.

Ms. Friesen: I just wanted to follow up on that. Since students now have to go for a Canada Student Loan first, and since the criteria for Canada Student Loan have changed to now having to have an 80 percent course load, has that affected in any way the Manitoba Student Loan. For example, those people who fall under that second category that the minister has spoken of, must they be taking an 80 percent course load?

* (1530)

Mrs. Vodrey: That change in course load has not been confirmed and is not in place for the Canada Student Loan at the moment.

Ms. Frlesen: Mr. Deputy Chairperson, it is widely believed that it will be implemented for this coming year. What assumptions is the minister working on for this coming fiscal year, and is the new program in Manitoba intended to accept the same criteria as the Canada Student Loan, so that if Canada, for example, did do that, would the Manitoba Student Loan program have the same entrance requirement?

Mrs. Vodrey: We are operating on a belief of no change at this point because it is still just speculation around the potential changes. In terms of the Manitoba Student Loan then, we have not looked at that because that has not happened for the Canada Student Loan at the moment.

Ms. Frlesen: Is the principle of the Manitoba Student Loan to be the same principles as the Canada Student Loan?

Mrs. Vodrey: Mr. Deputy Chair, the criteria for the Manitoba Student Loan is that it is needs based, that it is supplemental, that it does expect that students will provide a certain contribution, and parents where possible, but beyond that I am not able to tell the member about any proposed changes because we do not yet have any idea what the proposed changes of Canada will be and we do not know whether they will be acceptable to Manitoba.

Ms. Frlesen: The way the minister has spoken of this as Level I, Level II, Level III, what I am understanding from that is that one cannot even apply for a Manitoba Student Loan until one has a Canada Student Loan. So whatever gatekeepers, essentially, are established by the Canada Student Loan will effectively be applied to the Manitoba Student Loan, so that if Canada for example goes to an 80 percent criteria for Canada Student Loan, students would first of all have to fulfill that and then they would go to Manitoba. There is no way somebody goes directly to a Manitoba Student Loan.

Mrs. Vodrey: Mr. Deputy Chairperson, the member is correct that the Manitoba Student Financial Assistance does come following the Canada Student Loan. We do not know what the changes in the Canada Student Loan might be. The member's point is that if a student is unable to qualify for the Canada Student Loan, would that mean that they could not have Manitoba Student Financial Assistance, but we do not know yet if

there would be any changes for the Canada Student Loan that would require Manitoba to make further changes in terms of assisting students.

Ms. Gray: Mr. Deputy Chairperson, in looking at this particular section under the staffing, it refers to one Managerial position and two Professional/Technical as well as a number of Administrative Support. Can the minister tell the committee the classification of the managerial position and the professional as well as what type of administrative support are those 44 SYs involved in? What are their classifications or sort of a breakdown of what they do?

Mrs. Vodrey: Mr. Deputy Chairperson, the classification of the manager is SF1. I am sorry. I would have to ask the member to repeat the other part of her question regarding the administrative support.

Ms. Gray: I will repeat the question, but first of all, the minister will have to translate what SF is.

I just want to know the classifications of the two professionals and the types of positions that were involved in administrative support. I am assuming they are things such as AY2s and clerical, but I do not know that.

Mrs. Vodrey: Mr. Deputy Chairperson, SF1 stands for senior officer.

In the Professional/Technical area, one is a classification PM2, that is a program planning analyst and the other is an F13, a financial officer.

In the area of the Administrative Support, the kinds of work that are undertaken are awards clerks, which are the largest numbers, also program information officers, system information clerk, program information clerk, student services officer. There are also investigative auditors in that group of 44 and a word processor and secretary to the manager.

Ms. Gray: Mr. Deputy Chairperson, the minister mentioned audit investigators. I see under Activity Identification that there is an audit and investigation of the program assistance.

Two questions on audit: What are the results of regular audits that I am assuming are being done in regard to minimizing program abuse; and also is there any other kind of auditing that is done on this particular branch, auditing from either outside the department or within the department but outside this branch?

Mrs. Vodrey: Mr. Deputy Chairperson, in terms of the second part of the question first, the audit, there is an internal audit which is done as part of the normal audit cycle. The last one was done three years ago. Then the Student Financial Assistance Branch was audited by the Provincial Auditor two years ago.

In terms of, then, the work of the audit section of the Student Financial Assistance Branch, it does exist to ensure that Manitoba assistance awards or over awards are kept to a minimum through the performance of the investigative audits which would be an award greater than perhaps might have been, and the majority of referrals to audit are made by application assessment staff where discrepancies are noted in the student information which is recorded.

* (1540)

Ms. Gray: I would then ask the minister: The audit that was done three years ago by the internal audit, could she give us a quick synopsis of the essence of that particular audit and any outcomes? As well, the Provincial Auditor's audit that was done two years ago, what was the nature of that? What were the outcomes and recommendations?

Mrs. Vodrey: Under both audits, I am informed that the audits indicated things were—the systems and the management and so on—the areas looked at in audits were going fine. There was one area which was noted and that was the area in the accounts receivable process. That was noted in the provincial audit as well as in the internal audit, and that particular process has been rectified.

Ms. Gray: Does this section of the minister's department work at all with the student aid branch, i.e., the branch that it is in Family Services?

Mrs. Vodrey: No, they do not.

Ms. Gray: There is no relationship at all with, possibly, students who are ineligible for loans, et cetera, and they may get referred to the student aid branch?

Mrs. Vodrey: Mr. Deputy Chairperson, there is one program called the special opportunity for social assistance recipients or the SOSAR area and in this area the students are, I understand, identified by Family Services. Through Education and Training, we look at the educational cost, tuition, books, supplies, and they receive assistance through a Canada Student Loan.

Family Services provides for those students a living allowance. I understand that those students, again, will have access to the same amount of assistance in the '93-94 year and to date, '92-93, approximately 400 SOSAR students have received assistance from Manitoba Student Financial Assistance Branch.

Ms. Gray: Mr. Deputy Chairperson, the next question—I am sorry if the minister has already answered it, but—has she tabled earlier or has she indicated to us what the criteria is or how the maximum amount of student loan is determined in terms of what is taken into consideration?

Mrs. Vodrey: Mr. Deputy Chairperson, in calculating the Canada Student Loan award, we look at the resources that are available to the student and we look at the costs of the particular program and cost needs of the student in that year, and that is how we establish the need for the Canada Student Loan. So in the area of resources, we would look at income of the student; we would look at parental income if the student was a dependent; we would look at the student having any dependents, being married or single. Then in the costs area, we would be looking at the costs of the program. In that costs area, we would consider issues such as tuition, as I was saying, books, supplies, we consider a living allowance, which also includes transportation and rent, and if the student has children, we would also factor in daycare.

Ms. Gray: Can the minister tell the committee in regard to a student who is considered a dependant, and then they look at parental income, what is the definition of a dependant?

Mrs. Vodrey: Mr. Deputy Chair, I have the criteria for the independent status. Where a student does not meet the independent status, they would then be a dependant.

For the independent status, an applicant must have been a member of the labour force, employed or seeking full-time employment for at least two uninterrupted 12-consecutive-month periods. The applicant has been out of secondary school for four calendar years. The applicant is divorced, widowed, separated, with no dependent children. The applicant's parents are both deceased. An applicant has no legal guardian. The applicant is married or living in a common-law union. The

applicant is widowed, divorced or separated with dependent children or is a single parent.

That is the independent status granted. That one has been defined because the question has come most frequently, and I remember in this discussion last year, where there is a young person, how does that young person establish their independent status for the purposes of establishing need as opposed to being told that they would then be dependent or fall into a dependent age range?

* (1550)

Ms. Gray: Mr. Deputy Chairperson, so if an individual who wants to be a student is, let us say, living at home, whether it is the family farm or in the city or whatever, but there is no financial assistance from parents because of choice of parents, for whatever reason, does that person have any recourse in terms of receiving assistance, even though the parents may be financially able according to their income to assist, for whatever reason they have decided not to?

I guess there would be two situations: one, the person is still living at home, the potential student; and secondly, if the student was not living at home, they would be considered independent already. Correct?

Mrs. Vodrey: The principles of the Student Financial Program do look at student contribution and, where the student is a dependant, does look at parental contribution.

An exception would be where there would be a verification of family breakdown and that the family could not support the student in that way. So where a student can document family breakdown, parental information and contribution may be waived. Parental contribution, though, as set by the Canada Student Loan Program, is calculated as a portion of the family disposable income, taking into account, however, the family size.

Ms. Frlesen: I wanted to ask the minister about the savings that she appears to be making in this department and how they are being achieved.

There is an increase, no, it is a slight decrease in staff costs. There is a decrease in Grants/Transfer Payments, a small decrease in Transportation, and a decrease in Communications. Could the minister tell us about the implications for the program of each of those decreases?

Mrs. Vodrey: In the area of the grants and transfer payments, that difference will not have an effect on the money available for students, because now that we have moved to the Manitoba Student Loan, guaranteed loans program, the amount of money that students would need to access would be available through banks as opposed to directly through government. So the money that is available here is the money that is available to service the interest rates on the loans, as well as continue the commitment that government has for the loan rebates. The member asked if there would be an effect on students in that line, and there would not be an effect on funds available to students on that line.

In the area of transportation, the reduction, again, was undertaken as part of the reduction that we looked at across all of the department to effect savings to make the most efficient use of the money available and to maintain as large an amount of funds for direct programming assistance.

In the area of communications, that also was an area where we looked for general cost-saving measures. Those reductions were found in the area of telephone and in some area of public communications. So again we look to become as efficient as possible.

Ms. Frlesen: So that the new figure under Expenditures, Grants/Transfer Payments will cover only interest and loan rebates. Loan rebates means that third level?

Mrs. Vodrey: No.

Ms. Frlesen: No. Okay. What are you applying to loan rebates then?

Mrs. Vodrey: Mr. Deputy Chair, the loan rebate refers to the commitment which was undertaken with students in the past, which would have been the guaranteeing of their student loan which was received as a loan but which becomes nonrepayable. We said to students, where that commitment was already undertaken, that commitment would be honoured by government.

Ms. Frlesen: So that essentially what this new figure covers is interest rates for the new intake and essentially the grandfathering of existing students in the program?

Mrs. Vodrey: The amount listed on the line for this year looks at our bursary commitments, looks at the spring and summer students, looks at the

debt servicing, looks at the loan rebate commitment and looks at the study assistance.

* (1600)

Ms. Friesen: Could the minister just define again study assistance? That is the third level, okay.

Is it possible to have a breakdown of that number, of how much is going into each of those five areas?

Mrs. Vodrey: I have some figures. Again, they are estimated figures because we do not have all of the enrollments and so on for this year.

We have prior bursary commitments accounting for approximately \$1.5 million. We have students who began programs in the spring session and that would include students who entered into private vocational schools, for instance, or programs which should not have the September intake, at approximately a million dollars.

We have the loan rebate commitment which we are following through on at \$4.5 million. We have the study assistance which is our third level of support, the bursary support, at \$1.5 million. We have debt servicing at approximately \$.3 million and we have future losses estimated at approximately \$1.2 million. That comes to the \$10 million, but again there may be changes within each of the areas depending upon the exact call on the funds.

Ms. Friesen: Mr. Deputy Chairperson, how much of that loan, the spring session, was for the private vocational schools?

Mrs. Vodrey: Mr. Deputy Chairperson, I am informed that for that spring-summer session, the majority is for the university courses which are being offered in that time. There may be some for private vocational schools. We do not have that breakdown, but I am informed the majority is, as the staff knows, for university.

Ms. Friesen: Of the categories that the minister has given us, some of these will be one-time-only events in the sense that they are prior commitments. I am looking at the future projections here. Which ones are going to diminish and which ones will presumably disappear by the next budget?

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

Mrs. Vodrey: Mr. Acting Deputy Chairperson, what will disappear is the prior bursary

commitments and also the spring session, which we used this year to accommodate. However, what will go up then will be the debt servicing and what will go up would be the future losses.

Ms. Friesen: So the loan rebate amount is not a flexible one or not a diminishing one.

Mrs. Vodrey: In the area of the loan rebate we expect that that will have diminished significantly by '97-98, but again that is very much at the call of the students.

Ms. Friesen: Is there a finite date for students to repay their loans? What are the time limits? Maybe I should rephrase it.

What are the time limits on the repayment of student loans and on the rebates?

Mrs. Vodrey: In the area of the loan rebate, the loan rebate is to reduce the Canada Student Loan. It is our commitment to pay on behalf of a student the Canada Student Loan, so that one is our assistance to the holders of the loan. Again, it is at the call of the student when they are finished and they come to the point at which the terms of their loan would be repayable. Then there would be a call on our loan rebate commitment.

However, we believe that commitment should be, with the loan rebates that are presently committed, winding down by '97-98. In terms of the Manitoba Student Loan, the repayment schedule is 114 months or 9.5 years.

* (1610)

Ms. Friesen: That has no relationship to whether the student has a job or not? That is .1 and .2 of that is—does the interest clock start ticking the six months after graduation whether or not they have a job?

Mrs. Vodrey: Yes, the interest costs for the students would begin six months following graduation and would not be dependent upon the student holding a job at that time.

Mr. Plohman: I notice in this line, of course, the member for Crescentwood mentioned the audits. I have had a number of students who have called me over the last couple of years about audits that were going on. I am sure that we can all appreciate that if in fact certain information was provided that was not accurate or if when students sign the form they commit to making a declaration

about their income being true and correct and if there is any additional income that they will report it.

However, in many cases it would seem to me that students receive additional help from a grandparent or a parent by way of a gift or whatever might be the case, and if it is put into a bank account, it shows up when the audit takes place. That seems to be deducted from any bursary or any loan rebate.

I want to just put the question and just see how this works because if students receive the maximum in the loan and bursary, they obviously qualify by being in need by at least that amount, some far more, it would seem, than others, but at least qualifying for the maximum amount. There would be varying degrees of need above the loan and bursary that they get, depending on their financial situation.

There may be a greater need for additional income because they were so badly in need of loans and bursaries that this does not even begin to meet all of their needs. When audits occur, it seems to me that if a certain amount of unreported income or cash is found by the audit, it is automatically deducted from the amount of bursary that is granted or from the loan rebate.

My question is why, if a person is qualified far beyond the maximum, why is this deducted dollar for dollar? I mean there has to be varying degrees of qualification over and above the maximum. Why is it automatically deducted dollar for dollar for, say, they received a \$400 gift for Christmas from their parents or grandparents or some other friend or whomever, and they did not declare it and it was found in an audit, why would it be deducted dollar for dollar automatically?

Mrs. Vodrey: Because it is unreported resources. We expect students to put forward the resources that they have available, and that income then is resources which are available to the student to assist as their contribution in the process.

Mr. Plohman: It occurred after they applied, but they make a commitment on signing the form that they will report any income above that. I understand that. I believe that most students are not deliberately trying to defraud the government or trying to get away with something. In many cases, they are just not aware that they had to report it, but be that as it may, they are required to report it.

The point that I am making here is that if they have qualified by well above—[interjection] The minister says we do not know that.

Yes, you do know that. You just simply look at the application and you know what income they had reported at the time, you add the \$400 and you see if they still qualify, and if they still qualify there is no need to deduct it. If they would not have qualified, then I can see deducting it. Are you assuming that they must have got a bunch of other income they did not report, therefore you have to be penalizing them to the full extent?

Mrs. Vodrey: I am informed that the way the process works is that that kind of income received after an assessment would then require a complete reassessment in the light of the new information. With that reassessment it may be that the student would still qualify. That is what the member's concern is. If the student is very needy, they might still qualify. However, this income in reassessment might in fact then be sources of funds available of which they would not qualify to such a great extent, but through a reassessment, we would be able to determine that.

Mr. Plohman: If it worked the way the minister just described, then I would say that that is exactly what I am advocating and it is reasonable. However, it seems to me that in the cases at least that I have become aware of, that it has been every dollar that they had not declared as taken off of the bursaries, if they were just at the maximum but not a dollar over in terms of their income. So as soon as this additional income was found, it came right off of their award.

I cannot believe that occurs in every instance that it is just dead on. There had to be a little reserve above in varying amounts, as I said earlier. In some cases, the person, if there would have been a higher max, then they would have qualified for thousands more perhaps because of their financial situation.

Is the minister correct in saying that it is only after reassessment, and if they still qualified at that point, they would not have any deducted, because the cases I have seen, they have had the dollars deducted exactly as they were found?

Mrs. Vodrey: Mr. Acting Deputy Chair, I am correct in describing the process and the reassessment that takes place. If the member

has a specific case which he would like us to have a look at, then would he please bring it forward?

Mr. Plohman: I have in several cases brought those forward or called the staff or else sent a letter to the minister, but there has never been any relief whatsoever, not even a dollar.

So I assume on that basis that they all fit under the criteria that the minister talked about now, but I think it would be interesting for the minister to just examine this on the basis of the maximum award received and to see whether in fact it is being applied that way. It seems almost like it is a penalty, like a sentence. You are found guilty; therefore, we are taking all of this away, rather than just a portion that was justified on the basis of what they qualified for in light of the new information.

It is difficult to talk in generalities in this, I know, but the principle has been established by the minister and we will look for that in the future.

I wanted to just ask her how many dollars have been found by way of audit. How many audits have been conducted of individual students, and in how many cases have the students been required to pay back money?

* (1620)

Mrs. Vodrey: Mr. Acting Deputy Chair, students who do make application, the member has referred to them primarily as kids and, of course, we know that people seeking post-secondary education now are of all ages and ranges of ages. I think that is an important point, one which I also made to the federal minister.

In terms of numbers of students who have been audited: 1988-89, 265 audits, the recovery was \$430,800; 1989-90, 361 students were audited, the recovery through the audit investigation was \$740,600; 1990-91 there were 390 audits and the amount recovered was \$914,600; 1991-92 there were 362 audits and the recovery was \$612,700.

Mr. Plohman: Now, this is all on the basis that there was unreported income or there could have been other problems with this, that the students had received and then did not attend, perhaps, the institution. There could be various potentialities. Or is it only unreported income that we are dealing with?

Mrs. Vodrey: Mr. Acting Deputy Chair, in this area, the unreported income may lie in the area of gifts, as the member has said. It also may lie in

the area of part-time earnings. It may lie in the area of unreported assets, bonds, trust, cars or vehicles which students have failed to report.

Mr. Plohman: When this takes place, there is a review done to get it correct, an assessment, as if the student were starting from scratch with this new information, all circumstances at the time of the loan that took place plus the added information being superimposed on that situation, then, a determination made of the qualifications of that individual had they reported that income.

Mrs. Vodrey: Mr. Acting Deputy Chair, that is correct. With the new information, there is a total reassessment.

Ms. Friesen: Mr. Acting Deputy Chair, there is an issue, I am sure, which has been raised with the minister before, and it is about graduating students who have subsidized child care spaces. They used to be allowed six weeks to find a job and to maintain a space. Now with the job situation difficult for students, that period has been reduced. Could the minister tell us what her policy is on that and whether she is responding to those concerns?

Mrs. Vodrey: Mr. Acting Deputy Chair, I believe the member is raising an issue that falls within the department of my colleague the Minister of Family Services (Mr. Gilleshammer) and at this point that minister would be the best person who could discuss any changes in terms of the amount of time child care spaces are available while a person looks for work.

Ms. Friesen: Mr. Acting Deputy Chair, but my concern is also an educational one, and the ability of students to repay their loans depends upon their getting a job, and it seems to me that allowing six weeks to find a job is not an extraordinary amount. It does seem an odd time in the economic history of Manitoba to be reducing that. I would have thought it would be in the interests of the government generally to ensure that students had the opportunity to find a job so that loans could be repaid.

Mrs. Vodrey: Well, again, from the point of view of the Department of Education and Training, from our point, it is six months before a person begins to pay back the student loan. In terms of the amount of time that a person may have a subsidized child care space or a child care space with very limited parental contribution, again, that falls within my colleague the Minister of Family Services' (Mr.

Gilleshammer) decision making as the area of daycare falls within his department.

Ms. Friesen: I would have thought that the Minister of Education, having invested a certain amount in loans for these students and in their education and the public provision of that education would want to ensure that the time available for the finding of a job not be diminished. That is what has happened. It is the change that is a concern.

Mrs. Vodrey: Mr. Acting Deputy Chair, I know that the whole area of funding for daycare and daycare spaces is a complex one, and I would not begin to presume to answer questions regarding the policy of child care spaces and the funding and subsidy of child care spaces in the Estimates of the Department of Education.

Mr. Plohman: Yes, just one other point on the audit. It is also my understanding from talking to students that have been audited that they are not able to provide additional positive information that helps their case at the time. Is that correct, that the negative information that, in other words, hurts the case because something has come up by way of the audit in terms of income or other information is then part of the reassessment? Is the student notified at that time and can they provide any additional information that may help their case to offset that negative information if they had it?

Mrs. Vodrey: Mr. Acting Deputy Chair, I do not think the member is accurate. That is why we do have the appeal board. Through the appeal board, students may put forward other information which may assist them in their case.

Mr. Plohman: Yes, that comes after the fact, and we will get to that I guess in the next line of the department. But I am talking about if circumstances should change that affect the audit's findings, such as their roommate moved out and they now have to pay more rent, for example, than originally they had intended to pay because they were projecting they would have that roommate with them the whole year.

Could they provide that immediately upon the audit? Would that impact on the findings in terms of whether the money had to be paid back?

Mrs. Vodrey: Mr. Acting Deputy Chair, that information may or may not affect the award that the student is given, depending upon the whole

circumstances, but I am informed that after audits we have increased awards, too.

Mr. Plohman: Could the minister tell me in how many cases the award has been increased, Mr. Acting Deputy Chairperson? They have done—the numbers were given to us—362 in '91-92 and 390 in '90-91, for example, and the minister tells us that the department found \$914,000 in '90-91 and \$612,000 in '91-92. How much did they get back or did they give out?

Mrs. Vodrey: Mr. Acting Deputy Chair, I am happy to look to provide that information to the member at the next time we are together, but I think it is important for him to know we certainly are looking to be fair to students and to provide the ways for students to access the funds available and to help students make sure, at whatever post-secondary areas they are interested in looking to study in, that they have the funds available to do so.

The Acting Deputy Chairperson (Mr. Rose): Order, please. The hour being 4:30 p.m., as previously agreed, committee rise.

HEALTH

*(1120)

Madam Chairperson (Louis Dacquay): Will the Committee of Supply please come to order. This section of the Committee of Supply is dealing with the Estimates for the Department of Health. We are on item 1.(b) Executive Support (1) Salaries, page 77 of the Estimates manual. Would the minister's staff please enter the Chamber.

Mr. Dave Chomlak (Kildonan): Madam Chairperson, just prior to the commencement, we had talked yesterday when agreement was made that the Estimates hours would be established as they are today and extended as they are today that we would make provision for some kind of a lunch break for participants in the debate.

I am wondering if we just want to set a time, say one o'clock till 1:30 or something, or should we just go on? Just for the convenience of staff, I am wondering if we wanted to set a time for a break or if they thought it was necessary, at least for staff purposes.

Hon. Donald Orchard (Minister of Health): Madam Chair, I am at the will of the committee. We can either break for 15 minutes or so at one

o'clock; that would be fine. Whatever the committee wishes. Let us be flexible. We might be in the middle of a good discussion and have flexibility five minutes either way, 10 minutes either way.

Mr. Chomiak: I will agree with the minister. Perhaps we will target say for one o'clock for a 15-minute break at least so we have some idea of where we are going and people can have some target for which to move to.

I discussed with my counterpart in the Liberal Party letting him lead off because of some time allocations we are making here, but I will commence my questioning insofar as he is presently occupied following his last current speech in the House.

I will commence, Madam Chairperson, by returning to the Connie Curran contract. I would like to ask the minister, the \$3.9 million, give or take the U.S. exchange rate, plus up to \$800,000 in expenses—the minister has indicated in the House that that money will be coming out of Lotteries Funded Programs.

I am wondering where in the Estimates allocation this funding is coming from since there is line and provision in the Estimates book under 10.(p) I believe for Lotteries Funded Programs, but there is no allocation in there specifically for this particular contract unless it arises out of the Health Innovations Fund or one of the other categories.

Mr. Orchard: 10.(d) would be the appropriate line.

Mr. Chomiak: Did the minister say 10.(d)? So it will come out of the Health Services Development Fund.

In the Connie Curran contract the consultant indicates that she will be saving something like \$45 million to \$65 million. I am wondering if the minister could give us a breakdown of where he sees that because, presumably, the contract was entered into on the basis of these extensive savings, amongst other things, in the health care system?

I wonder if the minister can outline where he sees that \$45 million to \$65 million in savings deriving from?

Mr. Orchard: That number was the basis of the contract that we have signed. Of course my honourable friend has availed himself because for

the first time, as I have mentioned before, the contract was made public, including to the opposition, when signed.

The \$45-million to \$65-million global budget goal was a result of preliminary discussions that Dr. Curran, on behalf of APM Consultants, had with the two respective hospital administrations and is a goal which they believed was an achievable goal within their respective institutions.

Hence they were very desirous that government would support the retention of the consultant to try and achieve those kinds of global budget savings within the two institutions because, predicated on that are two, I think, quite important factors.

I look forward to the next number of hours that we have to discuss this contract of getting further clarity from my honourable friend in terms of his thoughts on those, because the level of activity in our hospitals, as my honourable friend well knows, to be maintained with the restructuring undertaken by APM—the past record of the involvement of APM in 100 other hospitals in the United States indicates that there is significant increase in the hands-on caregiving time by nurses within the restructured environment.

I think my honourable friend can see that there are some significant advantages that the two respective hospitals saw in engaging the services of APM. If my honourable friend recalls, one of the major issues that for instance nurses have been so concerned about is that they spend less and less time with their patients and more and more time in noncare-related duties in the workplace.

The APM experience shows that clearly that amount of hands-on caregiving time can be increased by the process of restructuring and work simplification. That is a very positive goal and objective which we all believe is achievable for patients.

* (1130)

The objective of the work restructuring project is to make a more effective resource personnel utilization within the hospital to avoid unnecessary process steps and tasking throughout the whole structure of the hospital, which allows the budgetary savings that are there but will not reduce the level of activity. The same number of procedures, inpatient, outpatient are expected to be undertaken with the targeted budget reductions.

I know my honourable friend has some trouble with that because, since even well before the announcement the New Democrats have consistently appeared to oppose this contract although they have never taken that definitive statement as to whether they would cancel the contract, et cetera, et cetera.

They appear to be opposed to it, and I have never for sure clarified whether their opposition is because of country of origin of the consultant, because they seem to be locked in on this anti-American fixation that the New Democrats thrive on or whether they are against the achievables of the contract, i.e., reduction of budget, maintenance of level of activity and increased opportunity for hands-on care.

Now if it is the first, that they are simply anti-American, I can accept that, but I have some pretty serious misgivings as to where my honourable friends the New Democrats would be coming from if they are opposed to caregiving staff having more opportunity for time with patients to provide care.

I would have a lot of difficulty if my honourable friend believed that we should not seek out efficiencies in operation which would reduce the request of government for global budgets of those two institutions without compromising the level of care activity. You know, the antithesis of that is that my honourable friend wants to continue to spend inefficiently and then come to the House every day and say, well, you know, you should spend more and more here, there and everywhere. Well, where does the money come from?

Here is an opportunity to level and actually decrease the amount of budgetary commitment without compromising care, in fact improving care.

Now, during the course of this debate in discussions this afternoon we will get to the bottom of that, I hope, with my honourable friend, so that I can understand the New Democratic Party position. If it is simple anti-Americanism, well, fine. I mean, that is a bias that my honourable friend can enjoy and live with. But if it is against the improvement of health care in Manitoba, then we will have quite an interesting debate.

Mr. Chomlak: The minister said that the \$45 million to \$65 million savings came from preliminary discussions that have been held. Clearly the minister decided to enter into this contract on the

basis that \$45 million to \$65 million can be achieved from the two teaching hospitals from savings of those budgets. The Minister said this resulted from preliminary discussions.

Does this minister have any empirical data, any data that was submitted to him that would somehow point to where that money would come from and how those savings would be achieved?

I mean to target a figure of \$45 million to \$65 million specifically and then to go on with rhetoric about how much can be achieved, where work efficiencies, et cetera, you know we hear that over and over again in the House. But what we do not get from the minister is any empirical data that would show where that money would come from.

It is easy to stand up and say we are going to spend better; we are going to spend more efficiently; we are going to have nurses spend more time on patient care. It is another thing to show where those hard savings, the real money is going to come from and how that consultant is going to achieve those ends.

That was the basis they entered in the contract, Madam Chairperson, that is the basis that they are flogging this contract. That is their end goal. Can the minister indicate what empirical data he has to demonstrate that will be the case? As to why he entered into this massive contract based on that very point?

Mr. Orchard: First of all let me again bring my honourable friend back to the genesis of this contract because my honourable friend wants to paint the picture that this was a sole initiative of myself as Minister of Health. That is what my honourable friend has been attempting to do from square one.

Now, my honourable friend has been told this and I know my honourable friends statements outside of the Chamber and the whisper campaign he engages in on behalf of his party says differently, but it is not accurate.

Point of Order

Mr. Chomlak: I do not think it is appropriate for the minister to accuse any honourable member of engaging in a whisper campaign outside of the House, Madam Chairperson.

Madam Chairperson: The honourable member for Kildonan does not have a point of order.

* * *

Mr. Orchard: Well let me go be more direct. My honourable friend engages in a mail-in campaign where he preys upon the fear of Manitobans based on misinformation on health care reform, to what? To ask Manitobans to contribute to the New Democratic Party \$50, \$100, \$200. Not \$5 and \$10 as the party of the little person might ask for, but \$50 minimum they want to give to Dave Chomiak on behalf of the NDP.

That is the kind of whisper campaign that is not a whisper campaign, it is in print. And it is obscene and it is abusive of those people that he claims he is trying to protect. That is the kind of background on which we are going to have a debate as these Estimates go through.

Now to reinforce the position, my honourable friend finds it kind of offensive that I say he is a whisper campaigner. The New Democrats are famous for this, and I will give my honourable friend an example. 1981 election—

Point of Order

Mr. Chomiak: Is the minister speaking on a point of order, or is the minister attempting to answer my question on Connie Curran?

Madam Chairperson: No, the honourable Minister of Health is responding to your question. I ruled that there was indeed no point of order.

Point of Order

Mr. Chomiak: On another point of order, the question was about Connie Curran's contract and the \$45 million to \$65 million, and I fail to see how the minister's response in any way relates even remotely despite the minister's propensity to play debating points and try to score debating points in this Chamber. It does not even closely resemble, it does not even come close to any aspect of the question, Madam Chairperson.

I would ask that you ask the minister to deal with the questions that are asked.

Madam Chairperson: Order, please. The honourable member for Kildonan does not have a point of order. The honourable Minister of Health, to finish his response.

* * *

Mr. Orchard: Madam Chair, I am dealing directly with my honourable friend's question because my

honourable friend's question for which he seeks information, which I will provide, was based on a false premise that he is trying to create in a whisper campaign in the community.

My honourable friend the New Democrat is trying to say that this contract with APM was the idea of myself as Minister of Health, and he is trying to say that it was forced on, in his whisper campaign in the community, the two teaching hospitals.

My honourable friend knows that is not the case. My honourable friend knows that the CEOs of St. Boniface and Health Sciences Centre and the boards wanted government to engage APM on their behalf to undertake this work restructuring.

My honourable friend knows that, but my honourable friend uses the classic approach of lack of forthright statement in an unparliamentary language—we all know what that is, and I cannot use it—to try and tell Manitobans an entirely different message when they know that they are not telling Manitobans the truth. And my honourable friend persisted in it again today in his preamble to the question indicating it was my concept, my idea to engage APM.

I agree with them. I think it is one of the best opportunities to fundamentally rethink what we do in our hospital institutions that has come to this province in 25 years.

I will make a prediction to my honourable friend that as this process proceeds in Manitoba my honourable friend is going to be astounded to see these consultants probably working in a number of other provinces in Canada including possibly even provinces that are governed by New Democrats. They will be engaged with the full blessing of government to achieve exactly what we are trying to achieve because every Minister of Health, regardless of political affiliation, wants to preserve and protect our medicare system.

* (1140)

And our medicare system under the current financial environment, the amount of taxes that we are able to generate from wealth creation in this country of ours is not sufficient to maintain the continued growth in health care expenditures.

My honourable friend ought to refresh himself and go back to the introduction of Estimates in 1986 by a Minister of Health who wanted to engage this kind of fundamental change and refocus but did not have the political support of the NDP in

cabinet, Howard Pawley et al. But read the introductory remarks to Estimates, and do you know what?—they are not dissimilar to what I have been saying.

I have to give Mr. Desjardins credit for understanding the challenge to preserve and protect medicare. We had our differences. We had big differences on certain approaches, et cetera, but fundamentally you will not find me against the process of meaningful restructuring of health care.

As a matter of fact, you go back to some of those earlier Estimates and you will find me being an advocate for the kind of reform in the mental health system that we are engaged in. And from opposition I was providing that suggestion to government just as my honourable friend the member for Kildonan has often suggested progressive change for us too.

An Honourable Member: Maples.

Mr. Orchard: Maples. I am sorry. The member for The Maples, I am sorry. I apologize profusely.

Now my honourable friend says on what basis did we participate in the signing of the APM contract. It was on the basis that the hospital administrations and boards believed that the engagement of APM Consultants under the leadership of Dr. Connie Curran could achieve greater efficiencies in the hospital, maintain the level of services in their hospitals, allow an opportunity for more patient care time by nurses and other caregivers, and have the opportunity to reduce the global budget requirement that they were going to ask the taxpayers of Manitoba for by \$45 million to \$65 million.

You know how they gained their belief in the achievability of those goals? By consulting with some of the best academic health centres in the United States that had engaged APM to go through this process of restructuring. On the basis of those discussions with those academic health institutions in the United States they found that, on a global budget average, anywhere from 8 to about 17 percent reduction in funding commitment was achieved without compromising volume of care, and in fact improving the amount of time caregivers spent with the patients. That is a pretty impressive track record.

They also found that in 100 hospital contracts, and this we also had confirmed ourselves before we signed the contract and participated in the funding—my honourable friend might, when he reads through the contract, be wanting to comment on the go/no-go points of decision making in the contract.

At any time with very short notice, government can curtail their efforts. If APM is not delivering, we can curtail our efforts with no penalty. We have built in holdbacks. The go/no-go decision-making point, I think my honourable friend ought to ask other consulting firms if they have similar provisions universally in their contracts. He will find them to be not all that common an initiative that a consultant puts into a contract, and they are there because of the confidence that the consultant has in being able to deliver what they have indicated their expertise is capable of doing.

In the 100 hospitals in the United States that they have been engaged to do the restructuring exercise, every contract had go/no-go provision. In other words, if there was not satisfactory performance to the targets that were laid out in the contract, the contract could be cancelled. In no instance was a contract cancelled, and in a significant number of incidents there was the decision made by those respective organizations to add to the duties they engaged the consultant in, in other words, increasing the size of the contract.

Now, I do not know whether my honourable friend thinks that is significant, but the CEOs of the two teaching hospitals thought it was pretty significant, that a track record that was 100 percent delivered seems to point that when they say they can do something they are willing to commit it to print, they are willing to sign a contract to that effect, a contract with go/no-go points in a number of occasions in the contract and are willing to have a 20 percent holdback, so that if the achievables are not there they do not get paid the full contractual amount. I think that gave the two hospitals considerable confidence that, in fact, they could deliver.

Now, one of the things that I am going to get—and I am going to have my office go up and get it because I want to, in the course of this afternoon, share some of the information that APM shared with the hospitals and coincidentally and subsequently shared with us in terms of the things they are able to change in restructuring the work

activities of a hospital. My honourable friend can tell us this afternoon as I get that information whether he agrees that that is an appropriate goal or not.

One of them off the top of my head is, the one example was that it took something like, I think it was, 11 order steps and procedures to order an aspirin for a patient. APM reduces that down to three steps.

Now I do not know whether my honourable friend believes that we should have 11 steps to order an aspirin in a hospital or whether it should be three. The CEOs at the hospitals think it should be three if three gets the aspirin to the patient quicker and at less cost. Now I guess my honourable friend does not agree with that. I do not know. Maybe he will tell us this afternoon.

Observation was made that, for instance, there are often more job classifications in our hospitals than there are employees, very narrowed job classifications. For example, the Japanese multinational corporation called Nissan that makes those cars; they make boats; they make electronics; they make everything; apparently, they have four job classifications for their entire industry.

So one of the goals is to narrow the job classifications. Now what does that mean for the worker? I mean, let us think about it. Today's environment says you are narrowly trained to do a narrowly focused duty in that institution.

Part of the APM approach of work restructuring is to give more duties to individual workers. In other words, they have a wider spectrum of duties that they can undertake.

That means that there are fewer job classifications. There is more flexibility around the duties entailed by a given employee, but let us think about what that really does. In a changing health care provision environment, answer the simple question. You the New Democrat, who alleges to be concerned about the working person, ask yourself if a person with essentially one skill set has a greater opportunity to maintain their job in a rapidly changing environment of changing roles, and changing focus, and changing policy, and changing arrangements of care giving, are you better able with one skill set to maintain your employment or do you have a greater opportunity for employment redeployment if you have several skill sets? It seems pretty obvious to me that you

would be better protected as a caregiver, as a worker in a facility, if you had several skill sets to offer to your employer. That is part of the restructuring.

That is going to be good for people affected by the change that is going through our health care system today, not bad, but good. It will not prevent all layoffs, no, of course not, but it will provide a greater opportunity for employees to maintain their job in a changing delivery environment of a hospital.

I want to know if my honourable friend is against that? Is he against an opportunity for working people that he alleges, on behalf of the New Democrats, to have at the bottom of all his decision making? Is it better to have working people with more skills or less skills? Every day in the House we hear my honourable friends, the New Democrats, saying to our Minister of Education (Mrs. Vodrey) you have to expand skills training. Ha, this is part of the APM work restructuring. My honourable friend is in favour of it when it is not APM, but I guess they are against it when it is APM in the restructuring contract at the two teaching hospitals.

You see, Madam Chair, and I hate to take this amount of time because I know my honourable friend has many valuable questions he wants to further pose, but I just get absolutely confused as to what New Democrats stand for. I mean, on one hand they will ask for more skills training and decry government because we are not providing enough varied skills training opportunities, and here we have a circumstance where we are going to have multiple skills development of workers in health care, and they appear to be against it.

* (1150)

Now I know, and I will accept, and my honourable friend could even make this candid confession if he wishes, if he did not understand that was part of APM, and his opposition was one of ignorance to APM, I can understand that. That is what this debate is all about, to try to give my friend some information so that maybe he would understand the wisdom of this contract and the benefit that it will be to the preservation and maintenance of medicare in Manitoba and our ability to provide needed health care.

Maybe my honourable friend would be able to do, as is so often urged on us when they are wrong, to admit they are wrong and change their focus.

Mr. Chomlak: The minister used 20 minutes to justify his position, to justify the entering into the contract, to not answer any of the questions that I asked him, Madam Chairperson, to, in his usual controlling fashion, treat the legitimate questions as he does many people who come to his office for assistance in his fashion. I accept that. I am not going to be drawn in by the minister's attempts to play political games in this Chamber.

It is clear the minister alluded to two sort of provisions. It is clear there was no empirical data that would justify the \$45 million to \$65 million savings other than the fact that the minister said that the HOP health centres in the States had been canvassed and those by the two teaching hospital CEOs, and those had indicated savings of 8 percent to 17 percent, and that the minister had checked with 100 hospitals with a go or no-go provision that had this in the contract, and they were all satisfied or expanded the contract. Can the minister, therefore, table those results, please?

Mr. Orchard: Madam Chair, most of—it is my understanding—the investigation to check out the deliverables and the deliverable capability of this firm was done by telephone call, et cetera. That is where we received our assurance. I know my honourable friend might not think that that is adequate, but the two teaching hospitals and their administration boards thought that was adequate, and we were so satisfied with the information we received from satisfied customers.

It is not something that I can table for my honourable friend so he can peruse, although I do hope to be able to provide my honourable friend with the presentation that Dr. Curran has made and we can go through it page by page. My honourable friend can tell me what should not be done in that presentation that he disagrees with because it is based on some of the information I have already shared with my honourable friend.

Mr. Chomlak: Madam Chairperson, if the minister does not have the information, it is very clear he has no data that he can provide us that would serve as the basis for the reputed main purpose of entering into the contract, that is savings of \$45 million to \$65 million in the two teaching hospitals. It was done via telephone

conversations and the like, and the minister keeps insisting that we provide our—at least one thing I must admit, the minister is at least soliciting viewpoints which is something he generally does not do amongst the public. At least he is asking our viewpoints with respect to the health care system.

Perhaps the minister has turned over a new leaf and will now begin to listen to the some of the concerns that have been raised by the vast majority of Manitobans concerning what the minister has entered into.

In Clause 1(3) of the contract, page 7, a number of project agreements have to be executed and delivered on or before May 31, 1993. Can the minister please table those agreements that presumably have been entered into?

Mr. Orchard: No, I cannot, Madam Chair. As I indicated to my honourable friend just the other day, that is what we are in the final stages of development.

Mr. Chomlak: We have missed a delivery date, is that what the minister is saying in terms of this consultant? Have we missed a delivery date in terms of the contract, this greatest contract probably in the history of the universe as implied by the Minister of Health? It had all of these no-goes, have we now missed our first major delivery date?

Mr. Orchard: I am indicating that the deliverables are intact. The process is intact. The May 31 sign-off is not intact, but the process is agreed to, is proceeding at each of the institutions as projected in the agreement.

Mr. Chomlak: Madam Chairperson, so the May 31 date has been missed. The project agreements have not been signed as per the contract. The consultant has been paid, but the process is somehow continuing. So that is fairly clear now that we have established that this greatest contract, this greatest negotiation that has ever been entered by the Province of Manitoba, probably the biggest consulting contract in provincial history, and the May 31 project agreements that the entire project is based upon have not been agreed to.

It is unfortunate that we are commencing in terms of this contract already on that basis of the failure to achieve the goals of the initial category of the contracts.

In Clause 7.2 of the contract on page 34, there are five categories of expenses that are eligible for reimbursement under the agreement: air travel, lodging, local transportation, meals and other miscellaneous expenses such as telephone, teletype, air courier. Will the minister undertake that, when the contract is completed, all of those expenses will be provided to this Chamber?

Mr. Orchard: Those provisions are paid for by the respective institutions.

Mr. Chomlak: Madam Chairperson, can the minister advise me where those respective institutions receive their funding from?

Mr. Orchard: From the Department of Health, the line—I will get it for him in the Estimates so he makes extra sure. It is called the Health Services Insurance Fund.

Mr. Chomlak: Madam Chairperson, so the minister is saying, no, he will not provide that information to this Chamber.

Mr. Orchard: Madam Chair, my honourable friend knows that the expenses are part of the hospitals' responsibility. They are not part of the contract and the specific funding line by line; we are under a global budget at the hospital.

My honourable friend also knows that there is a maximum to those expenditures of \$800,000 and they cannot be exceeded. There is a further clause in the contract which says, best efforts will be provided so that it is less than \$800,000.

I have a lot of confidence that the people at both those respective hospitals are going to ensure that the expenses are those that are required to carry out the agreement as part of their contribution to the agreement.

Mr. Chomlak: So, again, the minister is saying, no, that he will not provide that information. I think it is curious, because the minister and the Province of Manitoba in the course of the contract, guarantee effectively those payments in Clause 7(1) of the contract, if the minister would care to review the contract.

Mr. Orchard: Is my honourable friend referring to page 33?

Mr. Chomlak: Clause 7(1), page 33.

Mr. Orchard: Yes, that is right, the hospitals are responsible for the expenses. That is what we

have been saying all along. What does my honourable friend find so baffling about that?

Mr. Chomlak: Madam Chairperson, what I find so baffling is the minister's refusal, since Manitoba is effectively guaranteeing those expenses, to provide us, to provide this Chamber, to provide the public of Manitoba, something that we do in all other aspects of public accounting, the information where they include expenses of the consultant. The minister is failing, the minister is refusing, to do that.

* (1200)

Mr. Orchard: Madam Chair, you know, my honourable friend—I guess he is singular in his issue, which is fine. We can spend the next 50 hours talking about this contract if he wants. It suits me fine. But my honourable friend would have absolutely no questions to pose unless we give him the contract. The contract has maximums specified as to what the total financial commitment by the province, by the hospitals, is. Now, my honourable friend uses those numbers to his advantage.

Will my honourable friend then congratulate government should the Estimates come in less? Will he stand up on his hind legs and congratulate government? I mean, I would hope so because we have given my honourable friend his only issue. We have handed him a document of a consultant's report, of a consultant's contract which has the deliverables, the specifications, what is expected, et cetera. Without this contract, Madam Chair, feature how dull Estimates would be. My honourable friend would have no questions, and, you know, I guess maybe there is a lesson here. I have got to give my honourable friend a few more reports, maybe if I can find some that he might be interested in, so he latches onto them and asks questions, because otherwise my honourable friend is barren of an original thought.

Now, my honourable friend is concerned about \$800,000 of expenses between the two hospitals, fine. I mean, that is a point he can make—a point he will make. Fine. But let us talk about whether there is value in the contract, and then let us talk about whether my honourable friend would cancel the contract, would not proceed with it. Because I think—again you see where we are at, Madam Chair, is this interesting opposition-government Estimates debate warp that we get into where

everything government does is wrong but yet opposition never says what should be—no, I will not say opposition because one of the opposition parties does give alternative suggestions.

The New Democrats are singular in being against everything and for nothing. Now, that is an interesting position to be in. Where I would like to be—because I can give my honourable friend no more information than what is in the contract which he has before him, which has been the reason he has had some questions. Now, having provided my honourable friend with the contract, its parameters, its cost, et cetera, I would be interested in getting into what my honourable friend disagrees with in the principles behind the contract and the deliverables behind the contract and whether the contract will be good, bad or in between, whether the New Democrats are opposed to the essence of the achievables in the contract.

That is a debate which will tell Manitobans who wants to attempt to improve health care and who just wants to sort of slide their way maybe into government someday, like Bob Rae did in Ontario, with no plan and with a disastrous result for the province.

You know, in this day and age, Manitobans are a little more intelligent than simply to accept *carte blanche* that because a party is against everything, they would make good government. I mean, today's day and age demands that if you are against something, you better state what you are for to replace it, or else you lose your entire credibility.

My honourable friend is attempting—I know the New Democrats put a lot of faith in this individual as one of their bright stars, and they put a lot of faith in his ability to establish credibility in health care. Well, you know, Madam Chair, my honourable friend cannot do it by being against everything government does, when so many organizations are supporting what government is doing, and never offering an alternative so people can value-judge who is right and who is wrong, who has a better process.

So we can talk about all of these things and my honourable friend can alarmingly state this, that and the other whatever conclusion he wants to come to on the basis of my answers, and he can incorporate it into his fundraising letters to the

impoverished Manitobans that he wants to—[interjection] Well, the impoverished party members of the New Democrats from whom he is asking \$50 minimum, \$100 minimum, \$200 minimum, whatever, so my honourable friend can engage in his whisper campaigns.

That is maybe great stuff for the party faithful, but there is a tremendous number of Manitobans out there that are not adherents to the New Democratic Party. They are adherents to people with principle that state what they will do, that lay out plans and visions and action plans for the future, as we have done in health care and other areas of this government.

If my honourable friend thinks that he is going to sneak into government, the back door, by being against everything and for nothing—forget it, not in today's environment. You will not have the credibility and the support of people who are looking for good government. Good government is not simply against everything. Good government is one which will recognize the problem and provide reasons, solutions and not be afraid to lay them out for debate, not be afraid to put them before the public and let the people decide.

Now, my honourable friend may well choose to do that over the course of these Estimates and then we will have meaningful and significant discussion around health care, its future and some of the changes that are ongoing presently. We will find out whether my honourable friend has any concept of the challenges before the health care system, whether he really understands, in his new role as critic, and whether the New Democratic Party of Manitoba really understands what has to happen and what has to be engaged and what has to be undertaken in terms of change in the health care system to preserve and protect medicare.

That understanding, if my honourable friend has it, and with some integrity would help him to achieve his goal of being government. Saying nothing and denying everything will not.

Mr. Chomlak: Madam Chairperson, I can understand the minister's reluctance to want to deal with the contract. He has indicated, firstly, he does not have any data to indicate where the \$45 million to \$65 million in savings will come; secondly, the first major project agreements that were supposed to be entered into and agreed to by May 31 have not been agreed to—the minister has

admitted that today, they are not even there, the first major task of the contract; thirdly, he is refusing to make public something that is done generally throughout government, the expenditures—the out-of-pocket expenses and the travel expenses and the air travel of the consultant—he is refusing to do that. That is fine, and I think it is recognized for what it is worth, and certainly I can understand why the minister is now reluctant to talk about specifics of the contract.

In a newspaper article dated May 15, '93, a chart appeared on the front page of the Free Press that laid out the scenario of expenditures in health care that talked about a dollar spent in the present system versus 88 cents in the present system which is based on Ms. Curran's analysis and presumably will somehow achieve the \$45 million to \$65 million savings. I would like to ask the minister, is this ergo since this is the working chart that Ms. Curran shows, together with the maple leaves on all of her charts that she shows on her overhead projections, does this chart therefore indicate that we can and should look for a 12 percent overall global reduction in the hospital budgets (a) at the two teaching hospitals, and/or (b) at all of the hospitals? Can the minister elaborate on that, please?

Mr. Orchard: Madam Chair, as I understand that chart, that is a chart which reflects on average what has happened in hospitals that APM has worked in, and I think is a compendium of the 8 to 17 percent that I gave to my honourable friend.

My honourable friend shakes his head no. I guess he knows the answer then.

Mr. Chomlak: Madam Chairperson, I am shaking my head because I wanted to indicate that the article said, and I quote: Only 25 cents of every hospital dollar is spent on patients, preliminary Manitoba data indicates. And then it had the two scenarios. So is the minister saying this chart does not reflect the Manitoba situation? Or is the minister saying this chart reflects the experience of Connie Curran in the United States? I assume it is the latter.

Mr. Orchard: I believe it is both, Madam Chair.

Mr. Chomlak: Given that minister's answer, Madam Chairperson, is the minister therefore saying that we can expect a 12 percent global reduction in hospital budgets based on a projection

of Ms. Curran's work? I mean, is the minister saying that?

* (1210)

Mr. Orchard: Madam Chair, what I am saying is the contract specifies on page 2(c): The consultant has represented to Manitoba on the base of its preliminary analysis that annual financial savings in the range of \$45 million to \$65 million per annum should be realized within the health care system in the province of Manitoba by adopting and implementing the consultant's recommendations as regard the restructuring of operations at St. Boniface Hospital and Health Sciences Centre.

Mr. Chomlak: Madam Chairperson, this same consultant, who has said that these savings will be achieved, has provided a chart to the public and to the press that indicates that reduction expenditures in hospitals will go down from \$1 to 88 cents, with an increase in patient care. So this is not a trick question for the minister. This is simply an attempt to understand what is meant by this chart and where we are going.

Mr. Orchard: Madam Chairperson, I know this is not a trick question. My honourable friend is now trying to understand the essence of the contract which I have been trying to explain to him for the last hour. The contract says \$45 million to \$65 million. My honourable friend has the contract in front of him. Those are the global dollars that are specified in the contract.

Now, the experience that this consultant has had leads to that chart as an average because hospitals regardless—my honourable friend may think there is something unique about the way hospitals are organized. Hospitals are not organized significantly differently just because of the 49th Parallel. They do a lot of the same things in the same fashion, because the North American medical model is just that, it is basically the North American medical model, and the experience in the U. S. leads to those figures.

The analysis which led us to sign the contract leads the consultant plus the administration of the hospitals to believe that there is not a significant difference in many ways to the organization of patient management within the hospitals, Canada versus the U.S. The difference we have, of course, is that most hospitals in the U.S. have a significant billing department; we do not have that. But in terms of the way a patient is managed within

the care-giving setting is virtually the same, the activities undertaken are virtually the same.

So it was on the integrity of past experience that chart was developed, and my honourable friend now recognizes and has acknowledged what is the purpose here. Increased level of patient care, using 88 cents of a dollar that we formerly spent the whole dollar on. I appreciate my honourable friend understanding that is the goal, increased patient care.

Mr. Chomlak: Madam Chairperson, in a roundabout way we may have achieved a first in the Estimates. The minister in a roundabout way may have answered the question, and I want to determine whether or not, in fact, that is the case.

The article says: Our health reform scenario suggests hospital dollars should be pared back to 88 cents, with 30 cents spent on patients —[interjection]

Mr. Orchard: Compared to what now? Give the whole story.

Mr. Chomlak: Well, I am prepared to table the chart that Ms. Curran provided to the minister. He can have it, he can have a look at it and we can discuss it all afternoon.

I am trying to understand, therefore, the minister saying we are removing—presumably for every dollar that we spend on hospital care, we will now spend 88 cents, but direct patient care will go up to 30 cents.

Is that what the minister is saying? Because that is what the article says, and that is what I believe the minister, that is what I think the minister said in his original answer. If the minister likes, I could make it simpler, I could have this article photocopied, although I think it is a standard one that Ms. Curran has used in all her presentations that I have seen.

Does the minister understand the question?

Mr. Orchard: Madam Chair, the minister has always understood my honourable friend's question. It is only now, after about the tenth repeat of the answer that it appears my honourable friend understands the answer.

Mr. Chomlak: I assume from that response of the minister that he is answering in the affirmative.

Mr. Orchard: If my honourable friend is asking a question about the answer, I think the question was

answered in my previous answer to his previous question, which was a repeat of the answer to probably the last 10 or 15 questions on the same topic that my honourable friend has posed over the last three days, wherein the answer has been consistent and now my honourable friend finally understands the answer.

Mr. Chomlak: I hope the minister feels good about that response and feels that he has scored some more points somehow in terms of that response.

I will ask the minister for clarification again. Is this minister saying that hospital expenditures will be going down approximately 12 percent to achieve goals of what the article says of an increase to, say, 30 percent on patient care from the present, whatever it is, 20 or 24 percent, and that, therefore, is the goal that is to be achieved by Ms. Curran?

Mr. Orchard: Madam Chairperson, that chart represents the statistical, analytical evidence that my honourable friend asked for earlier on about how did we arrive at agreeing to engage this consultant. Those were the figures that the hospital saw in terms of the results of the consultant working within hospitals of similar undertaking in the United States. It was that statistical and analytical deliverable that persuaded the CEOs of Health Sciences Centre and St. Boniface that yes, these people could help them.

That is the statistical and analytical analysis which was confirmed by the hospitals in discussions with client hospitals in the United States that they, in fact, had delivered it that slightly less, slightly more, depending on the circumstance, but in that general range and in those general areas, that is what the consultant was able to deliver.

That is why in the contract it is written into the contract with APM, that between the two hospitals, St. Boniface and Health Sciences Centre, that there will be an achievable savings in the range of \$45 million to \$65 million. I cannot tell my honourable friend whether that is going to be a range of 8 percent to 15 percent. I presume it is 10 percent to 15 percent or thereabout. So it may well end up exactly like that chart, or it may end up slightly less, or it may end up slightly more, but the minimum achievable is \$45 million and the maximum achievable is \$65 million. But the end

result is, as my honourable friend said and as I have said every step of the way, it will result in increased commitment to patient care.

So if that helps my honourable friend again understand (a) the statistical analysis that he said did not exist in terms of what the consultant could do which he decried me for not having a few minutes ago when, in fact, he had it in front of himself, which is fine. My honourable friend, I hope that is a good enough answer because it is what is anticipated to be deliverable at Health Sciences Centre and St. Boniface.

(Mr. Edward Helwer, Acting Chairperson, in the Chair)

* (1220)

The reason that it "appears to be deliverable"—I want to help my honourable friend here because my honourable friend will maybe understand why we believe in this process and believe that it is a worthy one to engage in. I have a clipping from the Ottawa Citizen, it was February 26, 1992, so it is a little over a year ago. The then-Minister of Health in Ontario was under a significant amount of media pressure and opposition attention because in their efforts to reform their system, she was being accused that up to 2,000 hospital workers in Ontario could lose their jobs, et cetera.

Here is the important thing that I want to share with my honourable friend. Ms. Lankin said there is an incredible waste in the system and at least 30 percent of everything done in hospitals has no proven benefit. You see, 30 percent may be too high a number. I am not arguing with the number and I am not finding fault with the statement of the number because there is some integrity behind a 30 percent inappropriate spending in our health care system in Canada. That is not a philosophically driven number. I mean that is one that obviously a New Democratic Health minister uses. I have used a number similar to that.

But my honourable friend will see that that identification in the APM identifies that there is 12 percent of potential waste in hospitals, not the 30 percent of everything done in a hospital. There is no proven benefit as indicated by the Honourable Frances Lankin in Ontario.

It is this process that I cautioned my honourable friend around a little earlier on in that he is so vehemently opposed to—well, I do not know whether he is or not. He appears to be opposed

to this contract, and if it is because it is American, fine. I mean that is a different issue. But if it is for what the contract can deliver, I simply offer my honourable friend a little caution, because there may well be other provinces that engage this consultant to do exactly the same thing.

It may be a little difficult for my honourable friend to explain if one of those provinces happens to be governed by associates of his political stripe.

Mr. Chomlak: Mr. Acting Chairperson, the minister indicated in the previous response of something that I also heard Ms. Curran indicate on one of her briefing briefs, wherein she indicated that the 11 steps in some hospitals could be reduced to three. I ask the minister, is that not a management decision? Does that not reflect on the capabilities or does that not reflect on basic administrative practices that are undertaken by hospitals?

Why does it take Ms. Curran to come in and tell us that we need to reduce steps for the delivery of an aspirin from 11 to three? The point is it is a generic management issue. The point is good management can reduce steps in any process in any kind of an institution, be it a hospital or be it any other kind of an institution. But the minister seems to—and Ms. Curran used the same example. My answer is good management at any institution or any level could achieve those same reductions in savings and administrative steps.

Mr. Orchard: Mr. Acting Chairperson, I do not have a basic disagreement with my honourable friend on the point he is making. That is exactly right. The process in terms of engagement of this consultant is to identify and to facilitate those kinds of improved management structures.

I want to just go back and revisit with my honourable friend a little bit. Basically—and this is an overstatement of the fact, and I will admit that before I make it—but if we are on a scale of one to 100 in terms of significant and fundamental review of how we deliver medicare in the last 25 years, I think it is fair to say—and I would be 90 percent accurate in saying this—that the system has simply grown and grown and grown and grown.

The response has always been to government, when there has been a difficulty encountered at our institutions, that government regardless of who it is, whether it was the New Democrats in 1981 to 1988, us since, us before that, the NDP before that, if

there was a problem in an institution, the problem was we needed more money. That was the easy response.

You know, I want to tell my honourable friend, regardless of political affiliation, every government did the same thing. They would probably give them money. That is why 88 percent of our budget in Manitoba and in Canada is consumed on institution- and physician-spending practices. Okay, why? Because the response to a problem was not better management, it was more money. Now today, and you know my honourable friend in his opening remarks—I was glad he made the mention—because my honourable friend said, well, maybe we can engage in an economic debate in Health Estimates because it would be quite interesting to do so.

So I just want to say to my honourable friend that amid all of the challenges that are before government, and I sit in Question Period, and I hear my honourable friends the New Democrats say put more money into education. I hear my honourable friends the New Democrats say put more money into family services. I hear my honourable friends the New Democrats say put more money into agriculture. My honourable friends resist change in agriculture, the method of payment, everything. They simply resist everything, but my honourable friends have to understand that in Canada, as a nation as we speak today, between the federal government, 10 provincial governments and the two territorial governments we are going to borrow \$55 billion of money to finance programs that my honourable friends are asking should be increased from opposition.

I want to tell my honourable friend in cold, hard, light-of-the-dawn economic language that the \$55 billion that we are borrowing this year to support health care in Manitoba, education in Manitoba, family services in Manitoba, and in every province across Canada, and my New Democratic friends are wanting more spent, all \$55 million of the spending is borrowed. You know what is going to happen to me as Health minister next year? I am going to have to take a reduction in the amount of money I have to spend because the first call in this nation is going to be interest on the \$55 billion we are borrowing this year.

Now, let us figure it at 8 percent interest, which is maybe achievable. That is \$4 billion.

Manitoba's share of \$4 billion is going to be \$160 million. My budget is one-third. My share of the interest bill on the national debt that we have engaged in this year, at the urging of spending even more and borrowing even more by my New Democratic friend, is going to be \$50 million.

Now do you understand why the managers of the health care system no longer come to government as they have in 25 years and say when we have got a problem, government give us more money? But rather when we have got a problem the managers of the two teaching hospitals said to this government we think we have got a solution. The solution is a restructuring of what we do in our two institutions, guided by the expertise of APM and Dr. Connie Curran, and the end result will be \$45 million less money that we are going to ask you for to finance our operations, which will allow us to maintain the level of patient care and increase the quality of patient care.

That is real request, real management, responsible governance of health care by Mr. Jack Litvack and Mr. Rod Thorfinnson, their respective boards at Health Sciences Centre and St. Boniface. They recognize that if they do not do this—

An Honourable Member: You do not even know what you are talking about.

Mr. Orchard: You know, my honourable friend the member for Kildonan (Mr. Chomiak) said this is just a standard speech. My honourable friend then must be saying, ergo, that Canada can borrow \$55 billion this year, next year and the year after and the year after, and never have to ever diminish a single service, that we can go on and even borrow a hundred billion dollars and accede to all the requests irresponsible New Democrats in opposition would make to spend even more, and have absolutely no effect on the ability to deliver program and to care for people. My honourable friend surely cannot be that absolutely naive.

* (1230)

Now, if this is a standard speech, I want to hear my honourable friend the New Democrat's standard response. Do you think that you have some magic corner on intelligence that says, from opposition, you can demand more spending and increase borrowing when the people who have been used to—and I am not saying this critically and negatively to our CEOs at our hospitals, but the

standard response at the start of our term in 1988, all during the '80s, all during the '70s was if you have a problem, you kick up a fuss and you get more money from government. Government goes out and borrows it, because we have been running deficits since 1970 and the blessing of this province of Ed Schreyer and his NDP government. Before that we had a surplus budget, but that is another issue.

My honourable friend is saying, from opposition, he has the unique knowledge and the unique perspective as a New Democrat that Jack Litvack is wrong; Rod Thorfinnson is wrong; Peter Liba as chairman of the board of St. Boniface is wrong; Chris Chapman as chairman of the board of the Health Sciences Centre is wrong in coming to government and asking us to support them in an effort to reduce their demand on the treasury, to stop the borrowing of money which compromises our ability to deliver care in the future.

My honourable friend says those people are wrong, and he is right, that he can go out and borrow, that he can urge government to spend more. Well, take a break and look at Ontario and ask yourself why, for an eight-week period of time, Bob Rae put Michael Decter in charge of negotiating the social contract with union workers, the majority of which, all of which are public sector unions to take not \$100,000, not \$1 million, but \$2 billion out of the pay package of Ontario civil servants. Why? Because they cannot go out and borrow that money this year.

Now, my honourable friend is going to somehow avoid that issue, avoid that reality. I do not know how. Because Manitobans are not avoiding that issue. That is why I say to my honourable friend when he stands up and he does not give us any suggestions as to what we should do to replace what we are doing, that is a better mousetrap if you will, where he is only simply against and that everything we undertake in government is wrong, Manitobans kind of take a look and say, oh, well, golly, if that is right, then maybe the New Democrats have all the answers—oops!—until they pick up The Globe and Mail or any newspaper which talks about the difficulties of governing in Ontario or if they happen to avail themselves of a Regina Leader Post or a Saskatoon Star-Phoenix and they find out the realities of government under New Democrats in Saskatchewan are just as

difficult and more difficult than what they are in Manitoba.

So I want to tell my honourable friend he had better get into the 1990s and he had better start thinking about the future instead of living in the past. New Democrats in this province have become afraid of the future and living in the past, and that is why I, in jest, indicated NDP no longer stands for New Democratic Party, it stands for new dinosaur party.

Mr. Chomlak: Mr. Acting Chairperson, I want to remind the minister he became more animated and more philosophical with his colleague the Deputy Premier (Mr. Downey) and his colleague the Minister of Agriculture (Mr. Findlay) and he does not have to show them how tough he is or what kind of clever debater he is, something that he attempts to do. He can simply answer the question, which he failed to do again for the umpteenth time. [interjection]

The Minister of Agriculture laughs. He was not even here when the question was posed. The Minister of Agriculture ought to pay attention as well, because these are issues that significantly affect all people in the province of Manitoba, Mr. Acting Chairperson.

The minister indicated that there were more job classifications in some of our institutions than employees. I wonder if he might give me some examples of that.

Mr. Orchard: Yes, Mr. Acting Chairperson.

Mr. Chomlak: Mr. Acting Chairperson, is the minister indicating by that response that he will table that information, or is the minister indicating that he will provide it orally, or will the minister engage in another long diatribe in which he will periodically spout out the odd response to the odd question?

Mr. Orchard: No, Mr. Acting Chairperson.

Mr. Chomlak: I missed the minister's response. Could he repeat it, please?

Mr. Orchard: I indicated, no, to the last part of my honourable friend's question.

Mr. Chomlak: Mr. Acting Chairperson, the minister indicated that there were more jobs classifications in some institutions than employees. Can the minister give us some examples of that.

Mr. Orchard: I have already agreed to that, Sir.

Mr. Chomlak: Mr. Acting Chairperson, I assume that the minister will be tabling that information in the House to allow us to deal with it during the course of this debate before we end Estimates.

Does the minister have any kind of a projection on the number of job losses and/or job positions that will occur as a result of this restructuring process?

Mr. Orchard: No, none that I can share with my honourable friend.

Mr. Chomlak: Can the minister give us a brief update of the status of the projects, the actual on-the-ground projects as they were occurring, despite the fact that the deliverables are beyond May 31? Could the minister give us the status of what is happening right now in the Health Sciences Centre and St. Boniface Hospital in terms of what the consultant is doing there?

Mr. Orchard: Mr. Acting Chairperson, as I have indicated before, the deliverables are basically established. There has been, as I indicated to my honourable friend, I think it was Tuesday or maybe it was Monday, when my honourable friend was questioning the contract, I think there have been seven people in place working with management in terms of establishing the integrity of the \$45 million to \$65 million deliverable goals.

There has been a significant amount of work and presentation at the two respective hospitals, so that there is an understanding of the process, what is involved in the process. It is my understanding that as of, I guess, the end of last month or maybe during May that there is agreement with all of the major players at those facilities that the APM initiative is one that has integrity. They have established arrangements to work towards the goals as outlined in the contract.

Mr. Chomlak: Mr. Acting Chairperson, one of the projects undertaken by the consultants is a review of home care operations. I am wondering what background has been demonstrated by this particular consultant that will indicate her ability to review and make recommendations in the Manitoba context.

Mr. Orchard: Mr. Acting Chairperson, I must apologize to my honourable friend, I missed the question.

Mr. Chomlak: In one the contracts, one of the five projects entered into by this consultant, is a

review of home care operations. Can the minister outline for us what the consultants' background and experience is with respect to home care operations? It is fairly clear that the consultant has extensive experience in institutionalized base care, and I am wondering if the minister can outline for us what her background is with respect to the home care operations.

Mr. Orchard: The principles which guide work restructuring have application beyond institutions, and it is that expertise that we think will be of value in the review of the home care program.

Mr. Chomlak: The minister indicated that a hundred hospitals have been consulted by his department, and that a savings would be achieved at 8 percent to 17 percent at institutions that Ms. Curran had worked at in the United States which justify the decision to hire her to attempt to decrease the expenditures in our two teaching hospitals from \$45 million to \$65 million, and that justified the contract. At the same time they have entered into a project with her to review home care. Can the minister—it is a simple question—give us the background and her experience in the delivery of this kind of a service in her vast and varied experience, and extensive experience, of these activities in the United States?

* (1240)

Mr. Orchard: Mr. Acting Chairperson, lest my honourable friend and I—and I did err in not correcting my honourable friend. My honourable friend has inappropriately translated, in error I know, and has made a statement that we contacted a hundred hospitals in the United States. I did not say that we contacted a hundred hospitals in the States. I indicated that the APM had worked in a hundred hospitals in the United States, and the basis of the experience in those hundred hospitals is outlined in the chart my honourable friend has and the experience that has been presented in various presentations. We and Health Sciences Centre and St. Boniface contacted some of those hospitals to assure ourselves that in fact these people had integrity in their process. So, you know, I do not want my honourable friend to be next asking me to table my phone calls, and maybe he might not—well, I just want to correct my honourable friend.

Secondly, my honourable friend, the answer I have given him, the work restructuring philosophy

and approach has application beyond the institutional delivered care model and management model, and we believe has an ability to help us make our home care program more effective within existing resources as well.

Mr. Chomlak: Yes, and I accept that comment of the minister. In fact the minister had not said that he had contacted a hundred hospitals. The minister had said that some hospitals had been contacted, and as I understand, the minister is not providing me with any other written data to indicate what the responses were. Presumably they were all verbally by the telephone that the minister received assurances from people at those hospitals.

But I do acknowledge that that is what I believed the minister indicated. If one looks at all of the contracts, the five projects entered into by Ms. Curran, the review of Home Care operations is the one that most resembles a contract to be a contract.

The end product appears to be a suggestion of, perhaps, an additional process or an additional procedure to follow this contract, because Ms. Curran is going to provide, quote, a road map, end of quote—it is from the model.

I am wondering what the next step the minister sees in terms of the Home Care review undertaken by Ms. Curran, because, appreciate this, Ms. Curran says that initially they are going to do an analysis. If Phase I asks the questions of where we have been and where we are now; Phase II asks, quote: What do we want to be in the future? Phase III is, quote: What is the road map?

It looks to me, unlike the other contracts that have been entered into, more like a consulting contract to create an additional long-term contract. I am wondering if the minister might comment on that.

Mr. Orchard: Mr. Acting Chairperson, I guess I am going to have to await further questions from my friend to know where he is wanting to head his line of questioning, and where his perceptions are. I am simply saying to my honourable friend that we believe there is an application of principle on work restructuring which will be beneficial to our delivery of the Continuing Care Programs, which we believe will make us able to provide more patient care for the same kind of resource exactly as they do in the hospitals, with an increase in patient care out of the

budget, less duplication, less paper shuffle, less process steps and more care.

We have some confidence that that, in fact, will result from this contract with APM on home care, and that that blueprint will be very beneficial to providing continuing fine service out of the Continuing Care Programs.

Mr. Chomlak: Mr. Acting Chairperson, can the minister give me some examples of what he means in where we are going with respect to this? The minister is well familiar with our Home Care and Continuing Care Programs.

He is familiar with our institutional-based program. He engages a consultant who has virtually no experience, as I understand it, in an area of this kind. Can he outline to me where he thinks we are going?

Mr. Orchard: To an improved health care system.

Mr. Chomlak: Mr. Acting Chairperson, throughout the Health Reform document the phraseology is repeated over and over again that we have to move from the higher priced, institutional-based care to the lower cost, community-based care, et cetera. Presumably this figures in that process, although the minister has not made it clear that it does.

Can the minister give me an example of where he sees home care changing in the future to accommodate these changes? Can the minister indicate where he sees those changes taking place?

Mr. Orchard: In work restructuring the purpose is to eliminate unnecessary steps in terms of ordering service, providing service. That is what work restructuring is about, to try to simplify the process by which you move from a request for service to the service being delivered.

Anytime you can streamline the process, make the management of that care delivery process more effective, you end up with more resource dedicated to caregiving. That is where I see this process being able to move, so that as I indicated in my first answer to my honourable friend, we have confidence that we can emulate with the budget and Continuing Care a greater amount of that budget ending up in hands-on care delivery for Manitobans and not wasted in duplication of

inappropriate steps to achieve service delivery. That is the essence of work restructuring.

Work restructuring is a very interesting concept. It is not based on the status quo being all right. It is a rethink of how you accomplish tasks. It does not accept that because Home Care is a good program that Home Care cannot benefit from improvements, improvements that will lead, we believe, to more care, better care, higher quality care.

Again, I do not want to put words in my honourable friend's mouth, but I would really like to know if he thinks that is a laudable goal in Home Care because that is the goal we have.

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

Mr. Chomlak: Does the Minister see more of this Home Care, Continuing Care being based out of the institutions, the hospital, rather than community based as is more presently the case?

Mr. Orchard: Mr. Acting Chairperson, that depends on a lot of things. Right now we have a pretty significant component of institutional-based continuing care through VON.

Mr. Chomlak: Is Ms. Curran examining that particular delivery model?

Mr. Orchard: Yes.

Mr. Chomlak: Will the recommendations made by Ms. Curran be implemented within the next year or are these simply recommendations that will be utilized in a further study?

Mr. Orchard: In which area?

Mr. Chomlak: The Home Care project.

* (1250)

Mr. Orchard: It would be the whole process of, not only in Home Care, but in the two teaching hospitals in terms of management layers or the management structures. In terms of purchasing, it is the intent in all of these contracts that as workable solutions are identified that they are implemented as soon as possible. So that if a concept which were to improve the effectiveness of any of the programs is identified by the task forces looking at issues and the recommendation for change has integrity and meets the goals of the contract, implementation starts immediately. So there is a varying time line as to implementation of decisions that emanate from this process.

Mr. Chomlak: I could be reading it wrong, but it seems to me that while most of the other projects, specifically the St. Boniface Hospital project and the Health Sciences project, are staged in that fashion, in that manner, this one is staged more as an end product that will be presented to the minister, in fact, at the end of this period for implementation. Is that not the case?

Mr. Orchard: Mr. Acting Chairperson, the purpose of having the investigation is that if there are reasonable—we are not gathering a whole series of—let me put it to you as simply as I can. We are not having consultants work within the varying areas, the five of them, to identify a whole series of achievables, to present a nice package which at the end of a year or whatever the time frame is, then we start implementing.

I said, as ideas come forward from the investigation, the task force input, the people input from these respective hospitals or programs, that as good ideas come forward, have integrity, are demonstrated to meet the goals and objectives of the contract, they will be implemented including in the Continuing Care Programs.

Mr. Chomlak: That is not the way the contract reads. It is clearly not the way the contract reads. The way the contract reads is that Ms. Curran will be developing—and the minister may not think it is important, and members of the House may not think it is important, but it is significant since Home Care is crucial to the entire reform process as stated by the minister. But the Home Care project calls, in the first phase, for the development —[interjection] The member for Lakeside (Mr. Enns) indicates we have one of the finest home care programs in the country, and I do not think many people would disagree.

The minister said that Ms. Curran is going to be restructuring this program as she goes along, but that is not the way the contract reads. That is not the way the contract reads, and I will have to stay on this all afternoon. This is not a trick question either for the minister, or political question, it is our attempt to understand what the home contract says and what the home contract is going to do, because the way I read it is not the way the minister has answered the question.

Mr. Orchard: Mr. Acting Chairperson, nor have I been giving my honourable friend trick answers.

Mr. Chomlak: Thank you. Score one for the minister, another debating point.

Mr. Acting Chairperson, the contract says in Phase I that it will take one to two years. They are going to gather data and they are going to use the data in order to implement a process. They are going to have a seminar and a retreat. That does not sound to me like a contract that is going to make specific recommendations.

Mr. Orchard: Well, Mr. Acting Chairperson, I cannot give my honourable friend any more information as to what the process with the Continuing Care Programs will be. As the program is under investigation, as Health Sciences Centre, St. Boniface administration, the purchasing aspects, as the other four components, as ideas emanate which meet the goals and objectives of the program, make the program better, they will be implemented.

I do not know how much more simply I can put it to my honourable friend. If he is not satisfied with that I guess I cannot satisfy him today, but if my honourable friend—I cannot understand what my honourable friend's trouble is.

Is my honourable friend saying that we should not accept and implement good ideas as they come up through the investigation process, that we should wait for a year or two years, as he says, before we do anything? I mean, I do not think my honourable friend is saying that. That is not what we intend to do. If we have reasonable suggestions on how we can make the process more effective for the people receiving care, we will implement them.

Mr. Chomlak: Mr. Acting Chairperson, there is no magic in this. The minister started a process of his reform last year in which numerous beds were cut and hospital sizes were slashed, et cetera. The minister brought in this consultant now, in May of this year, for a yearlong contract to restructure St. Boniface, to restructure Health Sciences Centre, to do a purchasing contract, et cetera. The minister has also engaged the consultant to do a home care study. If one reads the schedule appended to the contract which is presumably the basis of it, and I am going to read from Phase III, the final phase of the consultant's contract:

There is going to be a retreat following the gathering of data, and a month and a half to two months later a second retreat will be held. The

second retreat will draw on six major resources: database created in Phase I and any refinements, the information gathered from interviews conducted in Phase II, the deliberation of the Phase II retreat, the results of the follow-up assignment, the results of the work restructuring projects being conducted at St. B. and Health Sciences Centre, the expertise of APM staff which will be brought to bear in the design of this retreat.

The goal of this retreat will be to develop a road map for implementing change. Phase III will answer the question, how do we get from here to there, et cetera, without having to read through the rest of the contract, although it is relatively short.

The point is, Mr. Acting Chairperson, that clearly the home care changes, the way this contract reads, will not be implemented until the end of all of the other projects, which means a year down the line, which means two years after the changes have occurred in the hospital care system, which means the home care system will not be changed in time or to be put in place prior to the implementation of the reforms of the minister. That is the way the contract reads. Now, if the minister is telling me something different, and he is, clearly—

An Honourable Member: Are you still on the contract? Get on to health care, David.

Mr. Chomlak: The member for Lakeside (Mr. Enns) says, get on to health care. This same member who just said that our home care system is the best in the country and it is crucial to the entire process, the minister says it throughout his health reform document: It is absolutely crucial to the development of the so-called reforms that are undertaken by the minister.

But the home care reforms will not be occurring until after all of this has occurred. Is the minister indicating that I am reading the contract wrong, that I have read verbatim into the record?

Mr. Orchard: Mr. Acting Chairperson, I can provide my honourable friend with no greater elucidation to his investigation.

Mr. Chomlak: It is clear from the minister's response that that is the case, unless the minister can state otherwise. It is in black and white writing that that is the way the home care project will be proceeding.

I wonder at this time, Mr. Acting Chairperson, if we had better break for the lunch period that we had discussed by mutual consent earlier.

Mr. Orchard: I agree with my honourable friend we should break, but I cannot agree with my honourable friend because my honourable friend received the answer to his question. It was not the answer he wanted. I cannot give him an answer that he wants because I do not know what answer he wants, but the answer I gave him is the accurate answer. If he cannot accept that answer because it does not fit the answer he wants, I do not know how to help him.

The Acting Chairperson (Mr. Sveinson): Order, please. The hour being 1 p.m., as previously agreed, I am recessing the committee until 1:15 p.m.

The committee recessed at 12:55 p.m.

After Recess

The committee resumed at 1:15 p.m.

(Madam Chairperson in the Chair)

Madam Chairperson: Will the Committee of Supply please come to order.

This section of the Committee of Supply is dealing with the Estimates for the Department of Health.

Item 1.(b)(1).

Mr. Gulzar Cheema (The Maples): Madam Chairperson, I just want to ask a few questions on this famous name, which has been probably mentioned in this House more than—second to the Minister of Health (Mr. Orchard), I think she has become very famous, Connie Curran.

First of all, I did not get it very clear who really got hold of her. I think that is a fair question, because there is a misconception that the government is responsible or the hospitals are responsible. I think we are walking into a very gray area, and that has left a lot of questions. Basically, I just want to know who actually got in touch with her.

Mr. Orchard: Madam Chair, let me go right back to square one. I do not think I have ever explained how we got acquainted with Connie Curran in the first place in the province of Manitoba. There is a substantial amount of confusion, I acknowledge that.

Back in December of 1989—you can go back further, in January of 1989, Ministers of Health had been attempting to hold an informal meeting where we do not have the full complement of translation, et cetera. It is an informal meeting where we try to focus on sort of a national agenda.

*(1330)

I suggested at that meeting that Manitoba would want to host a national symposium on nursing. It was the first time that nurses ever had the opportunity to have a national symposium sponsored by Ministers of Health. It was readily agreed to by all my colleagues across Canada. That national symposium was held in December of 1989. Dr. Curran was the keynote speaker. I might be out by a year. It might have been December 1990. As a matter of fact, I think it was 1990, when I think about it.

At any rate, we, the Province of Manitoba and myself as minister, agreed to host the conference. The planning committee composed of nursing representatives from across Canada planned the conference. The keynote speaker at the conference was one Dr. Connie Curran. At that point in time, we in the ministry had not heard of Dr. Curran or her work or her efforts.

What I am attempting to do right now is get her C.V. so I can distribute it to both honourable members.

The nurses of Canada who organized the conference had heard of her and of her significant input into nursing and invited her to be the keynote speaker. Quite frankly, she was very impressive in terms of presentation there.

Subsequent to that, on a couple of occasions—and I cannot even indicate what the occasions were—Dr. Curran came to other symposia or meetings in Manitoba and again impressed all those or the vast majority of those who listened to her presentation.

Subsequent to that, the ministry started discussions with Dr. Curran to find out whether there was a possibility of her assisting the department. At the same time, both of the teaching hospitals started discussions because, I think it is fair to say, probably senior management in each of those institutions had heard presentation at the National Nursing Symposium, 1990 and other venues where she had been in the province to make presentations.

They started discussions with Dr. Curran about working with them to restructure their hospital operations, both Health Sciences Centre and St. Boniface.

We were aware of those discussions and did not work them or discourage them in any fashion, but it was after pretty substantial discussions with the hospitals and Dr. Curran that the hospitals, their administrators and their boards concluded it would be a significant but a worthy investment to engage APM to undertake work restructuring within their respective institutions.

It was at that juncture, the ministry got involved and we agreed to fund the contract on the condition that the two teaching hospitals fund the expenses.

In addition to that, the ministry decided there would be additional benefit to have the expertise of APM consultants, the group that Dr. Curran is involved with, to undertake three other areas of investigation, including the two hospitals. The third, fourth and fifth were an investigation into how we can restructure our management within our institutions—all of them—like all of our Urban Hospital Council or our major hospital institutions.

Secondly, advice on how we might be able to achieve some better management, subsequently savings in terms of our purchasing across the health care system. So that is a fourth addition to the menu of deliverables, and then the fifth one we added in terms of having her expertise on work restructuring focus in on our Continuing Care Programs.

But to answer my honourable friend, there is a conception, and it is fostered by the New Democrats, that government was alone and singular in engaging Connie Curran and in essence—I do not know whether their whisper campaign says such, but probably they are even saying that we forced it on the hospital.

It was very much by mutual agreement. In fact I would be so blunt to say that I think the hospitals believe so strongly in the benefit of having APM and Connie Curran in, that should the province have not used lottery revenues to pay the \$3.9 million contract, I suspect, in part or in whole, they would have engaged the contract and found the resources from within, they believed so much in the process.

That would have been inappropriate. Because of necessity with global budgets, which are

declining, that would have taken dollars away from patient care to fund \$3.9 million or whatever they would have arranged in terms of costing.

At that juncture, we said, okay, we are coming to the table with Lotteries money because we think it is an appropriate investment that meets the broad goals of the Health Services Development Fund and concurred with the hospital, on the condition that they pay the expense area of the consultant, provide office space and other issues that were related to the contract, but it was very much a decision that the hospitals themselves wished to undertake.

We concurred, after our investigation, that it would be a good investment of Lotteries resources, scarce resources, to help restructure our institutional side of health care delivery.

Mr. Cheema: Madam Chairperson, I think it is very essential to establish the facts here. First of all, a person of her capabilities and knowledge, how she came in contact with the Ministry of Health in Manitoba? I remember that there was a symposium at that time and she was the major presenter. That was in the summer of 1990.

I know that she was also the speaker this year. So, you know, she has the credibility in terms of the nursing work which has been done in this country and in the States. Can the Minister of Health (Mr. Orchard) tell us the contract of such magnitude, not in terms of dollars and cents but in terms of the future policy direction in major hospitals, the government is going to base and they are going to make decisions now. What kind of investigation has the Department of Health done other than the hospitals which seem to be satisfied with her performance in the past? Because ultimately the government is going to be responsible if this person does not come through with what she is saying.

Mr. Orchard: I want to provide to my honourable friend, and I think this in part will answer the questions, I want to provide Dr. Curran's CV and I want to provide some of the publications that Dr. Curran has done. I cannot give my honourable friend specifics as to which groups we contacted and talked to about some of the institutions that Dr. Curran had worked with. But within the ministry, individuals within the ministry, were familiar and had availed themselves of some of the papers written by Dr. Curran and we are confident in her abilities. I would like to have a couple of copies of

these made so that my honourable friend could see the extensive experience that Dr. Curran has brought to health care.

I would want to wait until my deputy gets back unless—do you know which ones of the academic institutions we contacted to talk about the engagement? We can get my honourable friend several of the organizations, the hospital organizations we talked to, who had engaged the services of APM and Dr. Curran, so that he can get a flavour for the academic credibility of some of these institutions. Was Stanford not one of them, one of the institutions that we contacted?

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

These were very significant players in the health care field in the United States who had used the services and were able to give us an endorsement of the process and the deliverables and the integrity of the firm to make us commit a pretty sizable investment.

* (1340)

I make no bones about it and I never have. This was one of the longest discussion and most intensive discussions we had internally, because we knew that if we agreed to engage a consultant for \$3.9 million in today's environment that we were going to receive all kinds of legitimate criticism about the size of the contract.

I think by engaging them and making that commitment and tabling the contract, we have demonstrated that despite all the political risk and all the opportunity for disinformation to go out—I mean there are even billboards about it now that some of the unions are putting up—that we have confidence that this will be very much a fit with the whole reform document because this gets right to the basic issue of how our major institutions spend and how they can spend more effectively.

We decided to take the political risk as government of engaging this individual and her firm with all of the opportunity for the negative political characterization of it because we just think that it is one of the best opportunities to rather quickly engage in a process of shifting and restructuring within our institutions. What gave us confidence was the fact that both Health Sciences Centre and St. Boniface at the senior management level, Mr. Litvack, Mr. Thorfinnson, and at the board chair level, Mr. Liba, Mr. Chapman, they believe that in

today's environment this was a sizable investment but a worthy investment to make.

Mr. Cheema: Mr. Acting Chairperson, the minister has said that her work and her company, APM's work, is going to have a significant impact on the Health Care Reform package, but actually when the package was released we did not hear anything about her. I just wanted to make sure. Was the discussion going on at that time? If the discussions were going on, then I think it would have been much better if she was a part of the package, together, so we would have been able to sell this package in a much better fashion.

Right now it seems like there is a perception there is something happening at the back door, and that may or may not be fact. That is why I think it is very essential to establish those facts today so at least all the billboards and all those activities which are going on outside this House and all this campaign of collecting money and saying, you know, somebody is coming and destroying your health care system—it does not matter what you say here in this House. People who are going to read that, they still believe to some extent, they think something must be wrong. You cannot just put the propaganda, just like that. I think it is very essential to put those things clearly on the record how she came into contact with Manitoba, what were the reasons. Then as she has much credibility—and I was very amazed that people who are criticizing were inviting her to speak at their annual conference. So I think that thing became very clear.

My question is, again, to the minister. If during the health care action plan she was being consulted or the talk was going on—and I understand it is very, very risky at that time if you did not have a contract with her or did not have the contract fully formalized within the hospital as well as a policy of the government—why that was not made, you know, public at that time?

Mr. Orchard: Well, my honourable friend's question is very legitimate, and the answer is very clear. I just give my honourable friend the absolute assurance that as we developed the Action Plan for Health Reform which was tabled on May 14, we had no concept of engaging Dr. Curran in this work restructuring process. That followed subsequent work she did with St. Boniface and with Health Sciences Centre. So the whole concept of a reorganization thrust within the hospitals was

notable in its absence from the Health Reform document because, quite frankly, at the time we were unaware of the firm's capability. I did not know that she was engaged with a firm called APM, and I had met her at the nursing symposium and was impressed with the message, and I believed her expertise was solely in terms of nursing skills and not in the broader picture of management. So we did not have any sense or intention of this contract when we created the May 14 document.

We circulated parts of that document as it applied to nursing or hospitals or institutions to a number of people prior to its publication. I believe on the nursing issue, I think, we contacted and we sent the nursing portion down to Dr. Curran to find out if there was anything that would be unachievable in the Health Reform document as it applied to nursing, but there was no intention, or no understanding of the ability to come in and do the management restructuring at that time.

Similarly, Dr. Jack Wennberg and Dr. Philip Lee from San Francisco—Philip Lee from San Francisco is now Under-Secretary of Health for the current administration in the United States. He was brought in in terms of the draft of the document on May 14 to make sure that it fit and had integrity, as did Jack Wennberg and some of his group out of Dartmouth-Hitchcock.

Then across Canada, we sought the intellectual input and verification of the document from people such as Dr. Fraser Mustard, Dr. Barer, Dr. Stoddart, Dr. Havens in B.C., and several other people. I have often made reference to them in various speeches.

But to answer my honourable friend's question unequivocally, at the time we developed the May 14 document, we had no concept that we would be engaging a year later in an agreement with APM, principal of which is Dr. Curran to undertake restructuring at our two hospitals. My honourable friend's question is legitimate. I give him that assurance.

But No. 2, I also want to point out how other events since the document have changed. For instance, when we put out the document, the Centre for Health Policy Evaluation, we had a pretty significant input into some of the statistical verifications, et cetera, and some of the development of what we actually do in health care and what opportunities there are for change. The

centre at the same time was developing the hospital efficiency report.

That came out subsequent to May 14 but clearly offers us a significant reform goal which was only alluded to briefly in terms of the May 14 document because there are some length of stay variations that are in the health reform document. I make no equivocation about it. With the distribution of that efficiency document on hospitals from the Centre for Health Policy Evaluation, we very much have used that subsequent to The Action Plan to stimulate some of the changes that are occurring in the system right now, St. Boniface in particular, with the downsizing of surgical wards as one of the examples.

Mr. Chœma: Mr. Acting Chairperson, can the minister tell us because it is a major undertaking—and we trust that investigation was done properly and there were hospitals of comparative size and comparative cities that were being evaluated at the same time—has she ever contributed to a development of a public policy in terms of a health policy?

Has she done any work in that area? Because it is very important from your point of view and our point of view in this province to make sure the person is definitely trying to improve the quality of care and all those things. Does she have the same kind of social conscience in terms of what is directing the policy of the Canada Health Act?

Mr. Orchard: Mr. Acting Chairperson, good question because I think that at the start is the initial reaction. That is an initial reaction that is easy build on and reinforce with billboards and some of the NDP campaign against the American consultant and the Americanization of our health care system. It is pretty easy to get that sort of fear of what the person may well recommend to—it is very easy in today's environment to play on fears, rather than to play on action and result.

This is the first time that APM and Dr. Curran have taken on a restructuring initiative outside of the United States, and so it is new in respect of the environment they have to work in. They have never tabled a contract, probably, before. They have never before faced the harshness of criticism politically that they have received, because the environment is entirely different in the United States.

If there is one thing that has kind of dismayed Dr. Curran, it is how personal the debate can become in Canada, that we get distracted away from substance of what a person can do and the substance of what they contribute, to a pretty narrow issue of where the person comes from. If they are expatriate, they, ergo, according to the analysis of the Sun and I have to say the NDP in particular, have to be bad people, and that is not something that anyone finds very comforting in attempting to work well.

* (1350)

The one thing that Dr. Curran has commented on I think to the people she has worked with, is that there is much integrity in the Canadian health care system that really would serve her country well.

It is like any other initiative. You might recall the debates leading up to the elections last fall, presidential elections in the United States last fall. You had two solitudes. You had people in Canada engaging in a debate in defence of our system, saying that the American system was just absolutely horrible, and you had a number of the Americans, Clinton included—it was not narrowed to the Republican Party, it was the Democrats as well—saying how horrible the Canadian system was.

Well, neither extreme, as is often the case, is accurate. There are areas that we can learn from in the American system to make our system better, and there are areas that the Americans can certainly learn from, from our system, to make their system better.

Just recently I was to Cheyenne, Wyoming, where they are using information technologies to really better program delivery for young mothers, as an example. It is something that would be a model program should we be able to ever introduce it in this province, but ergo, if you followed the rhetoric of the NDP for instance, it would be an Americanization of the system and it would be wrong, not because of what is being done, but because of the source of what is being done. That is a little narrow in scope and it is quite frankly a dishonest approach.

I think I can say without equivocation that Dr. Curran in many ways would like to see the United States have a health care system that was based on the five principles ours is based on, because she would see an awful lot of benefit in terms of its

management, in terms of its ability to deliver care to a broader spectrum of Americans, many of whom are without insurance or are underinsured right now.

There are advantages that she sees, I think clearly and unequivocally, in terms of the relative comparison of outcome and health status improvement comparisons between the two countries. We get better results for less investment of dollars, and secondly, and what is going to become an increasingly important debate in this continent, is the impact of health care spending on our ability to compete in the global market. I use that example of Lee Iacocca with Chrysler. It is very real.

This is why Clinton has invested virtually the reputation of his presidency by having the First Lady of America head the health reform team. I mean, they have to come to grips with their difficulties in a very fast and decisive fashion in order to protect their economic presence in the world, and I say that without equivocation.

So I think that there is a great opportunity now, when all of us are challenged to do more with less resource, to borrow from the best ideas, regardless of where they come from.

In this case, the Health Sciences Centre, St. Boniface believed that in terms of meeting management restructuring and process restructuring in their institutions this firm and this particular individual were the best that were available and encouraged and we agreed in terms of the engagement of them.

Mr. Cheema: Mr. Acting Chairperson, I think it is very clear and it is somewhat reassuring that a number of facts, as I said, have to be established in the whole process. First of all, the contact, and second, the credibility.

The third one is that, as the minister has said, this person, it is the first time she has worked on a project outside the country. If we compare the spending per capita of all the industrialized nations, she is coming from a country where they spend more than anybody else, but still there are 30 million people who are not insured and their health status is not better than ours, or some of the countries like Japan and Norway and Sweden. They are doing much better.

So I think there is room for a good learning experience and to combine the both. That is why

I said, if Bill Clinton thought the Canadian system was the best they would have grasped it the first day and put their own on the campaign platform and would have the five basic principles too, but they did not do it because they know that something is going wrong, so they have to come up with a policy. Why would they invest millions of dollars in the investigation when they have some 29 years of experience right here in this country?

So they want to come up with a policy that is going to be workable, and from that point of view we could probably learn many things and I think that is very reassuring. One thing that is very positive is that this contract, and the minister made it very clear when it came out the first time, is not binding. I think that is very smart because you have confidence, but things can change very quickly.

As long as the person understands the psyche of the Canadian health care and not try to touch that aspect, I think we are okay.

I am sure the Health Sciences and St. Boniface administrations are not foolish. They know exactly what they are doing. They are the individuals who have credibility. They have worked very hard, and they know they have to manage.

The question here is whether this could have been sold more easily in terms of the public perception. I think that has to change, and I think by raising this issue at least we can come to grasp some of the fundamentals of the whole problem in terms of establishing more credibility.

My next question is, in this contract are they going to be taking into account what is happening to the Health Policy Centre? Because our Health Policy Centre is doing many studies and, as the minister said, they are very credible studies. If this company is going to be taking into account their work plus the work of many other organizations plus the Health Advisory Network's whole ideas which have been put forward, and taking into account The Health Action's basic plan—and then if they are going to try to mandate that whole thrust of this government, I think then we have a real goal. But if they are just going to be concentrating on one aspect, then I think there could be a problem.

I just wanted to make sure that there is some kind of mechanism put in place to make sure there is

ongoing consultation by this company with the Centre for Health Policy and with the Ministry of Health, of course, because ultimately they are responsible and the major stakeholders, in terms of the various health care providers so that they feel at ease and make sure they are part of the system.

The best thing that I heard was that when the presentation was made—that was about two months ago—the staff there said they were very impressed because they said: your time with the patient is going to improve. You are going to be spending more time with the patient, less paperwork and less time spent on something which you were never trained for. So I think those things, if you take them into account in there, will help us. I just wanted to make sure that this company is going to take into account what the minister has said over the last five years and not certainly follow a very rigid line which could be very dangerous.

* (1400)

Mr. Orchard: Mr. Acting Chairperson, as long as I understand my honourable friend's concern, that being: Is APM and Dr. Curran going to undertake their work at the two teaching hospitals in such a fashion that what they recommend fits with the intent and the integrity of the The Action Plan? Yes. I mean, that is conditional. That is just a foregone—we would not be here if Dr. Curran and her firm did not fully buy into the reform direction as stated in the Health Action Plan.

Secondly, in terms of a relationship with the Centre for Health Policy and Evaluation, the Centre for Health Policy and Evaluation is attached, as much as possible, and that is, and I give him a qualification on the answer, but as needed and on a priority basis can provide the hospitals and the consultants at the hospitals with comparative statistics that may be relevant in terms of developing processes of change.

So there is an attachment, but I want to caution my honourable friend that there is no direct additional contract work or support work from the centre attached to this process in the hospital. They are there to back up, as are staff in the department, to provide the information as needed to make decisions, and the centre is part of that information loop, if you will.

I also want to caution my honourable friend that the work of APM at the two teaching hospitals is a

very broad undertaking, but it is also very focused on the organization of work around patient-service delivery. So, from the standpoint of being singular in focus, it is singular in focus from that standpoint, but appreciate that takes quite a broad perspective within the hospital. I mean, they are very complex organizations. So the undertaking, although, maybe can be stated in fairly simplistic terms, the undertaking is quite broad in its nature and goes right from admissions, through testings, through discharge, through actual procedures and involves input from all levels of caregivers and support staff and management within the institution.

So I have to tell my honourable friend that it is singularly focused on that restructuring within the institution. I guess I probably should stop now and let my honourable friend pose more questions.

Mr. Cheema: Mr. Acting Chairperson, I think for part of the questions I got the answers, but ultimately it does not matter whether you are focusing on one issue in terms of the restructuring of the hospital. All those things are based on many factors, factors in terms of the hospital stay, hospital employees, hospital health care providers and also ability to pay and the taxpayers' money.

The ability to pay is going to be taken care of because that is one of the aspects. Secondly, the patient's quality has to improve, and that is going to be happening. The third thing is in terms of the input from the health care providers because that is a fear. That fear is sometimes, most of the time, I should say, is probably based on fearmongering, but sometimes is based on the statistics.

When the Health Policy Centre had good data, and if that data cannot be used now—for example, the restructuring is done in two years' time they come with a study and the study says, no, that was not very good, so it looks very bad then. I think if everything can be given to them in terms of if they want to use it, that is fine; but, as long as every effort is being made to make sure they are well informed of what is expected of them in terms of not only a restructuring but the basic thrust of this government, the Health Action Plan based on the social policy of this province, I think that is very important.

Mr. Orchard: Mr. Acting Chairperson, I now think I have a better understanding of the assurance my honourable friend wants. Today we have maybe a year-and-a-half-old analysis of how effectively in

certain areas a program delivery—like length of stay around eight program areas—how effective the Health Sciences Centre is, how effective the St. Boniface Hospital is.

Subsequent to that, we have engaged in partnership with the two hospitals and APM to make a series of improvements within the system inclusive of which is length of stay, if that is the appropriate one to be improved. I think what my honourable friend wants to know is, will the Centre for Health Policy and Evaluation have the ability to, after the fact, analyze what those two hospitals do to show whether we improve, for instance, length of stay, whether morbidity, mortality had changed and, hopefully, had improved in those kinds of analysis.

If that is what my honourable friend is wanting the Centre for Health Policy and Evaluation to be able to do, yes, I can give him that assurance that is definitely part of it. I do not know how to put it simply, but that is not a direct attachment of the contract itself. That is a goal that we have tried to build in to all of our changed process so that we can make sure that before and after change we achieve the goals in health care and health status improvement that we thought we could. We do not want to be doing things that are not working, and we want to know if it is not working.

If my honourable friend wants the assurance that the centre will have the ability to tell us how well those two hospitals operate a year and a half from now with a significant amount of change as coming from APM, yes, we anticipate to be able to do that.

Mr. Cheema: Mr. Acting Chairperson, I think it is, again, very important from the minister's point of view and this policy's point of view because, ultimately, in 1994 or 1995, the whole thing that is happening right now is going to have an impact for a longer time to come. You want to sit back in five years and say, we did the right thing. We are not saying they have a separate contract—no question. I mean, they have a contract to focus on the restructuring, but everything has to be based on one principle, and that is your social policy. Thus, we want to make sure that social policy is protected by all the good things that you have.

We want this health policy to approve this kind of thing, and say that it is on target, that we think it is going to work out. There could be a few problems, but at least as long as the major

stakeholders plus the policymakers and the government are satisfied to make sure the long-term plan will work. That is my main concern in terms of whether it is a question that if somebody can come here and have all the credibility, all the good things in the right words, but still not do the job.

I mean we have all the good governments here, too. We have had many Ministers of Health, and every minister has had the best intentions, but now we are in a mess, so we want to do the right things. I think that is our underlying concern, to make sure that those things are taken care of, that the social policy of this province and this nation are being protected. It does not matter who is doing the work. I think that as long as you are satisfied from that point of view, I do not think it is going to be a bad thing to do.

Mr. Orchard: Mr. Acting Chairperson, I appreciate my honourable friend's statements, because they are—

Mr. Cheema: . . . we will all pay for this.

Mr. Orchard: No, you will not—I am interjecting on an interjection.

But my honourable friend has expressed, if I can paraphrase, the concern that the activities of APM are in agreement with the social policy as expressed in the Canada Health Act and medicare. I just give my honourable friend the assurance that, were they unable to deliver change which is reflective of the maintenance of those principles in the medicare act, and our ability to deliver quality care and have an opportunity to deliver that at a lower cost, or a combination of lower cost, higher quality and more volume, any number of options we have, they would not be here.

They are working within the social goals in health care that we have outlined in our Health Action Plan.

Mr. Cheema: Mr. Acting Chairperson, just a final comment on this issue, because I am sure the member for Kildonan (Mr. Chomiak) has asked many questions on the whole issue, and this has been a part of discussion in this House, and in terms of media also.

But I think we wanted to make sure the real questions are being answered in terms of the social policy and make sure that nobody is being threatened on the wrong assumptions. Just

assuming that somebody who is coming from the south side of the border is going to kill things—I think that was the first perception; second, the credibility of the company; and third is the durability of the company; and fourth is that we are going through the Health Action Plan.

* (1410)

Then I think, ultimately, the responsibility of the government is to make sure things are done right, and not only done right for now, but afterwards also. I am personally satisfied, and I am really hopeful this will function, because if we are combining all those things, especially when the timing is right, because when the Health Action Plan is taking place, everything is changing to a certain extent, so this could really fit into the whole goal. I think that would be very helpful.

Mr. Orchard: Well, my honourable friend is absolutely right. I mean you could not have an environment where the need for change is understood by so many people, and the willingness to engage in change, even though it is of risk for individuals who are needing change, the understanding of the need for that, I believe, in a growing percentage of Manitobans is there. This is the time to be undertaking very significant change.

I have to say that the only people who do not seem to agree with that are the New Democrats in Manitoba, but they will understand in the end goal that change is very necessary because as they look around at the rest of Canada, they will see that change is very much a part of every health care system and every government in Canada.

The opportunity here of the changes as fostered by restructuring and the initiatives of APM will complement the goals as outlined and stated in the Health Action Plan.

(Madam Chairperson in the Chair)

Mr. Chomiak: The minister provided us with a list of various committees and the makeup of those committees, et cetera, regarding some of the activities taken out under his health initiatives.

I want to refer specifically to one of the committees that is mentioned in here, and that is the Provincial Health Care Labour Adjustment Committee.

I wonder if the minister can give me some general background with respect to when the

committee was set up, what its budget is and whether or not we are going to see a definitive—and I recognize the nature of the committee from the terms of reference—how long he will see the committee in place.

Mr. Orchard: There is not a budget. These people are all on the committee without compensation. Their goal is to attempt an interface with the federal government where the federal government can be a partner in assisting labour adjustment and to work with the institutions and with the province of Manitoba to facilitate labour adjustment.

I wonder if I might ask my honourable friend, now that it appears that we are no longer going to deal with APM, and my honourable friend did not conclude as to whether he agreed with the goals of APM—I realize they do not like the American side of it, and I realize they are concerned about the cost, but is my honourable friend satisfied with the goals that APM has undertaken, and would he have suggestions that we should try and modify those goals?

Mr. Chomlak: I wonder if the minister could outline as to what specifics this Provincial Health Care Labour Adjustment Committee has achieved at this point?

Mr. Orchard: Madam Chair, I guess I have to conclude from my honourable friend's not providing an answer that he does agree with the broad goals of APM and their restructuring contract at the two teaching hospitals and the other three areas. What he disagrees with is that it is an American firm. I have to conclude that, in the absence of a different answer from my honourable friend, and I appreciate his changed position.

This is not government's committee. This is a government that has membership—I will go through it so you understand. There are 26 members. Manitoba Health has one representative on that committee and that is Ms. Hegge. The hospitals have 10 representatives. Manitoba Health Organization has one representative. There is one federal government representative, a representative from Manitoba Labour, one consultant and 11 people with union representation on the committee.

It is not the department's committee. It is a committee of all of the above to attempt to facilitate

labour adjustment strategies that are appropriate circumstance by circumstance.

Mr. Chomlak: Madam Chairperson, what specific programs, systems or committees are in place by this government to deal with the retraining of those whose jobs have been cut as a result of the minister's health initiatives and to assist them in seeking other types or other kinds of employment within or without the system?

Mr. Orchard: Madam Chairperson, not that I am trying to avoid my honourable friend's question, but that is why the membership of the labour adjustment committee is so diverse. I mean, you have a representative from the management umbrella organization, MHO. You have 10 representatives from hospitals, and I am assuming—I stand corrected if I am wrong—that those are management positions from the hospitals. You have 11 union representatives, and then the balance of the committee is one representative from the Department of Labour, one representative from Manitoba Health and one representative from the federal government.

The purpose of Labour, federal government and the Ministry of Health to be there is to facilitate an interface with any programs that might assist in retraining, for instance, but let us understand that the management representation and the union representation are attempting to facilitate redeployment and opportunities as the system shifts.

As I have often chastised my honourable friend—and I almost get so I hate to do that—my honourable friend talks about the downsizing in the two teaching hospitals which has caused some layoffs, yes, but there were also additional positions created when beds were commissioned at Concordia, Municipals and Deer Lodge. That represented an increase in numbers employed.

This committee—and I will tell my honourable friend that I believe I am correct in this. My honourable friend might recall the commissioning of the Concordia beds and the gearing-up and the staff hiring for that. That occurred before this committee got in full sway, and so there was not as much opportunity for redeployment of staff from the two teaching hospitals to Concordia as there would be should that shift have occurred now.

The purpose of having the unions around the table is a very deliberate one, because appreciate,

within government we have had an extraordinarily successful downsizing of the civil service, if one can call downsizing a civil service extraordinarily successful. But there has been significant redeployment of individuals who occupied positions that were eliminated over the past several years because one union governed the redeployment across departments.

The difficulty, quite frankly, that we faced when we moved to our funded institutions, i.e., hospitals as a current example, is that the contracts are by local. Each local never, I think it is fair to say, designed their redeployment, their bumping, their seniority on the basis of any other scenario but continued growth of employment within that institution. When they were faced with downsizing those institutions, they found that there was not an easy mechanism for redeployment of staff from one hospital to a second hospital, because there was no mechanism to intercede, if you will, or facilitate new staff moving from local union contract A to local union contract B, because as you can appreciate, local union contract B had their own bumping and redeployment seniority process.

* (1420)

That was a problem that confounded the nurses union and they are trying to work through and work around, and we are trying to help them as much as can to do that. Other unions had the same sort of difficulty. So that is making the change maybe not as easy to facilitate as it could be on affected staff, not because of everybody's desire to have that happen—I mean, we all want that to happen—but there are pragmatic difficulties in the way that the union contracts are structured that mitigate against that at the present time. Now those are being worked through, and I think we will see increasing success of effort.

Mr. Chomlak: Madam Chairperson, I will remind the minister, we are still awaiting the figures of the number of staff and beds, et cetera, that have been shut down, as well as those that the minister talks about having been increased. So we are still awaiting the tabling of that information.

Will any of the \$15 million that has been set aside for health reform be plugged into retraining or redeployment or assisting the hundreds and hundreds of individuals who are being affected by the cuts?

Mr. Orchard: Madam Chairperson, I want to—since my honourable friend has raised the issue—share with him as of May 1, so these are some several weeks old, but they will be quite current—There were in the system, deletion notices issued to 647 positions. Of those 647, there were 375 employees who were redeployed either internal or external to the employing organization. I do not have the breakdown, but I think it is fair to say that probably the majority would have been internal redeployment. The shift is coming. There is an opportunity, I think, as we mature the process, for more external.

Here is the important figure that I want my honourable friend to utilize in some of his mailers to his party members, that there have been new positions created of 197.4 in terms of EFTs and what the net result was, was of the number of positions eliminated, deleted in the various shifts in downsizing of 647, there were 171 employees laid off, the balance of which we either redeployed or found new positions.

Mr. Chomlak: Can the minister indicate the time frame from when that figure was arrived at? He said that it is a cut-off date of May 1. Can he indicate what the start-up date for that is with respect to those positions? Can he indicate the parameters from which he is speaking? Is he talking about the entire health care system? Is he talking about only institutions? Is he talking about institutions in home care? Is he talking Winnipeg and rural Manitoba?

What are the parameters of the positions that he is talking about?

Mr. Orchard: Time frame—November 1, '92, to April 30, '93.

Mr. Chomlak: Will the minister answer the second part of the question which was: Which hospitals and institutions and health facilities are we talking about? Is this across the system totally? It is across the system completely, Winnipeg, rural Manitoba, et cetera? Does that include doctors?

Mr. Orchard: Madam Chairperson, those are the figures which are inclusive of the downsizing at our two teaching hospitals of 240 beds plus some other layoffs which were undertaken in other facilities. So those are provincial numbers I have shared with my honourable friend.

Mr. Chomlak: Madam Chairperson, the 197.4 new positions, can the minister give us a breakdown as to where those positions are located?

Mr. Orchard: You want the 197—which ones did you want again?

Mr. Chomlak: 197.4 new positions that the minister referenced.

Mr. Orchard: Okay. I will provide that, but I do not have it here.

Mr. Chomlak: Madam Chairperson, I wonder if the minister, at the same time, will also provide some analysis of the 647 positions and locations.

Mr. Orchard: Madam Chairperson, Health Sciences Centre, 281; St. Boniface, 167; Grace, 28; Misericordia, 66; Deer Lodge, 9; Concordia, 15; Rehab Centre for Children, 18; Brandon General, 63.

In terms of redeployment, internal, external: Health Sciences Centre, 239; St. Boniface, 62; Grace, 21; Misericordia, 1; Concordia, 10; and Brandon, 42.

Mr. Chomlak: I thank the minister for that information.

I return to the initial question, and that is, will any of the \$15 million in terms of health care reform be utilized to assist in the retraining and redeployment of individuals affected and/or to be affected by the minister's initiatives?

Mr. Orchard: Madam Chairperson, that is a potential use of it, but appreciate that is why we have the federal government at the table as well, because there are federal funds and I have to tell my honourable friend clearly and unequivocally that we are going to access, to the maximum amount possible and available, federal contribution on retraining before we use resources provincially to do same.

Mr. Chomlak: Madam Chairperson, I appreciate what the minister says, but then the bottom line therefore is if adequate resources are not found from the federal government, and we know how difficult that process can be, is the minister saying he will utilize part of that \$15 million for those purposes?

Mr. Orchard: Madam Chairperson, that is a potential use, yes.

Mr. Chomlak: The minister indicated in reply to a question from the member for The Maples (Mr. Cheema) about CT scanners about data analysis that he would provide us a little more definitive information Thursday. I am wondering if the minister has access to that information at this time.

Mr. Orchard: Madam Chairperson, what was the question again?

Mr. Chomlak: When the Assembly last met, on page 3996 of Hansard, the member for The Maples asked the minister about the CT scanners. The minister outlined that there would be some general information about what the committee had gathered, and he said he will try to get more specifics as to when recommendations and report from the committee will be and will get a better handle on the definitive time for my honourable friend for Thursday.

* (1430)

Mr. Orchard: I would like to provide this information to my honourable friend. We expect to have the CT-MRI committee submit to the provincial imaging committee in July of this year, a five-year plan. The provincial imaging committee overall plan is expected to be made available to the ministry in January of 1994.

In the meantime, it has been confirmed as of April 16, 1992, that, and I will give my honourable friend a direct quote from the radiology consultants report: Currently a waiting list analysis is in progress. Initially, it was believed that there were 6,000 patients on the waiting list and many of them with serious illness. On analysis, there were only 2,500 patients awaiting examinations with delays from three to eight weeks. On analysis, two-thirds of the patients had appointments requested by their physicians or at the patient's convenience. Only one-third of the patients were experiencing delay and almost all of them on study would not benefit medically by an earlier examination.

I think that was some of the additional information my honourable friend wanted.

Mr. Chomlak: So the one-third who were experiencing delay, presumably, the medical diagnosis was that the requirement was not of an urgent nature, and a review by the committee confirmed that viewpoint. Would that be roughly correct?

Mr. Orchard: The radiology consultant's report indicated that the third of the patients who were experiencing delay, that it was the opinion of the consultant that their medical status was not compromised by that delay.

Mr. Chomlak: I wonder if the minister might table a copy of the report for members.

Mr. Orchard: I did in May of last year. My honourable friend has it.

Mr. Chomlak: Madam Chairperson, I am now turning to the minister's blue book, Health Action Plan, page 23, and I will attempt to not go over questions that were asked by the member for The Maples.

On page 23, the minister states in his plan that the process of home care will be carefully monitored and evaluated. I am wondering what systems or what processes are in place to do that home care evaluation that is mentioned in the Health Action Plan book.

Mr. Orchard: That monitoring and analysis is done on a rather regular basis by our senior management.

Mr. Chomlak: Madam Chairperson, I take it from the minister's response then that it is simply part of the ongoing process that the department is already engaged in, and therefore nothing additional has been put in place or nothing extraordinary, nothing special, has been put in place in order to monitor the system as a result of the significant changes that are being carried out at present.

Mr. Orchard: No, Madam Chairperson, that would not be an assumption my honourable friend could make.

Mr. Chomlak: I wonder if the minister can enlighten us as to what the results of the most recent monitoring and evaluation have demonstrated.

Mr. Orchard: The reason I indicated that my honourable friend's conclusion would not be right is that in the process of the first-year changes wherein we downsized the two teaching hospitals, there was a weekly monitoring exercise involving the facilities and staff and the families of individuals affected to assure that we were able to provide the appropriate support and care.

To the best of my knowledge, the process did go quite smoothly, as expected. I think my

honourable friend might have to concur with that because I think he, as critic, probably received very little negative feedback.

Mr. Chomlak: Does that mean the minister is not going to share the information with us of the monitoring and evaluation carried out to show what the status is of the various components?

Mr. Orchard: In a monthly analysis by staff as to the process, any potential difficulties were remedied.

If my honourable friend is seeking a status report, I think you can get no better status report than the fact that shift happened without my honourable friend being contacted about some potential problem. The process went smoothly. The monitoring of the process weekly demonstrated that and facilitated that, and enabled us to make that shift with I think rather a significant lack of challenge and problem.

Mr. Chomlak: Madam Chairperson, the minister's assumption is wrong in terms of the contacts that have come to my attention. Therefore, I again repeat, if the system is working as well as the minister suggests, why is he therefore hesitant to provide us with the analysis?

Mr. Orchard: Madam Chairperson, my honourable friend would not know what to do with an analysis if I was able to give it to him, because my honourable friend said that what I just stated, in terms of the transition of the 240 beds and the individuals who were moved and supported in other environments, that it did not go smoothly. I indicated to him that it had gone smoothly with relatively few complaints.

Now, my honourable friend is saying that is not the case, that he received all kinds of complaints. Well, that is very interesting, Madam Chairperson, because my honourable friend was so serious about those complaints he never passed any of them on to the ministry for investigation.

If my honourable friend has some complaints after the fact, kindly share them with us, and maybe, had my honourable friend had those complaints, we might have been able to help him. But what I suspect is that these are phantom complaints that my honourable friend is creating out of the blue, because he certainly never took them serious enough to provide them to my office for remedy.

Mr. Chomlak: Quite obviously, the minister did not read page 23 that I am referring to in the Health Action Plan, which refers to the general policy and not just the bed closures, but that is consistent with the minister's replies and the minister's responses in terms of this Chamber.

The minister knows full well when specific complaints are brought to this House, the minister stands up and accuses whatever political party bringing those complaints of politicizing and fearmongering.

I quite understand the minister's debating techniques and the minister's ploys that he uses in order to avert attention away from the real issue, and so consequently, I am not going to play that game. I am not going to play that game with the minister, Madam Chairperson, and I will not play the game with the minister in this House as he continues to try to play it.

My question with respect to Home Care, Madam Chairperson, is, as I indicated in my opening remarks, the reason this is significant is that Ms. Havens, at a seminar I attended, indicated that medically unstable—[interjection] Perhaps the member would care to listen to the question before he attempts to respond on behalf of the minister.

* (1440)

Madam Chairperson, at a conference that I attended on the minister's reform plan, Ms. Havens indicated that in terms of Home Care, medically unstable people will now be entering the community, and I am quoting.

I have mentioned that in the House to the minister, who refused to answer the question before, and that is the context as to why I am asking what the status is of the home care system that is in place, because now, according to the ADM, medically unstable people will now be moved from institutions into the community.

I am wondering what programs or what processes are in place to ensure that those people are accommodated adequately.

Mr. Orchard: Madam Chair, I listened with disbelief to my honourable friend make two statements.

My honourable friend said two questions ago that contrary to my statement about the downsizing of the 240 beds and the process going quite

smoothly, my honourable friend said, oh, quite to the contrary, it received a lot of complaints.

Then when I said, that is interesting that you have received a lot of complaints, because they were so important to you that you never passed any of them on to my office so I could expedite them, which has been the process that has been engaged in by almost all other MLAs in this House, and when my honourable friend is embarrassed by saying, on the one hand, he has had all kinds of complaints and then is caught with his hand in the cookie jar not passing them on, and I say to him, why not, he says, well, I am not going to engage in that game.

Game? If you are receiving complaints that people are not getting adequate care, and you keep them in your hip pocket, and you do not advance them to try to get them remedied, who is playing the game?

My honourable friend is serious about what he is stating, that he receives many calls. I hear New Democratic Party questioners say, we have received numerous calls, numerous complaints. Do you know what? I probably had about eight letters from New Democrats in the last year of complaints, and every single one of them we have followed up on. The rest of them are either ones where they do not care enough for the people, or they do not exist as complaints.

I think my honourable friend is right when he described it as a game, a game he is playing of disinformation, of phantom complaints, phantom phone calls, phantom people that he does not have the ability to give me their names so we can resolve the problem that he alleges is there.

I think my honourable friend is playing the game, and that game is not helpful to seniors who might perchance, even after the six months he has been critic, tend to believe what he says.

Mr. Chomlak: Madam Chairperson, the minister did not answer the question. I think he got caught up in his rhetoric and his flourishment. I think he totally missed the question, as usual, or perhaps is unable to answer it.

Will the minister answer the question?

Mr. Orchard: Madam Chair, I answered my honourable friend's question. It is he who is saying he gets lots of phone calls and apparently

lots of complaints, but he has not considered them important enough to act upon.

Mr. Chomlak: What accommodations have been put in place as a result of this monitoring and evaluation to deal with the medically unstable people who are going to be put into the community as a result of the minister's health reform?

Mr. Orchard: Madam Chair, any medically unstable person who is discharged from hospital will have, with few exceptions, support from VON to assist in whatever medical condition can be ameliorated in the home community or the home environment.

Mr. Chomlak: Madam Chairperson, is that any different than has happened in the past?

Mr. Orchard: That is what VON has been doing in conjunction with our acute-care hospitals for approximately 12 years.

Mr. Chomlak: It is curious, then, that at that particular seminar Ms. Havens did refer to the fact that we will be seeing a new type of patient in the community and that was, quote, medically unstable, end of quote. The minister is saying, therefore, that the department is not responding to this new type of patient that is going to be placed in the community.

Mr. Orchard: I guess I am a little frustrated with my honourable friend, because I sense from my honourable friend's question that now he is saying reform, because of a public meeting in which we had senior staff there sharing the process of change and some of the initiatives in that change, my honourable friend picks up on one phrase, will put it into his whisper campaign, future communication to the party members for fundraising purposes—yes, he is nodding his head in the affirmative that he will put it out that we are discharging medically unstable people into the community. He will put that out as if it is a new phenomenon in order to get some of his party members to donate \$50, \$100 or \$200 to re-elect the NDP.

Madam Chairperson, medically unstable individuals have been discharged from hospital with the support of VON since almost the initial inception of the Continuing Care Programs. [interjection] No, no, they are medically stable, but they require medical assistance to remain stable, and that medical assistance can be provided in the

home more economically and more equitably than in the hospital. If they did not have that support, they would become medically unstable, but the support from VON keeps them stable. The definition is, at it always has been, that without that support they would be unstable.

My honourable friend is twisting that around in his fundraising letters to get money out of his party members by now accusing government of discharging medically unstable people. It is a false accusation my honourable friend makes, but that will not change him from doing it, even though he now understands.

Now, let me tell my honourable friend that over the 15 or 16 years that the Home Care Program has been in place, increasingly complex medical needs are being met in the community by the Continuing Care Programs. That will advance. That will continue so that more medical needs will be met through the Continuing Care Programs in the future for more individuals with earlier discharge or nonadmission to hospitals.

That, Madam Chairperson, is what at one time I thought the NDP believed in: to move away from the institution wherever possible. That is exactly the direction we are embarking on and facilitating and working with the acute care hospitals to further refine, mature and advance that process.

Now, does my honourable friend understand the nature of the comment by Betty Havens, and does he now consider it to be adequately explained, or is he still wanting to believe for his propaganda purposes that something was being done inappropriately?

Mr. Chomlak: Madam Chairperson, it is curious. The minister, and I thank the minister, finally answered the question. I had asked on at least two occasions in the House, but the minister could have done his blood pressure much good by trying to address the question and not his own defensive position.

If the minister could have addressed the question and answered it—[interjection] yes, and the minister can be assured that I will not be asking that particular question again because for once the minister has replied, has responded and has satisfied a concern that was raised by myself. Had the minister undertaken that in the first place, we would have solved ourselves a lot of difficulty by going back and forth.

Again, I do recognize the minister's style and the minister's approach to this particular Chamber and to the representatives of the people of Manitoba.

I am turning now to page 33, Madam Chairperson, where there is a listing in the minister's health reform package that talks about cardiac care, open-heart surgery waiting lists, and gives the lists from August, June and April, 1992. I wonder if the minister has an update as to the waiting lists at Health Sciences, St. Boniface centre as at this point in time.

Mr. Orchard: I will attempt to provide that, but what I also would like to indicate to my honourable friend that, I think it was about three years ago the Fraser Institute did their analysis, and they found our waiting times to be fairly long in terms of cardiac surgery. In their most recent investigation and analysis they found them to be, I think, amongst the most improved in Canada.

* (1450)

Mr. Chomlak: I am turning to page 47 of the minister's plan, and I am looking at the Physician Resource Policy Development. Can the minister indicate what of the four steps have been put into effect?

Mr. Orchard: I am going to ask my honourable friend to rephrase the question because I am not sure I can provide him the information as he requested.

But I want to share with my honourable friend part of the conclusions of the Fraser Institute's, or part of their stated analysis on waiting lists, et cetera. And I will quote directly from the document, page 26: Our study shows an overall reduction in the waiting times and in the waiting list in Manitoba.

This reduction is probably the result of our 1991 survey picking up on unusual backlogs in hospital caseloads, which were at least partially attributable to the 1991 Manitoba nurses' strike.

That was a hypothesis they advanced, but I like to give credit to the system in terms of its ability to operate effectively. I think that simplistic analysis does not tell the good work that our acute care hospitals have undertaken and the planners of care delivery in those hospitals in terms of better management of waiting lists and waiting times because there has been improvement in a number of areas.

I would also like to indicate to my honourable friend that—and this is an offer to both him and the member for The Maples (Mr. Cheema)—if you wish to have some information on the appropriate access review group and their studies, Dr. Ross Brown has indicated to my office that he would be glad to sit down and provide you with some information as to what the committee is finding and doing, et cetera.

Mr. Chomlak: I thank the minister for that offer. Will that therefore allow us to have an update as to the status of waiting lists across the system in Manitoba as current as possible?

Mr. Orchard: I think that would be an interesting discussion my honourable friend might have with Dr. Brown.

Mr. Chomlak: I return to my initial question on page 47 to the Physician Resource Policy Development and to the status of the four policies that the minister agreed to at the January 28, 1992, ministers' conference.

Mr. Orchard: Madam Chairperson, you realize of course that he is soliciting \$50 and \$100 and \$200 from those who theoretically cannot afford to pay. I mean, that is the New Democrats.

I do not know why I ever was so remiss as to not have my Health Action Plan with me, and I am going to have to get a copy, because I do not quite have each and every page memorized.

Mr. Chomlak: Madam Chairperson, my next several questions are in fact on the Health Action Plan, so I am wondering if the member for The Maples wants to go on with a line of questioning, or I can turn to other lines of questioning while the minister obtains his Health Action Plan.

Mr. Orchard: Maybe we should take just a two-minute break.

Madam Chairperson: Is that the will of the committee?

* * *

The committee recessed at 2:58 p.m.

After Recess

The committee resumed at 3 p.m.

Madam Chairperson: 1.(b) Executive Support (1) Salaries.

Mr. Chomlak: Madam Chairperson, I was under the impression we were awaiting the minister's obtaining a copy of The Action Plan, so I could continue my line of questioning on The Action Plan.

* (1500)

Mr. Orchard: Madam Chairperson, there was a question—maybe whilst we have a temporary pause here—there was a question in terms of the Health Advisory Network, and we have a budget provision that we believe will require \$80,000 this year to complete the current activities of the Health Advisory Network. That budget provision is part of the Manitoba Health Board, the budget attached to the Manitoba Health Board.

Secondly, there is a question about how many pediatricians who requested admitting privileges at Children's Hospital have not received them yet, and what is the plan to deal with them. I think really what the question was, was how many pediatric surgeons, because all pediatricians, I am led to believe, had admitting privileges at Children's before consolidation. To date, there have not been any of the pediatric surgeons who have been refused admitting privileges since the consolidation. There are some applications that are still in process of approval or consideration, I guess I will put it that way, and some surgeons who may not have yet received their approval given the process.

Mr. Chomlak: Madam Chairperson, I will return to my line of questioning with respect to the minister's health reform plan page 47 Physician Resource Policy Development and before initiatives agreed to by the minister at the January 20 ministerial conference, if he could give us an update status of those four initiatives.

Mr. Orchard: Madam Chairperson, the reductions in terms of entry class size are in place for this fall in Manitoba, Alberta and Ontario, which was the agreement that was arrived at in January of '92.

We were just trying to recall whether it was late February or early March, but either February or March of this year deputy ministers participated in a telephone news conference, I guess. It was organized out of Ontario with my deputy and the deputy from Alberta responding to questions so that the announcement was made consistent across Canada of the entry class size reduction.

I will tell my honourable friend that that was a very deliberate strategy because early discussions that I had with the member for The Maples (Mr. Cheema) in terms of some of the change that the new government in the United States is engaged in, in health care—I mean, he made the observation it is a plan that has been around 29 years. There were also some significant challenges in the United States because the medical industrial complex in the United States is probably more powerful than any other similar alignment of force in the United States. There are very, very powerful lobby groups that are stopping the kind of move towards a system similar to ours. It is going to be a very daunting challenge for President Clinton and his administration.

We faced the same kind of dynamics in January of 1992 when we tabled the Barer-Stoddart audit report, a copy of which my honourable friend has no doubt perused. There were a number of suggestions in that. The one that was seized on, of course, was the downsizing of medical schools because that was sort of the issue of interest in the media.

In developing and working with our respective universities' faculties of medicine in terms of achieving the downsizing in the provinces that were downsizing—us being one, Alberta and Ontario being the other two—we deliberately agreed to have a national announcement in terms of downsizing. It was very deliberate because if it is made in isolation in Manitoba, the forces who did not necessarily want to make that change could pick out Manitoba as acting in isolation, and maybe even my honourable friend the New Democratic critic might have criticized me for doing that. So we moved in concert with the deputy minister in Ontario, Mr. Decter, and I think Mr. Leblanc was the deputy minister in Alberta.

The announcement was made at the same time facilitated by the Ontario Ministry of Health so that it was a joint announcement of Ministers of Health across Canada so that we could reinforce that, in more and more ways, as Ministers of Health, regardless of political affiliation across Canada, we are trying to develop a cohesive approach to resolution of problems using quite similar solutions province by province.

We thought the signal of a joint press conference with participation of a number of provinces was a very appropriate signal that the health care system

was changing from sea to sea in Canada, and there was some consistency of approach province by province to try and take some of that penchant for politicization of change that we so often see, and, I would be very direct with my honourable friend the member for Kildonan (Mr. Chomiak), that he has tried to make a hallmark of his new career as Health critic on.

* (1510)

Mr. Chomiak: Madam Chairperson, in the minister's response, he referred to the fall class sizes. Was he also referring in terms of the national concerted action that took place in late February, early March to all four components of this program, as listed on page 47, or was it only .1, because it was not clear from the minister's answer.

Mr. Orchard: Postgraduate was part of that as well, and the visa initiative is individual.

Mr. Chomiak: Madam Chairperson, can the minister provide us with the news release from that postconference if it is available?

Mr. Orchard: I will attempt to track that down for my honourable friend.

Mr. Chomiak: Page 54 of the Health Action Plan deals with one of the significant areas of cost increase in the health care system, most notably, the increase in private fee-for-service laboratory costs of diagnostic services.

Page 55 of the plan indicates there is a study by the Urban Hospital Council, as well as a development of protocols. Underneath that is again a suggestion for five policy options. Can the minister outline what the status is of each of those five policy options?

Mr. Orchard: Madam Chairperson, it is fair to say that all of them are in process of review, in varying stages of ability to take action. I think in terms of elimination of duplication of testing prior to hospital admission, I believe there is a consistent admission approach across the Urban Hospital Council membership now.

Mr. Chomiak: Madam Chairperson, so the minister is saying that, with the exception of the last sentence of his answer, all of these five options basically are still being reviewed by the department and no course of action has been undertaken on any specific one?

Mr. Orchard: The investigation into how we achieve the tenets of those five processes are, yes, under discussion.

Let me give my honourable friend an example: Currently, in No. 4, my honourable friend may well know, and if he does not I would like to indicate to him, that laboratory fee schedules are part of the MMA agreement. We are in our final year of a four-year agreement and hence, the direct reference there that consultation with the Manitoba Medical Association is ongoing. We have not come to any conclusion or resolution as a result of those discussions around laboratory fees with the MMA and would hope we see some progress in that as the year goes on.

Mr. Chomiak: Can the minister advise us perhaps of what is happening in terms of reviewing the potential for conflict of interest under that particular policy option?

Mr. Orchard: Madam Chair, that process is under review as well. We think there is an opportunity to take action on that. The difficulty we have, as my honourable friend may well understand, is, in undertaking the review we did not meet our self-imposed deadline of the Legislature in terms of bringing that legislation in.

However, if I sense from my honourable friend some concern about that, and if my honourable friend had the ability to offer late introduction of legislation, I would certainly accept that offer and report rather rapidly, maybe as soon as Monday, Tuesday, next week as to whether we could accommodate those potential amendments yet this session.

I am not saying that I can do that because, of course, that depends very much on the workload at legislative drafting, wherein translation, et cetera, also has to be part of the process, but I have not put pressure on the department because we missed our self-imposed deadline we have put upon ourselves in this Chamber.

However I am interested, if my honourable friend would think that this might be something that he could indicate on behalf of the official opposition, a willingness to sort of break our own self-imposed rules. I would take that suggestion from him and see if we cannot potentially advance that for this session.

Mr. Chomiak: Madam Chairperson, I take it that the minister is stating that he is in a position where

he could potentially bring in conflict-of-interest legislation if there were to be agreement on this side of the House, and if legislative drafting were available to accommodate it and other exigencies of this House, the minister would be prepared to bring in that kind of legislation.

Mr. Orchard: Madam Chair, I am indicating that for this session, no, because we have passed our self-imposed deadlines, but if I receive the encouragement of co-operation from my honourable friend, I would attempt to provide direction as to whether we could achieve that as quickly as Monday of next week or Tuesday at the latest, because the process is not just make a decision and have it happen and have the bill here the next day.

There is process outside of my department in legislative drafting, and I have no sense of their capacity to deliver on short order if I were to get that co-operation, but I would make that investigation if my honourable friend thought it appropriate.

Mr. Chomiak: Madam Chairperson, I am turning to page 58 of the minister's Health Action Plan, and I want to make reference to some of the statistics that have been cited on that particular page, and most notably, the All Public General nurses, which appear to be below the Canadian average.

I am wondering if the minister can define for me what, in terms of this statistical information, comprises the category of All Public General nurses.

Mr. Orchard: Madam Chair, before I move into an attempt at explanation for my honourable friend here, can my honourable friend give me an answer as to whether I should investigate bringing in conflict-of-interest amendments, basis, point No. 2, page 55, Health Action Plan, because I am not going to waste my time if my honourable friend—and if my honourable friend is unable to give that commitment because he has to caucus it, I understand, but I would appreciate, because tomorrow we are not sitting, and if such were—if he could give me the indication, I would be able to have a fairly clear indication as to what I could do by Monday or Tuesday.

Mr. Chomiak: It is not my place to answer questions in the House. It is generally the minister who is supposed to attempt to answer questions from members on this side of the House.

Now if the minister is saying to me, would we in the New Democratic Party—if the minister could give me some general outline as to what he is talking about in terms of conflict of interest, I would be prepared to take that to my caucus next Monday when we next meet.

The minister said there is something perhaps being drafted in the area of conflict of interest. I do not know what the parameters are. I do not know what the minister is referring to. Is the minister referring to conflict of interest concerning private labs, directorships and the like, or is the minister referring to—what is the reference to potential conflict of interest in terms of the review?

* (1520)

Mr. Orchard: Madam Chair, I think statement No. 2 that my honourable friend started some very enthusiastic questioning about is pretty self-evident. If there is beneficial ownership of a lab, a private lab, by a physician, should we investigate whether we need conflict-of-interest guidelines around that? That issue is very, very clear.

Now, my honourable friend approached it with a great deal of enthusiasm. My honourable friend normally tells me I do not ask for advice. My honourable friend normally tells me I do not give him information, and here, all I asked him was whether his interest in this seemed—and I interpreted it, and maybe wrongly.

Maybe my honourable friend in the New Democrats does not want to pursue this issue. But if my honourable friend is interested in pursuing the issue of conflict of interest as I have just outlined to him, I need a nod of the head. I need to have some go-ahead so I can investigate whether we can bring it in this session and pass it.

There is no trickery here. I am trying to open up as my honourable friend says I never do. The moment I offer him an opportunity to be constructive, he crawls into a shell and thinks I am up to some trick. Goodness gracious, what a distrustful man.

Mr. Chomiak: Madam Chair, perhaps the minister has learned something through the process, and perhaps the minister is turning over a new leaf. Perhaps the minister has been converted as the great Biblical statement about, on the road to Damascus, which I do not want to continue going on about.

If the minister is indicating that he is looking for direction from our party with respect to that kind of legislation, I would say, yes, pursue it, and we would be prepared to look at it.

Mr. Orchard: I thank my honourable friend. I will do that and I will try to report as soon as Monday afternoon.

Mr. Chomiak: I am sorry, I did not catch that.

Mr. Orchard: I thank my honourable friend for that, and I will try to provide direction as soon as Monday afternoon to give you a sense of what is doable from legislative drafting, et cetera.

Mr. Chomiak: We can return now to page 58 and the Paid Hours, Nursing Department, per Patient-Day in Reporting Hospitals statistics.

Under the category All Public General, I note that Manitoba is below the national average, and I just would like the minister to define for me what All Public General refers to.

Mr. Orchard: Madam Chairperson, I am going to have to provide that answer to my honourable friend, and as I provide that answer, I am going to make an assumption that my honourable friend would also want the answers in the areas of Public General: Non-teaching with no long-term units, where we are above the national average, in terms of Non-teaching with long-term units, where we are above the national average, in terms of Non-teaching total, where we are above the national average, in terms of Teaching (excluding pediatric), where we are above the national average, in terms of Public - Total, where we are above the national average, then in terms of Public General: Non-teaching, where we are 4 percent above the national average, Non-teaching with long-term units almost 19 percent above the national average, where in Non-teaching total, we are on average 14 percent above the national average, and where in Teaching (excluding pediatric), we are 26 percent above the average of nursing paid hours per patient-day.

In All Public General, we are over 20 percent above the national average, and in All Public Specialty, we are below the national average—so that I can come up with as good an explanation as possible for my honourable friend. Would that be suitable?

Mr. Chomiak: That would be fine, Madam Chairperson.

The plan on page 59 indicates that Manitoba Health has asked institutions to provide information on their five-year projection requirements for the nursing mix, et cetera. Can the minister give us any information as to the status of that particular project?

Mr. Orchard: Madam Chair, we circulated the survey questionnaires calling for the current staff mix and projections to all hospitals and personal care homes in January of 1992, and we had a follow-up communication with those same facilities in March of '92.

Just over 50 percent of the facilities in the survey responded. Those responding included the majority of the large facilities with the exception of The Pas Health Complex and Thompson General Hospital, so I have to assume from that that the Urban Hospital Council members replied to the survey.

Of those responding, over 62 percent of the institutions provided the requested information for 1992-97, the five-year projection, 17 percent provided partial projections and some 20 percent did not provide any projections.

Many of the large, urban centres were among those not providing the projections. The survey did not have the expected result of giving us a—What we were really seeking was the best guess of the managers or the best estimate of the managers of the system as to what a five-year projection might be. But it did give us quite reasonable baseline data for 1992.

Mr. Chomiak: Madam Chairperson, so I take it—and I did not quite catch the last part of the last sentence—the minister, did he say he felt they did not have reasonable data or they did have reasonable data?

Mr. Orchard: A reasonable base-line data for 1992.

Mr. Chomiak: Madam Chairperson, is the minister prepared to share with members on this side of the House those projections for the years '92-97 that they have obtained?

Mr. Orchard: Madam Chairperson, I do not think that we have that information here, so we will have to try and provide that next time we meet.

Mr. Chomlak: Madam Chairperson, can the minister tell me if the Provincial Nursing Advisor has been appointed?

Mr. Orchard: That position has been bulletined. We are expecting to do the interviews of appropriate applicants, and probably eight weeks from now, the process would be completed.

Mr. Chomlak: Could the minister briefly outline what the role of the provincial nursing advisor will be, just what the basic job description entails?

Mr. Orchard: Yes, I can do that, but we do not have it here.

Mr. Chomlak: Madam Chairperson, can the minister indicate how this position and this basic strategy will dovetail with the work restructuring that is going on with Connie Curran and APM consultants?

Mr. Orchard: Madam Chairperson, the nursing advisory position is not an absolute necessity of the APM contract, nor is it an isolated incident of the APM contract. It will be of any additional assistance in terms of issues emerging at both hospitals' continuing care in terms of nursing, but it is not part of or attached to a necessity of the APM contract.

It is an initiative that we have been desirous of having as part of the ministry's staffing complement for well over a year now and will be of assistance to us in a number of areas, not limited to the educational issues and the staffing-mix issues and a number of different professional issues that nursing will be part of as the system shifts and changes from institutional to more community.

So a nursing advisor position was deemed to be an appropriate addition to the staff complement to facilitate a more direct liaison with nursing professionals.

Mr. Chomlak: Madam Chairperson, I would like to get at the process of who will be determining this staff-mix process.

The minister can correct me if I am wrong in my understanding of the system, but we have Ms. Curran who is determining staff mixes, as I understand it, at the teaching hospitals to a certain extent. We have the yet-to-be-appointed nursing advisor. We have various committees. We have interaction between the minister and the professional group, and, of course, we have the reform process itself and the minister's office.

I am wondering who and how the determination is being made in terms of the staffing mix?

Mr. Orchard: There are two process I would like to share with my honourable friend, one of them a process that all hospitals, other than St. Boniface and the Health Sciences Centre, are engaged in, and that is decisions made by the management of the respective hospital or personal care home in terms of staffing mix which will enable them to comply with ministry guidelines and budget both. That is a process that is very institutional sensitive and, even within an institution, very program sensitive. So there is a fair degree of variability as you go from long-term care to acute hospitals to the different sizes of those respective facilities.

In terms of process internal to Health Sciences Centre and St. Boniface and the facilitation by the APM consulting contract, task force teams will undertake that staffing mix question as part of the work restructuring within programs and wards. Those task forces will have staff themselves analyzing and coming to conclusions as to needs and mix. APM's role, of course, is to facilitate that decision-making process by the individuals involved in the care.

Mr. Chomlak: Madam Chairperson, where will the health reform steering committee fit into this process?

Mr. Orchard: I think fairly as a not impartial observer, but let my honourable not mix too many roles up at once. I mean, the APM investigation of the two teaching hospitals is in terms of work restructuring.

The reform team is involved in digesting recommendations from our various consultation groups that my honourable friend has in front of us. Those have an application not only in teaching hospitals but in our other hospitals and other systems of delivery within the ministry, and, in some instances, do not even have an attachment to the teaching hospital if the program or the initiative does not have involvement at the teaching hospitals.

Mr. Chomlak: Can the minister indicate what the interaction is between his department and the professional association of nurses with respect to this staffing mix?

Mr. Orchard: Which professional association of nurses, MARN?

MARN's responsibility is in terms of maintenance of professional standards, educational certification and assurance that their professionals are operating within the scope of diploma and Baccalaureate prepared nurses.

Mr. Chomiak: How about the Association of Licensed Practical Nurses?

Mr. Orchard: They have the same responsibility for licensed practical nurses.

Mr. Chomiak: So the minister is saying neither of these associations are involved in this determination of staffing mix and the like.

Mr. Orchard: No, the associations are not involved in that, but individual nurses are involved in that. Individual nurses in the workplace are involved in that, but the professional associations are not attached to the process.

Mr. Chomiak: Madam Chairperson, I wonder if the minister can give us an update with respect to the status of the chronic care beds at Winnipeg Municipal Hospital, the personal care beds, the retirement of King George, Deer Lodge Centre status, the construction of the chronic care beds at Concordia and the 230 new personal care home beds; in other words, a lot of the initiatives that the minister has undertaken with respect to his relocation.

* (1540)

Mr. Orchard: I regret that my honourable friend did not attend the ribbon cutting at the opening of the 60-bed wing at Concordia Hospital. I was really pleased at that one. I know the Leader of the Opposition (Mr. Doer) was there. There is a long history to that one because Concordia Hospital has had its share of ups and downs.

In 1969, there was a pretty significant plan to have Concordia Hospital built. I think it was about a 300-bed capacity that was planned for Concordia Hospital in 1969 which did not happen. The government of the day was changed, and a new government came in in 1969 and significantly downsized the plans for Concordia Hospital and facilitated plans in other segments of the city for construction. That was much to the disappointment that the Schreyer government made that decision at Concordia.

Then in the period of '77 to '81, the government that I was first part of initiated a fairly ambitious redevelopment plan and an additional capacity

plan at Concordia Hospital. I believe at that time it was to add, I think it was a floor of capacity at Concordia. Again, unfortunately, those plans kind of were sidetracked by an election that we lost, and the new government of Howard Pawley cancelled those plans.

Fortunately, this time there was no election that took us off track, and we were able to cut the ribbon on those 60 beds at Concordia Hospital, I think about six, seven months ago, or six months ago. I said at the time that this will probably be the last significant expansion of acute-care bed capacity in the city of Winnipeg and has the opportunity to make Concordia Hospital what it was originally designed to do as early as 1967, '68, '69, when it was first envisioned in the new location, to make it a reasonably functional-sized hospital. It is unfortunate it has taken that long to get there, but patience is a wonderful thing. So the status of that is as I have explained.

In terms of Deer Lodge, they have, I believe, commissioned all of their capacity, and the beds are in service including the interim location of the head injury specialty unit at Deer Lodge.

The Municipal Hospital redevelopment plan is maturing quite well. I say maturing. Maybe that is not the right word, but there is significant progress being made there. I cannot tell my honourable friend at what stage construction might well start, but it includes the long-term care hospital facility as well as—I believe the number is 230 personal care home beds on the site of the current Municipal Hospital.

In terms of the other 230 beds that my honourable friend made reference to, I am pleased to tell him that the number is only slightly wrong. It is actually 240 beds. We have two personal care homes under construction in the northeast quadrant of the city, each of them with 120 beds of capacity. They are both currently under construction as we speak and at last report, although I will admit this is probably as long ago as eight or 10 weeks, but at that time the expectation was that they would be possibly available for service in the latter part of this calendar year, not fiscal year.

Mr. Chomiak: Madam Chairperson, the 240 new personal home care beds, would that be within one facility?

Mr. Orchard: Two facilities, two locations, 120 beds each.

Mr. Chomlak: Will the minister be able to provide us with the statistics on the number of paneled beds in acute care hospitals in Winnipeg at present?

Mr. Orchard: Yes, Madam Chairperson.

Mr. Chomlak: The Health Advisory Network recommended that the ratio of long-term institutional beds to population be determined after home care service inadequacies have been corrected. I am wondering if that has been completed.

Mr. Orchard: The specific reference there was intended to be an analysis that would probably take upward of five to 10 years of experience in terms of shifts in the system, impact of construction and new personal care home beds, the new beds at Concordia Hospital, the newly commissioned beds at Deer Lodge, et cetera. Those are not the only projects on long-term care that we have underway. My honourable friend will be made aware of some construction projects which will commence on the personal care home side, I would suspect, this calendar year even.

Mr. Chomlak: I wonder if the minister will provide us with a list of those projects that are going to be carried out.

Mr. Orchard: Madam Chairperson, those will be part of the Capital Estimates.

Mr. Chomlak: The minister's Health Reform Plan talked about community health, and I am wondering what the plan is for the community health centres and operation in Manitoba.

Mr. Orchard: The community health centres will have, naturally, varying roles in terms of their involvement in health care reform.

Let me give my honourable friend one example that I think we all can be fairly proud of, Mount Carmel Clinic. Over the past—and I know that theoretically everything starts and finishes with the Health Action Plan, but the Health Action Plan was not a definitive beginning, nor will it be a definitive end or the entire inclusive project of change—five years that I have been minister, we have had a dynamic of change that has been in place, for instance, with Mount Carmel Clinic.

My honourable friend might recall, and these are very difficult issues to manage, but what we have had, what we inherited back in 1988—and I say "inherited" not offensively; I mean it was the way things were done—there were these demonstration projects of different natures. They had a one-, two-, or three-year lifetime, and they were often funded fairly significantly from federal-source revenues.

The province was at the table, and possibly even the city was at the table in some of them—and I will not say, almost without exception; I will say, without exception, the ones that I am familiar with within my department—when the demonstration period of time was over, the federal government withdrew from funding participation. The pressure immediately came upon the provincial government to continue the program, even though it was a demonstration project, and was to undergo an evaluation as to effectiveness, et cetera.

We had—I think it is about two years ago now—one of those demonstration projects called POWER that fell into that category where the joint-funding time frame passed, the federal government did not renew funding, and we did not renew funding for a period of time. In discussions with Mount Carmel Clinic, we were able to arrange through the Ministry of Health, and in collaboration with Mount Carmel, the reinstatement of that program, not only in name, but in intent.

* (1550)

I think it is fair to say that the collaborative action and the understanding of the goals of health reform in community-based services that the department has are quite well understood, and indeed—and I may be taking liberties here—I think they are shared quite broadly by Mount Carmel, its senior staff, and particularly the leadership that Mount Carmel has at the executive director level. We were able to recommence POWER, and it is operating, and has been operating, I think, for about two years now.

A most recent example of that co-operation between Mount Carmel and the Province of Manitoba is in the Street LINKS project, which was a two-year demonstration project. I think we were the sole provider of money there, and the successful collaborator at that time for the demonstration project was the City of Winnipeg, and they committed resource in kind to the project.

It proved that it was a worthy project, but in terms of its continuation, we were unable to conclude an agreement with the City of Winnipeg for a number of reasons.

But, again, we were fortunate that the vision and the leadership at Mount Carmel enabled them to undertake delivery of that program. I have to say that I think it has been an exceptionally beneficial transition over to Mount Carmel, because they have a considerable and sophisticated network of interconnection with a number of community groups in that region of the city. They have been able to provide continuation of the service and, in some regard, an expansion of hours of operation. I think my honourable friend would probably have to agree that the transition has been most smooth and actually quite beneficial.

So I use that as an example, because over the past two and a half to three years we have undertaken several new initiatives with Mount Carmel. We participated with them, for instance, in a dental program where they took the initiative. They arranged for dentists in training to come over and provide dental work in Mount Carmel to some of the lower-income-group children that are in the service area of Mount Carmel Clinic. They approached us for provision of some equipment to be placed in Mount Carmel's facility. We did that, and they have arranged the support of that system, the management of that program in collaboration with the University of Manitoba Faculty of Dentistry.

So there are a number of initiatives that we have undertaken, and where they meet a need and where there is delivery capability, the department is quite open to working with the community health centres to deliver, sort of, the new-think approach to policy and program development.

I have to say, and I guess I might just as well come right out and indicate that that I think Lorraine Thomson as executive director at Mount Carmel is probably one of the most effective leaders in terms of community health centres, certainly in Manitoba and maybe in the nation. It has been most beneficial for all, the kind of visionary and collaborative work we have been able to do within the ministry and Mount Carmel with Ms. Thomson as, sort of, the change agent over there.

That is an example of how we can progressively move to shift the system and to make very effective use of declining resources. Those are examples

of, I think, exceptional success. We have other examples, and I hope we can build on more with our community health centres as centre by centre, project by project, we have the opportunity to work towards a good program delivery and resolution as we have with Mount Carmel.

Mr. Chomiak: Madam Chairperson, we certainly agree with the value that could be provided by the community health centres, and I am wondering if the minister might outline for us—now perhaps we are at the wrong appropriation. I am dealing with Health Reform; we might want to go to the right line item, and perhaps I will not ask specifics at this point other than, does the minister have in the context of his health reform a plan for the development of additional clinics or the promotion of any other pilot projects?

Mr. Orchard: Affirmative.

Mr. Chomiak: I wonder if the minister can briefly outline for us what those are.

Mr. Orchard: Yes.

Mr. Chomiak: I wonder if the minister might describe today for us in the Chamber what those initiatives are.

Mr. Orchard: I will give you a little flavour in terms of primary care that we will be instituting at the Health Action Centre, for instance.

Mr. Chomiak: Madam Chairperson, I missed the minister's response.

Mr. Orchard: Madam Chair, it is the intent to implement an expanded primary care capability at Health Action Centre.

Mr. Chomiak: Can the minister briefly outline the extent of that particular expansion, or should we wait? We will wait for another point in appropriation. I will withdraw that question.

Can the minister just briefly outline any other plans for any other centres or any initiatives or priority projects other than that particular one, in general?

Mr. Orchard: Yes, we are pursuing initiatives of nurse-managed care, and we are looking at urban as well as rural opportunities for nurse-managed care.

Mr. Chomiak: I stand to be corrected, but we discussed briefly nurse-managed care several occasions ago, and I did not get the impression at that time that there were any specific projects that

were ongoing. I guess the minister's response, therefore, requires that I ask if he could outline for me what he is looking at and where he is looking at as regards nurse-managed care projects.

Mr. Orchard: I do not know when we discussed this, but if my honourable friend had asked about nurse-managed care and some of the opportunities we were exploring to make that a part of the shift in the Action Plan, either I did not understand his question, or he did not understand my answer, because I would have given him the answer that I gave today because it has been part of ongoing planning and discussion now for about eight or 10 months—longer than that, but serious discussion and initiative in the last number of months. When we get to our Healthy Public Policy area of the Estimates, I would have the appropriate staff here to give my honourable friend more complete details.

* (1600)

Mr. Chomiak: Madam Chairperson, yes, I look forward to that discussion. Are there any major rural projects that have been proposed for community health centres?

Mr. Orchard: Madam Chair, we expect that some initiatives in that direction will emerge from the rural reform process and some of the investigation that a number of the rural communities are currently exploring as an appropriate new direction in health care service delivery.

If my honourable friend is wanting to know whether we would support those initiatives from a policy standpoint, the answer is yes, we would, wherever requested, providing as much information, and seeking information, as we can to any rural organizations that are contemplating such an initiative.

Mr. Chomiak: Summer bed closures are an annual occurrence, as the word implies, and I am wondering if the minister can outline for us any statistics he has on summer bed closures that have been determined for this year.

Mr. Orchard: I am hopeful that we have that information when we get to the hospital line, and I can provide it then. We do not have it right now. We are just in the process of collecting that information from our urban hospitals.

Mr. Chomiak: I would also like information on the rated bed capacity for all the institutions throughout the province. I assume I should wait until—I am asking the minister in advance for when we get to that line for tabling—the minister is nodding in the affirmative, so I will continue.

There was at one time a consideration of the consolidation of community health services in Winnipeg, and I am wondering if the minister can update us on the status of that.

Mr. Orchard: I cannot, given the nature of the question. If my honourable friend could give me a little more detail and specifics, I might be able to help him.

Mr. Chomiak: The consideration of the consolidation of the public health departments, the provincial departments and the city departments in the city of Winnipeg.

Mr. Orchard: We are getting better at reading between the lines, because staff thought that might be what my honourable friend was asking about.

As I stand today, I cannot give a current status. I do not think we are very seriously involved with the city at this juncture in terms of that amalgamation. What we are trying to do with them—my honourable friend is asking, are we going to amalgamate and deliver services—either they deliver them all or we deliver them all.

That is not currently in the cards. I am not saying it may not be part of the eventual evolution of service delivery in the city, but what we are doing is undertaking pretty extensive collaboration and co-operation with city Health, so basically they understand our goals and objectives and where we are heading and where they can be part of the process or parallel the process or undertake a similar process. We are hoping for every opportunity for that to occur.

Mr. Chomiak: Madam Chairperson, can the minister advise whether the AIDS Advisory Committee is still in operation and what the status of the advisory committee is?

Mr. Orchard: Yes, they met as recently as Tuesday of this week.

Mr. Chomiak: I wonder if the minister might update us as to the deliberations, if that is the correct term, of the committee and the most recent or the suggested, perhaps, initiatives of the committee.

Mr. Orchard: Yes.

Mr. Chomlak: I wonder if the minister could apprise us of what those are.

Mr. Orchard: When we have Healthy Public Policy here, I think I can provide my honourable friend more detail, but the current issues of discussion are the issues of HIV and Corrections and HIV and the aboriginal communities.

Mr. Chomlak: I am through the easy ones now, Madam Chairperson, on my much flaunted card system.

Can the minister indicate whether there is now a position at MHSC, since it is now amalgamated, to carry out inspections of the laboratories?

Mr. Orchard: I missed the question.

Mr. Chomlak: Can the minister indicate whether or not there is an audit position at the Manitoba hospital services commission, the new commission to audit private laboratories?

Mr. Orchard: My memory was not giving me complete recall, but it is miraculous what a briefing note will do. I think maybe this is before—no, this would not have been before my honourable friend was elected.

We proclaimed amendments to The Health Services Insurance Act September 30, 1991. Basically, the authority was given to carry out inspection of practitioners' offices, including medical laboratories, for the purposes of claims verification. That was the essence of the amendments.

We are still working through the regulations for this legislation, for these amendments, and appreciate that the process is not as speedy as maybe all of us would like to see, because it is not simply government developing these internally. Government is obliged, through the agreement with the MMA, to have the regulations, as developed, approved by the MMA. That process is underway, as I understand.

The one thing I cannot tell my honourable friend is, if he asks in his next question, when? If that is an appropriate question, I will try to provide an answer.

* (1610)

Mr. Chomlak: Madam Chairperson, I have some general questions with respect to this area. I am just inquiring of the minister whether we deal with

them at this point or under Healthy Public Policy, Appropriation 2. That is, specifically, aboriginal health and matters relating to that. I am getting the communication that that is more appropriate under Appropriation 2, so I will do so accordingly.

Another area that I wish to inquire about is the whole question of LPNs and the role of LPN nurses. Is it appropriate at this point in the appropriation or at some other, because I was not certain when I was going through my Supplementary Estimates whether or not I should at this juncture or at some other point. I am just asking for the direction of the minister perhaps on this.

Mr. Orchard: Madam Chair, it would probably be more appropriate in terms of the Healthy Public Policy section.

I just want to give my honourable friend a bit of an update. Well, we will probably be able to talk about it in Estimates, because I think it is the end of June that the Manitoba Association of Licensed Practical Nurses will, I am informed, have available their consultant's report in terms of the criteria they wanted investigated in the LPN profession. They are naturally going to provide my office and the ministry with a copy of that as soon as it is available. As I say, if my memory serves me correctly, I think June 28 is when the report will be coming down, so I am quite sure we will have the opportunity in Health Estimates to discuss that.

Mr. Chomlak: Notwithstanding that, Madam Chairperson, I assume then my questions will be directed under Appropriation 2 in the booklet. Again, I am also getting the affirmative response to that.

During the last session when we met, the minister dealt with some questions from the member from The Maples (Mr. Cheema) concerning the recent strike of the doctors at the emergency wards. One of the concerns expressed to me was the number of doctors who would tender or have already tendered their resignations by the end of this year. I am wondering if the minister might comment on that particular issue.

Mr. Orchard: Madam Chair, I have heard the same information that my honourable friend has just related, that there have been some resignations tendered for effect this calendar year.

I do not have before me—and I am not even certain whether I saw the development of those numbers.

What we will try to do is search out—in the bowels of the department, we might be able to find that information on emergency doctors.

Mr. Chomiak: Madam Chairperson, with regard to the issue of the Centres of Excellence and/or consolidations. There was a discussion between the minister and the member for The Maples (Mr. Cheema) concerning the consolidations and the Centres for Excellence. The minister outlined, I think, that he did not want to prejudge the process, and, in fact, we had a discussion previously. The minister and I had a discussion along the same lines.

I wonder if the minister might outline, without being bound, just roughly, what categories we are talking about with respect to the Centres of Excellence and consolidation. I recognize we are talking about ophthalmology, obstetrics and various other areas. I wonder if the minister might outline the broad categories that he sees arising, even if it is only a tentative or even if it is only a general game plan or proposals, and also how that relates to the whole issue of community hospitals.

Mr. Orchard: Madam Chair, the process causes some confusion and maybe even my honourable friend is getting confused. Always when you talk about program consolidation the envisioned result looms up that it is one program, one hospital, so the one hospital does all of the orthopedics or one hospital does all of the cardiac surgery, open-heart surgery. I am not saying that some of the direction may not narrow the number of hospitals that deliver a program. In other words, you may have a hospital, for instance, give up an orthopedics program to be consolidated at another hospital and the hospital giving up the orthopedics might do urology or another program of that nature.

The thrust of where we are going to in terms of the centres of excellence program consolidation is to try to bring a number of programs under provincial leadership, if that is the fair way to put it. As it stands now, for instance—and let me deal with cardiac care as an example because that is narrowed primarily to two hospitals that do open-heart surgery. Both of them have heads of program and the system has tended to grow up competitively rather than co-operatively. Very much we are working with the two teaching

hospitals—in this case, St. Boniface and Health Sciences Centre—to do a program consolidation in cardiac care, which would see the program under one head, but in all likelihood because of the physical capacity issue, delivered at two sites but as one program.

There may be shifts in the service cardiology versus cardiac surgery that may be shifted between the hospitals, but both would maintain a capacity. The key and important issue is you would have one program head responsible for the resource provincially, so you would not have the anomaly—and this happened. I mean, three years ago there were allegations of a significant waiting list increase. The waiting lists were maintained at each hospital independently and with each physician independently or at least somewhat independently even with physicians at the same hospital. There was, quite frankly, duplication on the waiting list so the waiting list was giving a wrong impression in terms of length.

* (1620)

One program head with a responsibility for a resource would take that confusing aspect away, and I think if my honourable friend thinks about it, you would not have the competition of who accessed the resource, who accessed the surgical theatre time. Under one program head, the access of surgery would be prioritized from the common waiting list to meet service delivery with the greatest need. That is where our Dr. Brown, with the collaboration of Dr. Naylor from Ontario, is trying to get at the appropriateness of the waiting lists and how we manage waiting lists. Waiting lists, yes, they are an indicator, but they tend to be the sole focus which has driven governments to respond in the fashion I indicated earlier, that if the waiting list grows then government immediately has to respond by putting more resource to it, but waiting lists do not necessarily have integrity for medical planning.

I mean, if you think about it, it is an almost impossible task. We do not have waiting lists, we cannot give you waiting lists for some programs. They do not exist. When we come to investigate, we find we cannot put our hands on anything to analyze to see whether it is real, unreal, what is driving it.

The classic example is, as I presented this afternoon, with the study on CT-scanning. The

waiting list was alleged to be 6,000 Manitobans waiting, and I will be very blunt in terms of CT-scanning, those numbers were deliberate. They were deliberate to force this government to approve a number of additional CAT-scan sites.

When the provincial radiologist examined the waiting list, it all of a sudden went from 6,000 to 2,500. Of the 2,500, two-thirds of it was by appointment of the individual or the doctor. The other third was, if you want to be very blunt about it, the waiting list. So it went from 6,000 down to roughly 800. Of the 800, the analysis case by case showed, as I indicated earlier on, nobody's medical condition was compromised.

This is not the real issue. The real issue is that when you have a waiting list developed, let us say, by 15 different specialists for a given service, how does the system know, how does the head of surgery know, how does the CEO of a hospital know, in dedicating operating time to that particular specialist's surgical requirements, that Manitobans with the greatest need are accessing that, when the waiting list may be developed in 15 different physician-specialist offices without necessarily consistent criteria as to a rating of urgency.

We have to get around that in a major way. That means giving up a lot of authority and turf to have that kind of co-operation and collaboration. That is where we are heading in terms of the appropriateness of service accessibility, with Dr. Naylor from Ontario helping us and assisting us on that.

It is accompanied by a bed registry in the city of Winnipeg, where the goal is to have a central bed registry which will tell admitting physicians where there is capacity for admissions in the urban hospital environment of the city of Winnipeg, so that you can better manage the capacity of the system. Again, that takes a tremendous amount of co-operation.

I will tell my honourable friend very frankly that sometimes some of our hospitals—and I am not pointing fingers, it is the nature of the beast, that is the way they have operated—have when called, said no, we do not have any spare beds, because they are protecting them for their physicians as an institutional endeavour rather than a system-wide endeavour. I think my honourable friend would agree that is not an effective use of resource.

There has to be a central bed registry, programs which are under one head, so the experts can prioritize access of need in the quickest and most appropriate fashion so that we are serving those in the greatest need first. It gives us a handle in terms of common criteria for accessing that particular procedure, and I do not think I have to explain to my honourable friend why we need that because, you know, Manitoba used to be at one time one of the higher rates in Canada for tonsillectomies in the Centre for Health Policy and Evaluation before it was the centre. The Roses did an analysis and made that finding public and, miracle of miracles, our tonsillectomy rate went down in Manitoba over a period of 12 months. Now, one would conclude that something happened to make our children a lot healthier in that 12-month period of time, and that was not so. It was that there were unnecessary tonsillectomies being done, and there were better ways to manage the disease, but the common response was a tonsillectomy.

Those kinds of approaches to health care are no longer appropriate in the 1990s. I mean, we have got finite and scarce resources, and we have to make sure that we are focusing those resources to deliver to the greatest need to the most opportunity for health status improvement, and so that when we are trying to develop the centres for excellence concept, the first and foremost concept is program leadership in a number of key program areas, and a common pooling of the resources which may lead to a single centre in some cases delivering that program if that is possible to achieve physically and organizationally.

In most cases, I would suspect, it will mean a downsizing of the number of centres providing that program so that fewer centres maybe do more of the procedure and develop more expertise in managing that particular procedure, and from that you would have hospitals which develop centres of expertise in certain program areas. It does not follow, as one would conclude, that one hospital, one program, seven hospitals wide, so that one is only orthopedics, one is only—but I think my honourable friend understands where I am coming from, that there no doubt will be, I think, in the final analysis some consolidation and some shift in program not necessarily to one, but possibly one facility—possibly that. Certainly I think it is fair to

conclude fewer facilities delivering the same program.

To accomplish that, we have our various heads of the surgical committees now taking a look at that urban surgical situation to try and give us guidance over the next number of months as to what the doables are in that reconfiguration of service delivery. From that we hope to be able to further announce and expedite the "Centres of Excellence" concept in our urban hospitals.

Madam Chairperson: Order, please. As previously agreed, the hour being 4:30, committee rise.

Call in the Speaker.

IN SESSION

Madam Deputy Speaker (Louise Dacquay): As previously agreed, the hour being 4:30 p.m., this House is adjourned and stands adjourned until 1:30 Monday next.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, June 10, 1993

CONTENTS

ROUTINE PROCEEDINGS			
Presenting Petitions		Manitoba Public Insurance Corporation L. Evans; Cummings	4062
Children's Dental Health		No-Fault Auto Insurance L. Evans; Cummings	4063
Cerilli	4057	Manitoba Public Insurance Corporation L. Evans; Cummings	4063
Maloway	4057	Assiniboine River Diversion Cerilli; Enns	4064
Chomiak	4059	No-Fault Auto Insurance Edwards; Cummings	4064
Improvement of Highway 391		Barley Marketing C. Evans; Findlay	4066
Ashton	4059	Personal Care Homes Chomiak; Orchard	4067
Reading and Receiving Petitions		Child and Family Services Carstairs; Gilleshammer	4067
Children's Dental Health		Poverty Rate Wasylycia-Leis; Gilleshammer	4068
Santos	4057	Nonpolitical Statements	
C. Evans	4057	Stanley Cup Championship C. Evans Orchard	4069 4069
Dewar	4058	Matter of Grievance	
Chomiak	4058	Assistance for HIV Patients Cheema	4070
Programme Dentaire des Enfants			
Friesen	4058		
Presenting Reports by Standing and Special Committees			
Public Utilities and Natural Resources, 4th Report			
Laurendeau	4059		
Oral Questions			
Video Lottery Terminals			
Doer; Filmon	4060		
School Division Boundary Review			
Plohman; Vodrey; Filmon	4061		
Manitoba Public Insurance Corporation			
Edwards; Cummings	4061		
No-Fault Auto Insurance			
Edwards; Cummings	4062		
		ORDERS OF THE DAY	
		Committee of Supply	
		Education and Training	4074
		Health	4111