



Second Session - Thirty-Sixth Legislature

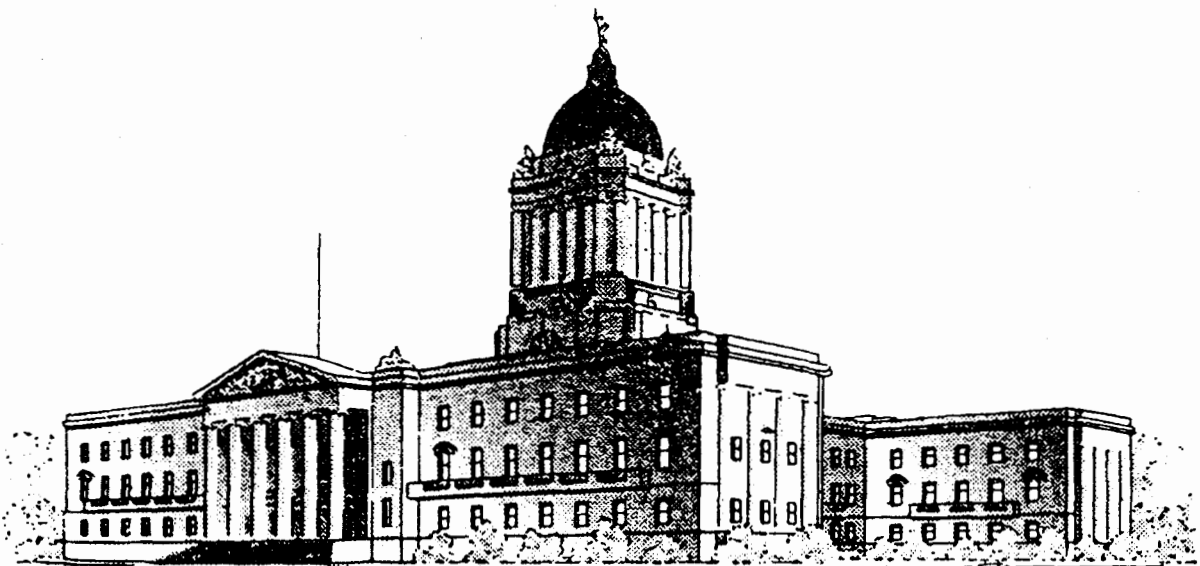
of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS**

(Hansard)

*Published under the
authority of
The Honourable Louise M. Dacquay
Speaker*



Vol. XLVI No. 50 - 1:30 p.m., Wednesday, September 18, 1996

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Sixth Legislature

Members, Constituencies and Political Affiliation

Name	Constituency	Party
ASHTON, Steve	Thompson	N.D.P.
BARRETT, Becky	Wellington	N.D.P.
CERILLI, Marianne	Radisson	N.D.P.
CHOMIAK, Dave	Kildonan	N.D.P.
CUMMINGS, Glen, Hon.	Ste. Rose	P.C.
DACQUAY, Louise, Hon.	Seine River	P.C.
DERKACH, Leonard, Hon.	Roblin-Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary	Concordia	N.D.P.
DOWNEY, James, Hon.	Arthur-Virden	P.C.
DRIEDGER, Albert, Hon.	Steinbach	P.C.
DYCK, Peter	Pembina	P.C.
ENNS, Harry, Hon.	Lakeside	P.C.
ERNST, Jim, Hon.	Charleswood	P.C.
EVANS, Clif	Interlake	N.D.P.
EVANS, Leonard S.	Brandon East	N.D.P.
FILMON, Gary, Hon.	Tuxedo	P.C.
FINDLAY, Glen, Hon.	Springfield	P.C.
FRIESEN, Jean	Wolseley	N.D.P.
GAUDRY, Neil	St. Boniface	Lib.
GILLESHAMMER, Harold, Hon.	Minnedosa	P.C.
HELWER, Edward	Gimli	P.C.
HICKES, George	Point Douglas	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
KOWALSKI, Gary	The Maples	Lib.
LAMOUREUX, Kevin	Inkster	Lib.
LATHLIN, Oscar	The Pas	N.D.P.
LAURENDEAU, Marcel	St. Norbert	P.C.
MACKINTOSH, Gord	St. Johns	N.D.P.
MALOWAY, Jim	Elmwood	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McALPINE, Gerry	Sturgeon Creek	P.C.
McCRAE, James, Hon.	Brandon West	P.C.
McGIFFORD, Diane	Osborne	N.D.P.
McINTOSH, Linda, Hon.	Assiniboia	P.C.
MIHYCHUK, MaryAnn	St. James	N.D.P.
MITCHELSON, Bonnie, Hon.	River East	P.C.
NEWMAN, David	Riel	P.C.
PALLISTER, Brian, Hon.	Portage la Prairie	P.C.
PENNER, Jack	Emerson	P.C.
PITURA, Frank	Morris	P.C.
PRAZNIK, Darren, Hon.	Lac du Bonnet	P.C.
RADCLIFFE, Mike	River Heights	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack, Hon.	Niakwa	P.C.
RENDER, Shirley	St. Vital	P.C.
ROBINSON, Eric	Rupertsland	N.D.P.
ROCAN, Denis	Gladstone	P.C.
SALE, Tim	Crescentwood	N.D.P.
SANTOS, Conrad	Broadway	N.D.P.
STEFANSON, Eric, Hon.	Kirkfield Park	P.C.
STRUTHERS, Stan	Dauphin	N.D.P.
SVEINSON, Ben	La Verendrye	P.C.
TOEWS, Vic, Hon.	Rossmere	P.C.
TWEED, Mervin	Turtle Mountain	P.C.
VODREY, Rosemary, Hon.	Fort Garry	P.C.
WOWCHUK, Rosann	Swan River	N.D.P.

LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, September 18, 1996

The House met at 1:30 p.m.

PRAYERS

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Seasonal Camping Fees

Mr. Stan Struthers (Dauphin): Madam Speaker, I beg to present the petition of Al Neath, Christine Harapiak, Olive Leale and others praying that the Legislative Assembly of Manitoba urge the provincial government to review camping fees in line with cost-of-living increases and return to daily entrance permits to encourage the continued use and enjoyment of Manitoba's provincial parks.

Rail Line Abandonment

Ms. Rosann Wowchuk (Swan River): Madam Speaker, I beg to present the petition of Christine Playfoot, David Gillies, Georgina Mosiondz and others requesting the Legislative Assembly to request the Transportation minister and federal Minister of Agriculture to ensure that communities currently using the Cowan Sub and Erwood Sub are able to continue shipping their grain to market.

READING AND RECEIVING PETITIONS

Rail Line Abandonment

Madam Speaker: I have reviewed the petition of the honourable member for Swan River (Ms. Wowchuk). It complies with the rules and practices of the House. Is it the will of the House to have the petition read?

An Honourable Member: Dispense.

Madam Speaker: Dispense.

WHEREAS rail access is vital for the shipment of grain and other farm commodities in rural communities; and

WHEREAS the proclamation of the Canada Transportation Act on July 1, 1996, gives railways the ability to abandon lines throughout Canada with minimum notice; and

WHEREAS on July 2, 1996, Canadian National announced that it plans to abandon four rail lines in Manitoba including the lines from Dauphin to Minitonas and Swan River to Birch River; and

WHEREAS the abandonment of these lines would put the future of grain elevators at Birch River, Bowsman, Ethelbert, and Fork River amongst others at great risk; and

WHEREAS the federal government sold CN without any conditions other than the headquarters of CN remain in Montreal; and

WHEREAS the loss of these rail lines will have a major negative effect upon the overall provincial economy; and

WHEREAS the provincial government has not made any plans to cover the costs of upgrading roads in the areas where rail lines are threatened with abandonment; and

WHEREAS the federal government has not committed any money from the Western Grain Transportation Adjustment Fund to upgrading roads in communities where rail lines are being abandoned.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba may be pleased to request the Minister of Transportation and the federal Minister of Transport to ensure that the communities currently using the Cowan Sub and the Erwood Sub are able to continue shipping their grain to markets.

**Teachers—Collective Bargaining and
Compensation Review**

Madam Speaker: I have reviewed the petition of the honourable member for Inkster (Mr. Lamoureux). It complies with the rules and practices of the House (by

leave). Is it the will of the House to have the petition read?

An Honourable Member: Dispense.

Madam Speaker: Dispense.

THAT the May 1996 report of the Collective Bargaining and Compensation Review Committee is a direct attack on the collective rights of all teachers and consequently will negatively affect the quality of education in Manitoba; and

THAT by pursuing the direction and recommendations suggested by this report teachers will be stripped of any powers they have with regard to collective bargaining; and

THAT teachers by educating our youth to compete successfully in the knowledge-based economy of the 1990s are generators of wealth; and

THAT any changes to the teachers' compensation process only be undertaken with the idea of improving the present system and not by attacking teachers' ability to bargain.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba urge the Minister of Education (Mrs. McIntosh) to recognize the true value of teachers and reject the recommendations made in the May 1996 paper entitled Report of the Teacher Collective Bargaining and Compensation Review Committee.

Seasonal Camping Fees

Madam Speaker: I have reviewed the petition of the honourable member for Dauphin (Mr. Struthers). It complies with the rules and practices of the House. Is it the will of the House to have the petition read?

An Honourable Member: Dispense.

Madam Speaker: Dispense.

WHEREAS seasonal camping has provided an affordable form of recreation for many Manitobans; and

WHEREAS the provincial government has announced increases in seasonal camping fees of up to 100 percent; and

WHEREAS this huge increase is far more than any cost-of-living increase; and

WHEREAS this increase will lead to many people being unable to afford seasonal camping.

WHEREFORE your petitioners humbly pray that the Legislative Assembly urge the provincial government not to increase seasonal camping fees by such a large amount.

TABLING OF REPORTS

Hon. James Downey (Minister of Industry, Trade and Tourism): Madam Speaker, I have two reports to table, one from the Economic Innovation and Technology Council Annual Report, 1995-96 and the Annual Report for the Manitoba Horse Racing Commission, 1995-96. Thank you.

Hon. Eric Stefanson (Minister of Finance): I am pleased to table the Annual Report for 1995-96 for The Manitoba Foundation.

* (1335)

INTRODUCTION OF GUESTS

Madam Speaker: Prior to Oral Questions, I would like to draw the attention of all honourable members to the Speaker's Gallery where we have with us today Mrs. Titiek Suyono, Consul General of the Republic of Indonesia to Canada. On behalf of all honourable members, I welcome you here today.

Also, seated in the public gallery, we have visitors from the Republic of Poland, Mr. Roman Kornacki, project manager of the Polish Agency for Foreign Investment; Mr. Stefan Zimmer, Adviser to the Minister of Trade and Industry; Mr. Witold Opasewicz, deputy director of the State Automotive Institute. On behalf of all honourable members, I welcome you here today.

ORAL QUESTION PERIOD**Canadian Wheat Board
Marketing System—Legal Challenge**

Mr. Gary Doer (Leader of the Opposition): Madam Speaker, my question is to the First Minister. The Canadian Wheat Board is centred in the city of Winnipeg and has over the years produced significant returns for the producers of western Canada, producers of Manitoba, and we have also enjoyed a number of jobs that are located in the community of Winnipeg.

A couple of months ago the Province of Alberta initiated two legal actions against the integrity of the single-desk marketing system of the Canadian Wheat Board which we believe would have devastating impacts on producers and jobs here in the city of Winnipeg and in the province of Manitoba. The Province of Saskatchewan has intervened, asked for intervener status and was granted yesterday that status to oppose those court initiatives and challenges.

I would like to ask the Premier why we have not intervened in these court cases, and when will this province and this Premier take a stand on behalf of the Canadian Wheat Board here in the province of Manitoba.

Hon. Gary Filmon (Premier): Madam Speaker, I appreciate the question of the Leader of the Opposition. I want to say that I firmly support the Canadian Wheat Board and have on many occasions not only gone abroad with the Canadian Wheat Board but referred to the tremendous advantage that they provide for Canadian producers in marketing our wheat overseas. In many of the countries that are used to having government agencies control their procurement and many aspects of their economy, they prefer to deal with a government agency such as the Wheat Board, and it is an advantage to us. I have said that on numerous occasions.

Madam Speaker, we also, of course, want to maximize the returns to our producers in Manitoba. We want to ensure as well that we build value-added agriculture in this province. There are some problems with respect to the Wheat Board's current operations, one of which is, for instance, in the opportunity for us to build a flour mill here or a pasta plant, our producers would have to sell the wheat to the Wheat Board and then buy it back at a greater rate, not only a greater rate than they were paid

but a greater rate, for instance, than a flour mill or a pasta plant in Alberta would have to. This is something that is detrimental to our interests in building more investment, and perhaps thousands of jobs in our economy are at stake over this particular issue. So we look at this in a balanced fashion.

As a result, both our cabinet and our caucus have had meetings within the past six months or so with the officials of the Canadian Wheat Board. We have invited them here to our cabinet room to make presentations to be able to discuss these kinds of issues. There was of course a very thorough review that was done by the special so-called blue ribbon panel for Minister Goodale that pointed out a number of changes that ought to be made to increase the flexibility of the Wheat Board to deal with those kinds of issues. In that panel report there were many recommendations, ones that ought to be supportable in the best interests of Manitobans, and we support that report. That is our position.

Mr. Doer: Madam Speaker, I thank the Premier for his answer that he makes a number of speeches across the world about the status of the Canadian Wheat Board, but the court case is being heard in the Alberta court and the federal court. Changes to an institution are one thing but the absolute elimination of the single-desk institution and the end of the Canadian Wheat Board, as proposed by the court cases in Alberta, are an entirely different matter for the producers of Manitoba and for the workers at the Canadian Wheat Board in the city of Winnipeg.

I would like to ask the Premier, rather than talking about the speeches he has made around the world, will he take Manitoba's position to the courts and intervene as Saskatchewan has done to protect the integrity of the single-desk marketing system? Improvements, yes, but not the elimination of the Canadian Wheat Board as an institution of single-desk selling here in Canada.

Mr. Filmon: Madam Speaker, it is difficult to deal with people who want things to be all or nothing, to have blinders on and say that you can have absolutely no change, you have to have the single-desk selling and total control and total and absolute adherence to what has been there over the past 80 years or 60 years.

The fact of the matter is that Saskatchewan is arguing that the Canadian Wheat Board must stay as it is.

Alberta is saying it must go. We are saying there is a better answer which is that the Wheat Board should stay with changes. That is what a panel of experts who spent months and months reviewing the situation recommended. That is exactly the situation that would be in the best interests of the producers and indeed the agribusiness community of this province. That is why we have taken that position.

* (1340)

Mr. Doer: During the Premier's very busy summer, some of us were listening to farmers across this province, and the majority of them want to maintain a single-desk marketing system for wheat here in the province of Manitoba. Many others, over 500 people, exist and work in the community of Winnipeg along with hundreds of others because the Canadian Wheat Board is centred in the city of Winnipeg.

I would like to ask this Premier, why will he not get off the fence and defend the integrity of the institution of single-desk selling? Institutional changes, yes, but do not get rid of the institution of single-desk selling here in the province of Manitoba. Why will he not intervene in the court case? Why is he sitting on the fence taking no position about the Canadian Wheat Board in the court cases?

Mr. Filmon: I, too, went throughout the province and listened to many people. It is pretty obvious that the Leader of the Opposition must only have been listening to certain people, because if he had been listening to everybody, he would recognize that there were many differing views on this and that the panel that reported, that studied the matter for months, that were experts, said that the single-desk for wheat should remain but that there ought to be many other flexibilities.

He, of course, takes a position as typical of that Leader of the Opposition and his party that is Neanderthal, that is so narrow that he is blinded by two alternatives. With that kind of inflexibility we could never progress, we could never change and adopt new ideas and better practices and more opportunities for Manitoba because we would be stuck in the past as they have been throughout their existence as a party and even when they have been in government. It is not that kind of backward-looking policy that will be in the best interests

of Manitoba's future. That is why we do not accept his stick-in-the-mud, head-in-the-mud position.

Canadian Wheat Board Government Position

Ms. Rosann Wowchuk (Swan River): Madam Speaker, the Premier just said that on one hand he supports the recommendations of the marketing panel and on the other hand he supports the Wheat Board. Will the Premier finally understand that accepting all the recommendations will destroy single-desk selling and in reality destroy the Wheat Board? Will he agree today to send a strong message to the federal government on behalf of Manitoba producers rejecting the recommendations that will destroy the single-desk selling monopoly of the Wheat Board?

Hon. Gary Filmon (Premier): Madam Speaker, there is no inconsistency with supporting the Wheat Board and supporting the panel because the panel advocated for the retention of the Wheat Board. If the member had read it, she would understand that, but she obviously does not understand those things terribly well.

Madam Speaker, the grain trade and the agribusiness sector in Manitoba is more than the Wheat Board. The Wheat Board is an important component, but we have a commodities exchange here and we had all of the head offices of grain trade and agribusiness here before the Wheat Board came in 1931. What we want to do is to take the Wheat Board into the modern era and give it an opportunity to take advantage of all of the value-added agriculture opportunities that are here and to promote that so that we can get more investment and thousands more jobs. The NDP are only interested in their hidebound ideology of the past, and that is not in the best interests of Manitobans.

* (1345)

Ms. Wowchuk: And this Premier has the Alberta ideology.

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please. The honourable member for Swan River with a supplementary question.

Ms. Wowchuk: How can this Premier expect producers of Manitoba to have any confidence in this government when we see this contrast position where we see the Saskatchewan Minister of Agriculture saying, we certainly will not stand idly by and let Alberta destroy this institution, and by contrast, our Agriculture minister is saying, we will look at what they are doing but we are going to sit this one out?

How can you put forward such a weak position? Is this what you predict for the future of agriculture in Manitoba? Get off the fence and take a strong position and stand with Manitoba agriculture.

Hon. Harry Enns (Minister of Agriculture): It is perhaps by fortuitous circumstance that we have visitors from that great country of Poland in our public gallery today who understand the world is changing, including the grain trade.

The position that has just been very clearly enunciated by my Premier indicates that this government is prepared to recognize the changes that are about us in the best interests of all parties concerned: first and foremost, the producers; first and foremost, Manitoba; first and foremost, the good reputation that Canada has as a major grain exporter.

Madam Speaker, that is not my Premier, that is not necessarily this Minister of Agriculture saying it. This is the panel of experts that the federal Minister of Agriculture appointed, sought out, to study the issue for the last seven or eight months. They made certain recommendations. Why are we being faulted for listening to those recommendations?

Ms. Wowchuk: Can the Minister of Agriculture explain to us why, if he is supportive of the Wheat Board, he has agreed to share legal research with the Alberta government on the Wheat Board? The Alberta government are on the same ideology to destroy single-desk selling. We have seen it in hogs and now we see it in the Wheat Board.

Will the minister agree that his agenda is to destroy single-desk selling?

Mr. Enns: In no way are we sharing or in any way being part of the Alberta court intervention. What I have asked

for and the Alberta government has had the courtesy to provide us with is the documentation on which they base their challenge. I, quite frankly, think they are wrong. But we as a province or as a Department of Agriculture are not in any way sharing or in any way co-operating in kind or in money the court action that is being entered into by the government of Alberta.

* (1350)

Regional Health Boards Justification

Mr. Dave Chomiak (Kildonan): Madam Speaker, last week members on this side of the House outlined 100 major problems with the government's super board health plan. Yesterday, the MHO sent to the Premier (Mr. Filmon) a major critique of the plan, and it is clear that nobody outside of government Tory appointees supports the government's super board plan.

Can the Premier explain why the government is going ahead with this plan when MHO states—and I will quote from MHO—that they would maintain the current politicization, this plan would maintain the current politicization of health care decisions in Manitoba?

Why are you going ahead with that?

Hon. James McCrae (Minister of Health): I do not think anywhere in Canada where there is regionalization happening that it is anybody's intention to get away from any type of accountability for the health care system. Fortunately or unfortunately—I think fortunately—public health is a public issue in our country, and so whenever something is a public issue there is bound to be a little politics thrown in. If you are looking for expertise on that, Madam Speaker, you need look no further than the honourable member for Kildonan when it comes to politics in health.

But we see the regionalization, and we look at what we are doing here and compare it with what is happening in other provinces which have gone ahead with regionalization and are further ahead than we are. We have been able to put together a program that we think avoids the mistakes that have happened in other jurisdictions such that in NDP B.C. they had to put a hold long enough so they could figure out what they were

doing there with their regionalization process. We do not want to lose out on an opportunity to link prevention, population, health and treatment into a seamless continuum of care here in Manitoba, and so it is for those reasons we will be proceeding.

Faith-Related Institutions

Mr. Dave Chomiak (Kildonan): Madam Speaker, can the Premier (Mr. Filmon) or the Minister of Health, who have been accused of politicization by the MHO, explain why they have gone back on their word with respect to faith-related institutions, taken away their rights, and why they are not prepared to put legislative guarantees in the proposal with respect to super boards to protect the position of faith-related institutions that comprise one-third of the institutions that are health related in this province?

Hon. James McCrae (Minister of Health): Madam Speaker, last June, I asked the leadership of the faith-related organizations to review Bill 49 over the summer, to get back together with us this fall with their concerns, which is exactly what is happening, and we are looking at whatever concerns they have. We share any concerns that faith-related organizations would have that might somehow rob us as Manitobans of our culture and our history in health care. There has been a great contribution made to health care by faith-related organizations and the work of addressing and reviewing our legislation is underway now.

But those people are the same as me, Madam Speaker, they believe in evidence-based decision making. They think it is appropriate that we do the best we can to improve the environment for physician recruitment and retention. They believe also that there needs to be a broader base for service planning and delivery, enhanced consumer choice and involvement. Our objectives do not differ and the process is going forward, as we agreed it should last June.

* (1355)

User Fees

Mr. Dave Chomiak (Kildonan): Madam Speaker, why is the government in this proposal for super boards and in this act, why are they going down the road towards

privatization and user fees and where the MHO itself has stated that it is the insidious deinsuring of health services that is taking place under this government and this act? Why are they going down that road towards privatization and user fees, putting it in the act and forcing regions, hospitals and boards to charge user fees for health care services? Why is the minister doing that in this act? How does that meet with his claim—

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

Hon. James McCrae (Minister of Health): I know the honourable member tries to do his homework, too, Madam Speaker, and I am sure that he will have been using the summer months to review Bill 49 himself and to prepare himself for this fall's session. He knows—he has been around as a Health critic for quite a long time—that there are user fees in the system today. He knows there are certain services that never have been part of the Canada Health Act and are not today. He knows that. He also knows that in The Manitoba Public Health Act and the hospital insurance act, what we need to do is bring from those statutes into Bill 49 the same kinds of provisions that were there before. After all, we cannot just throw out the law in Manitoba.

What the honourable member is talking about when he talks about these things is he is picking out clauses that no doubt were found in the old legislation as well and now tries to make something out of that. Well, that will not wash, Madam Speaker, and the honourable member knows and so do Manitobans know what our intentions are in this regard.

Canadian Wheat Board Government Position

Mr. Stan Struthers (Dauphin): Madam Speaker, my question is for the Premier (Mr. Filmon). Manitoba farmers need the single-desk selling advantage of the Canadian Wheat Board. This Premier spews hot air in the House and does nothing to help these farmers. While the Premier is being wishy-washy, the farmers across the province are left high and dry.

Can the Premier confirm that the government's position is actually the same as the Alberta position, which is to destroy single-desk selling in orderly marketing as

outlined by his own member for River Heights (Mr. Radcliffe)?

Hon. Harry Enns (Minister of Agriculture): Madam Speaker, if the honourable member wishes to discuss farmers, I am very happy to report that the farmers of Manitoba are hardly out to dry. They are right now bringing in a record harvest, fortunately not just in Manitoba but right across the west, and fortuitously, prices are also virtually at record levels. So all of this speaks very well for the farm economy that is coming to a conclusion with this harvest.

I only wish the honourable member would stop reading his prepared questions and he would actually listen to some of the answers that are being provided on this side of the House. One of the advantages is that when we answer these questions, these prepared written questions, we actually have to understand what we are answering, what our answers are all about. We cannot write them out or have spin doctors write them out for us. Please listen to the answers. The question that he asked has been answered.

So today is supposed to be Wheat Board day, and you got the Manitoba position, you got the government's position, you got the Premier's position and you have the Minister of Agriculture's position.

Madam Speaker: The honourable member for Dauphin with a supplementary question.

Mr. Struthers: Madam Speaker, this government is not giving us any answers, and they are not taking a position in favour of the Manitoba farmers.

Madam Speaker: Order, please. Would the honourable member please pose his question now.

Mr. Struthers: Can the Premier explain why the government is on the one hand wishy-washy while members of his own back bench from Emerson and from Morris publicly claim the government favours dual marketing? Where does this government stand?

Mr. Enns: The panel of experts that was appointed personally by federal Minister Goodale—and they were experts, by the way, Madam Speaker, and they did take time, seven or eight months to consult with all interested

parties, including holding meetings here in Manitoba, at which I and the Department of Agriculture gave studied and written presentations to—recommended both, a dual system and the retention of the single-selling system. They saw wisdom in the fact that the Canadian Wheat Board only handles 22 percent of all the barley. Seventy-seven percent is already used domestically. Why not do as in fact that which was attempted very successfully by a future federal Minister of Agriculture, put barley on the open market? On the other hand, they also recognize the concerns of maintaining wheat under the current single-selling desk, and that is precisely what the panel recommended.

Madam Speaker, that is why the position of Manitoba, the position of my government is that we can accept those recommendations of Mr. Goodale's select panel that reported on the Wheat Board.

* (1400)

Misericordia General Hospital Emergency Services

Mr. Kevin Lamoureux (Inkster): Madam Speaker, my question is for the Minister of Health, and it is a question I guess of priorities. When we take a look at what the Minister of Health has done in that particular department, we have seen a propaganda piece in which a quarter of a million dollars was being spent, and one has to start questioning. The Victoria Hospital, St. Boniface Hospital, Health Sciences Centre over the weekend used the Misericordia emergency services and ICU in terms of diversion of patients coming from those particular facilities, yet we see a government that is going to be closing down that particular facility while at the same time it is giving quite a bit of propaganda and saying that we are doing good things and spending a lot of money telling the public that they are doing good things.

I am wondering if the Minister of Health can tell Manitobans, how does it make sense that we are using the Misericordia Hospital for so many other hospitals in terms of diversion of overflow, yet we are closing it down?

Hon. James McCrae (Minister of Health): I am pleased, Madam Speaker, the honourable member has acknowledged that there are good things going on in

health in Manitoba. The newspaper held up by the honourable member today, produced and distributed in Manitoba, does set out—the first edition, at least—the directions we are taking in Manitoba. We felt, and we were told by many, many, that it was a good idea to bring Manitobans in. Do not leave them out; do not operate, as the honourable member's question seems to imply, totally without consultation with the members of the public of Manitoba.

The people of Manitoba are entitled to know what is happening with their health system, and I am pleased to be part of an effort that lets them know what is happening. Similarly, Madam Speaker, the consultative approach is working with our Winnipeg integration of hospitals. As the honourable member who stood in that place many, many times last spring to advocate for the Seven Oaks General Hospital and others, but Seven Oaks Hospital, we have been listening and that is reflected in the documents that are going out to people.

Mr. Lamoureux: Madam Speaker, the question put simply to the minister is: You have several hospitals that are using the Misericordia emergency services as a diversion because of their overflow requirements. Why is the Minister of Health looking at closing down—not looking, is actually going to be closing down the emergency services when it appears as if those emergency services are in very high demand? How are you going to be able to achieve meeting that demand if you are closing down the emergency services?

Mr. McCrae: Madam Speaker, again, I believe what will be happening at Misericordia General Hospital is the result of a lot of consultation with health care providers and consumers over the past number of months. I do not think the honourable member can come forward today and ask that everything that has been put together in partnership with the players here in Winnipeg ought now to be begun to be taken apart. But he forgets when he asks this question that what is needed in Winnipeg is something in the order of an urgent care centre that is available to people on an ambulatory basis, 24 hours a day.

The honourable member for Wolseley (Ms. Friesen) asked for just that and that is what we are doing. Everyone seems to understand that change is necessary and required here in order for us to be able to sustain a

good health system, and ambulatory care 24 hours a day at Misericordia Hospital fits very nicely into the integrated Winnipeg plan.

Mr. Lamoureux: Madam Speaker, will the Minister of Health acknowledge, by the closing down of ICU beds over at the Misericordia Hospital, that you are in fact going to see an increase in backlogs in very critical important surgeries, whether it is bypasses or pacemakers being put in, to lung transplants or lungs being removed, that by closing down the ICU beds there is going to be a dramatic negative impact in quality health care being delivered to Manitobans? Will he at least acknowledge that fact?

Mr. McCrae: Again, Madam Speaker, the honourable member wants to replace the judgment of the experts with his own. I simply think that we ought to consult some others besides just the honourable member.

Education System Student Transportation

Ms. Jean Friesen (Wolseley): Madam Speaker, since 1988 the Filmon government has reduced its investment in public education by cutting \$43 million, by presiding over the loss of 570 teachers, by increasing class sizes by 20 percent, by instituting policies that led to the loss of home economics, industrial arts and basic French, by cutting clinicians, and the list goes on.

I would like the minister to confirm what she refused to confirm on Monday when I asked her, that she has in fact cut transport grants for eligible pupils by \$5 per eligible pupil in urban areas, in rural areas and for special needs students and that she has in addition reduced by 2 cents the loaded kilometre grant.

Hon. Linda McIntosh (Minister of Education and Training): Madam Speaker, I could not begin, in the time that I would be permitted to answer, to respond to all the points in the member's question because the rules do not allow me to spend the time required to answer all the points she made. I will indicate and I would ask please that the members opposite listen to the answer they have requested.

I would indicate, Madam Speaker, that there is one very basic error in the preamble and that is the support

that we give to education because the member knows that since 1988, \$113 million more is now given to public schools than was when we took office in '88, and I could answer the other points had I time.

I will say though in terms of the transportation grants that the funding for transportation for students in Manitoba: for rural Manitoba if you live over 1.6 kilometres from your school, your division will receive a grant of \$345 per pupil; in the city, it would be \$195 kindergarten to Grade 6, which is different than the previous \$200 kindergarten to Grade 3. I think that distinction needs to be made clear and not just the dollar amounts which could be misleading if the full facts were not put on the table.

Ms. Friesen: Madam Speaker, let me table the documents which show this quite clearly, the minister's documents prepared by the schools Finance Branch, and I will table them so the minister can look at them and perhaps she will be prepared to answer a question on this.

I want the minister to confirm that not only do the cuts that she has added in fact add yet another Filmon tax to the families of Manitobans with young children who must now find extra money to transport their children in safety and that it also sends a message to the world that in fact this is a government which is continuing to deinvest in education. What kind of a message is that?

Mrs. McIntosh: Madam Speaker, I repeat again: \$113 million more this year than when we took office in '88 is not a cut. It is an overall increase. The member also is fully aware that while that amount is larger, there have been fluctuations and in the last few years, in direct response to very massive federal transfer cuts, we have still managed to keep whatever minimal cut we have had to pass to public schools on an annual basis far less than the magnitude of the cut we receive from the federal government.

I indicate, Madam Speaker, that we have increased services in many areas in education that are not noted in the question the member puts forward. In terms of transportation, when we say that we used to spend \$150 for students who went K to Grade 3, we are now looking at K to Grade 6 in the urban setting. I have the figures that she is going to table. She got them from my

department, but I thank her. I will be able to read them again, and I am glad that she has now read them as well.

* (1410)

Dorothy Martin Case Ministerial Review

Mr. Eric Robinson (Rupert's Land): Madam Speaker, I have some questions for the Minister of Justice.

For years aboriginal people and the justice system, the relationship has been strained to say the least, with the Helen Betty Osborne case and the J.J. Harper case, two cases that sparked the Aboriginal Justice Inquiry in this province and most recently, Madam Speaker, Dorothy Martin from the Moose Lake Cree Nation was shot and died of wounds to the head. This is something that greatly troubles the First Nations community not only in The Pas, the Opaskwayak Cree Nation, but indeed throughout Manitoba and indeed across Canada as far as aboriginal people are concerned.

Now the weapon in this case was a sawed-off shotgun. We understand that the only charges were possession of a prohibited weapon and unsafe storage of a firearm, and the man charged with this is Gerald Robert Wilson, who then ran to his father, the sheriff of The Pas. This is the same man who gave evidence before the Aboriginal Justice Inquiry and that he had been told the names of the suspects in the Helen Betty Osborne murder to the RCMP months before the RCMP were notified.

I would like to ask the minister, given that this matter is before the courts—we understand that—but at a minimum, will the minister review the matter and determine that the proper charges were laid?

Hon. Rosemary Vodrey (Minister of Justice and Attorney General): As the member said, this is a matter before the court, under investigation, and it is very difficult for me to make any comments. Obviously our senior prosecutors are involved in cases. Reviews are managed where necessary, but at the moment to publicly speak about the case or any action that I as Attorney General might take specifically at this time, I am not prepared to make that public statement at this time.

Mr. Robinson: Madam Speaker, I just have one more question for the minister. Given the potential conflict of interest of provincial staff and the accused in the murder

of Dorothy Martin, I wonder if the minister would not agree that there are some valid reasons here for some people to question the neutrality of the provincial government in this case.

Mrs. Vodrey: If the member has some concerns, I think he should put those forward. I think he should not just leave them hanging in the air for surmise. But in relation to the specific case, I am simply not able to comment on the details of that case at this time.

Deputy Premier Clarification of Comments

Mr. Tim Sale (Crescentwood): Madam Speaker, for the past two days the Deputy Premier (Mr. Downey) has tried to defend his shifting stories about his wife's travel with bombast on the outcomes of the trip.

We on this side are very pleased when the government achieves positive results, but we and Manitobans are very angry when cabinet ministers mislead Manitobans about their activities as ministers of the Crown.

Will the minister now admit to the House that on Monday he misled the House again by telling the House: "that there will be some 15 tourism operators, women tourism operators, coming here to put Manitoba and Winnipeg on the venue as it relates to the Pan American Games," that in fact the possible trip of Argentinean travel operators is only at the discussion stage, no plans have been confirmed at all, that the grandiose statements in the House on Monday and Tuesday were based on an internal briefing note from a Canadian Embassy employee who suggested the visit as a possible follow-up to the Manitoba mission?

Hon. James Downey (Minister of Industry, Trade and Tourism): Madam Speaker, it is unfortunate the member has to find something negative in everything that has happened. I have provided in writing for the media, for the House, to assess for themselves, and that has been dealt with.

Mr. Sale: The problem is, Madam Speaker, the material he provided contradicts his own statements.

Will the minister finally admit that the whole sorry mess of shifting stories, bombast and deception came

about because the minister wanted his wife along at public expense so he told his staff to carve out a role for her but not to put her on the list of the entourage, but he got caught and then the deception began? What a web we weave when first—

Madam Speaker: Order, please.

Mr. Downey: No, Madam Speaker.

Madam Speaker: The time for Oral Questions has expired.

Speaker's Rulings

Madam Speaker: I have two rulings for the House.

On June 6, the honourable Minister of Government Services (Mr. Pallister) raised a matter of privilege about a document tabled in this House on the 5th of June. I believe there are two main points in the case put forward by the minister: (1) he contended that the honourable member for Elmwood (Mr. Maloway) deliberately misled the House by tabling a document which was a fabrication; and (2) he asserted that an aspersion had been made by the honourable member for Elmwood that information that he, the Minister of Government Services, had provided to the House, that being the 1993-94 Annual Report of the Fleet Vehicles Agency, had been altered.

As previous Manitoba Speakers have ruled, there must be proof that a member intended to deliberately mislead the House in order for a prima facie case of privilege to exist. As Speaker Walding noted in a ruling given on June 13, 1985, "it must be borne in mind that a deliberate misleading of the House involves an intent to mislead and/or knowledge that the statement would mislead."

On June 5, the honourable member for Elmwood, during Question Period, stated: "I would like to table copies of the annual report of Fleet Vehicles Agency Advisory Board, 1994-1995, and I would like to ask the minister to explain to us why the original copy of the annual report given to us had both of these people listed as members. Could he explain that, and why the report was changed?"

In speaking to the matter of privilege the House leader of the official opposition stated that questions posed by the honourable member for Elmwood were based on an earlier document that had been given to the NDP caucus that was different from the final document tabled in the House. The Minister of Government Services (Mr. Pallister) argues that the real annual report is the one he tabled and the record does show that the version of the annual report of the Fleet Vehicles Agency tabled by the minister while he was raising his matter of privilege is a copy of the official annual report previously tabled in the House.

As Speaker, I must rule on the basis of the fact presented to the House. What we have are two different documents and different views of what they are. All members of this Chamber are honourable members, and I, as Speaker, and indeed this House must accept the word of each honourable member. In fact, Beauchesne Citation 494 states that it has been formally ruled by Speakers that statements by members respecting themselves and particularly within their own knowledge must be accepted. On rare occasions, Beauchesne reminds us this may result in the House having to accept two contradictory accounts of the same incident. As I indicated earlier, a case of privilege requires that proof of intent to mislead the House be furnished. From the facts presented by the Minister of Government Services, I do not see that a case has been made.

Addressing the second part of the minister's matter of privilege, that being his claim that aspersions were made by the member for Elmwood alleging that the annual report was altered, I find in reading the record that the member for Elmwood did not directly charge that any documents had been altered. Therefore, I find no prima facie case of privilege exists.

I have a second ruling for the House.

On June 6, 1996, during Question Period, the opposition House leader (Mr. Ashton) raised a point of order about an answer provided during Question Period by the honourable Minister of Government Services (Mr. Pallister). The opposition House leader said that the minister in his answer was referring to a matter taken under advisement by the Speaker and that the minister was not answering the question posed to him.

I took the point of order under advisement to allow me to review Hansard. Having done so, I find that the minister had indeed begun his answer by referencing an issue which I had taken under advisement, which the minister should not have done, but that the minister did then respond directly to the question that had been asked, which was: when would he provide copies of a study and copies of letters?

The opposition House leader did have a point of order in that members are not to refer in debate or in Question Period to issues which have been taken under advisement.

* (1420)

MEMBERS' STATEMENTS

Biscuit Harbour Infrastructure Project

Mr. Edward Helwer (Gimli): Madam Speaker, I am very pleased to present to the members of the Legislature today a new infrastructure project.

On September 2, I had the pleasure of attending the grand opening of a \$1-million Northway Aviation-Biscuit Harbour floatplane base near Pine Dock. The Biscuit Harbour development is a combination of team work of the two levels of government and of the private sector combining together in agreement and support for local communities, including Pine Dock, Matheson Island and the many northern communities Northway Aviation serviced. Unquestionably, the best part of this development of this new project is that the people of northern communities will benefit from its reduced costs in transporting food and supplies and also increased medical access and increased economic and tourism opportunities. I believe that the Biscuit Harbour project will be a bridge of opportunity for northern Manitoba.

Three of the main components of the infrastructure works project include the construction of a gravel airstrip, a limestone breakwater and docks. Additional development at Biscuit Harbour includes airport terminal and seaplane-based buildings, fuel tanks at both sites, parking lots and a licence to waterfront dining room and lounge. Lakefront vacation cabins are currently under construction.

Since the Infrastructure Works Agreement was signed in January of '94, the program has injected more than \$135 million into Manitoba's economy and the Infrastructure works project is all about working for Manitobans with Manitobans. So I am pleased, Madam Speaker, for the establishment of this new project and for the many economic and job opportunities it will bring to Manitoba. Thank you.

Legion Week

Mr. Stan Struthers (Dauphin): Madam Speaker, I am pleased to rise in the House today and say a few words of congratulations to the legionnaires and legion clubs throughout northwest Ontario and Manitoba. This region in central Canada is celebrating right now Legion Week and I am glad to be able to offer my and my party's congratulations having to do with the activities that the legions across our province are going to be involved with throughout this week.

Last Saturday night, I was able to take part in a march in Dauphin along with the people from our local legion in Dauphin and enjoyed very much the supper that I attended with them. This coming Saturday night, as well, I will be attending a gathering at the Dauphin Legion, which will wrap up the week's activities as celebrating Legion Week.

As I attended these events, and any legion event that I have had the privilege of attending as the MLA, I am struck by the grand purpose of the legions and the reason why we celebrate such things as Legion Week. First and foremost, it is to celebrate the freedom that our comrades have fought for and, in some cases, died for Canada to remain a free and democratic nation. The other reason, of course, is that we do remember the people who did fight and die in World War I, World War II and the Korean War.

The other reason that I am encouraged and continue to encourage legions in our areas is to pass on to the next generation the real story of what war is all about and provide an antidote to the glamorization of war that we do have in movies today that our young people are subject to, so I want to wish all the legions good luck in their activities this week and congratulate them and their volunteers for putting together the activities having to do with this year's Legion Week. Thank you very much.

Canadian Foodgrains Bank

Mr. Peter Dyck (Pembina): Madam Speaker, I would like to tell the members about the S and R growing project for the Canadian Foodgrains Bank. The Canadian Foodgrains Bank is an outgrowth of the original MCC food bank established in 1976. It now consists of 13 partners in gathering and distributing food as a Christian response to hunger anywhere in the world.

Community projects such as S and R growing project operating in Stanley and Rhineland municipalities are for people interested in supporting the Canadian Foodgrains Bank through community efforts in actually raising a crop, the proceeds of which are donated to help alleviate hunger and are to be used for the Food for Works projects. Such projects enable people to come to a more self-sufficient level of production of their own foods.

Madam Speaker, I had the opportunity to visit the Canadian Foodgrains Bank project in my constituency this past Saturday, September 15. I was overwhelmed by the enthusiasm of the participants and the generosity of all the contributors. I would like to thank Hespeler Enterprises for donating the land for this event.

I would also like to extend thanks to the following companies who also contributed in the harvesting: Greenvalley Equipment, Southman Agri Sales, Little Morden Service and finally Essen trucking for providing transportation and Greenvalley Equipment for the barbeque they put on for everyone.

In total, over 210 metric tonnes of hard red spring wheat were harvested on Saturday. These donations, including the wheat, will be matched by the CIDA on a four-to-one basis for use in the Food for Works projects and hunger-relief efforts. Thank you very much, Madam Speaker.

Education System

Ms. MaryAnn Mihychuk (St. James): Today, I rise to remind members that on Monday morning members of the Manitoba Teachers' Society presented myself, my colleagues and government members with a puzzle that when completed said, public schools, the best investment in our future. A little tough maybe for the other side of the House to put together. I want to congratulate the

teachers on this campaign and on the message which should be self-evident.

This puzzle was easy to figure out and put together—again, for this side. However, what remains a puzzle are the actions of the Minister of Education (Mrs. McIntosh) and her government towards public education in Manitoba. It is puzzling that after an OECD report which said that children are best educated by teachers who work in a supportive arena, the Minister of Education should inflame the relations with that profession by saying that teachers who oppose her decisions are not real teachers.

It is puzzling why this government has undertaken to attack the collective bargaining rights of Manitoba teachers with legislation that will end 40 years of labour peace in education. It is puzzling why the Manitoba government chooses to replace ministers' vehicles every three years but thinks it is okay for our children to ride in school buses which will exceed 13 years of age.

It is puzzling why this government should change the formula for private school funding which increases the money that they receive, yet when they change the formula for public schools, they always get less.

It is puzzling why this government sends letters, fundraising letters, to teachers' locals asking for money to be sent in when at the same time this government attacks those very locals in this House and in the media. Once again I would like to congratulate the teachers on their campaign to educate the government that an attack on our teachers is an attack on our schools and therefore an attack on our children's futures.

*(1430)

Recycling Program—Thompson

Mr. Steve Ashton (Thompson): Madam Speaker, last Wednesday, September 11, was a sad day for the city of Thompson. It was the day on which the Thompson Environmental Council announced that it had no other choice but to close the recycling operation that it has operated on behalf of the community of Thompson for the last several years, particularly concerning because it affects not only the curbside recycling program but also affects the entire recycling program that we have become used to in our community the last number of years.

It amazes me that at this point in time in the 1990s, in the third largest city, the third largest community in our province, we have to look at losing our environmental council's very successful recycling program, and Madam Speaker, I want to indicate to the Minister of Environment (Mr. Cummings) that part of the blame, a significant part of it, belongs to the provincial government. The provincial government has put a levy of 2 cents a litre on pop containers, on cans, on pretty well every container, which is a positive move. It is raising \$5 million a year. The problem is, that money is not going back in significant enough amounts to support the recycling programs of such communities as Thompson. In fact, out of that \$5 million-a-year pot we have received less than \$20,000 in Thompson. That is not even the per capita amount that is raised from our community through the environmental levy and is certainly not enough to keep the recycling program going.

I say to the Minister of Environment that he has to work with communities such as Thompson to make sure that recycling is viable. We are looking at a very direct impact in our community where we will need a landfill site much more quickly as a result of the loss of this program, but in the 1990s we owe a duty not only to ourselves but to future generations to support recycling. I say to the Minister of Environment, let us get the program working properly. Let us get recycling started again in Thompson.

Thank you.

Committee Changes

Mr. George Hicke (Point Douglas): I move, seconded by the member for Broadway (Mr. Santos), that the composition of the Standing Committee on Economic Development be amended as follows: Elmwood (Mr. Maloway) for Thompson (Mr. Ashton); Selkirk (Mr. Dewar) for The Pas (Mr. Lathlin), for Friday, September 20 for 10 a.m.

Motion agreed to.

ORDERS OF THE DAY

Hon. Jim Ernst (Government House Leader): Madam Speaker, would you please call, in this order, Bills 19, 49, 2, 36, 18, 33 and 39.

DEBATE ON SECOND READINGS

Bill 19—The Dangerous Goods Handling and Transportation Amendment Act

Madam Speaker: On the proposed motion of the honourable Minister of Environment (Mr. Cummings), Bill 19, The Dangerous Goods Handling and Transportation Amendment Act (Loi modifiant la Loi sur la manutention et le transport des marchandises dangereuses), standing in the name of the honourable member for Kildonan (Mr. Chomiak). Is there leave to permit the bill to remain standing? [agreed]

Mr. Stan Struthers (Dauphin): Madam Speaker, I am just briefly going to make one concern public on Bill 19, The Dangerous Goods Handling and Transportation Amendment Act, and then we are going to move it on to committee, so it will not take us very long.

I want to first of all indicate how important this type of an act is to Manitobans and to our environment in general as Manitoba grows and prospers. As we are active and we do lots of economic things in this province, we need to be mindful always of the dangers involved in transporting the different goods from one part of our province to the next and indeed from outside of our province to other provinces and countries, so I want to first underscore the importance of taking seriously the transportation of dangerous goods within our boundaries.

The one concern that I have is the part of Bill 19 that allows for the scrapping of public hearings when it comes to moving dangerous goods. This is not just a point that I would like to make about Bill 19, but it seems to be a recurring theme with this government that the process is not very important. We have seen in other instances where the government has run roughshod over a process that is established or has done anything it can to get rid of a process that allows local input and local people into making decisions that affect them more so than it would affect us here sitting in the confines of the Legislature.

I want to suggest that public hearings are democratic and that public hearings tap into the grassroots and that hearings provide a level of safety and a level of comfort for people who are actually out there living in our province and who could be subject to any kind of dangers, whether they be in Portage la Prairie or Dauphin, of this transportation of dangerous goods.

I would rather see public hearings be held when dangerous goods are transported rather than this government's idea of putting that kind of power in the hands of one single director. For the reasons that I have given before having to do with democracy and grassroots and safety, I believe that this is not a good move, and I look forward to hearing the presentations at the committee stage having to deal with Bill 19 and in particular the move from public hearings to one director making these kinds of decisions. So just with that very brief statement we are prepared to see this Bill 19 move forward to the committee stage, and at that I will pass it onto the committee level. Thank you.

Madam Speaker: There is one slight problem, that it was previously agreed to be left standing in the name of the honourable member for Kildonan (Mr. Chomiak). Are you wishing now to have leave denied and not leave the bill standing?

Some Honourable Members: Just let it stand.

Madam Speaker: Leave it stand? Okay.

All right, as previously agreed, this bill will remain standing in the name of the honourable member for Kildonan. [interjection] Just for clarification, is it the will of the opposition to deny leave to have it stand in the name of the honourable member for Kildonan?

Some Honourable Members: Agreed.

Madam Speaker: Agreed? [agreed]

Is the House ready for the question?

An Honourable Member: Yes.

Madam Speaker: The question before the House is second reading of Bill 19, The Dangerous Goods Handling and Transportation Amendment Act. Agreed?

Some Honourable Members: Agreed.

Madam Speaker: Agreed.

* (1440)

Bill 49—The Regional Health Authorities and Consequential Amendments Act

Madam Speaker: To resume debate on second reading, Bill 49, The Regional Health Authorities and Consequential Amendments Act (Loi concernant les offices régionaux de la santé et apportant des modifications corrélatives), standing the name of the honourable member for Brandon East (Mr. Leonard Evans).

Is there leave to permit the bill to remain standing? Is there leave to permit the bill to remain standing in the name of the honourable member for Brandon East?

An Honourable Member: Leave.

Madam Speaker: Leave? Leave has been granted.

Mr. Oscar Lathlin (The Pas): I welcome the opportunity to make some remarks on Bill 49. I want to begin by relating an experience that I went through in late 1969 and early 1970s. That was when Indian bands across Manitoba, and for that matter across Canada, began taking over more and more responsibilities, albeit administrative responsibilities, from the federal government, from the Department of Indian Affairs.

In the early '70s, we began entering into funding agreements with the federal government, and those funding agreements covered areas like housing, education, social services and so forth. The reason that we had gone after those types of funding arrangements was because the federal government told us that they would like to have us more autonomous, be more self-determining, goals and objectives that we were going for in any event. Nevertheless, the federal government came along and said, look, we will enter into agreements, we will call them funding arrangements or contribution agreements, and you will agree to do the following. So those agreements were entered into with the terms and conditions, the level of funding described on the agreements.

I believe that this government is doing the very same thing that the federal government had done to the Indian people in '69 and '70, and that is to say to people, you know, the way it is working now with the government making all the decisions is not working. If we give you

the decision-making powers at the local level, you guys are in a much better position to make the decisions. We are not there to see what happens. You are there every day, so you know what is best for you, and of course people are going for that in the same way that we went for contribution agreements in the late 1960s and early '70s, because we thought we were finally going to gain some autonomy, have a chance to develop our own goals and objectives that would meet the needs or address our needs at the band level. So the agreements were entered into, and we did have these administrative agreements. We were able to develop goals and objectives that we thought were critical in order that the situation on the reserves could be addressed. The situation, as probably everyone here knows, was deplorable, and changes had to be made in order for us to survive. So we went for this government policy at that time.

Not long after we had entered into these agreements, we began running into some difficulties, and that is, even though we had developed, quite extensively I might add, those goals and objectives which were based on our own situation, in spite of all the research and documentation that we did, that we were able to gather, that would support our request for funding, the government started to allocate funding not to the level that our needs required but to the level that the government could give, and that is, every contribution agreement at the bottom of the line at the bottom of every contribution agreement, if you read the words in fine print: subject to the availability of funds from Parliament.

So when we were in that kind of an operational mode it was hard for us to plan for the long term because, after all, we were getting funded on a yearly basis. We never quite knew how much money we were going to get from year to year, even though, like I said, we had documented, we had researched. We knew how many houses we required. We knew how many children had to go to school. We knew how many of our people were in need of social services. So consequently we knew exactly how much money we needed in order to keep the programs and services going. But more importantly, we knew that we needed that level of funding in order for our people to survive.

So when the government says to the people of Manitoba, we will give you autonomy, and you will be

able to create these regional health boards, you will develop your own goals based on your local needs, you will have people there sitting on a board that will know what is going on instead of people from government deciding what is best for us, well, those are good words. That is a fine statement except when you have been operating for, say, a year or two years, and you start finding that the government is no longer funding you for that program or for that service even though you may need it at the local level.

But also, from our experience, even though we received a level of funding that was far below the required amount in order to do the job effectively, we were still forced to follow standards. For example, in the area of housing we were required to follow the National Building Code, but we were only given so much money to build the houses so, therefore, in a lot of cases we were not in a position to comply with the National Building Code.

* (1450)

The other thing that we discovered, Madam Speaker, as we went through the devolution process was that when a program was being transferred from a central agency to a local setting, decentralized, we found out that it was costing us more, roughly 30 percent. Again this was researched by our own people. We found out that it cost us 30 percent more to manage and administer a program or a service at the reserve level. There are explanations for that. For example, if you are in a central position, of course, you had access to all kinds of central services. At the local level you do not have access to a lot of the central services that a government or a department would have access to.

So it turned out that it was costlier. It cost more. We were trying to build a house for \$50,000, which the Department of Indian Affairs was building them for. At the local level it would cost us about \$75,000 to \$80,000.

I think the bottom line here is that the government, when everything is said and done, when all the agreements have been signed, will still be in control. The government is telling the people of Manitoba that they will finally have the authority. They will be able to have a say as to what is being done in health care in their own communities, but the bottom line is the government will

still be in control. Health boards, these regional health boards, will merely be agents of government implementing government policy, and their funding will be subject to what the government will give them. In other words, these regional health boards, once they become operational, will be at the mercy of the provincial government in terms of the level of funding that they would get.

Now I was talking about our experiences with the federal government in our devolution process, that it was not all a rosy picture, that there were a lot of difficulties. I should say here that, unless an entity or a regional health board or, in this case, The Pas band-OCN as it is now called—unless an entity like that is able to find money elsewhere, they are simply not going to be able to carry out the work that is necessary. In other words, there just will not be enough money. As we see it today, even before the health boards are operational, we see that there is just not enough money, so the level of health care goes down. It is deteriorating, and people are suffering.

I think the only reason that we were able to overcome a lot of these difficulties in The Pas was that we were fortunate enough as a First Nation to be situated where we are, so we went into economic development in a big way and were able to augment some of the government funding that we were receiving. So we were very fortunate in that sense, but a lot of First Nations were not as fortunate and today they are still struggling. What I am saying, I guess the point I am trying to make here, Madam Speaker, is that the same situation will unfold, the same results, the same difficulties will be experienced by the regional health boards once they become operational.

The other thing that I wanted to mention in my remarks is the state of aboriginal health. You see, before we even began talking about health reform, the state of aboriginal health, as I am sure we all know—we are all aware of it—we hear about studies that have been done, reports that have been prepared and a lot of those reports were done by a provincial government and its agencies. A lot of the studies were done by the federal government through Health Canada, and even some research has been carried out by the College of Physicians and Surgeons. Nursing associations have done all kinds of studies and have prepared reports that clearly outline the state of health that aboriginal people have today.

But, before health reform was even talked about, the state of aboriginal health was—as I always say when I am trying to describe it—that we were way down the bottom of the heap in terms of our health status, and, as I said, the studies prove that. They clearly show that the health of aboriginal people is not very good, and then along comes health reform. We say, well, we are going to devolve a lot of the programs and services. We are into education and awareness; we are into prevention. It is time that people stop getting sick and quit going to hospitals. We are all going to be healthy because we are going to go into prevention and education in a big way.

Well, that is fine. I agree with those ideas except I think when it comes to aboriginal health, one has to remember that the social economic conditions in aboriginal communities are—I think in one of my speeches earlier I likened those conditions to that which exists in Third World countries, Madam Speaker. So that is where we are right now in the aboriginal community.

When we introduce reform, particularly funding cuts to places like The Pas, what we in fact do is make a bad situation worse at the reserve level. For example, in The Pas there are about six, seven aboriginal communities in the surrounding area that come through The Pas. But when the numbers were being put out or worked on as to what was going to be cut, all the study was based on was what was there in The Pas and not the surrounding areas. That is where aboriginal people are going to be hit once more because as bad as it is in The Pas, it is worse at the reserve level in terms of the quality of health care that our people have.

I guess the point I want to make there is in order for aboriginal people to survive, we just cannot take a shortcut to prevention because we still have a lot of treatment to do before we even get to that stage. Not that long ago there was a study done and a report produced on diabetes. There is a lot of treatment that has to take place. We can talk about prevention and education in the meantime I suppose, but the fact remains that a lot of treatment has to take place as well.

I want to finish off by saying, Madam Speaker, that the Minister of Health (Mr. McCrae) always likes to say that when concerns are being put forth by citizens of Manitoba that they are only a special interest group, they are only trying to create a bunch of noise and embarrass the government.

(Mr. Marcel Laurendeau, Deputy Speaker, in the Chair)

But, you know, those people have real concerns, just like the concerns that we as aboriginal people have are real. They are real concerns. People are suffering, people are dying already as I am speaking here, Mr. Deputy Speaker.

* (1500)

The minister always says, there are special interest groups; do not listen to them, they do not make any sense. Yet the minister receives all kinds of presentations from many different groups across Manitoba, aboriginal people being one of them. For example, there is an article in the Free Press that was done in regard to the health reform, and according to one Marilyn Robinson, a trustee on the Manitoba Health Organization's board of directors, and I quote: “. . . the bill as written would continue the current politicization of health-care decisions.” She goes further to say: ‘It certainly seems quite different from what we'd been led to believe was going to be proposed through the discussions we had.’

Ms. Robinson also says: “The organization is concerned about repeated references in Bill 49 to charging fees for unnamed services. ‘We're very concerned which services will be deinsured, . . . We feel there could be further erosion of services and we have no idea what services they are talking about.’”

The article goes on to say, “As well, MHO is concerned that Bill 49 adds even more levels of bureaucracy to the existing system and that the bill lacks any appeals processes.”

Those are the same concerns that we have, Mr. Deputy Speaker, in the aboriginal community.

I thank you for allowing me a few minutes to say what I had to say. Myself, as a member representing my riding, I will not be in a position to support this bill. Thank you.

Mr. Tim Sale (Crescentwood): Mr. Deputy Speaker, I want to speak first about this bill as an individual who was involved for a number of years with the development of health policy for some national organizations such as

the United Church of Canada and other organizations before making some comments on it in the specific Manitoba context.

The concept of regionalization has been lately discovered in Canada, but has been a feature of the delivery of health care in Europe for almost four decades now. Almost every jurisdiction in Europe plans and delivers a good deal of its health care services using a concept of regionalization. There are stresses and strains in all human services as members in this House well know. Europe has learned a great deal about how to effectively control costs, make services readily available, insure a very large portion of our health costs, which in Canada's case we are increasingly not doing, and provide equitable service, no matter how disparate populations are and how far flung the regions are in countries such as Finland, Sweden and Norway. So I want to first say that, in a sense, the government is on the right track by finally getting around to following most of the rest of Canada in proposing to move to a regional health system.

Having said that, we have to then look at what this proposal for regionalization does, and that is where the proposal, of course, has some significant difficulties. The notion that it is reasonable to have the Minister of Health (Mr. McCrae) directly in charge of the delivery of all health care services is a notion that I think most people would find difficult to support. In effect, the minister becomes the provider of funding, the drafter of regulations, the hirer of staff, the deliverer of service, the holder of the data. He has a complete circle here, Mr. Deputy Speaker; there is nothing that escapes out into the public. There are no trustees anymore of this system.

Canada recognized, along with the United States and many other places in the world, more than a hundred years ago that the delivery of the most basic human services, education and health care, ought to be locally governed, locally developed, locally delivered. We became aware that it was possible to do much more for our citizens than just care for them as they died, that it became possible through modern health care to provide preventive and interventive services that could prolong and increase the quality of life; then we became committed as a country to the concept that illness should not also have the burden of poverty attached to it. So we began to fund the delivery of health care through private providers such as doctors or nonprofit publicly administered providers such as hospitals.

I do not know of any writing, I do not know of any of the literature, and while I am not a scholar in this area, Mr. Deputy Speaker, I have read a lot of the literature on regionalization, and I know of no one who has recommended the kind of totalitarian approach taken by this Health minister and this government of the delivery of health services.

I would ask the members opposite just to consider what they would be saying to the press were we in government and we proposed the elimination of all the boards of trustees, of all of the volunteers who delivered health care services so faithfully over so many years in Manitoba, and we said to the people on our local hospital board, the local hospital boards in Teulon, Stonewall and southern Manitoba: You trustees have done a great job, but in future we want you to just do some fundraising for us. You go out and hold your annual teas; you go out and try and raise money for a little bit of extra equipment, which we will not use if we do want to, but it would be nice if you did that anyway. We would like you to write a mission statement; we would like you to discuss values. It would be good to get together maybe once a month; on Wednesday we will have some coffee and we will discuss values. We would like you to go out and recruit candy strippers for us.

Mr. Deputy Speaker, how many citizens of substance, how many citizens with deep commitment to our health and our health care system would continue in such a meaningless role as is being prescribed for them by the Minister of Health (Mr. McCrae)? No longer will they have anything to say about the equipment or the furnishings of their hospital; no longer will they have anything to say about the medical direction, what services will or will not be delivered by their hospital; no longer will they have the right to hire or fire when necessary staff; no longer will they have the right to lobby the Minister of Health or the government for its inadequate provision of support to their institution.

Just like, Mr. Deputy Speaker, in 1990, when the same government acted to silence its critics in the child welfare system, the government is now acting to take away the possibility of criticism from the health care system. No longer will we have volunteers who have in their possession significantly detailed information about what is happening in their institution, who are able to put together thoughtful, critical, helpful briefs to government

to enter into public lobbying on behalf of their health care system because they will not have access to the data, they will not have the rights to the data.

Now it would be slightly less totalitarian if the minister had at least made a commitment that there would be elected boards, but he did not do so. There may be elections at some point in the distant future, or there may not. There is no commitment in this bill to elected boards.

So I think the fundamental problem with this legislation is that it is antidemocratic. It is, in a very significant way, totalitarian legislation. Had a government from this side of the House done the same thing, those now forming the government would be screaming from the rooftops that we had taken away the freedom of our health care institutions, that we were being big brother socialists on our health care institutions and, yet, they are doing precisely the same thing. They are in a very clear and very deliberate way removing any citizen input into the planning, administration, evaluation or lobbying on behalf of our health care system. We are going to have politically appointed boards. The politically appointed boards will have full control of the delivery of health care in each of their regions. Read the bill if you do not understand that.

An Honourable Member: Have hospital boards ever been elected?

Mr. Sale: Hospital boards have been elected. In some situations they have been partially appointed. They have always had citizens on them. They have always had free-speaking individuals who were not politically beholden any government.

* (1510)

The first point then, Mr. Deputy Speaker, is that this is totalitarian legislation. This is legislation intended to remove the possibility of significant opposition to the government's further moves to cut back its funding to the health care system. Secondly, I think that those who are talking so loudly from the other side of the House might look in their own communities and find out how many faith-based institutions they have in their communities, because those faith-based institutions understand what has happened here. They understand that their authority

has been gutted. They understand that their freedom has been taken away. They understand that they cannot anymore make decisions about the delivery of health care in their communities. The faith-based institutions have wakened up after their first look at the legislation and realized that they are out of business as organizations, and that is why last week Myron Musick, on behalf of those organizations, said, we will not accept the taking away of our property, of our authority, of our ability to deliver health care.

I think that it would be a really wonderful thing if it was clear that faith-based health care institutions could continue to deliver the excellent services they have delivered in the past, be accountable for them, be involved with their communities because, as the Minister of Education and Training (Mrs. McIntosh) probably agrees, health and wholeness are not simply a mechanical matter of the skill and competence of a physician. They have a great deal to do with one's faith, one's spirit, one's overall understanding of life, and so having faith-based institutions delivering health care services is entirely appropriate, entirely appropriate, and your bill removes that ability.

Thirdly, Mr. Deputy Speaker—

Mr. Deputy Speaker: Order, please. I hate to interrupt the honourable member, but I am having great difficulty hearing you at this time. I would ask for the members if they could please show a little respect and we will hear the honourable member's presentation.

The honourable member for Crescentwood, to continue.

Mr. Sale: Mr. Deputy Speaker, my third major concern with this legislation is that the government continues to have a preoccupation with what you might call the deck chairs as the Titanic sails towards the iceberg. Virtually all health care policy evaluators agree on one thing, and that is, if we are going to contain costs in our health care system, we have to change not so much the institutional structures, but the public's attitude towards and their actual use of our health care system.

In other words, Mr. Deputy Speaker, we need to help people understand how to use health care services more efficiently and effectively and appropriately, and we need to make it possible for them to receive health care

services from a much wider variety of personnel than simply physicians, who are still the gatekeepers of the health care system. This government has given a five-year no-cut contract to doctors while it has continued to cut back the services, the salaries and the benefits of other health personnel in our health care system. We have not laid off, to my knowledge, any doctors, but we have laid off well over 1,500 health care providers in the form of LPNs, nurses and ancillary personnel, and yet if you read even a small sample of health care planning literature it will say that we should be expanding our nurse practitioner programs, we should be expanding community clinics, we should be moving towards a kind of orientation to health which is based on wellness and not based simply on institutional structures. This government has spent some six or seven years now fiddling with the structures instead of getting at the root question of health cost containment, and that is, the public's understanding of health, the public's access to preventive health care services and the public support of and involvement in community clinics, and that is the area to which I want to turn my attention at this point.

In the former Minister of Health's blue and white document called *Health for Manitobans, The Action Plan*, he made a statement that over the next couple of years—this was back in 1992—there would be an expansion of community clinics and the role of community clinics. Over that period of time community clinics have seen their funding cut, there has been no movement to develop any new community clinics and in fact under the government's draconian proposals for health care in Winnipeg the community clinics lose their boards and their boards' authority as well. The executive directors of community clinics will no longer be accountable to their boards of directors or to the citizens who elected them, and there is a case, in case one of the member's opposite does not know it, that there is a membership and the membership does elect the board of directors for community health centres, a very positive thing, but they are losing their authority as well. No longer will their staff be accountable to citizens; their staff will be accountable to bureaucrats.

In other words, here is another situation where the strategy on which most health care planners say we ought to depend more, this government has abandoned, community based, community run, community operated health care clinics or health care service systems,

whatever we want to call them, and it is so strange that Conservatives, of all people, should want to get rid of volunteers and want to get rid of publicly elected bodies. They are after all apparently the party that believes in grassroots democracy. They appear to, with their Reform Party cousins, be in love with that kind of notion of grassroots democracy, and yet here is a bill that strips away with one move all of the power of hospital boards to deliver and control health care services in their community. It strips away the power of community clinics to have any say about preventative or outreach services in their community, a very strange approach for an organization such as the Conservative Party to take when it appears to be philosophically committed to democratization but in fact in its policies takes a totalitarian approach.

Mr. Deputy Speaker, a few days ago we raised, without really trying very hard, a hundred questions about this legislation. It did not take very much effort to find a hundred problems with the draft legislation. We did this not because we thought there were only a hundred problems. We did this because on reviewing this legislation and reviewing what is done in other provinces and other jurisdictions in regard to regionalization, we came to the unhappy conclusion that this legislation was not just somewhat flawed or in need of improvement. This legislation is so basically flawed that it is in need of withdrawal.

It needs to be withdrawn and put in the form of a white paper and shared with communities in an open and forthright way. We need the government to go and tell the communities of western Manitoba where I attended with the Minister of Rural Development (Mr. Derkach) a community forum on health care—we need to go and tell them what it is this bill would do for their hospital and their nursing home. We need to make sure that they really understand that their hospital is out of business, that it will no longer have any accountability to those who are now on its board of directors.

Mr. Deputy Speaker, on that particularly cold evening in a small town of less than 800 people, we had over 600 people at a community meeting expressing concern that the regionalization proposals of this government would gut their ability to attract new business and to retain the business that they have in that small town. People in that town told me they were proud of their hospital. They

were proud of the efforts that their forebears had undertaken to build and equip and keep in operation a very good, small acute-care hospital with a very good nursing home attached to it. They spoke with pride about the equipment that they had purchased. They spoke with pride about the new people who had come to live in their town at least in part because they had a hospital to which they were committed.

Yet the reason that they held the gathering on that particular evening was that they know that this government is intent on ripping \$35 million out of their health care system in rural Manitoba over the next year, and they know their arithmetic, Mr. Deputy Speaker. They understand that if you take \$35 million out of rural Manitoba, you close every single hospital that has less than 30 beds. Every single hospital of less than 30 beds will be closed.

* (1520)

The member opposite talks about Saskatchewan. Saskatchewan had 135 hospitals, second only in Canada to Ontario. They had that number of hospitals because a Conservative premier by the wonderful name of Devine had won two elections by building a hospital in every small town that he could put his hands on, far in excess of the needs of that province. Even though they have transformed 52 hospitals into community clinics and community health outreach programs, they still have more hospitals than we do in Manitoba, so let us not continue the tired, old canard that Saskatchewan closed some hospitals. Of course, it did. It closed a number of acute care beds in hospitals that should never have been built in the first place and were built to win an election, and we know who built those hospitals, Mr. Deputy Speaker.

In rural Manitoba, we do not have a great excess of hospital beds. We may have some, but when the Conservative government through this regionalization bill, Mr. Deputy Speaker, proposes to rip out \$35 million, it is proposing to close every single hospital of under 30 beds in rural Manitoba. If you doubt that number, I would suggest to members opposite they get the annual report of the Department of Health and simply add up the budgets of all of the small hospitals in rural Manitoba, and you will find that it comes to a little less than \$30 million.

So, Mr. Deputy Speaker, what we are looking at here is a proposal to put in place a governance mechanism not to build rural health or urban health but to facilitate the government's removal of some \$55 million in costs from our health care system in this year alone and probably a \$70-million reduction in next fiscal year. So the regional boards are not put there to improve the quality of health. That is not what we are talking about. What we are talking about is the classic use of a buffer. Put in place a buffer with some trained political seals that have been appointed and told to do the dirty work of the government, they will make the decisions about which hospitals will close; they will make the decisions about which services will not be delivered. They will make all those decisions on behalf of government, nicely diffusing the criticism which rightly belongs at the Minister of Finance's (Mr. Stefanson), the Minister of Health's (Mr. McCrae) and the Premier's (Mr. Filmon) doors.

So regionalization in Manitoba, Mr. Deputy Speaker, is not a positive program to improve the quality of health care; it is a mechanism to allow this government to cut probably in the order of \$120 million over a two- or three-year period from our health care system, and it will require the closing of many rural hospitals to achieve that goal. The government is being significantly less than forthright if it does not tell rural Manitobans that, by this regionalization bill, some 15 or 20, at least, hospitals will have to be closed.

My last area of concern in regard to this bill is in regard to an old concept, one that I think government would do well to revisit. In the 1960s and early '70s, Conservative and NDP governments in Canada and, in particular, the Liberal government in Quebec and the Schreyer government here experimented with an integration of services so that we could deliver services to people in an effective and efficient way, eliminate overlap and duplication, and provide people with one place in their community where they could get advocacy, support and information about services in a very supportive kind of environment, not in a particularly clinical environment and not in an overbearing, patriarchal kind of environment.

In Quebec this took the form of some 180 community clinics, CLSCs, Centra Local de Services Communautaires. They have been established in the late '60s and they are still there today. There are some 35

years of experience in operating these service systems. Every region of Quebec has one. All social services, and primary care, and preventive health services are delivered through the CLSCs. They have local boards of governance. They do have some government appointments on their boards, but they also have citizens who are elected. They work closely with other organizations to integrate service delivery in their community. The CLSCs are an outstanding example of how to deliver primary health care, preventive and public health, and social services across Manitoba.

What is this government doing? Well, instead of having an integrated service, we look at more fragmentation. We have nurse centres now where only nurses are on staff. We are going to have home care delivered partly by private sector groups, partly by public sector groups. Increasingly, it will be by the contracting out to private sector groups such as We Care. There is no vision here of integration and there is no vision of democratization.

The government would do well to look at the experience of Quebec and to realize that it can deliver health and social services affordably, efficiently and effectively through the mechanism of citizen-based regional service organizations. Instead, in this province, we are going to further fragment our health care system. We are apparently committed to more nurse-based clinics, which is not something the Manitoba Nurses' Union thinks is a good idea, although it is going to employ nurses, because they understand, in the light of the publication that they put out some six months ago, that integrated community health clinics were the right model to go.

So I would ask the government to, in particular, be forthright with its own backbenchers, some of whom are sitting here today, tell them that their local hospitals will no longer have boards of directors that are elected that are accountable to local communities. Tell them that they will have no power over the delivery of health care in their community. Tell them they will have no policy power over the health institutions in their community. Tell them that the Minister of Health (Mr. McCrae) has an absolute form of power in regard to the delivery of all health services under this act. If he does not like what a regional health board is doing, he has the authority in this act to simply take it over and do it himself directly, no

problem. We do not even need an intermediary. The Minister of Health will directly operate your hospital if he does not like the way you are operating it now.

This is not democratization. It is not regionalization. It is totalitarian legislation eliminating volunteers, eliminating community input, eliminating faith-based institutions from their vital role in our province's health care system and removing freedoms that citizens have developed over many years to have a real say in how health care is planned and delivered in Manitoba.

Mr. Deputy Speaker, that is a short summary of my concerns about this bill.

Mr. Stan Struthers (Dauphin): Mr. Deputy Speaker, as the MLA for Dauphin, I greatly appreciate the opportunity to come forth to this Legislature and talk about health care issues, because in my part of the world it is a very important, very vital issue to have some intelligent debate on. I am quite disappointed to hear that members opposite will not be taking part in this debate, because I would love to hear what some of the people across the way have actually got to say about health care in the Parkland area.

I would like to begin by reminding people in the Legislature about some of the conditions that are prevalent right now, at least in my part of the world, the Parklands and the Parkland area of our province. First of all, we have a very high seniors population, and it comes as no surprise to anyone that the people who depend mostly on our health care and are most concerned about any government's health care views are the seniors population. In Dauphin itself 28 percent or so of our population are 65 years of age and over. Another large percentage of our population is in the 55- to 65-year range. It does not take a rocket scientist to figure out that health care in my community is a very important, very vital aspect of what a provincial government does. The statistics are no different for the rest of the Parkland, and I am sure are no different than for the other parts of Manitoba.

* (1530)

I think that the statements that I have made so far here in the last couple of minutes could easily be applied to areas throughout the province of Manitoba, including that of some of the Conservative-held ridings right now. So

I think, Mr. Deputy Speaker, it should go without saying that health care is a very high priority of a provincial government. My claim though is that this provincial government does not see health care as being very important. If it did see health care as being important, it would take a good hard look at what it is putting forth to the people of Manitoba in Bill 49. It would also take a good hard look at some of the decisions it has already made in the area of health care over the last seven or eight years.

Another thing that I am very pleased to announce, too, is that we have seen in our area of the province a lot more young families moving into the Parkland area, moving back from where they were living before, because we do have a lot to offer in the Parkland area. One of the things that we have offered in the past is a stable, effective health care system with local people making decisions in the area of health and the administration of their health care system. My fear is that we are going to lose that should Bill 49 pass at the end of the session that we are involved in right now.

The one thing that I can put forth in support of that statement that I just made is that we will lose, as a result of Bill 49, our local hospital boards, and the decisions that they have been making up till now will be made either by the regional health authority or, if the minister so chooses, by the Minister of Health for the province and his colleagues in cabinet.

In Dauphin Hospital and in others around the Parkland, what we are faced with right now are line-ups with people waiting to see their doctors. We are faced with long waiting lists, people trying to get their health care needs taken care of locally, and the reason for that is that despite all the good works of the health caregivers, despite all the hard efforts of the administration in the hospitals in our areas, despite all the good, hard work of local people, they have to put up with a government who does not have the intestinal fortitude to fund health to an adequate standing.

The problems that are chronicled in the Dauphin and Parkland areas can absolutely, directly be traced back to the lack of commitment on the part of this government to fund Manitoba Health in our rural areas.

Just last year, if the government wants to think about this for a minute, they cut \$35 million out of rural health.

That is a fact. That is a fact that cannot be disputed. They have cut \$35 million out. We have \$35 million less in rural Manitoba to fund our health care system than we did the year before.

Now, the government can point fingers in every direction. The government can make up all kinds of excuses. It can laugh at the situation. But the fact remains that rural Manitoba has \$35 million less to work with. At the same time, we have a federal-provincial conference that was put together here a couple of weeks ago where all the Premiers got together and started to talk about how they were going to further carve up confederation and how they were going to still think of more ways to underfund health care.

It does not bring me any consolation at all to know that the one person who said that he was going to stand up and fight for medicare in Canada was the Prime Minister who was the same Prime Minister who said he would not sign the NAFTA deal and the same Prime Minister who said that he was going to scrap the GST.

So what we have in this country, in this province right now is a provincial government bound and determined to set up a two-tier system of health, one for people who can afford it and one for who cannot, and we are depending on a Prime Minister to stand up and fight for us against these basically Conservative governments, the Conservative government of Manitoba, and I have no faith in either one to provide decent health care for Manitobans.

What is absolutely clear is that the cuts that have been implemented by this government have hurt Manitoba Health. These cuts have hurt Manitobans who are depending on the provincial government to provide a decent level of health care.

In regard to Bill 49, I think we must see Bill 49 as part of the total government view, the total provincial government view towards health and the health of Manitobans, and we have to see it in light of the other cuts that this government and the other changes that this government has made.

The first one I want to point out is Pharmacare cuts, so callously announced by this government earlier this year. When you combine the lack of funding for rural health

with the cuts that they have made in Pharmacare, the changes that Pharmacare has made to make people all that less—of benefits less for Manitobans in Pharmacare, that has a devastating effect, especially on the seniors of our province, who have worked to build up a medicare system over the decades.

Another decision that this government has made is to privatize home care; and, as we saw last spring in the strike that was promulgated by this government, the Home Care program is a very important one to seniors and families of seniors from one part of this province to the next. What we have detected with this government is an absolute disdain for the seniors who do take part in this Home Care program. When we move to privatization, there will be fewer people that will be able to take advantage of the good home care programs that we have now, and when you combine that with the Pharmacare cuts and when you combine that with the lack of commitment to funding decently the health care program, it is going to hurt a lot of people.

Cuts to education that we have seen over the last number of years will also have a negative effect on the people of Manitoba and their health. One of the things that I know through being a school teacher and principal is that, when you find yourself with less money in your school budget, one of the things that happens is that you start combining health classes with phys ed, you start combining health classes with other classes because you do not have the staff to provide the teaching that is needed at the school level. What happens is we end up teaching less health, less preventative health, and it ends up being more of a burden on our health care system, which is underfunded by this government. Social welfare cuts also play into the mix negatively and hurt people and put more of a strain on our health care system.

So what I have attempted to do so far is to try, in as positive a way as I possibly can with this government, to provide a picture of what is out there right now in Manitoba health. There are problems. There are problems even if it was not a Tory government out there trying to provide health care. Health care is a challenge these days from one part of this country to the next. There is no doubting that. Bill 49 is this government's way of trying to deal with the health mess that it has got itself into. Key to the whole mess that this government has created is its lack of adequate and stable funding for

local hospitals. So what are they going to do? Well, now instead of just having local health boards, they are going to move to a bigger regionalization of health boards.

Now, the first thing I want to say about regionalization is that I can see the possibility of regionalization being a good thing for rural Manitobans. I can see all kinds of possibilities with regionalization in providing top-notch health services that are effective and that do not cost a lot of money. I can see where we could realize some savings. I have seen it in other areas. I have done some reading on the topic, and I have listened to others who are probably more knowledgeable than I in the area, and they have described to me models around the world where regionalization has actually done some good. The question is, to what purpose is this government regionalizing? Why is it doing it? Is it doing it for the positive reasons that have been outlined not just by me but by others? Are they doing it to improve services to Manitobans? I do not think so.

* (1540)

I learned a valuable lesson last fall when I asked the Health minister why he had cut—or why he had announced a funding cut of \$1.4 million to the Dauphin Regional Health Centre. The minister at the time responded to me by saying, do not come to me with that problem. Do not ask me. It was your local hospital administrator and your local Dauphin Regional Health Centre board that did the cutting. Do not look at me. I am innocent, said the Health minister. So I kept asking him, and he kept giving me the same answer. He was perfectly willing to take all the heat and deflect it squarely onto the shoulders of the local people in Dauphin.

Is that something that is going to change when we go to a regional board? Is all of a sudden the minister going to see the light and accept responsibility for the cuts that he announces to health care? I doubt it. I would like to think that he would, and I certainly encourage him to widen his shoulders a little bit and start to accept some of the responsibility for the mess he has created, but will he do that? I do not know. I mean, my opinion is that he would not.

Instead what has happened here is that we have decided to take the local boards, abolish them, cutting out further

local representation in our health care system, and we have regionalized, we have appointed—and I underline the word “appointed”—a board now that will serve again to deflect the heat when this minister, or whichever minister they replace him with over on the other side of the House, stands up and announces more cuts for rural Manitoba. I fully expect to come to the day, sometime soon, as an MLA, as to when I stand again in the House and I ask the Conservative government's Health minister why he cut rural Manitoba, why he announced a cut in health care to rural Manitoba, and I fully expect that the answer will be: Do not come to me; do not blame me for those cuts; you go talk to your regional health board, talk to the chair of the board, talk to the CEO of the board and ask him why he cut in the Parkland area.

An Honourable Member: Why would you assume that it is a he?

Mr. Struthers: That is exactly what will happen. I make that assumption based on what this government has done in the past, based on what I have seen this government do.

The reason that I say “he,” to answer the question of the Minister of Industry, Trade and Tourism (Mr. Downey), is that the CEO in the Parkland region is a he. He has already been announced, and I have met the fellow.

Now, one of the things that this government has decided to do is to give the Health minister the absolute responsibility of hand-picking people to sit on these regional health boards. His choices were obvious. He could pick them himself or he could elect. He could set up a process for the election of these health board positions. He chose to hand-pick people on these boards. He chose to go through the communities after these people had put their names forward and pick the ones that he wanted on each of these boards.

Now, why would you do that? Why would the Health minister not opt for the option of choosing to set up a process of elections? It seems to be quite honest and quite obvious to me that elections are much more democratic as this party across the way likes to talk about being. It seems to me that elections would be much more grassroots than what appointments would be. It seems to

me that elections would allow local votes in the Parkland region and other areas a chance to have a say in how their health care services are governed, a chance to actually have a say in the decision making of one of the most important areas of provincial responsibility, i.e., health care.

This government chose, though, not to have local people have that kind of say over their own health care services. This government, I would submit, is afraid that people might get elected who might actually want to not have a decrease in the amount of money given to its region. It seems to me that this government is scared that it might actually have to deal with people on an elected board that would not want, say, the Grandview Hospital to be closed. I think this government is scared that they would actually have people elected who would stand up to them on behalf of people and fight for what is right in health care services. I do not think this government has the courage to deal with people who might actually stand up to them. They would prefer instead to appoint people that they think they can manipulate.

An Honourable Member: That is unparliamentary.

Mr. Struthers: We have said a lot of unparliamentary things over the last couple of days and got away with it, so might as well keep on going. Right? So what might be some of these decisions that the local health boards will be making, that the regional health boards may be making on behalf of the local people? When the minister announces cuts, what are the decisions that these local people will have to make in order to make the health budget fit the amount of money that the cabinet wants to squeeze out of our hospitals?

The first one that comes to mind is user fees. This government, in other areas such as parks and other areas, agriculture, is very much in favour of the use of user fees. It is part of this government's overall view that health care should be two-tiered, one for the rich and one for the poor, very much in line with the way this government operates in terms of all its decisions, including education, but this government does not have the courage to tell people that they are going to come up with a user fee. They would rather have a regional health board sit down and say, well, here is how much money we need. We got only this much from the provincial government. We need to make up the shortfall. How are we going to do it?

Well, we are going to start charging a user fee for people who come into the hospital and use the services within the hospital. Then the Health minister can sit back and say, when I ask him the question in the House about user fees, the Health minister can say, I did not have anything to do with user fees, do not look at me, except legislating it, allowing the health boards to go ahead and do it for themselves, but in the meantime he has squeezed so much money out of the Parkland health budget that the local people then would have to turn to user fees, and the minister would then say, do not look at me, it was not my fault, I did not do it, talk to your local CEO, talk to the chair of your board, talk to anybody on the Parkland health authority, talk to anybody, but do not come to me, because I do not like user fees, but he is creating the environment in which they will go ahead and put forth user fees, which is detrimental to our health care system but does fit into the ideology of this government to encourage a two-tier system of health.

* (1550)

Another decision that might come up at the Parkland health authority level involves contracting out. Indeed, we have come across some of these problems already because of the lack of commitment to funding on behalf of this government. Local people in Dauphin or wherever in the province could be put in a situation at some point where they are given a lot less money than what it takes to run a decent health care system and they may turn to contracting out to try to save some money. That could be one of the possibilities that we are faced with.

Again, the government could shrug its shoulders and say, do not look at us, we are not contracting out, it is your local people, go talk to them. That is not fair for people at the local level who are put in a bad situation by this government and particularly by this Health minister. If there are layoffs to be had, if this government—and it has shown in the past, proven in the not too distant past that it thinks that obviously there are too many people being employed in the health care sector of our economy—decides that it has a vendetta against one group or another for some ads maybe that they have recently put forth in a provincial election, and they want to get even in the vengeful way that this government does these things, the local health board could then turn and say, we have to

make up X number of dollars. This government did not fund us properly, and the biggest area that we can make a difference in is in salaries of people that work in our hospitals, the actual caregivers. Let us lay some of them off so that we can hit the targets that the provincial government has set for us.

Again, when any of us in the opposition stand up and say, you cut the funding for health care in the Interlake, what is the minister going to do? He is going to turn and he is going to say, go talk to the Interlake people. Go talk to those people in the Interlake who make those decisions. That is exactly what is going to happen. The whole issue is about responsibility and the lack of this government's commitment to take on that responsibility.

Here is one that we hear a lot about from the other side when we talk about Saskatchewan. They like to throw that red herring at us every now and then when we talk about health care. When this squeeze on the provincial Health department's budget continues, as it will, when we go on and not just lose \$35 million out of rural health care but more, when we get to the point where in the Parkland Region, for example, we look at all the facilities that are there, and we say, gee, we can sure save a lot of money by cutting the Grandview Hospital or the McCreary Hospital or the Winnipegosis Hospital, but we do not have the guts to do it ourselves because we are going to get it politically in the neck from those big, bad New Democrats across the way, because we really gave them a rough time about Saskatchewan.

They are not going to take any responsibility at all for closing up some of the hospitals around rural Manitoba that will eventually be closed as a result of Bill 49. No doubt, again, they are going to point right to the health authorities, and they are going to say, go talk to your CEO. Go talk to your board chairman. Go talk to whomever you want, but do not come knocking on my door as the cabinet minister, or do not come knocking at my door as your MLA in a Conservative area. Go talk to somebody else. That is going to be the message. It is simply a way to deflect the heat and as simply a way to implement the very narrow, very two-tiered kind of a philosophy that this government is putting forth in the area of health care. Just because the Minister of Industry (Mr. Downey) does not understand anything about health care and cannot follow along in the debate, he should not be telling us that our debates are weak.

Here is an area that rural health boards again will be dealing with. It is the rural home care situation that we have right now. Clearly, this spring this government showed its hand to the people of Manitoba by saying that they are in favour of a two-tiered system again for home care. They are not worried because they can put their own folks into a home care situation where it can be funded from private sources, their own sources, and that we are going to squeeze out the public home care system that we have now. They are going to underfund those facilities and let everybody else in the province simply not have the same benefits as those in the province who are wealthier. This also is something that they dumped right onto the shoulders of the regional health authorities across the province.

Mr. Deputy Speaker, another area in this Bill 49 that I am concerned with is the distinct assault on the collective bargaining rights of the caregivers who provide health care services to all the people in Manitoba who need it. This government absolutely misunderstands the value of the people who provide these services in the hospitals and nursing homes across our province.

To appoint a commissioner and give that commissioner all kinds of responsibilities, all kinds of authority and power to circumvent what is a perfectly excellent collective bargaining procedure is just absolutely undemocratic and should not be allowed.

This government, again, is scared to deal with real people out there. This government is scared to deal with, fairly, the people who work for it. This government is absolutely content in using health care providers as scapegoats for its own lack of understanding of the needs of health care in Manitoba, and Bill 49 allows this government to do exactly that.

There are only three things that this government should do. First of all in the area of Bill 49, it should withdraw the bill. Take this bill back and start over. You have missed the boat. You are not putting forth the vision that the people of Manitoba want you to put forth. Withdraw the bill, put together a white paper, a paper that can be used to explain to the people of Manitoba what your philosophy really is, and include the people of Manitoba in public hearings across the province. Come to Dauphin, see what people in Dauphin will tell you. Go to La Verendrye, go wherever, but go into public

hearings with a white paper on health care services. Withdraw Bill 49 and go talk to the people of Manitoba. Maybe they will straighten you out, and maybe they can have some kind of influence over you in your decision making in health services, as democracy says it should be. Mr. Deputy Speaker, thank you.

Mr. Deputy Speaker: As previously agreed, this matter will remain standing in the name of the honourable member for Brandon East (Mr. Leonard Evans).

Bill 2—The Municipal Assessment Amendment and Assessment Validation Act

Mr. Deputy Speaker: On the proposed motion of the honourable Minister of Rural Development (Mr. Derkach), Bill 2, The Municipal Assessment Amendment and Assessment Validation Act (Loi modifiant la Loi sur l'évaluation municipale et validant certaines évaluations), standing in the name of the honourable member for Wellington (Ms. Barrett).

Is there leave that this matter remain standing? No? Leave has been denied.

Ms. Rosann Wowchuk (Swan River): I am pleased to rise today to make a few comments on this bill before we send it off to committee.

As I look at this bill, I see that the intent of this bill is to include gas distribution systems in the assessment process that currently applies to railways and roadways. Certainly, we would want to see an assessment system, a better system for assessing gas distribution systems and bring it in line with the other areas. There is no doubt that the gas distribution company should pay a fair amount in taxes and be fairly assessed with what they contribute to the economy.

Mr. Deputy Speaker, there has been some concern raised—and we will look forward to hearing this when we come to the committee stage and have discussion on this—whereas, there is concern about the costs of assessing, that will be attributed to people who have gas lines going across their properties. It could be that this will be extra costs even though the people are not benefiting from the cost of the gas line coming through their property. They maybe have to pay additional taxes on it. This has been brought to our attention. This was

just brought to our attention recently, and I am not sure that is going to be the impact of this bill, but we look forward to having that discussion and hearing the explanation on that when we get to committee.

But, Mr. Deputy Speaker, we look at ways of collecting extra tax and bringing this in line with railways, and I have a real concern with what is happening in this province and across Canada with the number of railways that are up for rail line abandonment as a result of changes made by the federal government to the transportation act and the accelerated rate with which rail lines are abandoned. There certainly is not going to be that tax base there for municipalities to benefit from.

* (1600)

Just as in other issues where we have not heard this government speak out very loudly when the federal government makes changes, I would hope that this government would recognize the importance of railway transportation and the importance of railway lines in the rural and northern communities, and we would hear them take a much stronger position and to fight to keep these lines in our rural communities.

With respect to gas distribution, I look forward to hearing comments from this government because when we went through the last election the government promised, made overtures, that we would be having natural gas distributed to many more parts of rural Manitoba. That has not happened. Certainly, if that had happened, there would be many more gas lines that would be assessed and would be affected by this legislation, but it appears that the government chose to make these commitments, as many of their other hollow promises have been. They made promises before the election but are not prepared to follow through on them. One of those that is very important to the economic development of this province is the distribution of natural gas. I look forward to hearing when some of those election promises are going to be fulfilled so that we will have the opportunities in all parts of the province to have natural gas. [interjection]

The Minister of Rural Development (Mr. Derkach) tells me that he has, as I understand it, had communication with the community of Swan River. I know that community is working very hard to have

natural gas brought to the community, but it has not happened. I look forward to working with the minister and continue to work with the communities that are very interested in this. We should not be looking only at southern Manitoba and areas closer to the border for expansions as we have seen. It should be across the province because if this government really believes in economic development—and I have some doubts about their commitment to economic development in rural Manitoba. I do not see it happening.

An Honourable Member: Where is L-P?

Ms. Wowchuk: The member across the way mentions Louisiana-Pacific, and Louisiana-Pacific is certainly waiting to have natural gas come to their plant because it will make a tremendous amount of difference to their costs in producing the OS board they are producing. In fact, I am sure that was one of the commitments this government made to Louisiana-Pacific in the early stages of the development of that agreement, that there would be natural gas for them to use in their plant. So in reality we have a broken promise by this government, and they have not fulfilled it. And I look forward to working with them to having this natural gas distribution throughout the province.

With respect to this bill, as I have said, we do not see problems with the bill. It is a bill that we will be supporting. In all likelihood, however, as I said, we would want to hear whether the concerns that have been raised by people that they will have to be assessed on the lines that go across their property even though they are not benefiting from the natural gas, whether in fact it is this bill that has any implications for that or if it is in another area.

I see the Minister of Rural Development (Mr. Derkach) shaking his head saying that it is not this bill. I look forward to having discussions with him on that particular issue that was raised by some people in southern Manitoba, and I am sure the minister is aware of what the issue is in that they have a concern in that they would be paying for the lines that are going across their properties even though they do not benefit from it. So we will look forward to having those presentations in the committee stage and look forward to the minister explaining them and certainly look forward to hearing what the presenters have, but we are prepared to let this bill go to committee.

Mr. Kevin Lamoureux (Inkster): Mr. Deputy Speaker, I am going to be fairly brief on this particular bill, but in essence to state that this bill is designed to formalize the system for the valuation of gas distribution systems that has been in use for a number of years. This system is known as the cost approach. With this method, gas distribution systems are valued according to the cost of installation, material and labour. This system is widely used for the assessment of the value of other major industrial properties. It is in essence in use in most other Canadian jurisdictions, and we look forward to any public debate that might occur during the committee stage. With those few words, we are prepared to see it go to committee.

Mr. Deputy Speaker: Is the House ready for the question? The question before the House is second reading of Bill 2. Is it the pleasure of the House to adopt the motion? Agreed?

Some Honourable Members: Agreed.

Mr. Deputy Speaker: Agreed and so ordered.

Bill 36—The Social Allowances Amendment and Consequential Amendments Act

Mr. Deputy Speaker: On the proposed motion of the honourable Minister of Family Services (Mrs. Mitchelson), Bill 36, The Social Allowances Amendment and Consequential Amendments Act (Loi modifiant la Loi sur l'aide sociale et apportant des modifications corrélatives), standing in the name of the honourable member for Point Douglas (Mr. Hickes). Is there leave that this matter remain standing?

An Honourable Member: Stand.

Mr. Deputy Speaker: Leave? Leave has been granted.

Mr. Doug Martindale (Burrows): Mr. Deputy Speaker, it is my responsibility to be the lead-off speaker for my party on Bill 36, The Social Allowances Amendment Act, and I would like to begin by briefly talking about some of the history of social programs. We have seen some major changes in how we deal with poor people, and our traditions and laws in Canada have been based on the Poor Laws in England.

Originally, our system in Canada was one of residual provision of services, and that is, it was left to the individuals and their families or the churches or to charities, first of all, to provide for individuals who had no source of income. Then, shortly after Confederation, municipalities got involved in the provision of relief, but since then there have been major changes and shifts from individuals and charities and municipalities and churches to government assuming the responsibility. Of course, this was due to a number of factors, one of which was the fact that society felt an increasing obligation to provide for individuals in their midst. We know that movements like the social gospel movement and their spokespeople lobbied government to take responsibility, so there was a change from individual and private charity to corporate and community responsibility for looking after the poor in our society and, as a result, government programs came into place in a gradual way.

The first major federal program was the Old Age Pension Act of 1927. Then there was the Family Allowances Act of 1945. Just this morning I was riding on the Mountain Avenue bus and I was sitting beside one of my constituents, Mary Kowcun, and she was telling me that she worked for the federal government in Ottawa in 1945. So I asked her which program or which department and she was there on the ground floor in 1945 when the Family Allowance program began and was one of its administrators.

Then in 1951, the federal government brought in old age security and old age assistance. In 1954 the disabled persons act was enacted and in 1956 unemployment insurance.

Provincially, in Manitoba we had the mothers allowance, which I believe came in 1917, and The Workers Compensation Act shortly after that. I actually have a family history connection to the Workers Compensation Board because my late, great uncle Dr. Angus Fraser was the first doctor of the Workers Compensation Board of Manitoba.

In 1960 and '61, the federal and provincial governments co-operated on the vocational rehabilitation of physically and mentally disabled persons. The last major piece of federal-provincial legislation was the Canada Assistance Plan of 1966. This was a very significant piece of legislation which saw the cost-sharing

of social programs, including social assistance, on a 50-50 basis between the provincial and federal governments. It included a number of rights, for example, the right to appeal any decision made by a civil servant. In 1966, the Canada Assistance Plan came in.

* (1610)

(Madam Speaker in the Chair)

I am glad that the Liberal member for The Maples (Mr. Kowalski) asked me that question because, as we are going to hear in a minute, it was a Liberal federal government that brought that in. In fact, I would not be surprised if Paul Martin, Sr., was the minister responsible. His son, Paul Martin, Jr., eliminated it even though he had nothing to do with social programs as a minister directly—he was not the Minister of Human Resources, Mr. Axworthy was—but as Minister of Finance he eliminated the Canada Assistance Plan through his budget and within the budget was the Canada Health and Social Transfer Act.

I am quite sure that the member for The Maples is familiar with the fact that it eliminated cost-sharing by the provincial and federal government on a 50-50 basis and totally changed the way social programs are funded in Canada.

In fact, it did not just affect social programs. It affected health and education, and the result was a change to a block grant system but with \$7 billion less money over a period of two years. Of course, the member for The Maples has heard about this many, many times from the Minister of Family Services (Mrs. Mitchelson) because she has repeatedly talked about how much less money the province of Manitoba has in those two fiscal years, '95-96 and '96-97. I believe the numbers were something like \$147 million and \$222 million, just going by memory. It may have been more. The provincial government, of course, uses this as an excuse to excuse their cutbacks in all three areas actually—education, health and social programs.

It certainly has had a big effect on provinces, but you know different provinces have dealt with this in different ways. For example, in Saskatchewan in their budget this year they backfilled dollar for dollar in health and social programs and \$11 million out of \$15 million in

education, whereas in Manitoba they cut \$23 million out of the welfare programs budget and I think \$47 million out of the hospital budgets. So you can see what a difference it makes depending on who's in government in which province.

But certainly the Canada Health and Social Transfer parts of the federal budget in 1995 have had a major effect on the provinces, and Saskatchewan balanced their budget. In fact, they had a surplus, as did Manitoba.

Now, Bill 36 is quite a significant bill because it really turns the clock back in Manitoba. As I began, I said that we had a residual kind of system for providing for the relief of individuals. That is, the relief of individuals was the responsibility of their families or of churches or of private, nonprofit organizations, philanthropic organizations. Then there was a gradual shift to community and government responsibility for individuals. Now, I believe the result of Bill 36 is a shift back to this residual kind of program. It is kind of buried in the regulations, and it is buried in the intake process.

I was actually at one of the provincial offices, 880 Portage, and happened to be waiting. I had an appointment with one of their staff. I listened as people went to the window and talked to the person behind the glass, and, believe me, welfare offices are not very pleasant places. They are quite a sphere. There are locked doors all over the place, and when you want to talk to the intake worker, you do so through plexiglass. I distinctly heard the worker ask the individual if there was any food in the house, if she had family or friends that she could ask for support, basically, in order to eat. Only because the answer was no was she given an appointment to see a worker in order to enroll in provincial social assistance.

So you can see that already, because of the changes in the regulations which have already taken place—the Orders-in-Council changes were made in February. The minister made her announcement about Manitoba's so-called welfare reform on March 12. The rate reductions took place May 1. Now we are debating the changes to the act in September, October, November. It seems to me that everything is backwards here, that they have already made the changes, and now they are changing the legislation, which I really do not understand or agree with. It seems to me, you should change the legislation

first, and as a result of legislative changes, then you change the regulations, but the regulations are already in place. So there is an expectation on people that they will find other sources of support first. Of course, that has always been true, but now it is enforced to a much greater extent. In fact, governments in Manitoba have always said that social assistance is a program of last resort, and you are expected to find employment or other sources of support first before you apply for social assistance.

Now, this bill has a number of features which can really be summarized quite easily, because I would say there are three major features which I will summarize in three points, just as we used to be told sermons should have an illustration of three points. [interjection] You can say amen at the end of this if you like.

First of all, there will be a one-tier system in the province of Manitoba, and basically that means taking over the city of Winnipeg. I have some concerns about that, which I will outline. I believe that there are many advantages to the current system of having the City of Winnipeg provide services. For one thing, they are less bureaucratic. They have fewer layers of administration. Of course, one of the proofs of that is that you can phone the director of social services and get through quite easily. They also have a great deal more flexibility when working with employable social services recipients. They have very successful employment programs. One of those is called Community Home Services, whereby hundreds of people on social assistance are providing work to seniors, to low-income seniors. Another one is providing work for people in community clubs throughout the city of Winnipeg. Unfortunately, the Province of Manitoba only looks at the value of the work being done or the individuals being paid rather than looking at the benefit to the community and the benefit to the volunteers. So they have employment programs which the province likes to take credit for. The minister talks about them in their annual report and in Estimates, but in fact these are really City of Winnipeg initiatives, as was the Dutch Elm Disease Control Program, which I believe continues to this day. In fact, I believe their programs are much more effective than any provincial programs.

There are some major advantages to having flexibility. For example, people on city assistance who are deemed employable are eligible for bus passes and work clothes

and babysitting expenses in order to gain employment, whereas on the provincial system it is very difficult to get those kinds of things provided for without the worker having to go all the way up the line to the Assistant Deputy Minister to authorize it, whereas in the City of Winnipeg the front-line staff can authorize it. Now, I do not have a problem with this minister amalgamating the two systems if she is going to keep the best parts of the city system and the best parts of the provincial system, but my concern is that the best parts of the city system may disappear in a much larger bureaucratic system.

An Honourable Member: What is the best part of the city system?

Mr. Martindale: Well, if the member for Steinbach (Mr. Driedger) would listen, he would have heard my description of the best parts of the city system. I said, first of all, they are less bureaucratic. I believe they are more efficient. I believe their staff, the city, do a much better job of getting their clients into the paid workforce. They have reduced their client load by 3,000 this year, and the provincial level are stuck at 26,000 in fact, and the city councillors deserve some credit for that. In fact, the provincial government, I believe, wanted to reduce their caseload. They deemed thousands more people to be employable, and what has happened? Well, they are stuck at 26,000. There has not been any reduction in the caseload. In fact, I believe in the month of August the number of individuals on assistance at the end of the month was higher than the number of recipients on assistance at the beginning of the month. We will just check the figures here.

An Honourable Member: What figures?

* (1620)

Mr. Martindale: Well, the Minister of Urban Affairs (Mr. Reimer) should be interested in this because it is his provincial government. They had 225 people in intake, and the total out-go, they call it, was 203. So there were more people on provincial social assistance at the end of August than the beginning of August. Your government's policies of forcing people to look for work and of reducing benefits was supposed to get people off social assistance and into employment, and it is a failure. In fact, there are 5,000 fewer people working in Manitoba

in August this year than in August last year. All you have to do is read your own labour statistics that your government puts out.

Going back to the City of Winnipeg and the differences in their system, I am concerned that a one-tier system might look like the provincial system. They might reduce everything to the lowest common denominator, and hopefully they will not. Hopefully, they will continue successful programs like Community Home Service and the community service program. There are some transition things that need to be looked at very carefully. For example, the City of Winnipeg has nine offices. They have 350 staff. They have 31,000 clients. There are two different technological systems, basically computer systems, and three unions. Of even more significance, I think, is the fact that the City of Winnipeg has better trained staff. They have, I believe, at least 50 people who have social work degrees, and I believe that those people are much better trained than many provincial workers and know how to make referrals to other nonprofit and government agencies to help with job-finding clubs and provide all kinds of assistance to their clients.

In fact, I know some of these city social work employees. I taught some of them in social work class that I was a sessional lecturer in at the University of Manitoba, which was a wonderful experience for me. I had never studied social work in my life at university, but I was asked to teach a social work class. It was very flattering. In fact, they could have hired me for nothing. I was so honoured I would have done it without any pay, but they deemed to pay me. It was great. I would be happy to do it again anytime, but, unfortunately, I got elected so I am probably not very eligible for being hired by their faculty. But it was a good experience. In fact, I taught a class called Poverty and Inequality, and I have kept in touch with many of the students.

So what will happen when the two departments amalgamate, when the City of Winnipeg social services with their 16,000 clients and the Province of Manitoba with 26,000 clients, many of them in Winnipeg, amalgamate? Will it be an improvement? Well, we certainly hope it will be an improvement, and I urge the Minister of Family Services (Mrs. Mitchelson) to keep the best features of the city social services and combine them with the best features of the provincial system.

The city is very involved in an employment centre on York Street, and I had the pleasure of having a tour by the City of Winnipeg person who is in charge there, Mr. Juergen Hartmann. I was quite impressed. It is the former Revenue Canada building that has been renovated, and very interestingly, the federal government is there with their employment program staff. The City of Winnipeg social services is there, and guess who is missing? Guess which level of government is not represented? Well, the Province of Manitoba, and that is pretty interesting because this minister thinks that Government Services should be more efficient, that they should co-operate, that there should be co-operation between the three levels of government.

In fact, a couple of years ago in Estimates I had fun with a leaked federal document, a discussion paper about this, and they talked about a single wicket to deliver services. They talked about a single window to deliver services and one-stop shopping. So now there is one-stop shopping for city and federal clients, and the provincial government is left out. So where is the Minister of Family Services (Mrs. Mitchelson) in the Province of Manitoba? She is out to lunch. She is not there. Her staff are not represented. [interjection] Maybe she is at the Beaujolais Restaurant. Who knows with this minister?

Of course, the greatest concern that we have is with the clients. We want the clients to have the best possible service. We want clients to move from social assistance into the paid workforce. What is happening now? Well, they have this new bureaucratic system, so when they are forced to go on assistance, what do they do? Well, the first thing they do is they go and they listen to a lecture about the new system, and then they have to fill out their employment job contract, their career plan or whatever the minister is calling it. Then they get an appointment for intake for social assistance.

Well, what is actually happening that is not very good for these recipients? In the case of family breakup, if the male is deemed employable and he stays on city social services, the mother and children, just to use them as an example, they have to go to the provincial system, and do they get help right away? No, they have to go through the intake process that everybody else goes through. They have to file a career plan, and then they have to make an appointment. Then they go through intake to see if they are eligible for provincial assistance.

At the very time when the provincial income security should be helping single parents with children to get their lives together, to get a source of income and a place to live, what is happening? They have to file a career plan. It is pretty sad, and I hope the minister will change it for single parents who are enrolling in the system because of a family breakup.

The final thing I would like to say, and this actually involves the Minister of Urban Affairs (Mr. Reimer), about a one-tier system is that the minister has said it will be cost-neutral. So what do I think that is going to mean? I think it is going to mean that the province will absorb all the cost of city social services, and then the Minister of Urban Affairs, when he gives his grant to the City of Winnipeg, what will he do? Well, Family Services absorbed \$20 million of cost, the 20 percent that municipalities pay, the 20 percent of social assistance that is borne by the property taxpayers in the city of Winnipeg, and what will the Minister of Urban Affairs do? He will cut their grant by \$20 million, so it will be cost-neutral. I predict that is going to happen, just watch. How else are they going to do it? So the result is the property taxpayers—[interjection] You have never thought of it, give me a break. That is what you are going to do, and the result is the taxpayers—the city of Winnipeg will be one of the few places in all of Canada where taxpayers in a municipality are paying for 20 percent of the cost of welfare in perpetuity.

I believe there are only two—[interjection] It is not a recommendation; it is a prediction, and it is a prediction that means that the property taxpayers of the City of Winnipeg will, in perpetuity, bear 20 percent of the cost of social assistance, even though they do not have a department of social services anymore.

An Honourable Member: It sounded like a recommendation to me.

Mr. Martindale: No, this is coming right from your minister, right from your seatmate who said it will be cost neutral. I am just telling you how I predict it is going to be done. There is no guarantee they will do it that way, but that is what they will do. They will absorb \$20 million on one hand and they will take it away on the other hand, and burden the taxpayers in the city of Winnipeg with the cost of welfare without even having a welfare department. It is ridiculous. We know that

property taxes are one of the most regressive kinds of taxation because it is not based on the ability to pay.

The second major provision in this bill is to provide more clearly for the new direction the government says they have introduced in their welfare reform. In the past, the legislation said that no resident of Manitoba should lack “(a) such things, goods, and services as are essential to his health and well-being, including food, clothing, shelter, and essential surgical, medical, optical, dental and other remedial treatment, care and attention; and (b) an adequate funeral. . . .”

Now, as a result of Bill 36, the act reads that the province “may take measures to provide to residents of Manitoba those things and services that are essential to health and well-being, including a basic living allowance, an allowance for shelter, essential health services and a funeral upon death.”

Previously there was a clause that said, “persons to whom social allowances are payable,” and the act provided that social allowances “shall be paid only to a Manitoban who, if the social allowances were not paid, would, in the opinion of the director, be likely to lack the basic necessities. . . .” Now that provision has been repealed. So, if there is no provision for basic necessities, what does that mean? Does it mean that the government can pay any amount that it wants? I think so.

Previously the director of the municipality would, in writing, fix an amount to be paid that was sufficient to enable the applicant, or the recipient, to obtain the basic necessities for himself and dependants. Now the provision that basic necessities be met has been eliminated. So I think this is a major change, and the federal government certainly shares some of the responsibility for that because under the Canada Assistance Plan the federal legislation said that people's basic needs shall be met. It was basically a right. Now, with the federal Minister of Finance repealing the Canada Assistance Plan, the provincial government can do whatever it wants, and now we are seeing that the former requirement to meet basic necessities is no longer there.

“Obligations re employment” are a major thrust of this bill. Under it, an applicant, recipient or dependant has an obligation to satisfy the director that “he or she (a) has

met the employment obligations set out in the regulations ...; and (b) has undertaken an employability enhancement measure as set out in the regulations that he or she is required to undertake." If these people do not comply with this obligation, the director "may deny, reduce, suspend or discontinue income assistance, municipal assistance or general assistance. . . ."

Madam Speaker: Order, please. When this matter is again before the House, the honourable member for Burrows (Mr. Martindale) will have six minutes remaining; and, as previously agreed, this bill will remain standing in the name of the honourable member for Point Douglas (Mr. Hickes).

* (1630)

The hour being 4:30 p.m. and time for Private Members' Business.

PRIVATE MEMBERS' BUSINESS

PROPOSED RESOLUTIONS

Res. 7—Health Care Reform

Mr. Kevin Lamoureux (Inkster): Madam Speaker, I move, seconded by the member for The Maples (Mr. Kowalski), that

WHEREAS Manitobans need solutions and consensus from government and opposition parties alike concerning the many issues of health care reform; and

WHEREAS the doctors' strike, the provincial government's decision to reduce emergency room hours in Winnipeg's five community hospitals, has created an uneasy climate in the Legislature concerning health care reform; and

WHEREAS the provincial government can save tax dollars while at the same time improve the quality of health care.

THEREFORE BE IT RESOLVED that this Assembly urge the Minister of Health (Mr. McCrae) to consider the development and implementation of a three-year detailed action plan which will integrate the following five points:

- a 24 hour informational Health Links program for the entire province;

- an expanded role for community health centres;
- changes to the fee-for-service salary structure;
- an expanded role for nurses in the new health care system;
- a commitment to maintaining public health labs.

Motion presented.

Mr. Lamoureux: Madam Speaker, as I was reading the resolution, I heard from the government side in terms of the date of the introduction of this resolution, given that it was virtually a year ago when we actually had the doctors, if you like, that were on strike in the emergency services. Yes, to a certain degree one might argue that some of the preamble is dated. But the primary concern that is being addressed in terms of co-operation amongst all three political parties inside this Chamber is very important and is still just as important today as it was a year ago.

In fact, if you take a look at what the resolution is actually calling for, Madam Speaker, I believe that it is equally if not greater in terms of importance at trying to deal with health care reform. Because this government in many different areas has really taken the province in the wrong direction in some of the changes that they are making in health care it is that much more important that we debate this particular resolution today.

In fact, I would suggest to the government and the New Democrats that this is a resolution that should in fact be allowed to be voted upon. The member, the dean of the Chamber, the Minister of Agriculture (Mr. Enns), often talks about the importance of allowing for votes on resolutions. I would suggest that this is indeed a resolution that is worthy of having a vote inside the Chamber. The last major health care resolution that I had introduced or assisted in introducing was the five fundamental principles, where that particular resolution passed unanimously from all members of the Chamber. So it would be very encouraging for me to see all political parties get on board and support this particular resolution.

Having said that, Madam Speaker, I want to talk about the five points that the resolution makes reference to. First and foremost, the 24-hour informational Health Links program for the entire province, I would applaud the government in terms of their acknowledging and

recognizing over at the Misericordia Hospital that they were going to extend seven days a week, 24 hours a day, the Health Links line that is being run out of the Misericordia Hospital. At one point in time it looked as if the government was kind of hedging its bet in terms of going the other direction, and they have seen for whatever reasons—I would ultimately believe it is because of the efforts of the board at the Misericordia Hospital amongst individual efforts and interest group efforts to apply pressure on the government and ultimately for the Minister of Health (Mr. McCrae) to do the right thing and to extend that particular service. We would like to see that service extended to all Manitobans ultimately.

An expanded role for the community health centres, Madam Speaker, we have seen the government, in particular dealing with the home care issue, and I could speak about the home care issue probably for the next hour, hour and a half, trying to understand why it is that the government has taken the direction on that particular area as a form of home care services via privatization for profit. Suffice to say, I would have felt that the best, or I feel that the best way in which the government could have administered quality home care services would have been through our community health clinics, because in part what we are talking about is non-profit. They are very much community oriented.

There are dozens of valid points as to why it is that that would have been a natural extension of delivering home care services. We do not put as much resources and effort and time in the development of our community health clinics, and I believe that this is a very much better way of delivering health care to our communities and is much more cost-efficient ultimately, Madam Speaker.

The promotion, for example, of the Nor'West out in the area which I happen to represent, would do well for the community's health requirements. You might even see somewhat of a reduction, for example, in walk-in clinics or the demand for walk-in clinics but, Madam Speaker, the bottom line is that anything that we do to enhance the performance of our community health clinics I believe, in the long term, is in the best interest of Manitobans.

The third point is dealing with the changes to fee for services or the salary structure, in particular, with respect to doctors. We have gone far too long in the province of Manitoba basing everything on a fee for services. I

would like to see the Minister of Health (Mr. McCrae) take a much more proactive and aggressive role in terms of trying to get more doctors on a salary as opposed to a fee for services. Even the Manitoba Medical Association has acknowledged the many benefits and has indicated, I believe, virtually a majority of the doctors who are out there who would be in support of some sort of a basic salary, Madam Speaker, for doctors. If we were able to incorporate that into, in particular, our community health clinics, I believe that there is going to be a better quality of health care service being delivered to Manitobans, and it is going to be far more cost-efficient.

The fourth point is dealing with an expanded role for nurses in the new health care system. Madam Speaker, I have lobbied the Minister of Health that we have to look in particular at the potential for the creation of a profession of the nurse practitioner. The more the government looks into that, I believe, ultimately, we will see the nurse practitioner becoming a stronger role. In many northern communities in rural Manitoba the reliance on our nurses is very great. It is far greater than in many other areas throughout the province. So the expansion of acknowledgement of some of the values that the current nursing professions have to offer and the potential of their being able to offer that much more has to be looked at. We do not want to underutilize, and far too often that is what we do, we underutilize our nurses in the training that the many different levels of nursing have.

* (1640)

One specifically could look at the LPNs and compare an LPN at the Victoria Hospital to other hospitals, Madam Speaker, and I can recall a number of months ago when I sat down with a working group dealing with health care issues, they talked about how involved the LPN would be in the Victoria Hospital compared to other facilities. So trying to capitalize on the abilities of our health care professionals is absolutely essential, because I personally would like to see greater usage of our facilities through our operating rooms and ICU rooms, and giving the doctors more time in that area, and letting some of the nurse practitioners possibly pick up on other areas that would allow to give more focus. That, in itself, will allow for the backlogs to somewhat go down in terms of whether it is a hip replacement or any other sort of medical surgery that would be required, because we

would be freeing up time, very valuable time, from our medical doctors.

The fifth point, Madam Speaker, is dealing with a commitment to the maintaining of public health labs. I believe that the evidence is there. I have made the suggestion to the Minister of Health (Mr. McCrae) in the past that what we should be doing is looking at what other jurisdictions are doing with respect to the public health labs. All we need to do is take a look at some of the things in the province of Quebec, where we will find, I believe, that if the minister was to put some resources into looking into this, you would likely find that the cost of administering our labs in the province of Quebec are considerably less in cost with respect to the province of Manitoba.

There is also, you know, I would suggest somewhat of a conflict of interest in terms of the privatization of labs where you might have, for example, a doctor that might be a major shareholder in a lab, and perception is important. It is not necessarily to suggest that doctors would be abusing private labs, Madam Speaker, but perception is important and, ultimately, what we have to take a look at is, what is the most effective and efficient way of delivering a service?

For me personally, I believe that publicly administered health labs are in Manitoban's best interest, and we look to the Minister of Health (Mr. McCrae) to change some of the direction that this government has taken over the years towards the privatization and bring it back or move it more towards public ownership.

Those are the five points that I had talked about in my suggestion, and this is not the first time that the Minister of Health will be hearing about this. I also had written the minister a letter a while back, I believe it was sometime in October of last year, suggesting that he act on these five points, Madam Speaker, and I believe that there would be a consensus from all members in this Chamber on these five points in terms of at least coming up with some sort of a strategic time frame in which we can implement some of these changes in a very, very positive consensus-building way.

In some areas, I would suggest that there might not be a sense of high co-operation from the three political parties in terms of trying to achieve some of the reforms

in health care because there is a philosophical difference, especially in terms of the deinsuring of different health care services, the whole question in terms of how the government is moving towards the institutionalization or the reforms of our higher-end institutions of health care delivery, our community hospitals, tertiary hospitals, some of the things that are happening in rural Manitoba with respect to regional boards and other capital facilities or capital requirements.

It would be very difficult because there is so much distance between the political parties, but at least the four first points, I would like to believe that we would see a high sense of consensus and the political will could be there if in fact the minister wanted to open the door.

With respect to the fifth point it might be somewhat more of a philosophical debate but at least it is something that has the potential to be addressed in some sort of an action plan that will at least take into account what is in the best interests of Manitobans.

Madam Speaker, health care is a very critical issue for every member inside this Chamber. From the Liberal Party's perspective we are greatly concerned of the direction that the government has taken the province with health care reform over the last 18 months to two years in particular. We want to see an action plan that will clearly demonstrate what the government's actual intentions are. We do not want to see a propaganda machine telling Manitobans how wonderful things are when in fact they are misleading and not being straightforward with Manitobans. There are a number of changes that the government is currently implementing, in particular the whole idea of the regionalization or the superregional boards, how they are going to be used to take the flak and how the government is going to use these boards in order to hide behind them in terms of decisions that have to be made.

I will acknowledge right from the beginning that change is absolutely critical and it is a question in terms of how you want to manage that change. We want this government to take responsibility for the actions that it is doing or the actions that it is taking in health care, Madam Speaker. The first thing you have to do in terms of taking that responsibility for those actions is to look at what you are doing with respect to the regional boards. I would suggest that getting rid of them would in fact be

in order. The other thing is to sit down and take a look at some of the propaganda that is being espoused by this government, in particular with an eight-page glossy, and is that in fact the best way to spend government dollars?

Madam Speaker, with those few remarks, I hope and trust other members will have the opportunity to not only speak, but also all members will have the opportunity to vote on this very important resolution. Thank you.

Hon. James McCrae (Minister of Health): Madam Speaker, it is a pleasure to join with my colleagues in a private members' discussion about health care. It has been a very busy summer for many of us in health care and making preparations to return to the Legislature and to put some of our programs before honourable members for their judgment and for their input. I was listening earlier today to the honourable member for Dauphin (Mr. Struthers) making some very interesting comments, and I want him to know that I was indeed listening to what he had to say earlier today. I cannot say that I agree wholeheartedly with everything that he said, but I do not suppose that comes as any particular surprise to him. Obviously, it appears to me the honourable member has been doing some thinking about health care, and I appreciate that, probably consulting people in his neighbourhood and finding out about the concerns that exist there, and bringing them to this Legislature, which is the appropriate function for a member of this Assembly. So I approach my work in that way.

* (1650)

Madam Speaker, honourable members will come here and sometimes in a very energetic and animated way bring forward the concerns of their constituents, and that is what this place is all about. I appreciate the ongoing interest of the honourable member for Inkster (Mr. Lamoureux) in issues related to health, as demonstrated by his participation in Question Period on health issues, as demonstrated by his resolution that we have before us today. However, with all due respect to the honourable member, I suggest to him that it could be said that this resolution before us could perhaps be described as somewhat dated now, and in view of all of the developments in health, The Action Plan that is now before Manitobans that you can hear about on television if you watch the messages that we are putting forward to

the people. You can see it in the newspaper, called Health News. The first edition is out, and I look forward to seeing many other editions as well to keep Manitobans informed about exactly what is going on with their health care system. It is certainly not mine any more than anybody else's. It is everyone's health care system.

The honourable member for Inkster refers to propaganda. I have seen propaganda, Madam Speaker, about health care and about other matters too, but it does not seem to come from this particular government. I have seen propaganda coming out from other political parties in Manitoba. This government puts out information for people so that they can look and understand what is really happening on the ground right here in Manitoba. It is with respect that I say that the honourable member's resolution is dated because I know the very fine sentiments which actuates the honourable member in bringing forward this resolution, but it was, as I say with respect, placed on the Order Paper prior to the resumption of the session, i.e., earlier in the summer and last spring, and there have been many developments since. So it would have been my respectful suggestion and submission to the honourable member that he might have served his constituents and the people of Manitoba better by standing to his feet and saying, in light of all of the actions being taken by this government to improve the health care system in Manitoba, I would like to withdraw my resolution.

If you look at it, I mean, here we are in the fall of 1996 talking about an integrated plan for health care delivery, talking about our next steps along the pathway to a healthy Manitoba, and here this resolution is talking about a doctors' strike that took place fully one year ago.

Madam Speaker, it is for that reason I suggest that it might be nice to have a debate about health care, but this resolution is not going to take us anywhere except backwards, because it takes us backwards in time. Since that notorious doctors' strike of a year ago, we have had design teams at work; we have had urban planning partnerships at work; we have had all of the input from the people of Winnipeg coming to this Legislature and telling us how they feel about the role of Seven Oaks General Hospital, how they feel about the role of the Misericordia General Hospital, hundreds and hundreds of meetings amongst experts and professionals to tell us what is the right thing to do.

Then we come out with the plan that tells the people of Manitoba that we have been listening to them, and surely the honourable member for Inkster (Mr. Lamoureux) knows about that. How many times was he on his feet asking questions and reading out petitions about the Seven Oaks General Hospital? How many times did that happen? I did not hear the first few words of the honourable member's intervention today, but I am sure it was to say: Madam Speaker, I would like to thank the honourable Minister of Health for listening to the people of Manitoba. I am sure he said that, and I just could not hear it.

An Honourable Member: I think I heard lines like that.

Mr. McCrae: Okay. The point is I said to the honourable member last winter and I said to the honourable member for Crescentwood (Mr. Sale), the honourable member for Kildonan (Mr. Chomiak): I am listening to you. My colleagues are listening to you, and they are listening to the other people in Manitoba who are wanting their voices to be heard in all of this, including the people who are fortunate enough or unfortunate enough to sit on the committees and everything. We are listening to all of those people.

Ultimately, after you have listened to all the points of view, the role of leadership is to make decisions and to go forward in the best interests of everybody. That is what we are doing, and that is all reflected in these five steps. I hope the honourable member has memorized this document. I am sure he has, unless he got bogged down on one of the passages here somewhere dealing with—I think he is having trouble memorizing it because it falls so much within the lines of what he can support, and he does not really feel the need to memorize it.

An Honourable Member: Like Gulzar. You remember Gulzar Cheema?

Mr. McCrae: Oh, boy, do I remember Gulzar Cheema.

An Honourable Member: He was on track.

Mr. McCrae: I know that Dr. Cheema started a tradition in the Manitoba Liberal Party for some constructive sort of approach to the way they do their work. That tradition has been carried on in large measure

by the honourable member for Inkster (Mr. Lamoureux) in his interventions in this place, but I am just maybe politely suggesting to him that this resolution ought to be just more or less dropped and get on with other resolutions and other discussions. What is the name of that fellow, that famous Canadian, Charlie Farquharson, who probably would look at this and say, I read it and put it behind me? That is how Charlie Farquharson would have dealt with it, because, Madam Speaker, it does deal with the issues from yesteryear.

We are into 1996 now and the issues discussed in his preamble and, for that matter, in his resolution really deal with issues that have been taken into consideration and acted upon, but there is one WHEREAS here that I like to have on the record and in writing, because the honourable member who sometimes is critical about any discussion relating to dollars and the health system says: WHEREAS the provincial government can save tax dollars while at the same time improve the quality of health care. I very much appreciate that assertion on the part of the Liberal Party, because we are proving it is true. There is no better proof in that particular pudding than to look at the eye centre at the Misericordia Hospital to know that we have doubled the number of cataract surgeries taking place there, and we have saved a million dollars in the process. So we are doing a better job. The wait time is down from what it was before the consolidation.

There again, I do not know what the honourable member's position on that was back when that was being discussed. I cannot remember. Maybe something Dr. Cheema said about it may be found somewhere, but there were people at Seven Oaks Hospital who were very concerned about the consolidation of the eye centre.

I do not know whether the honourable member for Inkster (Mr. Lamoureux) was one of them or not. The fact is, how can he be against reducing the wait time for cataract surgery? How can he be against doing so many more when, obviously, there are many more people needing that at a time when our population is aging? So he said it, it is there, and it is true. I agree with him. I am only pleased to find a Liberal who is forthright enough to come right out and say so, and then go after the debate from there. That is an appropriate thing to do, because we have demonstrated and will continue to demonstrate we can do a better job, and we can do it with

the same dollars or even fewer in some particular program areas.

The honourable member goes on to suggest that we resolve that there should be a 24-hour informational Health Links, and he says, for the entire province. Well, we certainly made a good start there again at the Misericordia General Hospital with the Health Links line. It is an excellent program, as the honourable member has acknowledged.

We were also talking about 24-hour service that will, in the future, formally be the emergency room at the Misericordia Hospital, the subject of a question raised by the honourable member today in Question Period. We are going to provide the kind of service that has been called for for that particular area of the city of Winnipeg. It has been suggested. I remember the honourable member for Wolseley (Ms. Friesen) said to me, you know that some of the people in the Wolseley area or in the Misericordia catchment area do not have cars. She said that. She was right; they do not. She was right about that. They walk to the Misericordia Emergency Room. Well, when they walk there, whether it be one o'clock in the afternoon or four o'clock in the morning, they are going to find that there is going to be help available for them. That is another example, I suggest, of our ability to listen because I recall earlier recommendations that would have had the whole place shut down so—

An Honourable Member: What about Concordia? What happened there?

Mr. McCrae: Now the honourable Minister of Labour (Mr. Toews) wants to get into the act, Madam Speaker, and make inquiries about a hospital that is near to his heart. Something that he asks me about not only in this Chamber, but pretty well everywhere else he could find me is, how are things going for Concordia? I can tell him that Concordia will continue to play a very significant role in the overall health system in the city of Winnipeg and will partner with all of the others in providing an integrated program for Winnipeggers and people beyond the city of Winnipeg as well.

* (1700)

The honourable member wants to see an expanded role for community health centres. He has always been

talking about that. The way you get that is just to keep on talking about it, because it happens. I know that. I remember Stanley Knowles in the House of Commons. You could have a debate on the Western Grains Stabilization act or on the western transportation act or on the Criminal Code or whatever it would be, and Mr. Knowles would give you a 40-minute speech on pensions every time. [interjection] No, he did. Ask him, he will tell you he did, and over the years in Canada there have been reforms in pensions that have been significant and have been good for Canadians.

So I say to the honourable member for Inkster, keep on talking about the things that are important to people, and community health centres and their role will continue to be needed and enhanced in the future in Manitoba.

He refers to changes to the fee for service structure. That is in progress. He is talking about an expanded role for nurses, also something that always we see, continued enhancements in the role for nurses and programs that bring that about, and reference to public health labs. We will be improving laboratory services very, very significantly in the city and right across Manitoba. So there is nothing wrong with the honourable member's resolution except that it is old and it is dated and should be withdrawn.

Mr. Tim Sale (Crescentwood): Madam Speaker, I am pleased to rise to make some comments on this important resolution which has been put forward by the member for Inkster (Mr. Lamoureux).

First of all, I would like to say that I am troubled by his third WHEREAS, Madam Speaker. It seems to me that he has given away his party's approach here, and that is to cut the health care system further from where the Conservative government has already cut it in a draconian fashion. In this intention to save tax dollars, in other words, to cut spending, he is in complete agreement with his federal cousins. He is, after all, seeking the leadership of this party, and I think Manitobans should pay special attention to this resolution because he gives away in his preamble his real agenda, and his real agenda is to further reduce spending in line with his federal party's policy. Now, this federal party ran on a policy, as this resolution appears to put forward, of saving medicare, whereas they have taken Brian Mulroney's tactics and raised them a hundredfold. Where Mulroney

cut spending significantly over 10 years, they have cut and will cut as much as was cut over the nine years of the Mulroney government in three years.

Madam Speaker, this federal government is proposing to reduce funding to health, education and social services not to a 11.1 billion, which was the announcement of Mr. Martin in his budget of last year, a floor supposedly, but in fact, as the government of British Columbia has pointed out and the Centre for Policy Alternatives has confirmed, by some sleight of hand, some bringing in of tax adjustments which were made for Quebec in the 1960s into the arcane arithmetic of federal-provincial funding. The federal government is planning to cut funding to health, education and social services not to 11.1 billion but to 8.2 billion.

Now, understand, Madam Speaker, as I am sure you do, and I am sure the members of the House do, that the total amount of money spent in health, higher education and social services in this country is well in excess of \$80 billion. The federal government is proposing to put into that mix less than 10 percent of the total expenditures. This is a government that said it was concerned about a social safety net. A minister from this city, Minister Axworthy, who was charged with reforming and strengthening the safety net for disabled people, and instead he gutted it. So my first concern with the honourable member's resolution is that he gives away the real policy agenda of his party, and that is to further reduce spending on this vital service. That is a sentiment with which I cannot possibly agree.

Secondly, Madam Speaker, I want to turn to our concerns about the actions of the provincial government in reducing the number of acute care beds in Winnipeg. Here I can agree with the member for Inkster that there is a real concern on the part of Manitobans, a real unease, not just in this House, as this resolution says, but across this great province of ours, regarding the current provincial government's approach to health care reform. In 1991-92, there were 2,967 set up beds in Winnipeg in acute care. Two years later, in '93-94, there were 2,498 set up beds, in other words, a closure of 469 beds over a two-year period. Now, we could agree that as the outpatient surgery increased and as the ability of our health care system to provide resources in a way that does not require as long hospital stays, as those abilities increase, then our need for acute care beds does decrease.

Here I agree with my honourable colleague the Minister of Health (Mr. McCrae) that over time, as new techniques, new resources, are put in place, alternative approaches are discovered and used, we can provide quality health care with fewer acute beds.

The question here, Madam Speaker, is the integrity of the government in announcing closures which were far beyond the numbers they put forward. Before detailing those numbers, let me also detail the hypocrisy of the arithmetic of the government in regard to health care and acute care.

Mr. Orchard, the former Minister of Health, indicated that each bed in our acute care system cost on average about \$500 a day, \$800-plus in the tertiary care hospitals, \$400-plus in the secondary or community hospitals. Now, at \$500 a day, let us take a look at what 469 bed closures ought to yield if the Minister of Health was telling us the truth. If you do the arithmetic, Madam Speaker, and multiply 365 days times \$500, that is about \$18 million roughly, and then multiply it by the number of beds that were closed, what we find out is that we should be saving already from those 469 bed closures, we should be saving almost \$100 million in Winnipeg alone. Our hospital budgets should be \$100 million lower than they were if the Minister of Health's predecessor, Mr. Orchard, was telling us something that was factual.

As the Minister of Health (Mr. McCrae) well knows to his chagrin, the budgets of Winnipeg's acute care hospitals are exactly the same today as they were when health reform began in earnest in 1992. There have been no savings whatsoever at all. The budgets total the same amount they totalled four years ago. Wages have not gone up. In fact, wages have gone down, so one cannot blame the cost picture on wages. Those who have got a bit of background in economics will realize what is going on here, and that is that, in fact, one never saves the average cost of anything when you close one of something.

To use the analogy of a school, when you move a student into a classroom, it does not cost you the average cost of students to service one more student. All it costs you is a textbook and perhaps some paper, because for one more student, you do not add a teacher. When a student leaves a classroom, you do not save the average cost of a student. All you save is the marginal cost. You

save the little bit of paper that student consumed and maybe the textbook and some wear and tear on a desk. You do not save the average cost.

So the Health department has finally figured out that closing all those acute care beds did not save them very much money at all. So what are they going to do? Have they learned from their mistake? Are they going to change the pattern? No. No, they are going to close more acute care beds in a vain attempt, like a dog chasing its tail, to catch up with the cuts that have been imposed on them and the cuts they have willingly accepted, both from the federal government and from their own draconian approach to balancing their budget.

* (1710)

So now we are going to close, apparently, according to the Minister of Health (Mr. McCrae), approximately another 242 beds at St. Boniface and HSC, and 149 beds at Seven Oaks, Grace, Concordia and Victoria for a total of 391 more beds to be closed. It would be very interesting to know from the Minister of Health what he thinks he is going to save from these closures. Does he think he is going to save \$500 a day on each bed? I hope he is not still hoping that we will accept such facile arithmetic and facile economics.

So the total bed closure in his announcement was 391, Madam Speaker. But, you know, the minister must have had a bad day or a lapse of memory, because in the same announcement—I notice he is listening carefully to this—he told us that Misericordia Hospital was going to be closed as an acute care hospital. Now, at last count Misericordia had 220 acute care beds, so he seems to have forgotten in his announcement of 391 bed closures, there is another acute care hospital here and it has 220 beds. He is not closing 391; he is closing over 600 further acute care beds. So, since 1992 when we started with 2,900 acute care beds, we are going to close over 1,080 beds. In other words, more than a third of our system will have been closed. Will the minister be able to come to the House at the end of that particular set of closures and say, look, we have saved some money? Not if the previous experience is any guide. He has closed 469 beds already, more this year, and his hospital budgets in Winnipeg are still in the deficit and they are still climbing.

Madam Speaker, we have some trouble supporting a resolution that is based, first of all, on the notion that we can continue down The Action Plan road, which is the plan laid out by the previous Minister of Health and really just sort partially put forward by the honourable member for Inkster (Mr. Lamoureux) in his resolution. We have a great deal of trouble going down a road that suggests that we ought to cut spending further to our health care system as the second WHEREAS suggests; and, as the Minister of Health (Mr. McCrae) pointed out, the resolution is seriously dated now based as it was on the situation imposed by the provincial government in their attempt to close not just one emergency ward, as they have now decided to do at Misericordia, but to close four emergency wards as they attempted to do with the closures of Seven Oaks', Victoria's, Grace's, Concordia's and Misericordia's emergency wards and an attempt to make the population of Winnipeg completely dependent on the most expensive and least current of their emergency facilities, namely, those at Health Sciences Centre and St. Boniface.

So, while I have some sympathy with the member's concern for an expanded role for community health centres, for example, with the issues that he raises around fee-for-service salary structure, with the notion that we have endorsed of an expanded role for nurses in the new public health system, and, certainly, with a commitment to maintaining the public labs, I cannot accept a resolution that is based on a preamble which implies that we will cut further our spending on our health care system. But I can understand why the member puts this forward, because he is trapped in his interest in seeking the leadership of the Liberal Party in being out of sync with his main sources of support, those in the federal Liberal Party with all the machinery. So I understand why the member puts forward a notion that we would further cut our spending on health care, but I am quite unable to support the motion, Madam Speaker.

Mr. Mike Radcliffe (River Heights): Madam Speaker, I rise today to echo those noble sentiments of our honourable colleague, the Minister of Health (Mr. McCrae), in response to this resolution as well. I find, strangely enough, that in some very minuscule way I can agree with some of the facile remarks that were made by the honourable colleague across the way from Crescentwood (Mr. Sale) in saying that this resolution is truly dated and it is feckless. The reason for that is that,

unfortunately, my honourable colleague in the centre of the House here finds himself in a philosophical box: he is neither fish nor fowl. At least with the honourable member for Crescentwood, we know what his colours are, and he at least is honest in that he poses this strange version of mathematics, which is a socialist's wont, to try and deceive right-minded people.

But indeed we on this side of the House can see through the fantasies of our honourable colleague here from Crescentwood when he poses the suggestions that he has. I would suggest with the greatest of respect to the honourable colleague that what he was really trying to do in his veiled speech was, he wants to close more institutions outright in the city of Winnipeg. He was criticizing our closing beds to try and meet the needs of people of Manitoba, but he was saying he would do something more. He implied that he was going to shut down in a wholesale fashion, in a broad brush, a series of institutions, and that is the ham-fisted attitude of the unfortunate thinking that we see on that side of the House.

Madam Speaker, what we have to do when considering this motion that has been brought by the honourable member for Inkster (Mr. Lamoureux) is look at the background, look at the environment in which this whole issue is based. One of the fundamental, underlying concepts or principles with which we have to deal today is the reality that the Liberal Party in Ottawa is ruthlessly, thoughtlessly, arrogantly slashing revenue that has—

An Honourable Member: Gay abandon.

Mr. Radcliffe: Gay abandon, that is correct—that has been sent to our provincial coffers.

In the last two years alone we have lost over \$200 million of revenue, and our honourable colleague here on this side of the House—[interjection] Oh, Madam Speaker, he is trying to defend his cousins and he is in their pocket. He is just a pale imaging of Mr. Axworthy and Mr. Chretien and those people that we see in Ottawa, and this is how we would have more of this type of imaging if these people were allowed to enter this Chamber in any greater numbers. They have been constrained to three members, and that is how the people of Manitoba think of their philosophies.

An Honourable Member: I remember when River Heights was a Liberal seat.

Mr. Radcliffe: Oh, heaven forbid! What our honourable minister and the Filmon government have done is, they have assessed the needs of the province of Manitoba, they have assessed the growing health environment in the province of Manitoba. We are looking at the change in treatment, in medication, in diagnostic capability. We are looking at the change in technology that is happening in health care and so, therefore, Madam Speaker, we are being responsive to those sort of issues.

* (1720)

What we are doing is shifting from high-cost, hospital-based services to community-based focus. We can point in our community to a day hospital at Deer Lodge. We can point to nurse-managed care at the Youville clinic. We can point to the Centre of Excellence and cataract surgery at Misericordia Hospital. We have many progressive, community-based mental health services across this province. This is the progress. These are the winds of change in health care in Manitoba. We are not stuck in the past the way our honourable colleagues are across the way. They are afraid of change. We are leading the vanguard of change in this province with original thinking. The Filmon government is not afraid to bring in innovative change in the province of Manitoba.

Now, Madam Speaker, what we have done is we have gone out to the province of Manitoba, to the people in the province of Manitoba. We have consulted with the specialists. We have looked to the Health Policy and Evaluation Centre in Manitoba. We have listened to what these people have to say about how our health care should be changed. We are listening to the health care providers, the health care consumers in Manitoba.

Our Minister of Health (Mr. McCrae) listened to the Urban Health Planning Partnership. These are some of the specialists, some of the most learned minds in health care in the city of Winnipeg and in Manitoba, and you know what they have done? Our Minister of Health is not looking at the narrow parochial issues in one community and balancing them off against another. He is not going into Concordia and saying, oh, I am being driven by your issues alone. Not at all, Madam Speaker.

Madam Speaker, our Minister of Health is looking at the big picture. We are looking at delivering service to an entire province, and that has been the background of this text that has been produced which is the blueprint, the outline for health care—[interjection] My honourable colleague for Thompson (Mr. Ashton) has responded with adulatory comments about the fact that this is indeed a blueprint for where we are going in health care, and these are the product of right-minded people. This is Pathways to a Healthy Manitoba. We are not dealing with the sick ideas that are outdated, that, as I say, were truly feckless. They are dated. [interjection] The honourable colleague for Crescentwood was issuing deprecating comments.

An Honourable Member: The “d” word.

Mr. Radcliffe: The “d” word, yes—that we were trying to cut—

An Honourable Member: You should use it more effectively.

Mr. Radcliffe: The honourable Leader of the Opposition (Mr. Doer) is trying to be perspicacious in this, but his assiduity is totally misplaced.

Madam Speaker, our Manitoba Health has increased spending in millions of dollars. We have put \$60 million more into health care in 1995 over 1994. Now, is this a government which is afraid to spend where it is needed? Not so. We have assessed the real needs of the people of Manitoba, and we have come to fulfill those needs. This blueprint, this Pathways to Health, is looking at how to manage, how to present, how to furnish health care in the province of Manitoba.

We look at management and governance. We are looking at establishing the Winnipeg Hospital Authority. We are also looking at a community and long-term care authority. This is going to deliver streamlined health care in the province of Manitoba. What we are going to do is to discern long-term care and acute care, and we will move patients from acute care if they are plugging the system and give them to long-term care.

Madam Speaker, we are going to be maintaining the value of the current boards and the foundations that are driving the current hospitals. Those boards will be able

to bring the goals and the mission and the objectives of those institutions and maintain them, and, in fact, we have a close relationship with the faith-related advisory council. We will be establishing an advisory council which will be able to maintain the mission that the faith-based institutions have.

There will be a group of clinical program managers who will be organizing the—

An Honourable Member: A group of clinical managers—that will make me sleep better tonight. Do they report to the new superboard or do they report above the new superboard?

Mr. Radcliffe: The learned Leader of the Opposition (Mr. Doer) has expressed the opinion that he will sleep better tonight, and I commend him for that because we want to reassure the people of Manitoba, not just the people in this Chamber, but all the people of Manitoba that, in fact, we are on guard to deliver a healthy health care system.

We will be eliminating duplication in the health care system, Madam Speaker. We will be streamlining the food services, the laboratories and the support services. We shall never surrender to this facile and aimless and directionless reasoning that we hear, this maundering of these poor souls on the other side of the Chamber. We will have a consolidation of the laboratories in Manitoba.

Now, Madam Speaker, we have many challenging issues before us in the province of Manitoba, and I can only echo the words of the learned and honourable Health minister from the Filmon government when he has said, we have taken the first steps on the five pathways to a healthy Manitoba, and I look forward to seeing this journey through to a successful completion.

Madam Speaker, this resolution that we have today is just such a minuscule image of the grander picture that we are presenting to the people of Manitoba; therefore, I cannot accept this resolution which is dated, which is limited and represents the downward-looking view of the Liberal Party. Without being demeaning to the honourable member, I can say that I would have to vote against this resolution with great sorrow because we have presented a blueprint to a healthy Manitoba.

Thank you very much, Madam Speaker, for this opportunity for these few words.

Mr. Doug Martindale (Burrows): It is a pleasure for me to speak on this resolution from the member for Inkster (Mr. Lamoureux), and I really do not blame him that the content of the resolution is out of date. It really does give us an opportunity to debate what is going on today in health care in Manitoba. I am sure that if the member for Inkster had asked to bring in a new resolution with today's crisis in health care, the government would have denied him leave to bring it in. So it does not really hold water to criticize the member for Inkster for having an outdated resolution. We know that the direction this government is really going in is to privatize as much of

health care as they can and to bring in an American-style health system in Canada, which everyone knows is a much worse system than that in Canada, and the evidence is everywhere. For example, allowing the urban hospital board in Winnipeg to contract out services for food and laundry and other things is a very significant change to the health care system in Winnipeg and in Manitoba, because we know that, for example—

Madam Speaker: Order, please. When this matter is again before the House, the honourable member for Burrows will have 13 minutes remaining.

The hour being 5:30 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow (Thursday).

**Bill 49, Regional Health Authorities
and Consequential Amendments Act**

Lathlin 3567
Sale 3569
Struthers 3574

**Bill 2, Municipal Assessment
Amendment and Assessment**

Validation Act
Wowchuk 3579
Lamoureux 3581

**Bill 36, Social Allowances
Amendment and Consequential
Amendments Act**

Martindale 3581

Private Members' Business

Proposed Resolutions

Res. 7, Health Care Reform

Lamoureux 3586
McCrae 3589
Sale 3591
Radcliffe 3593
Martindale 3596