



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

**DEBATES
and
PROCEEDINGS
(HANSARD)**

39-40 Elizabeth II

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



VOL. XLI No. 45A - 1:30 p.m., MONDAY, APRIL 13, 1992



MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Fifth Legislature

Members, Constituencies and Political Affiliation

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, April 13, 1992

The House met at 1:30 p.m.

PRAYERS

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Ms. Judy Wasyltycia-Lels (St. Johns): I beg to present the petition of Cindy Le Blanc, Brenda T. Hemery, and Patricia Kerekesch and others requesting the Minister of Justice (Mr. McCrae) call upon the Parliament of Canada to amend the Criminal Code to prevent the release of individuals where there is a substantial likelihood of further family violence.

READING AND RECEIVING PETITIONS

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

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

THAT locally controlled public housing with elected and appointed board members encourages democratic and accountable decision making; and

Many housing authority boards included tenants on the board of directors; and

Volunteers serving on boards made worthwhile contributions to local housing authorities by serving their tenants, their community and in saving taxpayers' money; and

With no consultation, the provincial government fired 600 volunteer board members, abolished 98 local housing authorities, laid off staff and centralized purchasing and administration;

WHEREFORE your petitioners humbly pray that the Legislature of the Province of Manitoba may be pleased to request that the Minister of Housing (Mr. Ernst) consider reinstating local housing authorities with volunteer boards.

I have reviewed the petition of the honourable member for Wellington (Ms. Barrett), and it complies

with the privileges and practices of the House and complies with the rules (by leave). Is it the will of the House to have the petition read?

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

THAT child abuse is a crime abhorred by all good citizens of our society, but nonetheless it exists in today's world; and

It is the responsibility of the government to recognize and deal with this most vicious of crimes; and

Programs like the Fight Back Against Child Abuse campaign raise public awareness and necessary funds to deal with crime; and

The decision to terminate the Fight Back Against Child Abuse campaign will hamper the efforts of all good citizens to help abused children.

WHEREFORE your petitioners humbly pray that the Legislature of the Province of Manitoba may be pleased to request that the government of Manitoba show a strong commitment to deal with Child Abuse by considering restoring the Fight Back Against Child Abuse campaign.

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

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

THAT locally controlled public housing with elected and appointed board members encourages democratic and accountable decision making; and

Many housing authority boards included tenants on the board of directors; and

Volunteers serving on boards made worthwhile contributions to local housing authorities by serving their tenants, their community and in saving taxpayers' money; and

With no consultation, the provincial government fired 600 volunteer board members, abolished 98

local housing authorities, laid off staff and centralized purchasing and administration;

WHEREFORE your petitioners humbly pray that the Legislature of the Province of Manitoba may be pleased to request that the Minister of Housing (Mr. Ernst) consider reinstating local housing authorities with volunteer boards.

* * *

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

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

THAT child abuse is a crime abhorred by all good citizens of our society, but nonetheless it exists in today's world; and

It is the responsibility of the government to recognize and deal with this most vicious of crimes; and

Programs like the Fight Back Against Child Abuse campaign raise public awareness and necessary funds to deal with crime; and

The decision to terminate the Fight Back Against Child Abuse campaign will hamper the efforts of all good citizens to help abused children.

WHEREFORE your petitioners humbly pray that the Legislature of the Province of Manitoba may be pleased to request that the government of Manitoba show a strong commitment to deal with Child Abuse by considering restoring the Fight Back Against Child Abuse campaign.

* (1335)

TABLING OF REPORTS

Hon. Rosemary Vodrey (Minister of Education and Training): Mr. Speaker, I would like to table the Supplementary Information for Legislative Review, 1992-93, Departmental Expenditure Estimates for the Department of Education and Training.

Hon. James McCrae (Minister of Justice and Attorney General): Mr. Speaker, I am tabling today the annual report for 1990 of the Office of the Commissioner for the Law Enforcement Review Agency.

INTRODUCTION OF BILLS

Bill 77—The Liquor Control Amendment Act

Mr. George Hickes (Point Douglas): Mr. Speaker, I move, seconded by the honourable member for St. Johns (Ms. Wasylycia-Leis), that Bill 77, The Liquor Control Amendment Act (Loi modifiant la Loi sur la réglementation des alcools), be introduced and the same be now received and read a first time.

Motion presented.

Mr. Hickes: Mr. Speaker, in keeping with the rules, I would just like to make a very brief comment.

As most honourable members are aware, it is believed that at least nine residents of Winnipeg alone have died in the past year due to the consumption of cooking wine. This situation is approaching a major crisis in Winnipeg's inner city. Although most people recognize the problem and its importance, to this point, there has been no legislative action to address the issue.

The amendment I am proposing will lend a partial solution to a very serious problem. This bill would amend the definition of liquor in The Liquor Control Act so that cooking wines or liquors with an alcohol content in excess of 19 percent would be under the control of the Liquor Control Commission.

I look forward to the appropriate support from all members of this very important bill.

Motion agreed to.

Introduction of Guests

Mr. Speaker: Prior to Oral Questions, may I direct the attention of honourable members to the gallery, where have with us this afternoon, from the Grant Park High School, twenty-eight Grade 9 students. They are under the direction of Mr. Roseman. This school is located in the constituency of Crescentwood.

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

ORAL QUESTION PERIOD

Abitibi-Price - Pine Falls Financial Status

Mr. Gary Doer (Leader of the Opposition): Mr. Speaker, on March 27, I raised a number of

questions with the Premier dealing with the financial situation of Abitibi-Price in that it was owned by the Olympia & York corporation, a corporation at that time, a couple of weeks ago, that was going through a lot of financial difficulties through overexpansion in London, United States, real estate in Canada and New York, a company that has owned the Abitibi-Price Corporation that has made profits for 50-60 years and now is in jeopardy through the statements of the holding company Olympia & York to close the plant down.

The Premier at the time, in Hansard, stated that there were negotiations going on for the takeover of the operation, the community-owned operation, but that he was at the First Ministers' meeting on the economy and he could not give us the details of the financial implications of the bankers meeting with Olympia & York today in downtown Toronto and the company operation in Manitoba.

I wonder if the Premier could advise us on the financial situation at the Pine Falls operation relative to the Olympia & York developments of today.

Hon. Gary Filmon (Premier): Mr. Speaker, the meetings continue to go on, as the Leader of the Opposition has indicated. To my knowledge, nothing has changed. Abitibi-Price indicated close to a year ago that they would not continue in the ownership and operation of the plant at Pine Falls, that the pulp and paper mill would not be able to be carried on under the ownership of Abitibi-Price, ultimately part of the Olympia & York empire.

The efforts that our government have been putting forward—and I met at least twice in Toronto with the CEO and senior vice-president, Eileen Mercier, of Abitibi-Price with respect to ensuring that they would provide for an orderly transition of sale of the corporation to a group led by the management, which included the work force as part of the ownership and operation.

I know that there have been countless meetings involving people such as the member for Lac du Bonnet (Mr. Praznik) in his capacity, and interested in it, the Minister of Industry, Trade and Tourism (Mr. Stefanson), other ministers of this administration, with the people trying to put together the package which would allow other people to acquire the control and continue the operations of the Pine Falls pulp and paper mill under different ownership.

(1340)

De-Inking Plant Feasibility Study

Mr. Gary Doer (Leader of the Opposition): Mr. Speaker, the Premier also took as notice, on the same day, the status of proposals before the Western Diversification committee of the federal cabinet dealing with a proposal to have a de-inking plant operation as part of the divestiture and the takeover of the community-based group, a de-inking operation that could potentially deal with the recommendations that the government finds before it in dealing with the Clean Environment Commission and a substitute for the fibre that may be necessary if the government proceeds with those recommendations.

I was wondering today, given the fact the Premier took this question as notice, what is the status of the de-inking plant operation? Will we receive any support from either the provincial or federal government, particularly the federal government because Western Diversification seems to us to be totally appropriate for this kind of change into the future? What is the status of that proposal?

Hon. Gary Filmon (Premier): As I indicated in response to that question a couple of weeks ago, it is the responsibility of the proponents to go to Western Diversification and to ask for their support. I understand that has been done.

I might say that our caucus met last Monday, as I believe the opposition caucuses met last week with the principals of the Abitibi-Price operation, including representatives of those who intend to be part of the takeover package. We confirmed our continued support for the de-inking facility as part of that takeover.

I would just indicate that the information we have been given by those who plan to take over or are in the process of seeking financial support for a takeover, I would hope, is no different than the information they have provided to the opposition caucuses, and that is that basically the operations of the Pine Falls pulp and paper mill would be in jeopardy and in fact the economics would be likely unfeasible if the recommendations of the Clean Environment Commission were adopted by this administration, regardless of the availability of some recycled stock in terms of the de-inking facility. If that is different from what has been portrayed to the opposition caucuses, perhaps they could say so publicly.

Mr. Doer: Mr. Speaker, we have a consultant's report, *Bowell Consultants*, which is well known by the government, a report that was commissioned by the band in the area dealing with the feasibility of the plant, a feasibility study that took place even before the recommendations were recommended to the government from the *Clean Environment Commission*, talking about that this plant would not be viable, notwithstanding any recommendations to the *Clean Environment Commission*, without a recycling proposal and a de-inking proposal.

The government has its own studies that it has commissioned dealing with this operation. I was wondering, given the fact the government has had those consultant reports for a number of months, whether the government will make those reports public so that debate going on about the jobs and the environmental commission recommendations and all the issues that are at stake—and they are very important—could be debated in a full way, Mr. Speaker, by Manitobans dealing with these very important policy issues.

Mr. Filmon: Mr. Speaker, I am not in possession of that report nor have I seen that report, but I do know from the briefings that I have had that the plant will require certainly equivalent availability of wood for the process to what it currently has. In fact, given the tremendous losses that were sustained in the forest fires of the 1980s, much of the previously committed timberland has been destroyed by fires, and therefore, it is questionable as to whether or not the existing stock is sufficient for its viability.

That is why we have indicated for quite some time now, certainly more than a year, that we are very supportive of and very receptive to having a de-inking plant as part of the overall takeover and restructuring of that operation so that they will have sufficient recycled stock to supplement what appears to be a shortage of new wood stock to the operation.

Shoal Lake Protection Minister's Communication

Mr. Gary Doer (Leader of the Opposition): Mr. Speaker, I have a new question to the Premier.

The Premier and I had, again, a debate on March 23—or not a debate but a discussion about the Shoal Lake proposal for the mining proposal at Shoal Lake. The Premier indicated at that time that the government was pursuing a two-track strategy with

Shoal Lake: one, the strategy of having a basin management system in negotiations with all the stakeholders, a strategy that certainly we support on this side—I am sure all Manitobans support it; and a second strategy of monitoring the environmental processes that are taking place in Ontario that were announced by the previous government and are being maintained by the existing government in Ontario. We had been advised that *Consolidated* is changing its proposal to the province of Ontario, is looking at processing the ore offshore now as opposed to on shore.

I was wondering whether the Premier (Mr. Filmon) has reviewed this proposal and whether he has communicated to the Province of Ontario on the impact of the change in that proposal from the mining company, and what impact it will have on Manitobans, particularly those who rely on that water supply and on that basin for our drinking supply.

* (1345)

Hon. Glen Cummings (Minister of Environment): Mr. Speaker, I would like the opportunity to bring the Leader of the Opposition up to date on the circumstances surrounding Shoal Lake. We have not had any official communication from the Province of Ontario regarding this proposal that the member raises. Until we see something a lot more substantive than a report in the paper or perhaps some verbal suggestions about what could occur our position is, as it has been enunciated for some time, that we believe this should go through the most rigid evaluation for the long-term protection of the water and that at the same time we wish to proceed in co-operation with all of the stakeholders for a basin management plan.

We have had discussions with some of the band in the area. I personally spoke to the Ontario Minister of Environment not very long ago, and until we receive something more substantive, however our position is unchanged.

Mr. Doer: Mr. Speaker, before the newspaper stories and other communication on this issue, we had also heard informally that the mine was working with the mining industry in Ontario to change the proposal. It is not a rumour. It is something very specifically that they are looking at with the mining industry of Ontario.

Mr. Speaker, has the minister, in his communication with the minister for Ontario, pointed

out the precedent of the Montreal River flooding where mining ore taken from mines off the basic water supply was processed offshore, but through flooding and other means, those toxic materials—and we certainly know that toxic materials could be involved in the mining of gold in the processing of gold—did come into the water supply in the Montreal River? Has he communicated our objections to the reconfiguration of that proposal?

Mr. Cummings: Mr. Speaker, let me make it very clear, there is quite a significant difference between discussions in the industry and changes that they are putting forward, and I presume they will, or if they have not already, put some pressure on the Ontario government. The Ontario government has not communicated to us. Our position has been and continues to be that we want the highest possible protection for the area.

I do not disagree with the basis of the Leader of the Opposition's comment, but I do not think he should be attempting to frighten the people of this province again by talking about possible leaching into the lake. We are not talking about anything of that nature. We have not had any official communication, and I want to tell you that we will be negotiating with Ontario for basin management, the strongest possible protection. As a matter of fact, the regulations that we proposed and asked Ontario to consider as part of a basin plan are, I think, quite capable of providing the protection, but there is now issue on the Ontario side of the border as to how the management of a basin plan should be structured. That is the position that we are in today. Rather than ramrodding the Province of Ontario, we are waiting to work with them to devise a plan that I believe could well be visionary, Mr. Speaker.

* (1350)

Manitoba Regulations

Mr. Gary Doer (Leader of the Opposition): Mr. Speaker, our questions are only intended to have the earliest warning possible for Manitoba, which I think is obviously the most prudent course for all of us, no matter what side of the House we sit on.

I have a further question to the minister, and he alluded to parts of it in his second question. In September of 1990, the government talked about draft regulations that they were putting out on the dealing with the Shoal Lake watershed area. Eventually last year, 1991, the government did put out draft regulations for public consultation. The

regulations are still out for consultation. The minister mentioned that Ontario is raising some concerns.

Mr. Speaker, when will we have the regulations on the Manitoba side of the watershed that the government promised during the election and after the election so that we can have a consistent position in dealing with the Province of Manitoba? When will we have those regulations completed? When will we make them public, and will the minister make public all the interventions from various groups on those regulations in terms of the public feedback that he has received dealing with this water supply which is a water supply for all of us?

Hon. Glen Cummings (Minister of Environment): Yes, Mr. Speaker, I would be quite pleased to provide an update on the status of those regulations. We are quite prepared to proceed with proclamation of those regulations and implement them on our side, which is the only area that we have jurisdiction on, but we have received presentation from two bands on the Ontario side of the border who are looking to a broader consultation and co-management responsibilities in regard to discussions that they have had with their government. They specifically ask that we delay the implementation of those regulations while broader discussion occurs.

Mr. Speaker, I indicated to them, in the interests of being co-operative and the best interests of working towards a larger management and agreement plan for that area, that we would not proclaim those regulations, but I have reserved the right to do so or to take the strongest possible action on our side of the border, if it is required, for protection of the water.

I would ask you, Mr. Speaker, and anyone who is interested in this topic to remember that the only place we can regulate is on the Manitoba side of the border. We have some negotiation capacity, but we have to rely very heavily on the co-operation and the implementation of either a plan or regulations on the Ontario side. We still have some considerable faith that Minister Grier will work with us.

There seemed to be some confusion for a short period of time as to whether the ministry of Native Affairs was going to assume the main responsibility or whether it was the Minister of Environment. I believe that is now back in the ministry of

Environment's responsibility, and we are proceeding to work with them.

Health Care System Public Accountability

Mr. Gulzar Cheema (The Maples): Mr. Speaker, my question is for the Minister of Health.

We all know that health care is becoming more and more a serious challenge for all provincial Leaders. Mr. Speaker, we must live in the real world and not the fantasy land of the New Democratic Party. In Saskatchewan, the NDP think that the health premium will save medicare and reduce the deficit. The lesson for Manitoba NDP is that the negative views on health care will lead to NDP premiums and taxes. Innovation and reform will save the health care, not the premium on health care.

Mr. Speaker, the recent reports of overbilling by doctors have added to the doubts of the public mind whether the government is able to exercise any effective accountability and any effective control in the way we spend \$1.8 billion for 1.3 million people.

Can the minister tell this House what the government is going to do to help the taxpayers of Manitoba understand where the \$1.8 billion is being spent? Can the minister tell us how they are going to have more accountability and explanation for the people of Manitoba to save medicare by reform not by premiums?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I think the preamble to my honourable friend's question underlines the very serious challenge that all provincial administrations are now facing to deliver health care. I have often noted that from the comfort of opposition, New Democrats will always suggest more spending, less accountability and any number of fixes, that when they are in government, they immediately strip away from their rhetoric and move to action plans which involve more management of the health care system.

There is no question that recent revelations, in terms of the medical review process and, in this particular instance, the request for repayment by the medical review commission of inappropriately billed services by three physicians, have raised a whole new series of issues around the basic trust that we have empowered in the billing system for fee-for-service physicians.

Mr. Speaker, we have checks and balance in place. They may not be perfect. They may not work 100 percent of the time, but clearly they have in this instance worked, and we are willing to listen to reasoned suggestions on how to make the system even work more, including—and I note, from at least media responses by the opposition, that they would be open to a legislative resolution of the difficulty of disclosure of physicians, should that be necessary, given that maybe no other solution might emerge.

* (1355)

Mr. Cheema: Mr. Speaker, will the minister consider one positive idea? Will he require that patients sign a form each and every time they see a doctor and also that patients receive a quarterly statement showing exactly what the doctor has billed the government on behalf of taxpayers?

Mr. Orchard: Mr. Speaker, let me deal with the second suggestion first. In terms of each Manitoban receiving with some frequency, on an annual basis or even more frequently, a summation of billings made on their behalf, there are two issues here. There is, first of all, the cost of doing that. I have to say that we tried something similar when I first came into government, and we did not have a great deal of positive feedback as to its utility in the overall health care system from those individual Manitobans receiving their statements. However, I can indicate to my honourable friend that any Manitoban wishing to receive a copy of their billed services, that request can be made of the Manitoba Health Services Commission and that statement can be made available to them.

On the first issue my honourable friend raised in terms of patients signing, in essence, what I would interpret as being billing forms, that is worthy of investigation, Sir. I am willing to very much pursue that suggestion on behalf of my honourable friend in the Liberal Party to see if there is a method by which the taxpayers, the patients and physicians can assure that services are appropriately billed as the system would ask us to assure.

Mr. Cheema: Mr. Speaker, all these ideas will improve our health care and save X dollars, improve accountability, and also give some assurance to the health care providers that they are not cheating the system.

Can the minister agree that the government must do a better job explaining how we spend our \$1.8

billion? Now will they launch an education campaign to make sure the people know how we are spending their \$1.8 billion?

Mr. Orchard: Mr. Speaker, again I take that suggestion from my honourable friend as a valuable suggestion. I know my honourable friends in the media were present, maybe not themselves personally, but were present today at a debate that all three of us had before the Manitoba Nurses' Union, and some information was attempted to be shared there, Sir.

The whole Estimates process is one in which explanations are made as to how we expend our dollars. I can indicate to my honourable friend that hopefully we will be able to provide a much more expansive detail of how current dollars are being spent, some of the challenges that face administrators, the health care system, political parties currently in government across Canada and to share along with that, hopefully, the vision that we have as government in ways in which we can see a positive reform of the health care system in Manitoba taking place for the benefit of the patient.

CareerStart Program Funding

Mr. Leonard Evans (Brandon East): I have a question for the Minister of Finance.

We have a very serious unemployment situation in the province of Manitoba. Two years ago, our unemployment rate for youth was 13.5 percent in the month of March, and \$7 million was allocated for the summer jobs program for young people, CareerStart. Now the rate has jumped up to 18.6 percent, an incredibly high rate, Mr. Speaker, but the government has cut the CareerStart program to \$3.5 million.

Would the government, would the Minister of Finance, be prepared to bring the CareerStart program back up to the \$7-million level that it was at two years ago in light of the very serious unemployment situation?

* (1400)

Hon. Clayton Manness (Minister of Finance): Mr. Speaker, we are very mindful of the unemployment numbers across Canada and certainly in the province of Manitoba and within the classifications of youth and in other areas within our province. That is why, at some of the last days, when we were completing the budgetary process,

we introduced yet additional funds and a couple of new youth program areas. That is why we restored the same level of funding as last year in CareerStart.

What the member, of course, is trying to do is focus specifically into some areas. I would point out for him, for instance, that Manitoba, vis-a-vis a whole host of other economic indicators, is doing as well or above national averages, and if he wants to, in subsequent answers to his questions, I could focus or give greater detail with respect to base rate settlements, building permits, business bankruptcies, farm cash receipts, housing starts in urban areas, manufacturing shipments, personal bankruptcies, private nonresidential investment intentions and the unemployment rate. I could give him the good news in all of those areas, Mr. Speaker, if he so wishes, in a subsequent question.

Social Assistance Employment Creation Strategy

Mr. Leonard Evans (Brandon East): Mr. Speaker, I am asking a question on behalf of thousands of unemployed young people in Manitoba. That is all. What are you going to do for those young people? That is all.

Mr. Speaker, a supplementary question. Would the government contact the City of Winnipeg welfare department which has developed a list of work projects for welfare recipients and explore ways and means whereby the province could assist the city in providing employment and training for welfare recipients? I ask that since more people than ever before are on municipal welfare in the city of Winnipeg and indeed many other municipalities.

Hon. Clayton Manness (Minister of Finance): Mr. Speaker, mindful again of most of the comments the member has made, I can assure him that in very short order, there will be a full announcement made by this government with respect to youth unemployment, to programs put into place to deal with the program. I can assure him they will be far beyond some of the programs that the former administration had to deal with problems that existed during their tenure in government.

Mr. Speaker, those announcements, I tell the member, are imminent, and I just ask him to hold his position, if he can, for a few more days.

Mr. Leonard Evans: Mr. Speaker, I look forward to the positive announcement, but I ask, I repeat, or I change my question a bit. I ask the minister—I am

talking about all people on welfare in the city of Winnipeg and indeed other municipalities.

Will this government be prepared to work with the City of Winnipeg and its welfare department in providing jobs and training programs for people who are now drawing welfare, do a very positive thing, something that we did before? Let us do it again. Will you take that initiative?

Mr. Manness: Mr. Speaker, I swear we have been through this movie before. It was just before Christmas. It seemed that at that time, the member was calling on workfare. Of course, we are starting all over again. It is a very serious issue. I can indicate to him, the government will be making an announcement in very short order. I expect that the member will be very congratulatory of the efforts put forward by the government, that he will leap to his feet and congratulate the government for its efforts.

Human Resources Opportunity Centre Closure

Mr. Gregory Dewar (Selkirk): My questions are for the Minister of Family Services.

Recent statistics show that unemployment, particularly among young people, has increased once again—this time to record levels. Will the Minister of Family Services now review the true costs of increased welfare funding associated with the shutting down of the Selkirk training plant, the true cost?

Hon. Harold Gillehammer (Minister of Family Services): Mr. Speaker, the member raises a similar question to the member for Brandon East (Mr. Leonard Evans). I would remind him that we have maintained the CareerStart Program at last year's levels, and young people and employers across the province are enrolling in that program at this time. As the Minister of Finance (Mr. Manness) has indicated, we have a new program which was announced in the budget, the Partners with Youth program. We will be bringing forth details on that in the near future.

Mr. Dewar: Mr. Speaker, what will this minister say to the over 500 Selkirk residents who signed the petition opposing the closure and the dozens of single parents and young people who are being shut out of training opportunities by this minister?

Mr. Gillehammer: Mr. Speaker, this budget has seen a massive increase in the spending of Family Services far outstripping some of the estimates of

spending brought forward by people who work, I am sure, with the opposition caucus. We have an increase of almost 9 per cent in the Family Services budget this year. We have some ongoing programs which assist with job creation, the Single Parent Job Access, the Gateway program, and the HROCs and HROPs.

From time to time, we have to review the success of those programs and make necessary changes to more adequately supply the training for people who are looking for work in the 1990s.

Mr. Dewar: Selkirk had a very successful program there. Instead of closing this centre and having to increase welfare funding, will the minister postpone the closing for a year while he has the chance to meet with organizations involved and review the cost savings of keeping the centre training the unemployed?

Mr. Gillehammer: Mr. Speaker, we have given a thorough review to our training programs, and I would remind the member that there are training programs coming out of other departments as well that will be working to assist Manitobans who want to get back into the work force. We have looked very carefully at the programs and particularly the people accessing those programs who can also access the programs in Winnipeg and Gimli and access other programs that the government is bringing forward.

Bill 70 Cost Savings

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

Behind the very poor unemployment statistics and the poor Manitoba economy are the men, women and children who have to live on social assistance. It is estimated that for 1991-92, the increase in social assistance recipients will increase by 34.9 per cent, 37.6 per cent in the city of Winnipeg, which represents 89 per cent of all cases in the province of Manitoba.

In Bill 70, the government wants to establish a one-tiered welfare system, a system that we support provided it does not lead to a decrease in benefits for welfare recipients, for the 89 per cent of the cases who live in the city of Winnipeg. Mr. Speaker estimates of the cost savings to the province for this single-tiered system have been as high as \$5.6 million.

Can the Minister of Family Services today tell this House how much the province will pay by decreasing the benefits covered by the province in this one-tiered system?

Hon. Harold Gillleshammer (Minister of Family Services): Mr. Speaker, the member of the Liberal Party brought forward a lot of statistics, some of which we will have to look at because I believe they are somewhat questionable.

At the present time, the provincial social allowance rolls take care of some 27,000 cases, and on the municipal rolls, there are around 12,000 cases. What this legislation is going to do, and I am pleased that the member is going to support it, is allow equal access to the program, no matter where you live in Manitoba, and as well standardize the rates that will exist across Manitoba.

At the present time, there is a group of officials from my department and also members of the SARC committee that was established in 1989 working on some of the details of the program, and the figures that the member is looking for are not yet available.

* (1410)

Mrs. Carstairs: Well, Mr. Speaker, that is simply not true. Many of the figures are certainly very much available. The payments that are paid under the provincial system and the payments paid by the city are available. They have been paid for a number of years, so they are not hidden figures.

Mr. Speaker, can the Minister of Family Services tell this House, what is the saving to the Province of Manitoba by the fact that they will be paying less to the City of Winnipeg for their share of the benefit package to social assistance recipients?

Mr. Gillleshammer: Mr. Speaker, the increase in our budget in social allowances this budget year alone is some \$41 million. That includes the creation of a new program for the disabled. It includes an increase of 3.6 percent in the basic rates. It includes an increase of 3 percent in the shelter component of the social allowances as well as a flowing of the tax credits on a more timely basis. Now the work that is being done by the SARC committee and the department is going to establish a single rate. It is also going to establish a common eligibility for the program.

The rates that are existing across the province today certainly are public, but they vary from one municipality to another. In many cases, they are much lower than the provincial rate. What the

SARC committee and the officials are doing now is they are looking at the details of those programs, and probably by the end of May or June of this year, we will be able to come forward, when the legislation is passed, with the information on that rate.

Mrs. Carstairs: Mr. Speaker, it is estimated that in order to equal some of the benefits that have not been paid in the past, the province will have to put in a contribution of somewhere between \$500,000 and \$1.5 million. At the same time, they will decrease their benefits to the City of Winnipeg by some \$5.6 million.

Can the minister explain why he thinks it is an appropriate time for the government of the Province of Manitoba to get a \$3-million windfall on the backs of welfare recipients?

Mr. Gillleshammer: Mr. Speaker, the information that the member brings forward is not entirely correct. We have increased the spending on social allowances in this budget by \$41 million alone. There are going to be changes in the amount of social allowances that flow to recipients. In many municipalities the social allowances at this time are a fraction of what the provincial rate is. There are some that have allowances that are equal to the provincial rate and others where it varies on the higher side. We are working with the SARC committee to finalize these details. We are working as well, and hope that members will move the legislation along to bring this to a reality, and we will be announcing those rates some time probably in June, after this committee has had a chance to do its work.

Furnace Inspections Condemning Authority

Mr. Jim Maloway (Elmwood): Mr. Speaker, my question is to the Minister of Labour.

Recent reports of heat exchanger failures in Flame-Master furnaces have caused widespread concern in the public of Manitoba. Hundreds of homeowners in Gimli and Transcona, in particular, have been concerned that cracked heat exchangers are health threatening and must be replaced. The current system allows for good furnaces to be replaced at great cost, and it also allows for bad furnaces to continue operating.

Has the Minister of Labour determined who has the authority to condemn furnaces?

Hon. Darren Praznik (Minister of Labour): Mr. Speaker, first of all, a very good question from the member for Elmwood, certainly a very topical issue.

As the member for Elmwood may be aware, the legislative scheme under which we are operating today is the same legislative scheme that has been in effect in this province for quite a number of years. Under The Gas and Oil Burners Act, they require that designation of furnaces be approved, as prescribed in the regulations, under a particular regulation that I believe was approved in 1987, which defined "approved" as being approved and listed by the Canadian Gas Association which approved the furnaces in question.

With respect to insulation, that is done by the gas company which is required by the legislation and regulations to supervise and install the fittings and to report back and register with the department, and those things, of course, have been done.

Regrettably, in this particular instance, the Canadian Gas Association which certified this particular unit pursuant to the regulations and the act, there was a flaw in the heat exchanger cells that was not detected at that particular time, and hence we have the problem today.

Mr. Maloway: Mr. Speaker, from the answer that the minister has given, he has still not told us who has the ultimate authority to condemn the furnace because there is major confusion—

Mr. Speaker: Question, please.

Mr. Maloway: Would he clarify and tell us who has the final authority, the gas company or the government?

Mr. Praznik: Mr. Speaker, of course, this Legislative Assembly, through The Gas and Oil Burner Act, has the final authority in these matters under the act and legislative scheme that was established in this province for some years. The authority for inspection has been designated to the gas company which is responsible for the installations of the particular furnaces in question. They, of course, have to certify and register with the department that the installation meets the regulation and codes.

The member has made some reference to the furnace. We put out an announcement a week or so ago after we received notice from the Canadian Gas Association on the furnaces. Anyone who has this particular model is encouraged to contact either the gas company or the Department of Labour, and

we will ensure that things are properly inspected to see if they contain the cells that are flawed.

Mr. Maloway: Mr. Speaker, it is fairly clear to me that there is major confusion out in the public as to who really has the authority.

Mandatory

Mr. Jim Maloway (Elmwood): My final supplementary question to the minister is this: In view of the number of recent incidences of carbon monoxide poisoning and since the gas firm and the department only carry out inspections on request, is the minister prepared to bring in mandatory, periodic inspections for all furnaces in this province?

Hon. Darren Praznik (Minister of Labour): Mr. Speaker, the scheme which is currently in place requires the supplier of the gas to have a responsibility for the installation and to ensure that it is working properly. They are the providers of the fuel. They have that responsibility under the act. Where there is any difficulty that occurs, in this particular case, the inspection goes on. If individuals have some concern over their furnace, they have the ability to request an inspection, and we are pleased to oblige.

I should just tell the honourable member, in answer to his questions, some very relevant information that I think is important to this matter. There was some concern about the costs, in the paper, about the \$1,200 per furnace. I understand that staff in the department have identified the supplier of the cells that can be purchased somewhere in the neighbourhood of about \$60 a cell. So the cost of actually rectifying this problem could be in the range, depending on the number of cells that have been affected in the furnace, at somewhere near a third of the price that has been discussed in the media.

Mr. Speaker: Time for Oral Questions has expired.

Nonpolitical Statements

Mr. Jack Reimer (Niakwa): May I have leave to make a nonpolitical statement?

Mr. Speaker: Does the honourable member for Niakwa have leave? Leave. Agreed.

Mr. Reimer: It is my pleasure to draw the attention of the House to the fact that members of the Laotian, Cambodian and Sri Lankan communities are celebrating their respective New Years during the course of this week.

Recently, it has been my privilege to share in some of these New Year celebrations, and I have found them most enjoyable events. We, as Manitobans, take pride in our rich and diverse multicultural society. Each of us cherishes the freedom and the opportunity to express and to foster all aspects of our own cultural heritage, our own languages, our customs and our traditions. This openness and acceptance is fundamental to promoting understanding, mutual respect and harmony among all ethnocultural communities.

The diversity of Manitoba's multicultural mosaic, of course, also includes the observances of traditional festivals and the customs or the practices associated with them. We are privileged to be able to share these special celebrations such as the New Year celebrations with our families. Through the sharing of all aspects of our cultures, we have come to realize both our differences and our similarities. Reaching out in this way is the key to promoting the understanding, the respect and the equality that make our multicultural community so strong and so vibrant.

I ask the members of the House to join with me in extending our best wishes for a healthy, happy and prosperous New Year to the members of the Manitoba's Laotian, Cambodian and Sri Lankan communities. Thank you very much.

* * *

Mr. Gulzar Cheema (The Maples): Mr. Speaker, may I have leave to make a nonpolitical statement?

Mr. Speaker: Does the honourable member for The Maples have leave to make a nonpolitical statement? Leave. Agreed.

Mr. Cheema: Today, the Sikh community throughout Manitoba and the nation will celebrate Festival of Vaisakh. Mr. Speaker, it is one of the most important days in our cultural activities and spiritual activities. It was on April 13, 1699, the 10th guru, Gobind Singh, created the Khalsa Panth by choosing five disciples of tested courage and administered them by holy water, prepared according to the set religious proceeding, and blessed these five individuals to guide their lives on the basic principles of sacrifice, responsibility, accountability, acting for the good of others, truth, beauty and goodness. It was that day the common surname "Singh" and the five "K" symbols of the religion were given by the 10th guru.

The foundation of order of Khalsa, its growth, prosperity and contribution to human civilization, bear witness to the strength and vitality of the Sikh faith. The ideals and values set by Guru Gobind Singh and embodied in the Khalsa—courage, sacrifice and compassion—remain as valid today in Manitoba as they were during the Vaisakh at Anandpur in 1699.

Mr. Speaker, I would like to extend best wishes on behalf of myself and the members of this Assembly to the entire Sikh community in our province and this nation on this very important social and spiritual occasion.

Let us pray for harmony, peace and prosperity for all people around the world. Thank you.

* (1420)

Hon. Bonnie Mitchelson (Minister of Culture, Heritage and Citizenship): Mr. Speaker, might I have leave to make a nonpolitical statement?

Mr. Speaker: Does the honourable madam minister have leave?

Some Honourable Members: Leave.

Mr. Speaker: Leave. It is agreed.

Mrs. Mitchelson: Mr. Speaker, I would like to join with the member for The Maples (Mr. Cheema) in recognizing today, April 13, as a very auspicious day for Sikhs here in Manitoba and throughout the world. We do know that it is the time for those of the Sikh faith to gather and rejoice in their spiritual and cultural heritage. So along with the member for The Maples and all members of this House, I would like to join with the community and extend good wishes to Manitoba's Sikh community as they gather to celebrate the Festival of Vaisakh. Thank you.

Mr. Doug Martindale (Burrows): Mr. Speaker, do I have leave to make a nonpolitical statement?

Mr. Speaker: Does the honourable member for Burrows have leave? Leave. It is agreed.

Mr. Martindale: Mr. Speaker, it is my pleasure to rise and to recognize an important festival of the Sikh religion. April 13 is Vaisakh day. On this day, in 1699, Guru Gobind Singh, the 10th guru, created the Khalsa Panth, the "Brotherhood of the Pure," by administering amrit, which is nectar used in the rite of initiation, from the same bowl to the first members, the five beloved, and by instituting the five Ks, the symbols of the faith worn by all dedicated Sikhs. Each Khalsa brother is given the name "Singh" or "lion" and each sister "Kaur" or "princess."

We would like to join with other honourable members in recognizing this festival in their religion. I would like to add that I recently visited one of the Sikh temples in Winnipeg and enjoyed very much their hospitality and learning more about their faith.

While I am on my feet, I would also like to congratulate the Laotian, Cambodian and Thai communities as they celebrate New Years and hope that they have appropriate celebrations and that the next New Year in Canada is a good one for them and everyone in their community. Thank you, Mr. Speaker.

* * *

Mr. Edward Helwer (Gimli): Mr. Speaker, do I have leave to make a nonpolitical statement?

Mr. Speaker: Does the honourable member for Gimli have leave to make a nonpolitical statement?

Some Honourable Members: Leave.

Mr. Speaker: Leave. It is agreed.

Mr. Helwer: Mr. Speaker, 43 years ago the Kinsmen Clubs of Manitoba started a trend motivated by the early successes of organizations working together with children with physical disabilities. The Kinsmen decided to sponsor Manitoba's first Easter Seals Campaign in 1949. The following year, the Society for Crippled Children and Adults of Manitoba was formed. The society worked to improve the quality of life for the disabled with a special emphasis on living independent within the community. In 1985, a name change was in order to bring about a renewed focus on the person rather than the disability.

The Society of Manitobans with Disabilities assists Manitobans with disabilities resulting from cerebral palsy, muscular dystrophy, hearing impairment, arthritis, epilepsy, amputations and others. Services provided include wheelchairs, canes and crutches; individual and family counselling and support; occupational, physical and speech therapy; and educational training assistance.

Manitobans have long recognized the unique Easter Seal stamps that arrive in their mailbox at this time of year. The annual Easter Seal campaign is both a fundraising appeal and an awareness campaign. This year, almost 1,200 Manitoba children will benefit through Easter Seals. The slogan for the campaign is: Thanks for helping kids with disabilities. The Easter Seals fund raising goal

of \$284,000 will only come about if Manitobans respond generously to this year's Easter Seals appeal.

Today I rise on the first day of Easter Seals Week, April 13 to 20, to salute the work of the volunteers and staff working on the Easter Seal campaign, and I encourage all Manitobans to support the Easter Seals campaign.

ORDERS OF THE DAY

House Business

Hon. Clayton Manness (Government House Leader): Mr. Speaker, I would like to provide information on House business.

To begin, I would like to announce today that there has been agreement amongst the parties that Thursday of this week will be treated as a full Thursday; that Monday next we will not come in to be in attendance, that we will take Monday next off, which is the 20th, Easter Monday, April 20; and Tuesday following, the 21st, will be treated as if it were a Monday.

I would seek leave, Mr. Speaker, on that one particular issue.

Mr. Speaker: Is there leave of the House to take Monday off, it being Good Monday and treating the Tuesday as a Monday? That is agreed?

Some Honourable Members: Agreed.

Mr. Speaker: That is agreed. The honourable government House leader, we thank you for that information.

Mr. Manness: Mr. Speaker, I would like to call the Standing Committee on Municipal Affairs, to consider Bill 45, The City of Winnipeg Amendment, Municipal Amendment and Consequential Amendments Act, for tomorrow night, Tuesday, April 14, at 8 p.m. in Room 255, and also April 15, the day following, Wednesday, at 7 p.m., if necessary.

Now, I would like to give a clearer schedule with respect to other standing committees dealing with annual reports. There are going to be some changes from the list I provided last week: Tuesday, April 21, 1992, 10 a.m., Standing Committee on Public Utilities and Natural Resources to consider the 1990 Annual Report of Manitoba Mineral Resources. Exactly a week later, April 28, at 10 a.m., Standing Committee on Economic Development to consider the Annual

Report of the Manitoba Lotteries Foundation. Some of these may be repeats, Mr. Speaker.

Tuesday, April 28, at 8 p.m., that is, after dinner, Standing Committee on Public Utilities and Natural Resources to consider the '91 Annual Report of the Communities Economic Development Fund. Wednesday, April 29, at 8 p.m., Standing Committee on Economic Development to consider the 1990 and '91 Annual Reports of the Manitoba Development Corporation.

Tuesday, May 5, at 10 a.m., Standing Committee on the Economic Development to consider the '90 and '91 Annual Reports of the Manitoba Energy Authority. Thursday, May 7, at 10 a.m., Standing Committee on Public Utilities and Natural Resources to consider the '89 and '90 Annual Reports of the Manitoba Hazardous Waste Management Corporation.

These are the changes. We would like to cancel the Standing Committee on Public Utilities and Natural Resources that had been called and scheduled for Thursday, April 23, to consider the Annual Report of the Manitoba Public Insurance Corporation. We would like to reschedule that for two dates: Tuesday, April 28 at 8 p.m. and Thursday, April 30, at 10 a.m. to consider the '91 Annual Report of MPIC.

We would also to change the Standing Committee on Public Utilities and Natural Resources scheduled review of the Crown Corporations Council scheduled previously for Thursday, April 23, and take it back a week to Thursday, April 30, 1992, at 10 a.m. in the morning. Again, that is to consider the Annual Report of the Crown Corporations Council.

I have schedules of this, and I will provide it for your table staff.

Mr. Speaker: Thank you very much.

* (1430)

Mr. Manness: Mr. Speaker, with those changes then of committees, in announcement of the House, I am going to now move, seconded by the Minister of Northern and Native Affairs (Mr. Downey), that Mr. Speaker do now leave the Chair and the House resolve itself into a committee to consider the Supply to be granted to Her Majesty.

Mr. Speaker: I thank the honourable government House leader for that information.

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

* (1440)

COMMITTEE OF SUPPLY (Concurrent Sections)

HEALTH

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

When the committee last sat, it had been considering item 1.(b) Executive Support (1) Salaries on page 82 of the Estimates book. Shall the item pass?

Ms. Judy Wasylycia-Lels (St. Johns): Mr. Deputy Chairperson, I am wondering if I could put to this committee the suggestion I made last week about moving directly to the line dealing with hospitals.

Over the weekend, since we last met, and at a large gathering of nurses this morning, we heard more concerns about hospital budgets and bed cuts, and growing concerns and worries about our hospital system.

I would therefore, again, make the request that given the urgency of the situation, given the indication from the minister that he is prepared to answer detailed questions on hospitals, if there would be a consensus to move to line 5.(b) Hospitals and Community Health Services.

Mr. Deputy Chairperson: As the committee is aware, unanimous consent would be necessary. Is there unanimous consent to move to line 5?

An Honourable Member: No.

Mr. Deputy Chairperson: No? In that case, we will resume with 1.(b) Executive Support.

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, I wonder, given some growing concerns in this area, if the minister is now prepared to indicate what percentage increase each hospital will be getting, and I will start with each urban hospital in Manitoba.

Hon. Donald Orchard (Minister of Health): Mr. Deputy Chairperson, as I have indicated to my honourable friend, I will have appropriate staff available when we reach that line later on in the Estimates process and would be pleased to share that information with my honourable friend as available then.

Failing that, what my honourable friend might consider doing is using this line of the Estimates under Executive Support with the appropriate staff that I have here today to deal with historic analysis.

My honourable friend was deeply offended at one point last week that I had instant answers almost for the member for The Maples (Mr. Cheema). That was not exactly accurate. It took a day to put them together, but they were an analysis of past spending which were answers that my research division can provide.

Should my honourable friend have those types of questions, I would be more than pleased to deal with them. Failing that, my honourable friend can pass the ensuing lines, and we can get to hospital funding that much quicker.

Ms. Wasylycia-Lels: If the minister would like to table that information, we would certainly be happy to receive it. However, my specific questions today, as they have been for the past, I think it is 20 hours, have to do with current budgetary allocations for our hospitals.

I am wondering if the minister could elaborate on an indication in the media this weekend that he in fact, at some point in the near future, would be tabling or releasing a comprehensive health care plan. Now, those are not exactly his words, but there was the suggestion through the media that there is a plan the minister is prepared to table. I am wondering if he could tell us what kind of a plan this is, how comprehensive, and how soon we can expect that.

Mr. Orchard: Not wishing to delay the time of the committee, but I believe I have answered that on two different occasions in this committee, my honourable member present, in response to questions from the member for The Maples (Mr. Cheema).

Ms. Wasylycia-Lels: The member for The Maples—I will let him speak for himself—may feel he has had dissatisfactory response. I still do not believe we have had very much detail around the overall long-term comprehensive plans of this

government for healthcare reform. I certainly would still be interested in knowing what that plan looks like and what is contemplated for the future under this administration.

Let me ask specifically, since we still do not have the hospital budget information, how it is, if, as the minister has indicated previously, hospitals on average or in general will be getting a 4 percent to 5 percent increase, how is it that hospitals are now looking at cuts to their operating budgets?

I know the minister has talked about in the past the gap between what hospitals requested and what this government provided. I do not believe that explains any of the situations that we are hearing about. I would like, therefore, to ask how it would be even feasible, conceivable, that a hospital like Seven Oaks General Hospital, under a 4 to 5 percent increase from this government, would still find itself in a position of cutting \$1.2 million from its operating budget?

Mr. Orchard: Mr. Deputy Chairperson, my honourable friend might refer to page 88. In Resolution 71, item 7 of the Health Estimates, the line Hospital goes from \$892,463,800 in the Estimates we passed last year to \$946,828,200 in the Estimates I am asking to be passed this year. That is an increase in funding for hospitals, not a decrease in funding to hospitals. My honourable friend wants to spend the next number of hours asking details on current hospital budgets. I will give her my same answer that I have given before, that we will deal with those when I have the appropriate staff here when we reach this line in the Estimates.

This is not the only spending area that is important to the people of Manitoba. I realize the NDP are fixated on hospitals and hospitals only. They do not care about home care, mental health and its reform or any other area of the department, and they want to pursue headlong into hospitals because they think that is the only important area of the ministry. There are many others and we can debate them as we proceed through the Estimates.

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, the minister knows that the NDP is not fixated on one particular aspect of the health care system. The NDP is trying to deal with a very serious and pressing issue with respect to chaos and uncertainty in our health care system generally, and part of the reason for that current situation of instability is the

way in which this government has chosen to fund hospitals and the secrecy surrounding those plans.

I do not think it would be terribly inappropriate and certainly not with the minister's capability of answering today that question of how it could at all be possible for a hospital like Seven Oaks to be contemplating that kind of cut to their operating budget if there was that significant increase that the minister refers to and that he has again referred to on the basis of page 89.

Could the minister indicate if all hospitals will be getting the same percentage increase, and if this increase that he refers to on page 88 and 89 is strictly for operating purposes or if it covers any capital expenditures as well?

Mr. Orchard: Mr. Deputy Chairperson, I can answer that question of my honourable friend when we get to the line, and when the appropriate staff are here, details can be made available.

* (1450)

Ms. Wasylycia-Lels: I am sure the minister will appreciate the reasons for us continually asking these questions. We keep getting new information and new pieces to this puzzle, and it is quite disturbing, and I am sure if we could piece it all together and get a sense of the overall plan, we might not be so concerned.

It is certainly disconcerting to me and others that decisions are being made now by a hospital like Seven Oaks General Hospital with respect to their operating budget. By the time we get to this line, even if we moved on it by the end of the week, we would still be too late, Mr. Deputy Chairperson, and the minister's argument does not stand up very well, that we could not be addressing some of these issues.

The member for Inkster (Mr. Lamoureux) should know that even if we had moved immediately along, we still would not have been at hospitals because, in fact, all of those major issues that the minister has referenced, that the Liberal critic has referenced and that I care about as well come between this first line and hospital services. Community care, home care, mental health services are all big topics, and they all come between now and the lines pertaining to hospital services.

I would like to ask the minister if he could elaborate a bit more on where I left off last week in Estimates and tell us about the process in terms of the Urban Hospital Council, when exactly the next

meeting of the Urban Hospital Council will take place, and what is on the agenda of that meeting?

Mr. Orchard: I do not know when the next meeting is, and I do not know what range of issues are on the agenda, but they are issues important to the health care system.

Ms. Wasylycia-Lels: Could the minister indicate when the Urban Hospital Council will be meeting to deal with some of these significant changes to hospital operations, consistent with the minister's indication that decisions hospitals make that will have an impact on other hospitals would, in fact, be vetted through the Urban Hospital Council?

Could the minister indicate when the issues of budgetary matters that spill over onto other hospitals and affect the system as a whole, when that meeting will take place?

Mr. Orchard: I would not suspect that this would be one single meeting.

Ms. Wasylycia-Lels: Is the minister saying, as he has suggested in the past, that he is not prepared to give us information about when the Urban Hospital Council will meet to deal with some of these very serious matters pertaining to funding and the future of our hospital system, as well as our community-based system?

Let me rephrase this so that the minister clearly understands my question. On the one hand, the minister says that he will be informing the public and providing necessary information, as it is necessary and as it is pulled together. He also has indicated that those matters of a significant nature will be reviewed by the Urban Hospital Council, but the minister will not tell us when the Urban Hospital Council might be meeting to deal with some of these major issues.

How much longer will Manitobans be kept in the dark? When will they have an opportunity to see some of these plans and have some input?

Mr. Orchard: Mr. Deputy Chairperson, with all due respect, I think my honourable friend's mind has become an omelette, and she is attempting to reduce it back to the basic components of eggs and ingredients and is having a great deal of difficulty doing that.

I have indicated to my honourable friend the member for The Maples (Mr. Cheema), when he posed the question about public discussion, et cetera, that it is hoped that this process on reform

of the health care system will be undertaken this month.

I have indicated in responses to my honourable friend the member for St. Johns (Ms. Wasylycia-Leis) that there are 41 issues currently before the Urban Hospital Council. Those 41 issues are not specifically attached to the discussion paper that we hope to have available to the public. Some bits, pieces, and parts are, because you do not approach the health care system with one discussion paper answering all the questions. The system is too large and too complex.

I have indicated in my answer to my honourable friend on Thursday last, where appropriate, we will use the resources of the Health Advisory Network; where appropriate, we will use the resources of the Manitoba Centre for Health Policy and Evaluation; where appropriate, we will use the resources of the Urban Hospital Council to receive feedback on given issues.

The whole health care system will be involved in receipt of debate of investigation into the reform plan that I hope becomes a public discussion paper—not only the Urban Hospital Council, not only a given union or professional group, but those who view the health care system from without and from within. Those are two different issues.

Ms. Wasylycia-Leis: To pursue the egg analogy, if my mind is an omelette, the minister's is scrambled. All I am getting, and all that Manitobans are getting, is a very confusing message without any overall direction and plan being provided. We are left only with the impression that there is no plan. We are simply asking for the minister to sort of unscramble all these words and codes, and let us know exactly, maybe not exactly, let us know in broad terms what he is looking at and when it will start to come together.

He says that some studies will be part of this plan that will be released soon. What about all the other parts? What about the studies that the minister has embarked on and, in fact, to seem completed for other parts of the health care system? Why is it important for the minister to sit on those studies unless he is worried about information getting out to the public that might be constructively critical of the present system, not just this government but previous governments? Unless he is involved in some sort of management and damage control of a bigger problem, we do not understand, and people

do not understand, why some of these studies could not have been released as they were completed. Why the secrecy?

I simply would ask if the minister could see fit to table, tomorrow if possible, any completed studies pertaining to our health care system so we could at least begin sharing that information and having a dialogue.

* (1500)

Mr. Orchard: Mr. Deputy Chairperson, at the risk of sounding antagonistic, my honourable friend is beginning to sound like a broken record. She always has to toss in her desired, hoped for, answered conclusion that our agenda is a secret agenda. I might point out to my honourable friend that if it was not for the openness of the process and the wide distribution of task force discussion papers, my honourable friend would be incredibly bereft of any issues with which to bring questions to the House.

Every one of the questions I have received from the member for St. Johns is not predicated on original research and underpinned with a knowledge of the system and a desire to convince government that the New Democratic Party agenda for change is the one that the government ought to embrace. Every one of my honourable friend's questions is the result of an interim report commissioned by this government and widely circulated. If it were not for those "leaked documents," my honourable friend would not have an original thought. Now she is saying that it is a secret process. Well, that will not sell at all.

But let me tell you, I am going to do something which is really unusual. I am going to share with my honourable friend just two statements which I think might put her mind at ease today. The Canadian Medical Association, the Canadian Nurses Association and the Canadian Hospital Association did a review of significant health care commissions and task forces in Canada since 1983-84. It is my understanding that this report was released within the last number of months. It goes through an introductory period and it talks about some of the suggestions that they put together from looking at studies from every single province in the country of Canada. The first issue is financial resources that they dealt with.

It says in here, a few reviews expressed concerns over the decreasing rate of growth of fiscal transfers

from the federal government to the provincial governments received primarily by EPF. By and large, however, most of the commissions seemed to accept this fiscal transfer situation and recommended a number of initiatives that would enhance cost controls, funding revenues, efficiencies and cost effectiveness. Now, bank that statement by itself by a report done by the CMA, CNA and CHA rather indicative, because today's debate with the MNU, I am sorry, but I said I did not hold out a hope that the federal government was going to miraculously solve our problem with more money.

First of all the process, as identified in this, was started by a previous federal government, has been carried on by the current federal government, and should the New Democrats be the federal government, would be carried on by them. They would not find the magic money that my honourable friend seems to think the federal government can. That is what, basically, all of these surveys are concluding, and is reprinted by the CNA, CMA and CHA.

Here are two of the recommendations that I think are very important. First it says, important recommendations to note are those with respect to the following directions: firstly, reduce acute-care hospital beds, establish freezes on capital construction plans, refrain from constructing new hospitals, implement budget and salary fee freezes. Well, that is a compilation by the Canadian Nursing Association, Canadian Medical Association and the Canadian Hospital Association of the conclusion of studies done across the length and breadth of this country.

Another recommendation which is an important one, given today's discussion: Increase the number of outpatient clinics as well as home care and community support services. Provide additional funds for health promotion and illness injury and prevention, and substitute in-home services for inpatient services. Unlike previous eras, these proposals are not recommended as add-ons, but most importantly, many of the reviews recommended reallocating existing financial resources to these alternatives. Guess what I announced in my opening remarks, now three weeks ago, as the plan by which we intend to reform the system? Exactly that.

My honourable friend persists in trying to divest herself of her omelette thinking. She had the plan

laid out to her. It was further explained today. Everytime we have been in Estimates and Question Period it has been further explained. We intend to move resources with the patient. We intend to close acute-care beds in the teaching hospitals, for instance, move the budget with the patient. Guess what? Compilation of studies put together by the nurses of Canada, the doctors of Canada and the hospitals of Canada are saying those conclusions are reached across Canada. Now, of course, that is not good enough for my honourable friend the NDP critic in opposition. All of those people across Canada are wrong. All the nurses across Canada are wrong. All the doctors across Canada are wrong. All the hospitals across Canada are wrong. All the provincial governments across Canada are wrong, including the New Democratic government in Ontario, the New Democratic government in Saskatchewan, the New Democratic government in British Columbia. They are all wrong. The only people who are right is Manitoba and the NDP in opposition.

Well, I am sorry, Mr. Deputy Chairperson, but I have to say, give me a break. My honourable friend does not understand health care reform. My honourable friend does not even understand politics that well because she seems to believe that she can try to create this issue of terrible things going to happen in the health care system and try to piggyback her election fortune on that.

Well, let me tell you, the deeper my honourable friend digs herself into her adherence of deficits in hospitals—hospital is the only issue that is important to her because not one other question has been posed by my honourable friend in 17 hours, other than hospitals. They are the only thing that matter to the NDP in Manitoba. She is going to find herself more and more alienated from policies of her soul mates in Ontario, Saskatchewan and B.C.

Now, that makes my job incredibly easy this year, next year, the year after and when we go to the election, because here we are going to have the NDP promising the world in the face of the reality of NDP governments across Canada hacking and slashing the system like it has never happened, never had done to it before, not by a neoconservative government in Saskatchewan, but by the founders of medicare in Canada, the good old NDP in Saskatchewan.

My honourable friend, of course, is going to tell us, as she did last week, she disagrees with that

going on in Saskatchewan, but she does not tell us what she agrees with. At least I give my honourable friend in the Liberal Party credit, credit that he deserves and his party deserves. At least they are willing to say what they stand for, not just what they are against.

You want to get on with Estimates? We will talk about what you stand for, what we stand for, we will contrast them, and we will let the people decide. In the meantime, keep on going against nurses, doctors and hospitals right across the length and breadth of the province. They understand the system. They understand the challenges and they are going to work with governments like ours.

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, I will certainly acknowledge to the minister and to everyone else here that I make no pretence to know everything about our health care system and health care reform, that I have a lot to learn yet. I think I am quickly getting an understanding and appreciation for the main areas that need change and have asked questions about that over the last 17 hours. We, as the minister knows from my previous comments, have not disputed recommendations like the ones the minister has just read again.

We have quarrel with how this government is apparently moving to implement those kinds of recommendations. I use the word "apparent" because we do not have all the information, so it is a bit of guesswork on our part to try to piece it all together.

For example, we have raised concerns about the way this government budgets, and in fact, have suggested that maybe we are involved in a bit of a phony budgeting process from the minister and this government because in fact they may, yes, show on paper an increase in home care and that increase may in fact reflect growth in numbers of clients needing home care to the best of the government's ability to predict. We have no evidence and no sign that any of that money is going toward ensuring the necessary number of staff and resources and supports and equipment to meet that new clientele.

I think that is where we are getting at some of the roots of the problems when we hear from constituents in Swan River and Dauphin who have been told that they are being cut off home care or are being encouraged to turn to private companies,

or when we hear from staff in the field who are being told their hours are getting cut back.

I do not think that any of those stories we have heard about are exaggerated, just as those nurses who came forward this morning seemed to me to be very genuine and certain about cases that they were experiencing personally or had dealt with on a professional basis.

So there does seem to be something happening which would tell us that perhaps the government and the minister have some of the broad principles down pat and some of the right rhetoric, but may not be applying budgeting processes and programming exercises to meet those objectives and principles in a way where people's needs are met when they do go back into the home or into their communities after having been in hospital. Those concerns still remain. If the minister would like to answer any of those at this time about the Home Care budget, I certainly have no objection to that being discussed before we get to the line.

Let me ask another question of a very general nature before I ask some specifics on Executive Support, and that is, would the minister indicate today when we might see the estimates for capital expenditure for the Department of Health?

* (1510)

Mr. Orchard: Well, I am hoping that the capital estimates will be available at the time we reach Expenditures Related to Capital.

Ms. Wasylycia-Lels: Sorry, could the minister indicate when that would be, which line? Is that on page 40?

Mr. Orchard: Resolution 73.

Mr. Deputy Chairperson: Expenditures Related to Capital are on page 89, Resolution 73. Capital Construction is also under Resolution 69 on page 88, in the main book.

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, I am asking the question for a couple of reasons. One, it is not exactly clear these days where capital estimates fall, because we now have a line for Capital Planning, we have a line for the hospital program. There is a line for Hospitals and Community Health Services, so it could be any number of those places, and I would just like an indication as to when the minister would like to deal with it and, secondly, to see if this time we can get some advance information and details of capital

estimates before we get to that line so we can ask some intelligent, informed questions.

Mr. Orchard: I always look forward to whenever my honourable friend might ask intelligent questions.

I have indicated that we can deal with capital at Expenditures Related to Capital, where there is a \$57-plus-million request for expenditure. The planning process under Capital Construction is found at the top of page 88 as part of Resolution 69, wherein we are taking and dealing with the planning processes of each of these areas.

My honourable friend may wish to ask questions around changes, if any, to the capital planning process because the appropriate personnel under Capital Construction would, I hope, be here to answer those sorts of questions as to approach on the policy of government and what our planning initiatives are. In terms of the details, i.e., the capital budget, I think the most appropriate line for that would be Resolution 73.

Ms. Wasylycia-Lels: I appreciate the minister indicating that, but I am wondering if he could make a commitment to at least table the capital estimates before we get to Capital Planning, so that we can put all of these different aspects relating to capital together and approach it in an overall way.

I do not think it makes much sense—it is not going to make for a very intelligent Estimates process if in fact we are dealing with Capital Planning in isolation from the capital Estimates. I think there should be a tie-in, and I would hope that the minister—I am just wondering if he could give us a commitment today that he will provide us with the capital estimates before we get to Capital Planning.

Mr. Orchard: Mr. Deputy Chairperson, I cannot make that commitment today because if we were to get to Capital Planning this afternoon, I would fail because I would not be able to make that program available to my honourable friend.

I will make the best effort to provide the information my honourable friend wishes to have, but my honourable friend must appreciate that we are just now starting the Estimates process of expenditure review for the entire government of Manitoba.

When we get to Resolution 73 on page 89, my honourable friend can take 20 hours putting capital into the context of the health care system that will have by that time been fully debated, and it would

be just a simply marvelous opportunity for my honourable friend to share her complete vision of the system at that time.

I am under no constraints by my caucus to hurry and rush through the Estimates. If when we get to page 89, we need another 10 hours to discuss this as a system-wide approach, with capital in front of us as well as by then the budgets of hospitals and personal care homes, et cetera, I think we would be well employed to take that time at that time.

Ms. Wasylycia-Lels: Let me just indicate to the minister that we all have agreements to respect, and this is a co-operative legislative Estimates process. Maybe the minister feels he can put a wrench into the works and suggest that we can tack on another 10 or more hours to our Estimates for the Department of Health. I do not feel that is within my ability to say. I certainly think it would probably be a breach of agreements and arrangements made between our House leaders.

I believe we can accomplish the objective of having a full and thorough and open debate if the minister would just give us a little more notice with respect to capital estimates. I understand if they are not ready and he needs some time, but I am wondering if he could indicate when they will be ready and if he could table them as soon as they are ready.

Mr. Orchard: Mr. Deputy Chairperson, in my ongoing desire to be co-operative, I will make every effort to accede to my honourable friend's request in that I would table them as soon as they are ready.

Mr. Gulzar Cheema (The Maples): Mr. Deputy Chairperson, I just want to start this afternoon with—first of all, I want to discuss a few issues. We had a discussion at the Manitoba Nurses' Union meeting this morning. It was a very informative debate as far as I am concerned because I think it showed up, in my view, two things. First of all, it gave a chance to the nurses to let their views be known and, second, I think it became more clear to me that we not only have to say what we mean for the convenience of time, it has to be very consistent, and that is eventually going to show up.

It was very difficult because you do not want to say things which you cannot deliver, and you cannot say different things at different times or different hours of the morning or afternoon. I was disappointed in a few things, and I am sure as we

go along the debate, I will make my views known in a very informative way.

* (1520)

I was quite disturbed and so were many other people in Manitoba when they heard the news from Saskatchewan. I think it is an issue worth discussing, the same way we discussed Mr. McKenna's proposal. We said that was a very irresponsible and very ill-thought plan in the mind of many health care professionals who think that the user fee is not the way to go, and that is the way we think, that the health premium is another form of user fee. It is a tax on the poor, and with the 200 to 400 per family, it is basically devastating.

I think it was the most irresponsible statement coming out of any Premier's Office, and I hope they will change their mind. I sincerely hope they will rethink it because the image of Saskatchewan was that medicare started there, and you do not want to kill medicare where it started. It is the first time I have ever heard a government saying they want to reduce the deficit by having a health premium. I think a lot of people are thinking about that.

That is why we raised the issue this morning in the House, that we do not think the health care premium in Manitoba or a user fee of any kind is going to solve the health care problem. It is going to be a new approach, an innovative approach. Look through the same dollars and try to come up with a consensus.

That I think was the basic intent of this morning's debate, and people there were very happy when they left. The nurses were very pleased that at least they had a chance to say things, and they got views. I think it was very good because they got first-hand information.

I think that is why the information package that the minister's office will deliver to them is very essential to reach the grassroots in the nurses' union who are the front line workers because they are the ones who are going to participate. I said many times today that without them, we will not be successful, and if we fail, they fail too. I think they are realizing that this is why there was not much outcry in terms of specific numbers through the hospital beds. Not one issue was raised from that specific point of view, which hospital you are going to attack or which service you are going to cut.

I think that message, in its own way, became very clear as far as I could detect, that the membership

was very, very reasonable with their questioning. Some of the people were very upset naturally, because of personal circumstances. Certainly it was difficult for us to pinpoint some of the things, but I think, overall, it went very well and I think they will benefit. That is another way of educating people, when they are going to talk to 500 or more union nurses and explain to them where each and every party would stand and where the taxpayers' money is going to go. That will help us in the long run.

I just want to put on the record our sincere appreciation from our caucus for that debate with the nurses' union and for giving us the opportunity to put our realistic views and a frank and open discussion on the table, so that when they vote next time in the election, they will know exactly where we stand today and where we are going to stand in the next provincial election.

Mr. Deputy Chairperson, I raised this one issue this morning, and I want to go into a little detail on that. It has not been a very good week for one of the health care professions in terms of the public perception that is there that there is severe abuse in the system. It is causing a lot of discomfort among the health care providers and also is leaving many doubts in the minds of the public that something is not right.

That is why we want the minister to look into the issue of more accountability to the public, to the taxpayers, because I strongly believe that in any professional life, nobody wants to cheat anybody, but if there is some problem, then if those individuals have to be put to a public test or a public scrutiny, so be it.

I think that message has to be given by the Department of Health because it will help in both ways. It will not only help the professionals, but help the public to know how their money is being spent. Our first proposal this morning was that we should try to investigate when a patient goes to a particular office, whether he or she should sign a piece of paper indicating that he or she was in the office, and that will serve two purposes in my opinion.

First of all, it will make the patient know that tax money is being spent on his or her behalf. It will reinforce that this is their money and the thinking process will start. Second is that there will be accountability and also the fear that something is going wrong can be taken away because on a simple form it can be done.

It does not cost or add anything, maybe some amount, but not to a significant degree, because many are billing to the Health Services Commission. I know personally that you have to sign, and the patient can sign on the same line. I do not think this is a major problem, or just have a simple paper in any office per day, and as the patients come, they should simply sign at the desk.

That does not cost anything, and then it will be up to the commission to look into that and maybe get a record on a random basis if they do not want to fully go into each and every visit. I think that will help. That will not be extra cost, because doctors are making the appointments anyway. We just have to get the signatures from the patients.

If there is a minor, then the family can do it or the guardian can do it. I think we should look at it in the hospitals. Hospitals right now have a good system where a lot of things are checked and it is not that easy. There is a lot of auditing going on internally and externally so there is less chance. But I think still, when a person leaves the hospital, he or she should know how much was spent on his or her behalf by the taxpayers of Manitoba. I think this is reasonable.

It is not restricting services. It is simply telling them this is a very expensive system, and what you have gone through, it is the privilege and the right. Let us understand that we must keep the balance in that right and privilege and keep the responsible attitude, and that will help people eventually to understand how we are spending money and the best part of the education campaign.

I do in my office. Once in a while I ask them—you have been in my office, it is costing so much money for you to visit. It surprises many people.

The second thing it will do, it will definitely cut any more expenses on more visitors to walk-in clinics, because once you are in one walk-in clinic you are going to go to the next office or next day, then you will think twice that something was done already. You had your tests done and then you will become more responsible to take your record with you when you are going to see your own doctor.

It will not be extra work to the physician. It will not be, because it can be done at the front desk. It will definitely enhance some of the responsible attitude from the patient's behalf, because they would like to get involved. They want answers, and I think the balance can be achieved eventually.

That will not cost any money, not a cent, because simply telling someone, Mr. So-and-So, your visit is costing this much, and I think that will help. Some people would say, so far I have not heard anybody complaining about that, but if we were dealing two years ago in health care that would have been a rationing. I think this is a reasoned approach now, because that is the way we have to.

As I said from the beginning of my remarks, there is no way that we can run away from the responsibility. When we go for everything else which is funded by the provincial government, we know we have to be accountable, we have to get some information or sign some document. Why not the health care?

I would like the minister, when he is making inquiries about those things, to take everything into consideration and nobody can object, because it is a reasoned approach. You are not doing any wrong to any person. Simply, when the patients are walking out of the hospital at the end of surgery, just sort of explain to them that this much was spent on their behalf and that will help.

I would like to know what the minister thinks about these remarks.

* (1530)

Mr. Orchard: Mr. Deputy Chairperson, let me start out by talking about this morning's debate at the MNU annual meeting. I think this morning was a good example of an appropriate form of discussion. It started out with a different sort of a format proposed, and I am pleased that it was turned into a debate where we had the opportunity to present our views and our opinions and each to respond to prepared questions that were given to us in advance; and, secondly, they respond to questions from the floor. I think it provided a good opportunity for a little better understanding of the kind of challenges that are before the system.

I am going to be political this afternoon. I was not at the debate this morning because I did not think that was a particularly useful thing to do when we are there representing our respective political parties. I think what the nurses of Manitoba wanted was some fairly clear answers as to what one might expect from this government and what one might expect from the respective critic's party should they be in government.

I tried to be as direct as I could and provide as much information as I could to the questioners and

to the meeting this morning. I think my honourable friend continued with what has been a rather risqué, if I can put it that way, and rather refreshing change in the way we approach Estimates and likewise tried to present the real world as the Liberal Party perceives it to be unfolding.

I cannot say that that same sort of forthright discussion around the issues emanated from my honourable friend the member for St. Johns (Ms. Wasylycia-Leis), and I am not being critical. I mean, my honourable friend always deals with the issue as if it is only a political issue and tries to create the impression consistently, as she does in the House and at Estimates, that the NDP is the only party that has any answers.

Then when we point out the answers to my honourable friend as to what NDP parties do when in government, my honourable friend has the convenient cop-out, saying: Oh, well, I do not really agree with what they do in Ontario just because they are NDP or what they do in Saskatchewan or what they do in British Columbia.

I appreciate that that is the purely political response of the New Democratic Party when it comes to health care issues. However, that purely political response becomes exceedingly transparent to all those who observe. The only people who end up applauding thunderously are the good friends whom you may well have had there when you started.

I do not think that the meeting ended on the same note that it began. I think there was a realization—and certainly that was expressed to me when some nurses who were in attendance indicated to me that they do not envy my position because, no matter what I do, I am always going to be wrong in the eyes of some observer, but they re-emphasized what came from the floor and what was the whole issue—or not the whole issue, pardon me, but a major issue back in January of 1991. Nurses indicated to me that they have good ideas on how to make the system work better. They are looking forward to a forum under which they can share those ideas.

I hope to be able to continue to provide that. I have always said that, you know, the union at any time can suggest to myself as minister that a new initiative can be undertaken, and I will consider that very seriously. I say that because that is what we have tended to do.

Today's suggestion by my honourable friend the member for The Maples (Mr. Cheema), I will take very seriously because it is a suggestion made, if I can be so presumptuous as to put motives behind it, with motivation to try and make the system work better. Because it comes from the Liberal Party and may well be a workable idea, I am not adverse to it. If we can reasonably implement my honourable friend's suggestion, I have absolutely no qualms about doing that. I have taken good suggestion from the member for The Maples in the past and will continue to in the future.

I say that because that is the way the system has worked. When I was in opposition, Mr. Desjardins, upon occasion, took and implemented reasonable suggestions that I made. The purely political ones that I made to him, he did not necessarily treat so kindly; neither do I when I get purely political suggestions from either of my critics.

I mean, if we are in the game for political advantage, fine. Let us argue that out here and may the best person win. But, when I receive reasonable suggestions, I am going to investigate them, and if they are implementable, so be it, they will be.

Now, right off the top, in a quick call over to the commission, I want to tell my honourable friend and I want to give them this information so that you might be able to do some further thinking about it. Apparently other jurisdictions, and it has been suggested in Manitoba, have suggested for physician office visits that the individual patient sign off the card. Now here is one of the problems we have in implementing that or pursuing that in Manitoba: we are now approaching 50 percent of our claims from physician offices being electronically sent to the commission. So the paper in effect, if you will—the paper, if any, remains in the physician's office.

Now, I can see an opportunity for benefit to have a signed piece of paper reside in a doctor's office. It seems to me that it would accomplish what my honourable friend I believe wants to accomplish: first of all, to increase an awareness of the cost of this particular office visit and potentially the cost of maybe some diagnostic testing that may be recommended as a result of that. So I think the purpose, even if the piece of paper with the consumer's signature on it did not go beyond the doctor's office, I believe it is pursuable.

But I guess what I want to check out is whether this would be another paper shuffle, because one of the accusations that nurses make of the current health care system is that they spend between 35 and 40 percent of their time creating information, in other words, filling out forms, et cetera. That, they legitimately maintain, takes them away from patient care delivery. I would not want to exacerbate that in another part of the system. So I have some questions that I would have to have satisfactory answers on, just on first blush with my honourable friend's suggestion.

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

I simply make the commitment that I made to him in the House, I value the suggestion and it will be pursued. If there is a logical outcome and implementation that can come from that suggestion, I am quite willing to work with him and work with others, the MMA and the college, to try and bring it to fruition in our billing system.

* (1540)

Mr. Cheema: Mr. Acting Deputy Chairperson, I am quite aware of the electronic billing system. That is why we said that a separate sheet of paper which either can be kept in the office or can be sent on a random basis so that the department can check the way they are checking now, 5 to 7 percent billing back to the patient. Simply taking, say, for example, twice or three times on a month's billing and just making sure that everything was done, and the patient had some accountability. That will cut some of the mailing that the department has to do now, about 7 percent of the cards are sent back to the patients for their signatures. If they do not agree with them, then they can call, and that saves quite a bit of cost. So I think one can eliminate that cost, and have this put in place which is more correctable because patients signed something that day, and something which has more bearing for the Medical Review Committee than this billing which goes out and is never returned back.

I think the Medical Review Committee will be very pleased with that kind of suggestion, because that will make their life much easier, cut out a lot of work for them. If they want to randomly check—now, last year we had passed this bill, then the Health Services Commission had the authority to go and they wanted to examine the known medical components and they can do that. I think, give more

teeth to the bill and say this is a part of our law, and it will not hurt us. I think it will save us money.

Then I want to also point out a few things which are very essential in terms of the Medical Review Committee. The minister has brought the bill, that was on Friday, for amendments to make sure the names of the—is that not the bill?

Mr. Orchard: Mr. Acting Deputy Chairperson, the legislation that was tabled on Friday, and I will explain it on second reading in the House, deals with the changes in authority required by the reorganization of the department. The issue specific to release of names of physicians found inappropriately billing by the Medical Review Committee has to be dealt with by a subsequent amendment. It is not part of the bill that is in the House right now.

Mr. Cheema: Mr. Acting Deputy Chairperson, I am sorry, I thought that was the intent of the bill as well, but I think we got the communication from the minister as well as from Dr. Ross, the MMA's president, and they are looking for something, a direction from the minister's office to make sure that these things—if there needs to be an amendment, it has to be brought in because right now the minister cannot release the name because if he does, then he has to simply resign, and his hands are tied. That is what the law says, period.

I hope that something can be resolved, and a fair conclusion can be made because the public out there is very suspicious, and as well, the physicians are very worried because they do not want to be part of a system where they have to be worried all the time, somebody is watching them, or they are doing something wrong.

The other issue I want to discuss is the role of the Medical Review Committee because that is the major component of the whole discussion, and I think it is a part of the whole government's planning. It is worth discussing because, as we know, our structure of Medical Review Committee to some extent may be outdated. Some of the statistics are five years or six years old, and some of the groupings which are done may not be appropriate in some circumstances, even though physicians can apply when they are asked to explain, and most of the time, problems are resolved.

We have to look when we are making health care reform. I am asking the minister simply to adjust that kind of review committee with reform;

otherwise, both will not be parallel. If we change one thing and do not change the medical review process, then we will be having a lot of trouble in a few years time, and everybody will have go through turmoil to adjust to the changing pattern of practice. So I hope that I am explaining myself and I will try it again. I think I missed a few points here.

Mr. Acting Deputy Chairperson, what I am saying is that with health care reform, there will be changes in the pattern of practice—no doubt. When we are going to shift more patients out of the hospital to the communities, then more patients will end up in physicians' offices—no question. That is a given.

We have seen in the past that there were some concerns about some quadrant of the city, that there was an aging population, and some physicians questioned the medical review's process, whether it was fair or not. So I am simply saying the medical review process has to be fair in reflecting the reality of health care reform, and that means what is in there today in terms of how the visits are being made, what kind of tests are being done, and we should compare that with the national standard. That is not being done right now. We have some difficulty there.

It is a practical problem which has to be resolved before it is too late, because you do not want a total process in terms of everybody being questioned every second day which is not very productive. I am just asking the minister to look at that medical review process and also to look at the structure of the committee in terms of, it is all professions right now, and we respect the professional opinion, but then there has to be somebody other than the medical community itself. That will clear some of the ill feelings in the community, that the doctors are policing themselves.

Basically, we want to solve the problem, and what I am asking for is a fair system which would not punish people or force people to do something they do not want to, also in line with the health care reform, so the role of the Medical Review Committee may have to be modified. I am hopeful, and I sincerely hope the minister will bring in a bill that will address some of the issues which are very real out there in practice.

Mr. Orchard: Mr. Acting Deputy Chairperson I appreciate, first of all, my honourable friend's clarification as to the first issue that got us in, the second one, that namely being the patient signing

off in a physician's office. That helps me to pursue the issue with staff.

On the issue of the Medical Review Committee and the current controversy, as one of our renowned talk show personalities would say, the issue of disclosure, I am prohibited. That is the way the law has been written, and you see that is what caused me some consternation when the issue came up 10 days ago. For the life of me I could not understand why, given the relationships in the past when maybe a prior minister to myself might not have, with glee, released the names of errant physicians, if that was the finding of the Medical Review Committee.

It was at that point in time that I proceeded with an abundance of caution, because I believe Ms. Gigantes in Ontario found out very hard about releasing individual's patient records. No matter how well intentioned that release might have been, it is cause for resignation from this portfolio. In similar circumstances, a good friend of mine the Minister of Health in Nova Scotia, because I have gotten to know him over a couple or three conferences, he likewise had to resign under similar circumstances.

So I approached the issue very cautiously. The legal opinion I got around the legislation said I could not release the names and appropriately so, because the information that goes to the Medical Review Committee is treated with the greatest of confidence so that we do not compromise patient confidentiality in the course of an investigation. The legislation is written very, very definitively to prevent that compromise of confidentiality, and that is what has tied my hands.

* (1550)

Now there is a second clause to The Health Services Insurance Act, and that is that the information can be released to both the College of Physicians and Surgeons and the MMA. It was on that basis when I received from the MMA the letter, I believe it was Thursday or Wednesday afternoon, I am not sure which, but last week, indicating they had no difficulty with the release of the information, I thought that we had our problem resolved, because with their concurrence of release I could have given them the narrowed information.

All I am wishing to release, I think this is all the public wishes to know, is the physician's name, the amount of the billing that is being requested to be repaid, the period of time under which the billing took

place, and a simple description which would reflect the reason for the decision of the Medical Review Committee. I do not believe that compromises confidentiality of patient records, et cetera, and provides the necessary or, I believe, the appropriate public information, but I still cannot do that.

Now if we are unable to achieve a release process through the MMA, which we thought we had solved at the end of last week, then I may well be proposing some further amendments to The Health Services Insurance Act, because all I want to release, and I think all the public wants released, is the four pieces of information that I mentioned earlier. I do not want to get into any other area of information, because I believe that would be inappropriate. Yes, hopefully we can resolve it without legislation, but if it takes legislation and that can be crafted, which I have directed the department to do, then so be it.

My honourable friend mentioned something which is going to be valuable if achievable, and that is in terms of development of some national standards for care. One of the anomalies that we have, I guess, in terms of health care delivery is the federal government has brought in the legislation called the Canada Health Act which mandates delivery of health care services in certain ways. There are a number of services which are not to be compromised according to the parameters of the Canada Health Act. Subsequent to that all, provincial jurisdictions passed parallel legislation which basically follows the Canada Health Act in basic intent.

Here is the quandary. The federal government passes enabling legislation or, if you will, overall governing legislation in the Canada Health Act and then provides certain funds. The funding aspect, of course, has been "controversial," again, to quote that individual, radio talk show fellow, the anniversary man.

But the province is required to deliver the services and any difference in the amount of monies received from the federal government we make up provincially. Okay, one can argue that that is reasonable in that if it was all a 100 percent federal dollars—boy, I would have a real heyday spending. I mean, you would be a folk hero. The Health minister would be the must desired portfolio in government, because you would have no end of someone else's money to spend, but that is not the case.

We have joint funding responsibilities, and sole responsibility for delivery under certain guidelines. Now, here is where it becomes difficult. Not every province offers the same range of services. I mean, we offer the second or maybe the most comprehensive Pharmacare program in Canada.

Ontario does not offer any coverage for Ontario families 65 years and under. I mean, there is no co-insured program like we have in Manitoba. Varying provinces have varying support for continuing care, a home care program. They have varying degrees of support for the personal care home programs.

All of that is allowable because the Canada Health Act, in essence, deals with physician services and hospital services. Those are the two for which there are no user fees or additional revenue generation permitted, and those are the ones where they have established the portability, the accessibility, those parameters of the Canada Health Act to apply.

The other systems they leave to the discretion of varying jurisdictions to determine how they are going to structure the delivery of those other programs like Pharmacare, like long-term care, personal care home programs like Home Care in the community.

In establishing standards around physician care, I mean, my honourable friend's suggestion is a good one. It is not a new one, but it is a most difficult one to achieve. The most recent body of investigation to suggest that to the Health ministers of Canada was the Barer and Stoddart report, where their suggestion—the one that caught all the headlines and attention—was the reduction in the enrollment of students in our medical schools across Canada.

That one, naturally, was sort of a glitzy, sexy recommendation, caught all the headlines. But they made a whole series of other recommendations, I think close to 90. Some of the more important ones were the establishment of national standards, so that one province cannot be played off against another province as being deficient in delivery.

Again, to try to bring some uniformity across Canada so that the expectations of Canadians are the same, regardless of province of residence and/or visit, and they talked about change in method of compensation to physicians away from the fee-for-service model, where appropriate and where possible, a whole series of changes.

Now, I have to tell my honourable friend, I concur with his suggestion, and I concur with Barer and Stoddart in attempting to come to grips with some semblance of national standards. It is particularly important, not only in the area of physician services, but critically important in terms of technology assessment and analysis.

Because, man, I will tell you, that is one of the thorniest areas I get to deal with—imaging technology, CAT scan being the hot topic of today. There is a growing feeling that if you are a hospital of anywhere from 132 beds up that if you do not have a CAT scan you are a second-class facility.

But yet there is no indication that the CAT scan is the wisest next investment in any health care facility. It has an appropriate role, and we are at the national average in terms of service provision in Manitoba. Yet the system, as exemplified by individual hospitals, is wanting to significantly increase the number of CAT scans. Well, that is fine. That is one issue today called CAT scans. The next issue is MRI. We have one in the province of Manitoba. The drive will be for a second one, and after that a third or a fourth.

I was at a recent conference where some of the attendees were representatives of the major supply firms. One of them made the clear statement that by the year 2050 the most commonly used imaging modality will be MRI. It will replace the X-ray. I do not know whether that is right or wrong. But I can tell you that given today's relative cost of X-ray versus CAT scan versus MRI, boy, if we think we are having trouble financing the system now, take a look at what the problems we are going to have if MRI is the imaging modality by the year 2050.

The major concern here is that there has not been an opportunity for national standards settings, or even national investigation, as to whether the technology is appropriate. I mean, we went to this headlong rush, and I have to admit, I was part of it. As Health minister three years ago, we made a commitment we would bring in breast cancer screening through a province-wide mammography program. I believed, three years ago, that that was an appropriate utilization of new technology.

I have to tell you that some of my senior staff people in the department questioned it then, three years ago. They said, is that the best investment of several millions of dollars in terms of health promotion and disease prevention? They thought

that we could spend that money more effectively in other ways. Well, over the period of two and a half years, with two very expert groups taking a look at the process, we find that the technology is not the end-all and be-all.

The resulting recommendation to the province was that we delay the implementation of the screening program, not effecting diagnostic mammography but the screening program. I will tell you that that piece of advice, three years ago I would have said phooey to anybody who said that was the wrong thing to do because I believed it was the appropriate thing to do because we are all sort of caught up in the ability of technology to solve every problem.

We need to have more honest brokers, if you will, in terms of telling us what is appropriate technology, for what purpose, for what protocols and for what expected outcomes in improvement of health status. We do not have that. That is all part of the national standards that my honourable friend alluded to. We are going to get there, but it is going to take some time to get there.

* (1600)

I want to tell my honourable friend where I think we have a unique advantage in Manitoba, in assisting Canada to get there, and that is, with the database and the Centre for Health Policy and Evaluation. We have an ideal opportunity to do an awful lot of pilot work in the province of Manitoba, testing the implementation of various new policies for their effectiveness in improving the health status of Manitobans and demonstrating clearly the benefit, or lack thereof, to guide policy right across the length and breadth of this country. Possibly, if I can be so visionary as to indicate this, I think it even provides an ideal opportunity to provide international and world leadership in terms of policy analysis and provision of new technology and care.

Mr. Cheema: About the issue of national standards, which is going to be very essential, as regards to the Medical Review Committee, because you cannot have a selective approach to that, if you are going to have other approaches which are nationally acceptable, either the health care reform which has to be in line with the rest of the government, and then the process which is not in line with the rest of them. I am simply cautioning the minister to move in those directions also to make sure the data is comparable to the rest of the nation.

The other issue, what the minister has said is very right. I have said all along that we have a Canada Health Act. The law is there, but there has not been even a moral obligation on the part of the federal government. It is very easy. One of the best things was in 1980s, '88 and '90, that every day we will abuse the federal government for not providing funding. That is the best way to do it, critically, and say we do not have a funding, somebody else is not paying the bills.

Eventually, now we are having trouble, because we have to do it here in Manitoba. The basic thing here is that you have the 1966 Canada Health Act and again reaffirmed in 1984. I said in the debate today, we have a law in this nation, but no province had those five basic principles entrenched in their own law. If they put that, then they are legally bound to provide all the services.

That is why I am trying to get from our point of view the message across that right now they are failing in their moral and financial obligations. We do not have a law. We cannot force them to look here, pay for your own on your basic principles. We do not have a legal opinion on the issue, but I think it will make us look powerful and strong in terms of that we stand for the five basic principles.

I do not think that is asking too much. Then we can decide, what is the comprehensive care we want to provide to the people of Manitoba? What are the essential services, what are the services? People may not like it, people may like to say that may not be a medical necessity, some of the services. I think those are the things that have to be discussed in the open.

It is very essential for us to debate the issue of the five basic principles. I would ask the minister to look at that bill and see whether we can have his support, or if the minister wants to bring his own bill, so be it. As long as you have those five basic principles entrenched in Manitoba law, then you are protecting people from the next government also.

They will not touch the medicare system and they have to bring the reform. That is why it would be very important for each and every group to co-operate. Right now, it is very easy to say in each and every group's meeting, give us all the money and we will make all the decisions.

Then, if you tell them that this is money and come on the same table and spend, because we have the law, and we cannot go beyond that much money,

that is what we have and we have to find the ways of delivering those services, which has to be then decided, then I am sure when they make a decision, they have to be accountable to the public also and cannot just focus everything on the existing governments and existing political parties.

That is not fair in the long run, because somebody else is making decisions, somebody else is controlling the costs. There is one person who is in charge of the whole thing and his or her hands are so tied with so many things and they can blame you for the next eight or 10 years—very easy to do it, and it will happen.

It could happen the other way also, that they will say, you did the right things and the Manitoba government took its stand. I think the message is getting across, no doubt. That is why I would like the minister to discuss with his caucus colleagues and see if something can be done. If they want to bring their own bill, we will support them. Basically, then we can decide what are essential services and what are nonessential services and what we can afford and those five basic principles in line with the ability of taxpayers to fund the system.

I think that is the key word here, how much we can afford. That is the issue. People are running away from the responsibility and not discussing the core of the problem.

I will repeat it again. This issue is not what each and every person wants. The issue is: What can we deliver with the ability of the taxpayer to pay. No party has said that they do not believe in the five basic principles, but each and every party has been shrinking away from the responsibility.

It would have been very politically popular this morning to say, we are going to do everything possible the way you are telling us. We will not close the beds, we will have the community placement put in place, we will do this, we will do that, you are the bosses, you will take care of everything. Ultimately they will ask you in the next election when you are going to raise their taxes how you are going to pay.

When you take money away from those people, you are taking their ability not only to fund the health care, but you are taking their ability to spend in the economy. Ultimately, if you do not have the money circulating, you will not have anything.

I will ask the minister again to reconsider and see how they would like to bring that bill or help us

because the member for St. Johns (Ms. Wasylycia-Leis) said she would support the bill.

Mr. Orchard: Mr. Acting Deputy Chairperson, as I discussed with my honourable friend when he introduced the bill, that I considered that to be a pretty decent opportunity outside of the formal debate in Estimates to really have all members of the Legislature, as many as possible, put their thoughts on the record as to how we go about this very, very enormous challenge of protecting the Canadian health care system, and what sort of unique approaches we ought to take.

If I can, I am going to try to speak to the bill tomorrow because I think it comes up again in private members' hour tomorrow. I will tell my honourable friend directly what I am waiting for. I am wanting to know why it was not incorporated in the original draft of the act. I mean, I am sort of being cautious in terms of what can or cannot be done here because it seems to me that there has got to be some logic as to why it is not in there because those who claim to be the great protectors of medicare in Canada, the NDP, passed that act in Manitoba, 1985 I think it was, or whatever.

Their omission of those five principles must have been founded on some kind of analysis and research. Being the abundantly cautious individual that I am, that I do not lunge at issues and do not make rhetorical flourishes the hallmark of my ministry in health here, I have wanted to be doubly assured that my honourable friend does not know something that I do not know, and he is creating a political quagmire for me that even my good friends the NDP, when they were in government were astute enough to avoid.

That aside, as to what is the eventual fate of that bill, the purpose that my honourable friend brought it to private members' hour was just that—so that private members can have an opportunity to share their thoughts in what is hoped to be a nonpartisan fashion around the issue of health care.

I told my honourable friend when he introduced that bill, some of the remarks he made in introducing the bill were remarks that could not have been made. My two colleagues to the left here who work with the department know of what I speak. Back in the good old days for about 15 years before this, you could never have been that forthright in introducing and addressing complex issues in health care without risking the political downside of having an

opposition or both opposition parties run with your statements and say, ah, you are prepared to do XYZ.

* (1610)

We are into a much more mature stage of debate in health care in this province certainly, and in the country, it is even emerging, so that those kinds of difficult issues can be genuinely debated without attribution of dire consequences should the next party be elected to government.

An open discussion of what is do-able, what is possible, what the challenges are, leads to that kind of an informed general public that will help to make the best decisions given the constraints we have in funding health care.

So, from that standpoint, I cannot tell my honourable friend today what kind of a decision we can make around the disposition of his legislation, but I can tell you my caucus is prepared to debate the bill for the purposes that it was put on the table.

Mr. Cheema: Mr. Acting Deputy Chairperson, I will just add my last comment, and then I will give it to the member for St. Johns (Ms. Wasylycia-Leis).

I think the issue is a very, as the minister said, complex, but a very important one. I do not think anybody in our Assembly, when they are sitting by themselves, can argue against the fact that we are in a difficult situation. I said that in the public forum, and I said to the members of the union that when you go home, then you are going to think probably in a different way. When you have all the figures and all the data and all the realities of life, then our attitude will change, and that is what we want of each and every member in this House, to have a part of the process of us, as 57 members, of maturing it on the health care debate and understanding the whole aspect.

I think that way, what eventually would happen would be that if we can have a situation where a decision can be made in terms of that we are reaffirming or not reaffirming, that will send a statement either way. If we are not, then something is wrong, as such, and that means that there is going to be more difficulty. If we affirm then we are putting ourselves in a very, very binding situation, no question, but then we can decide as members of this Assembly what is essential and what is nonessential and what is required and what is not required. That is very risky, but here as members we are not making, as individual members, the laws. We are

simply putting things for discussion. If those discussions are taken selectively to suit the needs of the day that is not going to be very positive. You cannot sell those things any more. So I was not afraid of putting those remarks, very important for me and my caucus, and as I have talked to many members on both sides of the House, they are very interested to look at the whole issue.

In fact, that was one of the first recommendations on B.C.'s Royal Commission. B.C.'s Royal Commission report is one of the basic recommendations that was commissioned by the Social Credit government to put those five things into the law of B.C., and I can provide the copy. The minister may have the—probably ask his staff to get the copy of the British Columbia's Royal Commission and on the first page that is the recommendation.

I thought if the government is not defeated there, they would bring that kind of—that Social Credit government. Now the Premier of British Columbia probably would do the same thing. That was my understanding. That was whatever we were told, but now they want to look at how the other provinces are going to do it. So they are having a look at Manitoba. They want to see that the oldest—I mean in terms of the most senior Minister of Health, how he is going to approach the issue. For them it is going to be the very important aspect to decide on that.

So I will end my remarks. It is not a question, just to put my views again re-enforcing why we did what we did and why I think it is very important for each and every member to put their thoughts on the whole process, whole issue, so that we can have a good debate on the health care.

Mr. Orchard: I appreciate my honourable friend's comments, Mr. Acting Deputy Chairperson.

Ms. Wasylycia-Lels: Mr. Acting Deputy Chairperson, just on that issue of entrenchment of medicare's principles in provincial law, I think it would be my uneducated guess that perhaps these principles have not been entrenched in provincial legislation prior to now because in fact that would have been redundant in terms of the role of the federal government and the ability to ensure that provincial governments adhere to those basic principles.

As I indicated to my colleague the member for The Maples, we would have no problem in going the

extra mile in entrenching those principles here in Manitoba, and in fact with the increasing erosion of our universally accessible health care system it may in fact be necessary. However, I would hate to see that as any kind of substitute or—and I know that this is not the member for The Maples' intentions, but I would hate this to be perceived in any way to be accepting the federal agenda of getting out of funding national standards and a federal role in this whole area.

I would like, though, on a question of principles, if the minister could elaborate on what his Premier (Mr. Filmon) meant when he, following the last Premiers' conference, indicated a further pursuit of some other principles that I mentioned this morning, having to do with effectiveness and sustainability and affordability and a couple of others—I do not have them in front of me—if there is any kind of move afoot to see, at the national or among certain provincial governments, a move away from the original principles and a move towards something more economic driven. Perhaps, I will leave it at that.

Mr. Orchard: Mr. Acting Deputy Chairperson, I note with a great deal of interest that what I perceive to be the reason for noninclusion of the five principles in Manitoba's parallel legislation was because there was not this perceived need.

I seem to recall clearly my honourable friend the New Democratic Party Health critic railing against the federal Liberals who started this whole process of cutting back, in her language, federal transfer payments. I mean the need was there then, and her government did not incorporate those into the legislation, so a revisionist history is just not good enough. I will be going to seek a legal opinion as to what is involved here.

If one wants to go back about a change of principles, I have often pointed out the analysis that was done, I believe, by a group which included Mr. Sale. That group concluded where we really started on this slippery slope that we are on today was in the mid-'70s, where by 1977 the decision was made to move away from the formula of 50-50 funding to block funding under EPF.

It is quite remarkable to me when I revisit the history of those days and I find that was a time at which we had the greatest presence of New Democratic Premiers, one in B.C., one in Saskatchewan and one in Manitoba, who, if one

were to follow the analysis of Mr. Sale at all, gave away the ship in medicare funding to the federal government, abandoned the provinces. I mean, I know that is not the kind of information my honourable friend wants to talk about and debate now. Well, she says it does not matter because in the past even New Democrats made mistakes, quite the contrary to today when New Democrats in opposition never make mistakes.

* (1620)

Ms. Wasylycia-Lels: I am sorry, I am waiting for the minister to answer the second part of my question, but I will give him an opportunity to do so by just indicating to him that nobody in this country from government representatives to prestigious councils like the Economic Council of Canada, or the National Council of Welfare, or any other group in our society envisaged or predicted or imagined until only within the last two years that federal funds would actually end, dry up, come to a complete finish in a very short time, around the turn of the century.

Mr. Acting Deputy Chairperson, as much as the NDP should have had that kind of ability to look into the future, to predict without any evidence, without any reason for believing this, I believe the situation we are now in is something we must all take responsibility for and address. It is clearly a case now of principles being revisited to ensure that we can carry on and provide the same kind of quality health care that we did in the past without the benefit of substantial federal funding.

The question really is, now that people have figured this out and the true federal Conservative agenda is clear and something the minister certainly is now aware of—I refer to the detailed information provided with the budget last year about the impact of federal cuts on provincial treasury—we must address that situation. I think the member for The Maples (Mr. Cheema) has made an attempt that should be looked at seriously, but we should not at all give up in our efforts to try to reverse federal policy and restore federal funding. There are some opportunities coming up.

There is a meeting of provincial Health ministers and Finance ministers in a short period of time, I believe. The Premier (Mr. Filmon) has indicated that at that meeting some other principles will be pursued and studied and considered. I am just wondering if the minister could tell us what strategy

he is pursuing to try to seek reversal of federal removal from the health care field, and if he is taking a lead role in terms of the upcoming meeting of Health and Finance ministers.

Mr. Orchard: The topic is very apropos, and I refer my honourable friend back to the study, Review of Significant Health Care Commissions and Task Forces in Canada Since 1983-84 jointly put together by the Canadian Medical Association, Canadian Nurses Association and the Canadian Hospital Association. Under financial resources, which was the first topic they dealt with, a few reviews expressed—this is from the document—concern over the decreasing rate of growth in fiscal transfers from the federal to the provincial government received primarily via EPF. By and large, however, most of the commissions seemed to accept this fiscal transfer situation and recommended a number of issues that would enhance cost controls, funding and revenues, efficiencies and cost effectiveness.

Here are two of the recommendations additionally that I would like to share with my honourable friend. The second recommendation was that we should develop incentive programs for hospitals to become more efficient. That is, they can keep certain—or all—portions of surpluses and must absorb deficits unless there are good reasons for their occurrences, e.g., demographics, unforeseen circumstances, legislative changes beyond their control for such things as pay equity or the necessity to accommodate new occupational groups.

In other words, recommendations from across Canada maintain the no deficit policy in hospital funding that my honourable friend has abandoned now that they are in opposition. The second point they make in terms of—

An Honourable Member: Balderdash.

Mr. Orchard: My honourable friend says balderdash from her seat. Does that mean to say that you still support the no deficit policy of hospitals, no deficit funding policy?

Ms. Wasylycia-Lels: May I speak then?

Mr. Orchard: Yes, if you are going to answer that, you bet.

Ms. Wasylycia-Lels: Thank you. I am always glad for the opportunity to clarify the distortion of what we have said in opposition in the Legislature or here in Estimates. The minister will know clearly that we have asked very specific questions about funding policy because, in fact, the notion of deficit

policies for hospitals and funding policies for hospitals go hand in hand.

Deficit policy for hospitals under a reasonable government that has responsible levels of funding makes sense. A no deficit policy under a tyrant, under an arbitrary dictatorial government, like the one we have today, is certainly cause for question and the basis for much consternation throughout communities in Manitoba.

Mr. Orchard: I am amused with that answer. My honourable friend is better at fuzzifying the issue than even Allan Fotheringham could give her credit for being because she just spent a minute and a half further fuzzifying this once clear position of the NDP that they put in place when they were in government, and where my honourable friend the member for Brandon East (Mr. Leonard Evans), senior cabinet minister south of No. 1 Highway in all of western Manitoba, said, we just cannot afford to pay these deficits in these hospitals.

Now, with my honourable friend's stated logic today, that was a tyrannical government under Howard Pawley that would not give Brandon General Hospital and this place enough money to operate, and insisted that they close beds to control their deficit. Now you want to talk about a tyrant in funding and policy, that was Howard Pawley and the NDP, and they put the policy in to prove it.

But let me get on with my answer on financial resources, because my honourable friend the member for St. Johns (Ms. Wasylycia-Leis) did not answer the question. All she did was say, no, we do not believe in no deficits when we are in opposition, and we believe in no deficits when we are in government. That is all she said, which is the typical flip-flop and the comfort that we get from opposition versus the reality of government.

Now, it says here under financial resources: with respect to opportunities to increase funding or revenues consideration was given to such options as payroll taxes, income surtaxes, corporation capital taxes or even deficit financing, but in brackets after the latter it says, but not too seriously. There was not much emphasis on other ways to increase revenues. This is likely a reflection of the reality that there are few avenues open in this regard.

I mean, this is not me saying this. This is, and I will go through it again, the Canadian Medical Association, the Canadian Nurses' Association,

Canadian Hospital Association compendium of recommendations from various task force and studies across the length and breadth of the nation of Canada. What does that mean? That this is likely a reflection of the reality that there are very few avenues open in this regard. Let me explain what that means. In Manitoba we have one of the highest taxation regimes in Canada. It is slowly becoming a moderate taxation regime, not because of our ability to wind down the taxes imposed by Howard Pawley and the NDP.

* (1630)

It is becoming more moderate in Manitoba because other provincial governments have been raising taxes left, right and centre: Peterson in Ontario, prior to Rae in Ontario, significant increase in taxation. I think the B.C. budget is an example of what a new New Democratic Party government does. They raise taxes. They did not control their expenditures and the deficit as we have tried to do, but they raise taxes. What the simple lesson that is being repeated in this document is that we cannot tax Canadians anymore for any purpose, even health care. The second lesson that is in there, because in brackets they said, but not too seriously was deficit financing considered, is the fact that deficits have not worked.

I mean, if you want to take a classic example of failures in deficits, take a look at Howard Pawley and the NDP from 1981 to 1988, and I have used this figure before. When we left government in 1981 the annual interest bill of the province of Manitoba after, at that time, 111 years of governments of all stripes, two world wars, Great Depression, any number of initiatives good for the people of Manitoba, the total interest on the deficit of Manitoba at that time was just over \$89 million. When we came back into government seven years later under Howard Pawley and the NDP that interest bill had risen to \$560 million annually, because of their deficit policy. Now, take \$90 million and \$560 million, you have \$470 million every year that this province is paying because of the NDP debt under Howard Pawley and the NDP—\$470 million annually.

Now, ask yourself simply, how much education would that buy for young Manitobans at university? How much additional health care might that have the opportunity to buy? How many additional roads or sewer and water developments in the city of Winnipeg might that be able to buy if we were not

spending it to pay interest on Howard Pawley and the NDP's debt?

So when Finance ministers, First Ministers, Health ministers come around the issue of how we finance the health care system, we recognize we have run out of taxing as an option. We recognize that deficit financing is not an option—I repeat, not an option. The current federal government's \$30-billion deficit is entirely interest on debt—entirely. As a matter of fact, it is closer to \$40 billion annually now. So deficits are not the answer.

What is the answer? It is to try to make Canada competitive, so that we have increasing tax revenues in a growing economy, so that we have the ability to fund and finance our social safety net in Canada. That is only going to be done if governments get their houses in order to send a clear signal to the rest of Canada—Canadians, in general—investors inside and outside of Canada, that Canada is a good place to do business. Because if we do not send that signal, we do not have the creation of new investment with new jobs, and new taxpayers, then the system will collapse on itself even faster.

When I opened my remarks to the health care issue, I used the example of Lee Iacocca. Lee Iacocca, as president of Chrysler, said five or maybe six years ago now, he was alarmed that there were more health care costs in a Chrysler automobile than his corporation manufactured than there was cost of steel in that car. It takes the profits from 300,000 six-packs of beer brewed by Anheuser-Busch Budweiser in the United States, as a major brewer in the American market. It takes the profits off of 300,000 six-packs to pay for one appendectomy of an employee employed at Anheuser-Busch.

So that when we start talking about the sacred cow of health care, we have to understand what its impact is on our competitiveness in the world market. In North America, we spend a greater percentage of our GDP than any other area of the world, than any other trading bloc in the world. We can continue to do that and continue to price our Chrysler cars out of the world market. How does that employ auto workers in Oshawa? How does that employ auto workers, steelworkers, iron miners, assemblers, any where in North America? It does not. When you lose those employees, because you have priced yourself out of the world competitive market, you lose the taxpayer to support your social safety net, and you turn that taxpayer into potentially

a tax consumer. So the whole challenge in North America right now is to bring our economies back into a competitive nature, and there is no program of government, including health care, which is not subject to scrutiny of government.

I want to close my little explanation to my honourable friend here by saying, that even with the greatest spending per capita in the world on a publicly funded health care system that we have in Canada, we do not have better health status outcome indicators to tell us that we are getting value for those expenditures. Our infant mortality rate is significantly higher than Japan, as our average length of life is significantly lower than Japan, and they spend roughly—well, they are not quite a half of what we spend, but the latest figures are around \$900 per capita in Japan, when we spend just under \$1,500. So there is significant difference in spending commitment, but, yet, they have not compromised their health status improvement of their citizens.

Why? Because Japan has an economy which is providing the wealth to individual Japanese to make consumer choices of better housing, better diet, better recreation, better lifestyle, and all the nonhealth-care expenditure-related amenities that improve the health status of the Japanese people. The best health policy in Japan is a vibrant and growing economy.

That is what we are aiming for in this province of Manitoba. I suspect we will do it without the support of New Democrats, who believe you can tax and deficit spend yourself to prosperity, but no one believes in that failed rhetoric anywhere that I am aware of in North America and, indeed, the world.

Ms. Wasylycia-Lels: Mr. Acting Deputy Chairperson, that was an awfully long answer to a fairly straightforward question about strategy going into the next meeting or special meeting of Finance and Health ministers to discuss health care.

I am not going to get into a long argument with the minister around this. I think it is just important to note that whatever the reasons the minister can come up with, whatever the arguments, the bottom line clearly for this minister and this government is acceptance of the end of a federal role in health care, or at least a spending role in health care for our federal government, because the minister has done nothing more than defend what is happening and put it in the context of our current economic

difficulties and deficit problems and the national debt.

So while we can argue all of the reasons for that situation right now, the real question comes down to: Is it acceptable in that context to see the end of a national health care program of medicare with uniform standards right across this country?

So I appreciate the minister's views on this issue, but I remain concerned that we have not got a government going to upcoming meetings prepared to fight for that national health care program and our medicare system.

Let me ask the minister on the question that was dealt with before we started talking about medicare principles, an issue raised by my colleague the member for The Maples (Mr. Cheema) pertaining to negotiations or discussions with the MMA right now around legislation or provisions for release of doctors' names who have been proven to have broken the law.

* (1640)

I notice from the exchange of correspondence and then from the press coverage this weekend that in fact there is some dispute between the two parties, between the minister and the MMA, about who has the responsibility for releasing the names. I appreciate what the minister has said about our legislation and the problems that breach of that legislation could mean. However, in this article in the Free Press of Saturday, the MMA indicates they have a legal opinion suggesting that the province has the authority to make the release.

Has the minister asked for that legal opinion? If so, can he tell us what it says and if there is any area for accommodation and compromise around this issue between the government and the MMA?

(Mr. Deputy Chairperson in the Chair)

Mr. Orchard: No, I have not asked for that legal opinion, because the legal opinion that I received internally from the Justice department clearly told me I could not release the information as requested.

That is a sufficient legal opinion. I am sure my honourable friend would appreciate that having that legal opinion in my hand, if I accepted another legal opinion, guess what my honourable friend's response would be first and foremost. She would ask and demand my resignation because I contravened my own legal opinion.

So with all due respect to my honourable friend, I neither have to see nor wish to see the legal opinion referred to in the newspaper as being in the possession of the MMA. My legal opinion which I have to rely on says I cannot release it. So I cannot do anything more for my honourable friend.

Now, as I explained to the member for The Maples (Mr. Cheema), Section 85(1) disallows my release of that information. I have the ability under Section 85(2) to release that information: name of the physician, dollars recovered, ordered to be recovered, period of time in which the inappropriate billing took place and the reason for the recovery as determined by the Medical Review Committee. I can release that information to both the MMA and the College of Physicians and Surgeons.

Now, when the MMA wrote to me urging that they had no concerns about the release of those physicians' names, I indicated I could not, explained in very clear language why I could not, asked them: since they wished the release of those names and the information could be made available to them, would they not entertain release of those names?

Whether it was accurate or not, I believe the response from the president of the MMA in Thursday evening's paper was: yes, good idea. I was on Radio Noon, one to two o'clock. The president-elect of the MMA was on there. There was no concern whatsoever expressed about the release of these three names. It was deemed to be appropriate.

But somehow, between, I do not know, four o'clock Thursday afternoon and Saturday's newspaper, there appeared to be a change in ability, if that is the proper terminology, of the MMA—or willingness, or opportunity—to release those names. They claimed on one hand that they did not have them. Well, of course they do not have them. But I can give them to them and if they wish to release them, I will provide the names to them because I can do that. I do not contravene my legislation by releasing the names and the dollar amounts to the MMA.

Again—and I am only going by what I read in the newspaper—that appeared to be another issue where the MMA said, oh, but, you know, really we cannot because we were not part of this particular decision process. Well, I did not hear that qualification in the original letter, the statement by

the president, or any concern expressed by the president-elect. But suddenly it is a concern.

So I am still willing, as I indicated to the reporter for the Winnipeg Free Press, should they request it, the names will be available to them. They will be hand delivered to them because of the confidentiality around them. From there, the MMA can release them if they so desire; I cannot. I will be pursuing this issue and I will be attempting to reach a resolution.

If I cannot within the existing legislation, I am hopeful that the legal draftspeople in the Department of Justice will be able to craft such amendments as to accomplish the release of the names without compromising the patient, without comprising government in the release of them. I hope we do not have to go to that extent because I believe there is a simple solution that can be exercised and it is readily at hand.

Now, Mr. Deputy Chairperson, I want to indicate to my honourable friend, again, a little bit of—how do I put it genteelly?—from opposition, the NDP saying one thing is possible, but from government, taking a slightly more responsible or substantially more responsible position, in regard to funding.

Let me quote my honourable friend's counterpart in Saskatchewan. Ms. Simard indicated, and I will even give my honourable friend the date of the press conference—February 20, 1992—direct quote: We do not need more funding for health care, we need reform.

My honourable friend might be reminded of the very valiant statement made by the Minister of Health in Ontario, where she indicated that at least 25 to 30 percent of everything we currently do in the health care system has “no proven value.”

Out of Ontario's \$17 billion health care budget, that is \$5 billion in expenditures that the experts say is wasted and could be better directed.

I want to indicate a quotation, a direct quotation, which appeared in the March 11, Victoria Times. Premier Michael Harcourt, hardly a neoconservative, right-wing activist, has said, and I quote: Putting more money into health care is not a solution. Nor do we have the money, even if people wanted to exercise that option.

So when my honourable friend from opposition says, let us get the federal government to give us more money, where is the consistency? When they are in government, they make the statements very

directly that I have just quoted back. I suggest to you, and I do not like to get into this debate, because I have a good, working relationship, I believe particularly, with the Minister of Health from Ontario.

I have said in these Estimates that I do not believe for a moment that Ontario is enjoying the difficult decisions they are imposing on the health care system of Ontario. I do not think they are enjoying reading headlines every other day or every day in Ontario about bed closures and union staff layoffs. Of course, they are not.

They are not doing it because they have this gleeful, spiteful, neoconservative agenda that my honourable friend keeps talking about. They are doing it because the reality of governing today says they have to make tough decisions—the same thing in British Columbia. You are going to see it in spades in Saskatchewan, not from neoconservative governments, but from NDP governments.

I do not take any perverse pleasure at them having greater difficulties in Ontario and Saskatchewan and potentially B.C. than what we do in Manitoba. I do not take perverse glee in Newfoundland, where there is a Liberal government, where last year they had to, without too much consultation, simply order the closure of 400 hospitals beds throughout the province. I do not take perverse pleasure in New Brunswick where they have made similar and more difficult decisions—the same thing in Nova Scotia where there is a Conservative government.

The budget in Alberta is coming down this afternoon. I do not know what it holds for health care, but if any province has the semblance that they can afford to buy more health care services, it may be Alberta. No government today is taking any pleasure in the difficult decisions they are having to make. But I think there is a lesson in reality that is emerging across Canada, and it is a reality that when you are in government you have to make difficult decisions whether you are government, whether you are NDP, whether you are Liberal, whether you are Conservative.

I cannot say hypocrisy, Mr. Deputy Chairperson, because that is not a parliamentary word, but trying to leave the impression from opposition in Manitoba that as New Democrats you can somehow do things differently is really creating incredibly, false impressions that you deliberately try to create to try to win the next election.

That is not appropriate in today's context. It will not gain you the electoral victory that you so lust for. All it will do is give you the growing opinion that you really do not have an attachment to health care, and you do not understand the economic fiscal government and policy challenges in health care today, that you are merely willing to be opportunistic and say anything to anybody at anytime in order to try to win their support. Well, that is not in the cards today, I am sorry.

That is why I took the time to put those three quotations, not from neoconservative Health ministers, from ultra right-wing reactionary, Conservative governments or the Reform Party of Canada, if it were to be in the governing position. Those are direct public statements by New Democrats who are governing today in Ontario, Saskatchewan and B.C., and who are the respective Ministers of Health or Premiers of those provinces. So you know, when my honourable friend says, go there and demand more money from the federal government, do I read the quotes back to you again? Or is that perspective that you are placing sufficiently at odds with what your confreres, your soul mates, are doing in other provinces when they have to govern, rather than simply criticize and offer simple and unattainable solutions to any group that you happen to speak to?

* (1650)

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, I take great offence at the statements just made by the minister. I think he has just reduced, once again, this debate to a political game that he may be accustomed to playing, but others may not be. He has lowered this debate to the lowest possible form of politics, disgusting innuendo and imputation of motives.

He has suggested that I am deliberately and my colleagues in the New Democratic Party are deliberately taking different positions for political purposes. He has put my comments and my concerns in the context of lust for power. He has suggested that issues we have raised consistently are nothing more than political gamesmanship and electoral grab-bag politics.

Mr. Deputy Chairperson, perhaps those comments are not in violation of our rules and unparliamentary, but they are not fitting comments in this place, in this Legislative Assembly, neither in the Chamber nor in Estimates. It is getting pretty

tiresome to have to deal with that kind of deliberate distortion of comments and questions and concerns expressed by those of us in opposition.

Interesting, Mr. Deputy Chairperson, that those comments come following questions that we raised today and have raised previously about the end of federal funding for health care; interesting that those comments come in response to our concerns that this government and this minister are standing idly by while this is allowed to happen; interesting that these comments happen in response to questions and concerns that I have been raising about a restoration of federal funding, not new moneys added into the system, not additional dollars found from some impossible source, but about a restoration of a policy and a dollar commitment so that we can preserve medicare.

Mr. Deputy Chairperson, on that issue there is absolute consistency between the Manitoba New Democratic Party in and out of government. There is absolute consistency on the part of New Democrats, whether in government or outside of government right across this country.

There is not a New Democrat, either in Manitoba or in any of the provinces that the minister has referenced in his answer, that has called, has supported the end of federal funding for health care and the death of medicare.

To the best of my knowledge, New Democratic governments in Canada today are as concerned about the death of medicare as I am here in Manitoba in opposition and have expressed those concerns publicly and have tried to find ways to restore a role for the federal government in health care both on a funding and a policy basis.

It is an absolute distortion to suggest an inconsistency in our policies and statements in and out of government. More than that, Mr. Deputy Chairperson—I mean, I can handle that, I am getting used to this kind of petty politics and this kind of innuendo coming from the minister, but the real issue here is the complacency of this minister and this government in the face of this end of federal funding and death of medicare.

I was not asking for new moneys. I was not asking for the minister to come up with new dollars. We are asking this government to stand up and represent Manitobans and demand for the restoration of a meaningful role by our federal

government in health care and to save and preserve and keep and treasure medicare—as simple as that.

Maybe the minister does not owe me an apology, but he sure owes the people of Manitoba an apology for dismissing their commitment to medicare and their concerns about what is happening before our very eyes. The minister knows that just about 100 percent of the population believes in medicare, see it as our most valuable social program, see it as a national force for unity at a time of constitutional crisis, and will stand up and rebel in the streets, and congregate the steps of every Legislature and Parliament across this country when they realize that the end is near, and that in fact the days for medicare are numbered.

Those are not exaggerated comments. The minister and his government have recognized them themselves in their detailed report with last year's budget showing the impact of the change in the formula under EPF and the impact of Bill C-69 and Bill C-20, and the incremental changes that have occurred over the last number of years which have put us on the slippery slope to the point where federal funds do dry up in eight, 10, 12 years, a very short time away. I would suggest to the minister that he address this issue not in terms of implying that, in order to deal with this crisis, he would have to come up with new dollars, and that taxpayers are going to have to bear another burden if we are ever going to address the situation.

I think he should come forward with some answers, not in terms of trite, insulting words, but in terms of policies and strategies for trying to preserve medicare. I hope that before he heads off to that meeting of Health and Finance ministers across this country, he will give second thoughts to this position, to this issue, and in fact go with a clear commitment to preserve medicare, and to persuade the government, the federal government, the national government of Canada, to play a major role in health care for this country.

Mr. Deputy Chairperson: Order, please. The time is now 5 p.m. and time for private members' hour. I am interrupting the proceedings of the committee. The Committee of Supply will resume considerations at 8 p.m.

FAMILY SERVICES

Madam Chairperson (Louise Dacquay): Order, please. Will the Committee of Supply please come to order for the Estimates of the Department of

Family Services? We are on page 60, item 4, Child Day Care. Would the minister's staff please enter the Chamber?

Item 4. Child Day Care (a) Salaries \$1,850,800—pass; 4.(b) Other Expenditures \$423,600—pass; (c) Financial Assistance and Grants \$44,410,900—pass.

Resolution 45: RESOLVED that there be granted to Her Majesty a sum not exceeding \$46,685,300 for Family Services, Child Day Care for the fiscal year ending the 31st day of March 1993—pass.

Item 5. Rehabilitation and Community Living (a) Administration—

Ms. Becky Barrett (Wellington): I am wondering if we could discuss the Administration and the Adult Services at one and the same time.

Madam Chairperson: Is it the will of the committee to deal with both Administration and the Community Living? Was that the request?

Ms. Barrett: It would be (a) and (b)(1).

Madam Chairperson: Okay. Community Living and Vocational Rehabilitation Programs to deal with the Salaries for each of those sections simultaneously? Is that the will of the Committee? Agreed, and so ordered.

Ms. Barrett: Madam Chairperson, I wanted, if I might, to ask questions more in the adult services area than the administration area, so I will begin to ask my questions in that area then.

I would like to ask a few questions on the expected results on page 68. I have compared the numbers from the last year's Estimates, and in the first two sections, adults with mental disabilities and community residences and supervised apartment settings, there is also an increase of day program services to adults with mental disabilities. There is a decrease, however, under provision of respite services to primary caregivers. Last Estimates it was estimated that there would be respite service to approximately 655 primary caregivers. This Estimates it has been reduced by 30. I am wondering if the minister can explain that reduction.

Hon. Harold Gillieshammer (Minister of Family Services): I would like to introduce Tanis Mindell and Gerry Clement, who have joined us at the table. They are responsible for this area of the department.

We found from last year's estimate in the budget that the uptake in respite care for adult services was

underutilized and we have just revised it downward this year to more accurately reflect the usage.

Ms. Barrett: Can the minister tell us what the process and procedures are that primary caregivers to adult individuals in this category would have to go through to access respite care?

* (1440)

Mr. Gilleshammer: Madam Chairperson, the primary caregivers are eligible for a certain degree of respite over a one-year period. There are times when that evaluation is made at the field level. I can give you some detail on that. With the natural families up to a maximum provision of two weeks of respite and maximum expenditure of \$1,350 per family, in the case of licensed and approved foster homes, up to a maximum provision of one week of respite and a maximum expenditure of \$675 per licensed and approved foster home. Upon presentation and justification of individual need, the regional director or designate may authorize respite provision beyond guideline parameters to a maximum total of expenditure of \$3,000 per family or \$1,500 per licensed or approved foster home.

Ms. Barrett: There has been, the minister stated, a decrease in the uptake of that particular program.

These primary caregivers are either in a family or a licensed foster home. Has there been a decrease in the number of adult individuals that are eligible potentially for this respite care, and if there has not been a decrease, has there been an increase?

Mr. Gilleshammer: The actual number of clients served in 1990-91 was 524. The number eligible in 1991-92 was 610, and we are estimating that there would be 625 clients in 1992-93. The reality of it is, there are some cases that do not apply to access this service.

Ms. Barrett: In 1990-91, the actual number of clients served in respite was 524. The number of eligible ones for this last fiscal year, '91-92, was 610, and the estimated number of eligible this year is going to be 625—are eligible or estimated to be taking advantage of the respite.

I guess the question I am asking is, in the actual clients, 1990-91, there were 524 who took advantage of respite. How many clients in 1990-91 could have taken advantage of respite?

Mr. Gilleshammer: Madam Chairperson, we have a total number of clients as of February 29, 1992, of 3,184, and they are spread out across all of the

regions of the province and of course all age groups as well. The reality of the situation is that there are some caregivers, families that do not need to access the respite, so there is only a fraction of them that do so.

Ms. Barrett: I wonder if less than 25 percent of the eligible families or foster home caregivers are accessing this program, and I wonder if it might not be worthwhile for the department to look at more proactively advising clients of the accessibility of this program. In the decline from 655 to 625 primary caregivers, is there a concurrent or concomitant decline in the amount of money that is estimated to be provided under this line?

Mr. Gilleshammer: Could you just rephrase that?

Ms. Barrett: I probably should rephrase it. It was a little expansive there. Is there a concomitant decrease in the amount of estimated respite dollars that are going to be spent on these primary caregivers this next year, reflecting the decrease in the anticipated take-up of that program?

Mr. Gilleshammer: Yes, the fact is that last year we overestimated the number who would access the program. I suppose by having 500 or 600 out of 3,000 access it, there is obviously a budget cost there. I gave you the figures of what the maximum total expenditures were, and there are people who do not require it.

If the member is feeling it should be a mandatory program, there is obviously a tremendous cost to it, and the program is put there to serve those who most need it. In many cases, obviously 70 to 80 percent are not accessing it because the need is not there, so if we were going to make those changes where everyone accessed it, there would be a tremendous cost.

Ms. Barrett: No, I was just commenting on the fairly low proportion of eligible people that were actually uptaking this. Two questions on this then, finally: Does every primary caregiver who is part of that 3,184 clients and applies for up to two weeks of respite get it? Secondly, what happens if your Estimates are under what the actual act's request for take-up is? Is it a program such as Social Assistance where if someone over 625 apply for this program they will get it, or is it the fund—the budget line when it is exhausted, that is the end.

Mr. Gilleshammer: At this point in time, we have been able to accommodate all of those who have applied to access the program. We would have to

deal with that issue if the number of clients demanding service outstripped our budget. Sometimes it is possible to accommodate them in a different area with other funding, but for budgeting purposes, of course, it works best if we can live within that budget and to this point we have been able to.

Ms. Barrett: So everyone up to the budget limit who applies for respite would get the respite that they applied for, for the length of time they applied for within the allowable time and money limits.

* (1450)

Mr. Gilleshammer: We have been able to accommodate all of the applicants within the existing budget.

Ms. Barrett: So it would appear that should there be an increase in requests in uptake, there is a chance that individuals who apply later in the fiscal year for respite might not have access to those funds.

Mr. Gilleshammer: I suppose we would have to evaluate the situation and then try to accommodate them within that existing budget. I think the budget works because of the staff being able to assess the needs, and with some of the clients—and I maybe should have given you some of that data on the age groups and the regions and so forth. While there are new clients entering and, of course, some that do not remain as part of the statistics, it is fairly stable in some ways. As a result, for budgeting purposes, the regional staff are able to keep track of the clients by region and age group, and there does not appear to be a large increase or deviance from the statistics from one year to the next.

One of the facts of life, of course, is that we do have in some respects an aging client group. With treatment and medication and care, clients are reaching ages that perhaps they did not at one time, but at the present time these people are being accommodated within that budget.

Ms. Barrett: Not only are the clients aging, but the families, particularly those individuals who are remaining in their families, are also aging. So I would anticipate that the parents of those adult children will perhaps be accessing more the respite than they might have in earlier times.

The next expected result is the provision of vocational rehab services for adults. Again this has declined by—it is not a large numerical decline. It is a decline of 35 adults with physical, mental or

psychiatric disabilities. I am wondering if the minister can explain that decrease and in particular answer how many people considered mentally disabled are presently in programs funded by the government, which have as their premier objective permanent employment opportunities. I am particularly interested in that subelement.

Mr. Gilleshammer: The training from time to time tends to be individualized. It really depends on the nature and the duration of the training as to the number of clients that can be served. Sometimes there is a variable in that number, as some clients perhaps need more intensive training and remain in the program longer. So there are some variables that affect those numbers.

Ms. Barrett: So the minister is unable to tell me how many mentally disabled Manitobans are in programs that have as their end goal employment opportunities for adult Manitobans.

Mr. Gilleshammer: In 1991-92, the government funded over 1,100 individual vocational training plans for disabled individuals seeking employment as their goal within the vocational rehabilitation program. The number would be 1,100 who are seeking employment, and those programs then were offered throughout the year. Keep in mind, the duration and the nature of the training might vary with any and all of those individuals. Just some further information on that, of those 1,100, 150 persons were mentally disabled and 255 were psychiatrically disabled.

Ms. Barrett: Are those figures approximately the same as the previous year's figures? Have there been any major changes in proportions of those individuals who have accessed those programs?

Mr. Gilleshammer: Yes, it is approximately the same numbers. There is not a great change.

* (1500)

Ms. Barrett: A question on the mobile therapy services, again it is the same figure as last year's Estimates, approximately 200 families. I guess the reason I am questioning these numbers is that it seems that the government has made as a priority and as a goal having more adults and children, but particularly adults, out of institutions into more of the community programs, or being able to go into more community programs. While there are some slight increases in some of these areas, in many other areas there are the same numbers or a decreasing number.

I am wondering if the minister can explain that, in light of his stated commitment to providing services for individuals in their communities in a range of community-based programming.

Mr. Gilleshammer: The programming and the numbers reflected here are somewhat similar to last year. We have not reflected as much change here as I would have hoped.

I would mention though that we have worked with the working group on community living, which has come up with some ideas that are before the department and before government at this time, and I would hope that even before the end of this session that we would be able to announce some new initiatives that are not included in this year's budget. So, that would help us to provide service along the lines that the working group has recommended to government, and I am fairly optimistic that we will be able to do something along that line.

Ms. Barrett: Would it be appropriate to ask a question about the working group at this time, or should I wait until—okay. Since the minister has mentioned it, I will go right into it.

I wanted to ask basically what the status of the working group was. In Estimates last year, in July, the working group had made its final presentation report, had actually made a presentation to, I believe, the Social Services Committee of cabinet, and that the minister stated on July 23 that they did not have an analysis of it yet but that it was one of the challenges before the department and that we will be making a response in due course.

I am wondering is the minister now stating that the definition of "in due course" is upon us and we can expect No. 1, a specific response to the working group's recommendations, and No. 2, some specific plans and programs for the implementation of those recommendations.

Mr. Gilleshammer: The member is correct. The working group has submitted its report. We have done the analysis, and we are working on being able to do an announcement of some new programming in that area, and in due course, as I have indicated in my previous answer, very close. I would hope that by the end of this legislative session we should be able to make some announcement about a pilot project that we are going to try.

Ms. Barrett: The pilot project, if I heard the minister's earlier answer properly, would be

additional funding not found in the current budget Estimates.

Mr. Gilleshammer: I think the member is aware of how difficult it is to find funding, and not just in Manitoba, but as you look across this country and read about the challenges that face government in the area of health care and education and family services and the very difficult decisions that governments have to make. We have to look carefully at what we are proposing and be able to talk to government about how we achieve the objectives that were brought forward by the working group.

Our desire and hope is that we can achieve some new funding to go ahead with this program. I am sort of getting ahead of myself. We are not able to announce those details as yet, but we are working very diligently on them, and as I have indicated, I would hope before the end of this session we could proceed with that announcement.

Ms. Barrett: Will the recommendations of the working group be made public, the entire working group recommendations as opposed to just the recommendations that the pilot project or whatever the minister will be announcing would make reference to?

Mr. Gilleshammer: The working group, of course, did a lot of detailed work and study and had submissions brought forward and in turn the department generated some analysis of that. We will make public sort of a finalized version without going into all the detail and ideas that were brought forward. I think we can put together the essence of what the working group brought to the department and make that available for public consumption.

Ms. Barrett: We will look forward with a great deal of anticipation to that day, which I hope is coming soon.

Finally, in the Expected Results, back to page 68, if I could, on the institutional care spaces, the number of long-term care spaces for children has decreased substantially from 135 last year to 100 in this year's Estimates, while the institutional long-term care for adults has increased by 25, from 125 to 145. I am wondering if the minister can explain those two changes and can tell me where those institutional care spaces are located for both categories, adults and children.

* (1510)

Mr. Gilleshammer: The government works with three facilities across the province: the Pelican Lake Training Centre, the Manitoba Developmental Centre and St. Amant. The spaces that were occupied by children that are now becoming adults are reflected in the changes that take place at St. Amant as children reach the age of majority and remain in that institution which was primarily designed for children, but the institution that is best suited to accommodate them.

Ms. Barrett: So the 25 additional adults who are being cared for in long-term institutional spaces are made up solely of young people who have gone from the children category to the adult category at St. Amant.

Mr. Gilleshammer: My staff have confirmed—

Ms. Barrett: That takes care of that category. So 25 of the 35 changes in the children's category decline are those 25 that are going from children to adults at St. Amant which leaves a net of 10 fewer children in institutional care.

I guess the question is: Can the minister tell us how many individuals are in St. Amant, Pelican Lake and MDC?

Mr. Gilleshammer: I am told there are 574 clients at MDC, 70 at Pelican Lake and 245 at St. Amant.

Ms. Barrett: According to my recollection from the last year's Estimates that is virtually no change then in clients, particularly at MDC. Is that accurate?

Mr. Gilleshammer: Yes, the numbers this year from last year have been fairly consistent. There are times when someone will leave the institution to live in the community and then later be returned. Where we have some of the older clients, of course, through natural causes some of them leave the institution. The member reflected about aging parents before and sometimes an individual will enter or re-enter an institution, but the numbers have been fairly stable this year from last year.

Ms. Barrett: I have a few more questions on Manitoba Developmental Centre, but I will leave that until we get to that line.

I would like to speak a bit about the Salaries and Expenditures section on page 69. Specifically, the minister stated last year in Estimates that the department's funding for Community Living and Vocational Rehabilitation Programs will increase by \$2 million or 5.4 percent this fiscal year. According to my figures the actual increase was not \$2 million,

but slightly over \$1.3 million, so a decrease of the estimated expenditure or one might say an underspending of \$708,000 and not a 5.4 percent increase but a 3.5 percent increase.

Can the minister explain that underspending in that particular category?

An Honourable Member: Are you back in the Administration section?

Ms. Barrett: No, I am at page 69, the Total Expenditures.

Madam Chairperson: The Supplement.

Ms. Barrett: The minister, last year, stated that he would increase the Total Expenditures in Community Living and Vocational Rehabilitation Programs by \$2 million. According to the bottom line figures on page 69, the actual increase was \$1.3 million, and I am wondering if the minister can explain the decrease from estimates to actual which, it would appear, is virtually all taken up with Financial Assistance and External Agencies.

Mr. Gilleshammer: We are maybe looking at different figures, but the Financial Assistance and External Agencies went from \$37.3 million to \$39.7 million, and the Total Expenditures went from \$38.7 million to \$41.1 million. You are talking about something different, okay. Try again.

Ms. Barrett: I probably was not making myself clear. The first time that would have happened, I am sure.

I am talking about your statement of last year's Estimates, when we were talking in July about the Estimates for '91-92, and at that line the estimate for '91-92 was \$38,130,300. That was the estimate. You actually spent \$37,333,300, which was a decrease of over \$700,000 from your estimate '91-92 to your actual '91-92. So, while you increased last year your spending in this area by \$1.3 million, you had stated that you would increase it by \$2 million. I am wondering where the decrease estimate to actual last year took place. It would appear to have taken place virtually all in the Financial Assistance and External Agencies category. I would ask the minister to explain that underspending.

Mr. Gilleshammer: We are still having some difficulty understanding, but I would indicate the Adjusted Vote for 1991-92, the total expenditures there were \$38,758,300 and our estimates for this year—you want to go back to the previous year.

Ms. Barrett: Yes, the estimates from last year for '91-92, the comparable figure was \$39,466,400. The total actual was \$38,758,300, a decrease estimate to actual of \$708,000. I have no quarrel or concern at this point with this year's. I am comparing last year's estimates to last year's actual.

* (1520)

Mr. Gilleshammer: I think one reason you are finding a change in there is the Indian and Metis Friendship Centres which at one time were in this line have now been moved to another part of the budget with Child and Family Services. That would account for an amount just over \$1 million. It will show up somewhere else in the budget.

Ms. Barrett: We probably could have saved ourselves this whole series of questions had we had the grants list available. All I had to do was ask.

Mr. Gilleshammer: We could give the members the grants list at this time.

Ms. Barrett: Madam Chairperson, I would like to reserve to come back to the specifics on some of these when I have had a chance to compare with last year's.

I would just then like to ask a final question on this line here on page 69. There is an increase under financial assistance in external agencies—actually two questions. Last year's Estimates divided the financial assistance from the external agencies, and I am wondering if the minister could provide us with those two subcategories, split up that \$39,740,100 into the financial assistance and external agencies and then give some specificity to the estimated volume caseload increases and price increases in note 1.

Mr. Gilleshammer: The financial assistance is \$34,265,700. The external agencies is \$5,474,400.

Ms. Barrett: If I am reading those figures accurately and reflecting back on last year's estimates—sorry, were these the new estimates or the actuals?

Mr. Gilleshammer: The figures I gave you were this year's estimates.

Ms. Barrett: I figured that out when I added it up. I am sorry.

So there is about \$5.5 million to external agencies in this year's budget. In last year's Estimates, there was over \$7 million to external agencies. Can the minister explain that change?

Mr. Gilleshammer: Two reasons for that. One is the shift of over a million dollars to the Indian and Metis Friendship Centres into another portion of the budget. The second reason is with the evaluation and training component, we have lowered the grant and increased the per diem. As a result, it shows up as a lower grant. This is something that the evaluation and training centres were working with us on. I guess it is the opposite of what we did with the shelters that we announced on Friday. We will have a chance to talk about that I suppose later.

Ms. Barrett: In effect, it was the evaluation and training component lowering the grant and raising the per diem. Was this what the agencies were asking for that this change be undertaken?

Mr. Gilleshammer: Yes, this is something that we worked with them on and something that they I think welcomed. I will just maybe give you some examples so that you have a better idea of what we are referring to here. Arm Industries in Brandon was one of them. Last year all of their money flowed in terms of a grant, and it came to a total of \$380,000. This year, the grant has been lowered to almost \$129,000 and the per diems will be in the area of \$262,000 and they will access something like \$391,000. Skills Unlimited in Winnipeg, similarly, their grant is reduced from a little over \$400,000 to \$128,000. The per diems go up to \$291,000 and they will be accessing about \$420,000. The Employment Preparation Centre in Winnipeg and Concept Special Business Advisors Inc. is another example of where there is some work being done on grants and per diems.

* (1530)

Ms. Barrett: Have these agencies signed contracts with the government outlining the grant and the per diem rate?

Mr. Gilleshammer: I am told that staff are currently working with them on funding agreements at this time.

Ms. Barrett: While the staff are working on the funding agreements, the budget material that you have given us today is based on the concept of lowering the grant and raising the per diem. If that is the case, is the work that is being done with these organizations merely putting the fine touches on this concept or is there still some dialogue going on about the ratio of the change in grant and per diem funding?

Mr. Gilleshammer: I am told that the work has already been done with those agencies and this reflects the work that has been done. We are working on the actual agreements at this time and would hope that we can achieve those in the near future.

Ms. Barrett: Does this include the recipient organizations such as The Association for Community Living, and the Manitoba League for the Physically Handicapped and the CNIB, or it is only the programs on the other page, The Brandon Citizen Advocacy down through Concept Special Business Advisors?

Mr. Gilleshammer: All of those agencies are on the grants list, but these adjustments are only with the evaluation and training centres that we are working with at this time.

Ms. Barrett: Just for my information, the evaluation and training centres then is this list, the Brandon Citizen Advocacy down to concept—no?

Mr. Gilleshammer: The evaluation and training centres include, I believe, four of these: ARM Industries in Brandon, Skills Unlimited, the Employment Preparation Centre, and Concept Special Business Advisors Inc. in Winnipeg. Some of the others, I believe, you are asking about are on the grants list, but the work on these agreements are with these four.

Ms. Barrett: For clarification then, the lowering of the grant, raising the per diem concept, is just with those four organizations. The rest of the organizations are not dealing, necessarily, in that kind of a concept.

Mr. Gilleshammer: That is correct.

Ms. Barrett: Thank you.

May I ask then about the—again back to the estimated volume caseload increases and the price increases. Can the minister outline generally where those increases have taken place?

Mr. Gilleshammer: The volume increases for new age of majority clients and high needs clients, we have in community residence base in capital, 23 additional beds; in additional care and support, we have 20 additional clients; and day program fees and services, we have 45 new spaces; and transportation to day program services to 45 new clients.

Ms. Barrett: So it is a combination of transportation, daycare and additional clients and

additional community beds that are increasing this figure? Okay, I will leave that for a moment.

I would like to ask briefly again in the area of updating from last year's Estimates, if I might, where the minister and I talked about moving from sheltered workshops to supported employment in community-based and integrated work sites. Actually that was the minister's comments in July, and he said that is an area where progress has been somewhat slow, but an area I think we need to put more financial and human resources into as we have the ability to do so. Then I asked the minister if there was a possibility of VRDP cost sharing for such programs and he said, yes, there is.

I am wondering if the minister can tell us if he has taken advantage of the cost sharing under that program and which additional resources in this area are now cost shared that were not prior to this year's budget?

* (1540)

Mr. Gilleshammer: The follow-up goods and services and the supported employment will be part of our new announcement we talked about a few minutes ago that we hope to do by the end of this session. We will make every effort to take advantage of any cost sharing with the federal government that we can on this.

As I indicated, I think the first day we were here when we talked about the area of the administration of the department, we have, I believe, four staff that work on the ability to cost-share programs with the federal government. It is a very critical part of what we do in that we recover around 50 percent of our expenditures mainly under the Canada Assistance Plan.

Ms. Barrett: Finally, before I turn it over to the Leader of the Liberal Party (Mrs. Carstairs), I would like to ask the minister about the problems that are facing Premier Personnel corporation. I think it follows from the whole idea of cost sharing.

My understanding of the problem is that the federal government is changing its funding formula, and not only is it decreasing the amount of money it is giving to this agency, but it is also requiring dollar for dollar matching funds from the province in order for the Premier Personnel to be able to access any federal funds.

I am wondering if the minister can provide us with the latest update on this situation.

Mr. Gilleshammer: This is a case of a program that received funding at the federal level, and one which the province was not involved in to any degree at the beginning. As federal funds have been withdrawn from this, we have increased our support to Premier and tried to work with them as best we can.

The province has not provided core funding for them in the past, and that is part of the problem. In 1990-91 we flowed some \$61,000 to this organization. In 1991-92 we flowed \$102,000. We do not have the capacity to keep up with what the organization is not accessing from the federal government. We hope to be able to continue to work with them and are in dialogue at this time on the program that we can support, that we have supported, but again, it is difficult. You know, you can think of a number of examples of the federal government backing away from some of their programming in the past.

We just had a major announcement with the RCMP policing in Manitoba over the next 20 years. There was a lot of difficulty in achieving that because of attempted changes in federal funding. As well, we still are in a major conflict with the federal government over funding for status Indians who are not living on reserve land. There is a potential cost to Manitoba if we pick that up with \$17 million.

Similarly, there is always a danger when one level of government enters into project-type funding, and this is one example with Premier Personnel corporation, where they are withdrawing their funding and we are unable to backfill with the appropriate funding, although there has been a substantial increase in the money that we have flowed in previous budgets.

Ms. Barrett: Yes, I understand, and I am sure Premier Personnel is very grateful for the doubling of the funds that were given to them by the government. The thing that seems to be, I hope it is unique, although it may turn out not to be unique, about this situation is that it is not just a question of downsizing or right sizing or restructuring this organization. It appears that unless the provincial government funds dollar for dollar the federal government's \$150,000, there will be no federal money coming in and the organization will in effect be without resources or only be able to operate on the resources that the provincial government would allow, which I think would not be anywhere near adequate. So this is a slightly different scenario

than has been found in other situations. Is the province at this point prepared to say, we cannot increase our funding to match the federal government's funding and therefore Premier Personnel will have to take the consequences of that action?

Mr. Gilleshammer: We, the department, that branch of the department that is working with Premier Personnel to explore the possibilities of being able to match that \$150,000, those discussions are ongoing and we are in the middle of that process of trying to identify that money. I have to say it is very difficult to find from within that amount of money, but I think the process is in place, discussions are ongoing and we are hopeful that something can be worked out.

Ms. Barrett: Finally on this. Should something not be able to be worked out and the funding not be able to be found by the provincial government, would the 35 mentally handicapped people be—and hopefully some or all of the 11 staff people that currently provide those services out of Premier Personnel—absorbed into the system or would they be put on the wait list of individuals waiting to access programs, or are there any contingency plans put in place by the province for dealing with these individuals?

* (1550)

Mr. Gilleshammer: We are doing everything we can to work with Premier Personnel corporation to be sure that the clients are looked after and that that eventuality does not happen. We are in the middle of a process, and we are hopeful that something can be worked out with them. That is all I can say at this time.

Mrs. Sharon Carstairs (Leader of the Second Opposition): I would like to get into some general discussions about the aspect of this particular department and then into more specifics. To begin with, the major act that will be introduced or we hope that will be introduced which would impact specifically upon the clientele of this group would be The Vulnerable Persons Act. Can the minister tell us if he is still of the belief that that act will be ready for introduction in this session of the Legislature?

Mr. Gilleshammer: Just an immense amount of work has been done on this in terms of the working group and the communications with the community. The report is with the drafters, who are attempting to draft the legislation for introduction, and I know

that both of the critics had an opportunity to meet with staff to look at a piece of legislation or the basis for that legislation, which is very detailed.

In many ways we are breaking new ground here. I will be meeting with the drafters in the near future to get an update on the status of that. I would say that the last time I met with them there were so many complications because of the involvement of this piece of legislation with other acts that exist—it is almost as if when you go into a new area you open another act and have to make amendments.

It is extremely detailed and the draftspeople were telling me that they were just working long, long days on this. Progress was slower than they had hoped for, but I will be getting an update on that in the near future.

Mrs. Carstairs: Madam Chairperson, first of all let me thank his staff for a very, very good briefing on the basic attitudes of what was to be included in the act. It was quite clear that there were a number of complications. I just want to go on the record as saying that I would prefer that the government took its time with this one rather than to input an act which, quite frankly, could lead to very severe difficulties down the road. So there will be no criticism if it is decided it cannot be introduced this session and that you need the time to thoroughly work through it with the other acts, into the next.

One of the concerns that I had, and I expressed it to your staff at that particular time, and I have even more concerns now because I have had the opportunity of meeting with at least one of the working group members, is that I was concerned that it was, in fact, going to be a narrow act in the sense of those that it would impact upon.

It would obviously impact upon those who had mental disabilities, clearly defined cognitive disabilities. It would also impact upon those who had brain damage as a result of an accident, but it would not impact upon those who suffer from Alzheimer's disease or those who had been stroke victims who also developed cognitive and intellectual difficulties.

The people that I spoke with indicated that was not imposed by them, that they were quite prepared to have a much broader definition, and that the department itself had made the decision that it was just too big, that they just could not deal with it at this particular point in time.

Is the department doing some rethinking about that, and if they have got adequate time to do it, would they also consider broadening the categories that would be covered by a vulnerable persons act?

Mr. Gilleshammer: I thank the Leader of the Liberal Party for her comments both on the co-operation of the staff and on this issue of whether in fact we introduce a piece of legislation without the full comfort level, that we are ready.

I guess one of the things that both staff and the drafting people have impressed upon me is that we have to be sure, when we bring this forward, what it is we are doing and what impact it will have, not only on people, but on other people of legislation. When I meet with them and I want them to give me an honest opinion on it, if there is some nervousness that the legislation is not as complete as it should be because of the pressures of time, I am sure that all people would want us to be able to do our work thoroughly and have an opportunity to sit back and reflect on it and study it and not sort of rush it through.

This is legislation that has not been changed for decades and it is a result of, I think, just a tremendous effort on the part of the working group chaired by Gail Watson with membership from across the spectrum of interest groups. I thank the member for her comments because it is a judgment that has to be made in short order because of the timing of the session, because I am told today we are in our 45th day of this session, which is almost halfway through an average session, and that there may be some difficulties and something we have to address sooner than later.

On the question of the capacity of the whole initiative, I guess if we go back to the reasons we are doing it, and the fact that we were under a court challenge to make some emergency amendments to The Mental Health Act Part II and, with agreement with the people bringing the challenge, said we would go and do something better than that. We are certainly pioneering our way into legislation here and, yes, there are those who would want to have The Vulnerable Persons Act be broader in scope to encompass all vulnerable people. We have not had the time nor had the opportunity to really study that, and the legislation we are working on is certainly vulnerable persons with a mental handicap.

So I think that was our mandate. That was the agreement which we had when we entered into this.

It has been just an immense piece of work, and we would like to get that finalized before we project further into other areas of society and whether we should broaden the act. I think we have got just a major piece of legislation. We still have a lot of work to do and hopefully can deal with that first.

Mrs. Carstairs: Well, thank you, but I am concerned that the same legal challenges that might be open to you—and were indeed challenged, and you were made aware that you might, in fact, be facing a Charter challenge—might, in fact, also be there for cases involving Alzheimer's patients and stroke victims. So it may not be as simple as just providing for some of the vulnerable people and saying, we will look at the others later on, if somebody decides to launch the same kind of Charter challenge on another issue.

One of my real concerns is that we might get this act very late in the session and not have sufficient time to dialogue. I think that would be very bad. It is an act that is going to require a lot of time for debate. For those people and those groups and organizations that are going to be affected, the other very negative thing, I think, would be to launch such an important initiative and then have it held up for a year while the regulations were drafted. Because people would have an expectation that this was going to come into fulfillment and all of a sudden it is not because everybody is drafting regulations.

So, again, I think it is not untoward to be cautious in this particular situation. We will not criticize because caution is being exercised in order to achieve the best possible act and, therefore, the best support for vulnerable persons within the province of Manitoba.

Into another area, the issue that the critic for the NDP raised earlier, was the whole issue of respite services. I guess I was a little concerned at the phrase: the need is not there and it has been underutilized.

* (1600)

That is not my experience in talking to people. There is a fear, a great fear, on the part of many who have, particularly, mentally handicapped within their home environment, that other people will not be able to look after them. We discussed with your staff to some degree about The Vulnerable Persons Act—the same thing. They tend, if anything, to be overcautious and very leery of others coming in and

looking after their loved ones because they do not feel they have the same capacity.

Can the minister tell us if they have ever done any investigation or any kind of survey to find out why it is that some people do not use the service, that they do not access the service? I do not think it is because there is not exhaustion out there and that there is not the need for these families to have a break. I think there are other much more fundamental reasons why they are not using the service.

Mr. Gilleshammer: I would point out to the member the discussions we had with the member for Wellington (Ms. Barrett) were relative to adult services and not to children.

The comprehensive type of evaluation that the member is asking about has not been done other than been done by the regional staff in terms of reporting on the people that they deal with. From my experience, of course, what is happening is with the adults who are being cared for. This in many cases has been a long-standing reality with those families, and probably the demand is more with the children and younger parents who have accessed daycare and nursery schools and the public school system and have carried on with their lives as normally as they could and are demanding to a greater degree the respite care that they feel that they need.

By and large, the budget line dealing with the adult services has been sufficient to accommodate those people within those guidelines. I suppose from time to time there would be families who would want to exceed those guidelines and have lengthier opportunities to have the person that they are caring for looked after in other circumstances, but within those guidelines the budget has been sufficient.

Mrs. Carstairs: Within the guidelines it may make sense within a given year. Is there any capacity for families to book time, for example, bank it if you will so that if they wanted not a two-week holiday, they might want a month holiday, but they might want it every second year as opposed to every year? Is this an opportunity that is afforded to them so that they can manage that kind of a break?

Mr. Gilleshammer: The programs often are tied to a budget year, and that is sometimes where the difficulties arise in terms of long-term planning that governments present and past have not sort of allowed the carry-over of funds or sometimes there

is the lapsing of funds. Unfortunately there has not been the flexibility to have people forgo that support one year and carry it over to a second or third year.

I think in terms of some of our dialogue with the working group there are innovative thoughts and innovative ideas that are coming forward. At the present time we are, to some degree I suppose, handicapped by the budget constraints. I think we need to look at longer-term planning and if there is some way that we can do something like that I would be interested in it, but at the present time that does not exist.

Mrs. Carstairs: With a little tongue in cheek, Madam Chairperson, I mean, this was the government that was going to introduce five-year budgets and they were going to have a five-year budgeting process, so perhaps the Minister of Family Services would like to talk to the Minister of Finance (Mr. Manness) about the possibility of looking at longer-term programs that would allow more flexibility in the handling of these kinds of things.

It is my understanding that the government has recently prepared a residential care licensing manual. Can that residential care licensing manual be made available to members of the opposition?

Mr. Gilleshammer: Yes, we can.

Mrs. Carstairs: Can the minister indicate, and I know that he did have a number of discussions with—he not specifically, but his staff—residential care providers. Have most of those difficulties that they developed and indicated to him been resolved or are there still some outstanding difficulties and therefore an inability for the manual to be fully implemented at this particular time?

Mr. Gilleshammer: We will make that available to the critics. The document was first brought forward in draft form and discussed with the appropriate people. Some work was done on it and it is now finalized. I think it has addressed most of the concerns that we had and that the residential facilities had. There are some other initiatives that are tied to funding and the availability of funding which are going to take some more time. By and large the objectives have been met.

Mrs. Carstairs: The last set of figures that I have on the actual rates for Levels I through V, I am sure, are inaccurate. I have Level I at \$1,562 and Level V at \$2,213. Can the minister give us a more up-to-date number of those particular levels?

Mr. Gilleshammer: I am wondering, in order to help us find that information for her, if the member could just explain in a little more detail which number she is looking for.

* (1610)

Mrs. Carstairs: I am looking at a document in front of me that was presented to the minister by the association of private residential care homes of Manitoba, and they indicated that the rates for homes, the provision of care, are set by the Income Security Division of the Department of Family Services. There are five per diem rates depending on the level of care required by each resident, and they went through the level one to level five per months and per days.

Mr. Gilleshammer: It is in the Income Security area that we dealt with the other day, so we do not have it with us, but we will bring it back for you.

Mrs. Carstairs: That is not a problem. They can just send it to me at some point. I do not have to have it in the House. I would assume that when you are listing your external agencies here, and that is how I am getting into this, that you are saying this does not include the per diem payments, that it is those kinds of per diems that these recipient organizations would be getting in addition to the blanket grants that they might be getting. If they were in fact a residential care facility, they would be getting these per diem rates.

Mr. Gilleshammer: That is correct. At the bottom of most of those pages, it indicates that these are grants and does not include the per diem payments or other forms of funding that flow to those agencies.

Mrs. Carstairs: I realize that the grant itself comes from Income Security, but I wanted to make sure that it was the same grant and not a different grant that we were talking about in terms of these external agencies.

I know that Income Security sets the per diem, but what involvement does this particular branch of the department have in that they are the ones that have to assure that the appropriate level of care is delivered to their clientele base? What involvement do they have in establishing whether somebody is a level one or a level five?

Mr. Gilleshammer: I am told it is the field staff in the Regional Operations that do the work on levelling and then communicate that back to the department, and it is accepted by Income Security.

Mrs. Carstairs: I would presume that the funding must come from this line, because when I add up the external agencies I come up with a total of approximately \$8.4 million, and when I look at the Financial Assistance and External Agencies I come up with a figure of \$39.7 million. Is that the actual per diems paid out of this line? Where is all that extra money?

Mr. Gilleshammer: I am told it is a complex system. Some of the per diems come through this branch of the department, but the larger part of it, or another part of it, comes through the Income Security. This would be the extra support that comes through this branch of the department.

Maybe I could even read something for you if I can understand it. The part that comes through this portion of the department is called the Additional Care and Support, and this is to provide for the professional and paraprofessional supports required to promote and support mentally disabled adults in community-based settings, to augment basic residential care, to address the varied and individual needs of mentally disabled adults, to provide funding on an individual client basis up to an approved rate for each of the following levels of care.

There are indeed five levels of care with additional funding, so again I guess it is a marriage in a way of the Income Security people with the Community Living and Vocational Rehab Programs that we offer.

Mrs. Carstairs: Well, if they thought that one was complex, wait till I throw this one at them. It is easy to take a look at the client base at the Manitoba Developmental Centre, take the amount of money spent out there and say, the cost per client is \$44,000 per client. It is not nearly so easy when we take a look at people who are in the community.

Has there ever been any attempt by the government to find out just what these clients are costing when one takes into consideration not only their living costs and the costs that are there for their caregivers, not only their clothing and other costs, but their costs for employment if they are at Skills Unlimited or their costs in terms of everything put together so that we have some idea as to the cost effectiveness of having these clients in the community vis-a-vis having these same clients institutionalized?

Mr. Gilleshammer: The member is correct. It is difficult to compare people in the institutions and people in residences, but we do have data which indicates the annualized cost in the MDC in Pelican Lake and St. Amant, and we also have data based on three-bed residences and five-bed residences, and the level of care from Level I to Level V that those individuals will need to access.

So we do have a chart that makes that comparison and it does vary—especially with the level of care that is required. For instance, in a three-bed residence, someone at Level I, the annual cost per resident is about \$28,400 and it escalates with a Level V individual to \$82,000. Then with a five-bed residence, again the level of care is somewhat less for a Level I at \$22,700 and escalates for a Level V up to \$76,000.

So, yes, there has been a fair amount of work done in the cost of care for the mentally disabled. The whole topic of the major institution versus community-based care is one that we are looking at and it takes into consideration a lot of variables. It is an issue that is before the department at this time, and I am hoping that we can do a pilot project which will assist us in checking out these numbers that we have had brought forward by the department.

* (1620)

Mrs. Carstairs: The department has, according to my information, made the decision that they prefer smaller bed units to larger bed units. Certainly, that is the direction they seem to be moving to.

What is the philosophical basis for that decision, and is it economically practical?

Mr. Gilleshammer: Certainly the advocacy groups have been proponents of smaller type residences that replicate, I suppose, the family atmosphere that family would advocate for people in those group homes. So the quality of care is definitely one of the philosophical bases for the smaller group home, whereas even with the difference between a three-bed residence and a five-bed residence, there is the economics of it as well. It appears that there is a cost of care that turns out to be more expensive with the smaller residences. These are different points of view that advocacy groups bring to government from time to time.

Mrs. Carstairs: I know that is their position but I also am concerned about the caregiver, and I wonder in the smaller units if you are not by economic necessity using the care worker to such

a degree, an intensive degree, that you again can say, is there any respite care for the care worker? What happens to the quality of the care that they can provide if they are exhausted at what they are doing? I mean, is there any debate on that side of the issue going on as well?

Mr. Gilleshammer: The quality of care, of course, is always an issue, but even with a three-bed residence there is a staff that are involved in caring for them. Part of the cost of care, of course, is that you have sufficient staff to staff a facility 24 hours a day, again, depending on the level of the individuals and what daytime activities they are involved in. So whether it is a board or a manager of the facility who has to work out what would appear to be reasonable shifts for the people that work there, and I know in visiting some of these—I think it was Victor House in Brandon that I was at and there is another one there. Anyway, it is a concern that they have appropriate staffing, and there is a cost to any of these residential care facilities. I am thinking of Bill Turner's—Westman Opportunities was the other facility that I visited.

So staffing in terms of the staffing complement was not a big issue. Training has been an issue in the past, and the need that we need in government, and society needs to be sure that we have appropriate staff there is an ongoing issue, but the length of the shifts has not come up.

I guess I have concerns too from time to time about the quality of the residence, but people like the fire inspector, of course, make regular checks. I know in the two facilities I was in in Brandon they remodelled older three-storey homes that are very homey, but, you know, the electrical work has to be inspected, the fire escapes have to be adequate, and even the use of some of the laundry facilities which tend to be in the basement are a concern.

They are probably not as access friendly as new construction is, but from the point of view of staffing and the length of shifts and that, that has not been raised to me either by the department or by the caregivers that I have talked to. Certainly parents who are aging parents and who want their children to go into residences have raised that with me, and it is a very difficult life for many of them as they attempt to provide care and particularly, I think, older people who probably grew up with the thinking that it was their responsibility forever and a day to care for their children. Often they really want to evaluate, and rightly so, the kind of residence and group care

that their son or daughter would go into and are very concerned with the quality of care because the child would no longer be at home. Though I say "child," I should probably rephrase that and say their son or daughter.

They want the type of care that they are used to, yet it is going to be different and it is a very emotional and traumatic time for them as they try to arrange for other accommodations. So there are lots of issues there, but I would have to say the strain on the caregiver traditionally has been more with family than it has been after the individual has gone into a residence.

Mrs. Carstairs: I think the minister would admit that there is a very high turnover of staff in many of these homes, and one of the reasons that has been given to me is, quite frankly, the emotional drain and the inability for them to maintain their effectiveness because of that drain.

What kind of training programs are now in place at our community colleges for those who would choose to make a career of looking after the mentally handicapped within our communities?

Mr. Gilleshammer: I have a rather lengthy list here of training programs that are provided either by the department or purchased for government and nongovernment staff, and this list is for 1991-92 at an estimated cost of over a quarter of a million dollars. Maybe I will just go through this to give you some idea of the training that goes on.

There are aging seminars, a program called Beyond the Job Coach, Building Trust Relationships, Career Planning Strategies, Families Conference, First Aid and Cardio Pulmonary Resuscitation, Interpersonal Communication, Job Coach Training, Nonviolent Crisis Intervention, Orientation Training for Trainers, Perspectives on Service Quality/Framework for Accomplishment, professional development offered at Red River Community College, provincial meeting of behaviour specialists, residential care provider training, San Francisco Certification Program, school-to-work transition, stress, management, teaching strategies, time management, miscellaneous programs attended by individual staff, some money set aside for publications and audio-visual materials and related supplies and fees.

There is an ongoing training program for both government and nongovernment staff and as with

most training programs in this area, some of it would be mandatory and other of the training would be optional.

* (1630)

Mrs. Carstairs: Madam Chairperson, unless I am wrong, we have yet to set up a similar training program as, for example, we have now set up for child care workers, that there is not a certified Level I or Level II or Level III child care program that we are requiring of workers in this field. Has that changed or is it going to change in the future?

Mr. Gillshammer: The member is correct, there is not a certification process. I tend to think that we have seen that take place in other professions. I suppose it is one of the areas that still has some work to do on that. Similarly, the people who work in the residential treatment centres with our children in care, there has not been that type of certification developed as there has been with nurses, teachers and child care workers. I think that is one of the challenges before the system in the next number of years.

Mrs. Carstairs: I think it is not only one of the challenges that has to be met, I think there is a specific area now which the minister and his staff should be examining along with the Minister of Health (Mr. Orchard). It has become more and more clear that licensed practical nurses who have had very much of a function within a hospital model are not going to be utilized to anywhere near the same degree as they have been utilized in the past, partly because hospitals have decided that they want a different mix, the BN, RN and the nurse's aide, rather than the LPN.

It seems to me that there are a group of people now who are going to be in the field with very highly developed skills in terms of nursing skills who are looking for upgrading and for new training skills to open new avenues for them. This would appear to me to be an area in the whole particular psychogeriatric field where they could be made great use of if they were recognized as being trained professionals to provide this service.

Has the minister had any discussions with the Department of Health about the utilization of this already well on the way to being a fully trained professional?

Mr. Gillshammer: The last time we met we talked about the people working in the daycare system. I read into the record the salary levels of the daycare

directors and workers and Manitoba's comparison across the nation. I think as we get into these areas, which have tremendous staffing costs, it is, again, like Education, where 80 percent or 90 percent of your budget costs are with staffing. I dare say, that is the case in daycare and probably to some degree in hospitals as well as you look at staffing costs. It is difficult to look into the future and say what is going to happen with the caregivers working with the mentally disabled and the caregivers working with the children who are in the care of the child welfare system.

If there are going to be changes, on the one hand we want the best possible service, the best possible circumstances, facilities and staffing and, at the same time, we need to develop training programs and staffing activities which will upgrade the qualifications of some of these individuals and of course attract others as the member indicated. There are people leaving because of stress. I agree, it is a stressful workload to work with, both the mentally handicapped and the difficult children who need the care and the treatment of these centres we referenced. It is difficult to say how this is going to evolve over the next decade.

I have had some discussions with my colleague, and I certainly would not want to speak for the Minister of Health (Mr. Orchard). My own analysis that perhaps supports what the Liberal Leader is saying is that it appears to me that in personal care homes and nursing homes there is a different sort of care and caregiver than in the acute care wards of hospitals. I am not fully conversant with how the changes that are taking place in the health care system not only in Manitoba, but across this country, are going to break down.

We all read articles in the paper from across the country. I thought there was an editorial comment in the Winnipeg Free Press this week. It gave a very balanced view of what is happening across the health care spectrum in Canada without putting blame on people; it is the reality.

I would say as minister of this department, we would like to provide the best care we possibly can for people who are in residences or institutions, and even there, there probably is a variety. As I visited St. Amant, it is hard to believe you would find more dedicated and well-trained staff anywhere than what you see there working with children and young adults under very difficult circumstances. The Pelican Lake Training Centre is different. The MDC

is different, and these residences are different. Some of the differences, of course, in the residences are, you have a more ambulatory population there and people who need a different type of training as opposed to sort of a nursing type of training or the type of care that they would receive in St. Amant. So I think the system has to be able to respond to the very different levels of care that are required from almost a hospital-like setting to this independent living.

I am sure we have all met people who have been living in some of the institutions, whether it is Ten Ten Sinclair or some of these training institutions, who have taken training programs at Sturgeon Creek or other places, as they are able to do so, that now are living independently, and you admire the success that they have achieved and can get by with very little care.

So it is a pretty broad spectrum of care that we need with some of these clients. These training programs are important, and they will vary from one group home and residence to another and from one centre to another, but I would say that we have to keep working to try and provide the most appropriate training that we can for these people who are the caregivers.

Mrs. Carstairs: With regard specifically to Ten Ten Sinclair, it is my understanding that the overriding mission statement of Ten Ten Sinclair is to help people, through a short period of time, acquire the skills for them then to live in the community. Yet, the last time I spoke with supervisors at that particular community home, the time that they were spending there was getting larger and larger and larger, not because they had not acquired the skills, but because there was not the home care allowance then provided to the individual to in fact live within the community placement.

Has that changed or has the period of time in which people are now actually living at Ten Ten Sinclair continued to increase contrary to the mission statement of that particular institution?

* (1640)

Mr. Gilleshammer: Yes, the flow of individuals through Ten Ten Sinclair and into the focus units and then into the community has not been as smooth and as swift as we would like it to be.

I recall being at the annual meeting last spring, I think it was, with some staff and with at least one of the MLAs. This was an issue that came up. It has

to do with the availability of housing through the Housing department, of home care through the Health department, and we have recently, I think, just broken a bit of a delay there and moved some people out into the community. I readily admit it has not happened as quickly as we would have liked, and it is a function of the departments I think identifying the items that are required from them, and there has been some difficulty, but that seems to have been resolved to some extent. It does appear that we are not moving as quickly as possible there, but we have to wait until the appropriate facilities are available and the programs are put in place. There has been some progress there of late.

Mrs. Carstairs: I do not want to spend a lot of time on this, but the reality is that it has not been the unavailability of housing. There has been plenty of housing over there. It has been plainly and simply the inability to get them the appropriate home care resources so that they could live in those placements.

I knew of people who had apartments for months and months and months and were not able to move into them because they could not get permission from the Department of Health. That is not the minister's responsibility; that is the Department of Health's responsibility. I want the minister to know that it has rarely been a situation of having adequate apartments for them to live in and almost always the inability for them to get the appropriate resources when they moved into the community.

I do not know whether this is the appropriate place to raise this, but I cannot find any other place in the budget to raise it, so I will raise it and if it is not the place tell me and I will ask it when it does come up to the place. That is with regard to the problems that young people who were in the school system and were receiving some supports from this department for vocational rehabilitation and for the most part occupational therapy have now been denied that occupational therapy. Is this the appropriate line, and can I get into specific cases?

Mr. Gilleshammer: The Department of Family Services through Children's Special Services provides therapy services basically for preschool children. Once they get into the school system then they become the responsibility of the school system.

We, through Children's Special Services, fund certain therapy services. For instance, at the

Society for Manitobans with Disabilities Incorporated, there is some speech therapy, occupational therapy, physiotherapy and behavioural therapy that goes on. They access a good portion of their budget from Family Services and, of course, have a longstanding record of providing some of these services. St. Amant Centre Incorporated similarly provides some of these services to preschool children. Central Speech and Hearing is a relatively new organization that received some funding to do some work particularly in the area of speech therapy. As well, we have the mobile therapy team that does some of this work outside of the city of Winnipeg, so the service that is provided is accessed from a number of sources.

This is through what is called in our budget, Children's Special Services. There are some difficulties from time to time because of budget in terms of people accessing as much service as they would like, but there are, as I have indicated, a number of areas where they can get that service.

Mrs. Carstairs: There is a problem, because people are being told by the Department of Family Services, and I have letters to show it, that these services are provided by the Department of Education. When they write to the Department of Education, let me quote what they receive: On behalf of the Honourable Rosemary Vodrey, Minister of Education and Training, I would like to acknowledge receipt of your letter. As this matter falls under the jurisdiction of the Honourable Harold Gillehammer, Minister of Family Services, I have taken the liberty of forwarding your letter to him.

What are these parents supposed to do? They were receiving some monies from the Department of Family Services. The monies are cut off from the Department of Family Services. They are then told to go to the Department of Education. They go to the Department of Education and the Department of Education writes them letters saying this is within the purview of the Department of Family Services. Where is the co-ordination going on between these Children's Special Services and the Department of Education?

Mr. Gillehammer: The roles are fairly clear that we do this work with preschool children and that once the children have entered the school system they become the responsibility of the school system. I am not aware of people being referred inappropriately, but we are prepared to look at any people who perhaps have not been served because

of some confusion between the departments and would certainly want everybody to get fair treatment from government. The only thing I can think of is if the child has reached school age and is attending the public school system then the services will be provided through the school system.

Again, if the member wants to refer the name to us, we can certainly see if in fact that is service that should be provided by Children's Special Services or whether in fact it is a school-age child.

* (1650)

Mrs. Carstairs: The child that I am specifically referring to in all of these letters is a seven-year-old, so certainly within the school system.

The problem is that the Minister of Education (Mrs. Vodrey) does not seem to think that her department has any responsibility for this particular individual. All I would ask is that this gets clarified between the Department of Family Services and the Department of Education.

If indeed the Department of Education is responsible for all school-age children, I would like to know how in the past these families were in fact accessing Family Services dollars, because they were. They were getting help. I specifically made a call to one of the staff and I got the following response, and I will quote: It is very fortunate that this was not normally the case—with the implication that having been fortunate in the past they were not going to be fortunate in the future.

Why is this communication breaking down? Why are parents being given some dollars from Family Services, then having those Family Services dollars wiped up? At the same time, the Department of Education does not know that they have had to accept that responsibility.

Mr. Gillehammer: I am certainly prepared to raise that with my colleague. The responsibilities are clear. We provide these services for preschool children.

The confusion may arise, to some degree, as the child enters the school system. It is the school division that becomes responsible for providing that service. The Department of Education and Training, of course, funds the school division for special needs children on the following basis, and I will go into a little bit of detail. This is programming that has developed during the 1980s, and there is a basic grant for special needs children. By and large

they are categorized into Low Incidence I, Low Incidence II and Low Incidence III categories.

In Low Incidence I there is a block grant that goes to divisions, and they in turn will do the allocation to the various schools based on the number of children who might access Low Incidence I. The Low Incidence II are for more severe cases, and they have been termed mentally delayed children. There is an \$8,500 grant per child per year for Low Incidence II. Low Incidence III are described as severely delayed students, and there is an \$18,000 grant per child. Now this has grown over the last number of budgets substantially to have the local schools provide service for those children. In Low Incidence II and Low Incidence III categories, that is money that is earmarked for that particular child. As well, there is a basic grant for all students of some \$3,000 to \$4,000 per year, and there are capital grants for school renovations. I know that many schools have to put in certain accessibility modifications whether they are ramps or doorways. They have to make adjustments in washrooms and often within classrooms. One case that I am familiar with, an entire room was designed for a student.

So there is funding. There is a question of responsibility that I think is fairly clear. Again, if the member wants to refer that particular individual to us, we will be sure that the other department responsible is aware of it and can refer them to the school division and the school that is responsible for those services.

Mrs. Carstairs: Madam Chairperson, I thought I was in Education Estimates for just a minute. I would just add another statistic to the ones that the minister added which is the province is picking up on average 43 percent of the cost of Special Needs children and in Winnipeg School Division No. 1 about 26.3 percent of the costs of Special Needs children. While it may sound good in dollars, it actually, in terms of percentage, barely meets the needs of Special Needs children in our community.

I am finished with this particular section, but I think the critic for the NDP has some more questions.

Mr. Gilleshammer: Let me say to the Liberal Leader that I think tremendous changes have taken place in Education funding that allows Special Needs funding to flow to individuals who are in the school system. Certainly, it is the responsibility of the Special Ed co-ordinators and the Special Ed team within the school system to provide not only

the appropriate accommodations for that child, but the appropriate instruction. There are, in some cases, extra costs with Special Needs children.

If they require particularly teacher aides, there is a tremendous amount of funding that is available for that. I think given the numbers that I gave the member, there is a tremendous change from what it was a few years ago and school divisions have to set their budgets and make their decisions with the knowledge that there is additional funding for those children.

Madam Chairperson: Is it the will of the committee to pass 5.(a) Administration: (1) Salaries?

5.(a) Administration: (1) Salaries \$587,800—pass; 5.(a)(2) Other Expenditures \$226,000—pass.

5.(b)(1) Adult Services.

Ms. Barrett: There is a very brief period of time before we go into private members' hour, but I would like to ask the minister and maybe I will just start by asking in particular if he can give us some information and maybe he can bring it back at eight o'clock or at some other time about the policy in the role of the community service workers when there is a person who lives with a mental handicap or mental disability becomes involved with the criminal justice system and has special needs, can the minister explain how his department works then with the justice system in dealing with situations like that, and with particular reference to the Tait case or the Sawchuk case, and the protocol announced by the Department of Justice in September regarding special communication needs of people in conflict with the law who also have mental disabilities?

Mr. Gilleshammer: I am somewhat reluctant to get into case-specific discussions on the floor of the Legislature. We had a brief opportunity to talk about that last Thursday. I just do not feel that it is appropriate that we talk about specific cases here, yet we can certainly talk about policy. There is information on specific cases that we are not at liberty to discuss, but we can talk about policies surrounding cases in general.

Madam Chairperson: Order, please. The hour being 5 p.m. and time for private members' hour, I am interrupting these proceedings with the understanding that this committee will reconvene at 8 p.m. this evening.

Call in the Speaker.

* (1700)

PRIVATE MEMBERS' BUSINESS

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

House Business

Hon. Darren Praznik (Deputy Government House Leader): Mr. Speaker, on House business, earlier today the government House leader announced some committee meetings in order to consider annual reports of various Crown corporations. I have a few modifications to that announcement. I understand we will provide them to the opposition House leaders for their information.

On Tuesday, April 21 at 10 a.m., the Standing Committee on Economic Development will meet to consider the 1990 Annual Report of Manitoba Mineral Resources, instead of the Standing Committee on Public Utilities and Natural Resources.

On Tuesday, April 28 at 8 p.m., the Standing Committee on Economic Development will meet to consider the 1991 Annual Report of the Communities Economic Development Fund, instead of the Standing Committee on Public Utilities and Natural Resources.

On Tuesday, May 5 at 10 a.m., the Standing Committee on Public Utilities and Natural Resources will meet to consider the 1990-91 Annual Reports of the Manitoba Energy Authority.

The 1991 Annual Report of the Manitoba Public Insurance Corporation is rescheduled for Tuesday, April 28 at 8 p.m., and will be considered by the Public Utilities and Natural Resources committee instead of the Standing Committee on Economic Development. Consideration of this annual report will not be undertaken on April 30 at 10 a.m., as previously announced.

On April 30, the Standing Committee on Public Utilities and Natural Resources will consider the Annual Report of MTS and the Annual Report of the Crown Corporations Council.

Thank you, Mr. Speaker, for the indulgence of the House.

Mr. Speaker: I would like to thank the honourable deputy government House leader for that information.

Mr. Jerry Storie (Acting Opposition House Leader): Mr. Speaker, the acting House leader did not indicate whether in fact these changes had been

discussed with the opposition House leaders. That has certainly always been a practice in the past, and I just would like clarification from the member for Lac du Bonnet (Mr. Praznik) on whether these changes have been approved by the opposition House leaders.

Mr. Praznik: Mr. Speaker, I am not familiar as to whether or not that is a tradition of House leaders to do the consultation with opposition House leaders on the calling of government business. I say to him, this information was provided to me by the staff of my colleague the government House leader. I would imagine that whatever appropriate discussions have taken place, but I will provide him with a copy of this material, and my colleague from the Liberal Party, to ensure that they have it to readjust any schedules of members of their caucus.

Mr. Speaker: I thank the honourable deputy government House leader.

PROPOSED RESOLUTIONS

Res. 12—Seniors' Rights

Mr. Gerry McAlpine (Sturgeon Creek): Mr. Speaker, I move, seconded by the Minister responsible for Seniors (Mr. Ducharme),

WHEREAS the number of our citizens over 65 years has increased significantly over the past decade; and

WHEREAS in 1989, financial abuse of the elderly was identified as the most widely reported form of elder abuse; and

WHEREAS a co-operative, multifaceted approach involving the Manitoba Seniors Directorate, Health and Welfare Canada, Family Violence Prevention Division and working with the Canadian Bankers Association has provided an information and educational package dealing with financial elder abuse; and

WHEREAS the "Standing Up for Yourself" video for seniors, will help prevent financial abuse of seniors.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba join with the government of Manitoba to encourage seniors to become aware of their rights, as well as becoming aware of this potential problem.

Motion presented.

Mr. McAlpine: Mr. Speaker, I am pleased to speak to this resolution. Elder abuse has been recognized

as an important issue, and as the resolution has outlined, it is becoming a growing concern in all constituencies in this Legislature. According to a recent national study by Ryerson Polytechnical Institute as many as 4 percent or 98,000 of senior Canadians are victims of abuse. Financial exploitation appears to be the most prevalent type of reported abuse affecting more than 60,000 Canadian seniors.

Elder abuse is not a new problem, but it is one which is receiving increased attention. As with other forms of family violence such as child abuse and wife assault, people are beginning to recognize that elder abuse is not something that just happens to strangers.

It may occur in our own families, it may occur in our neighbourhoods, among our friends, our co-workers, and even people that we represent in our constituencies. Therefore, elder abuse affects us all, and none of us can afford to think of it as someone else's problem, Mr. Speaker.

I find the thought of abuse of any human being abhorrent, but when we talk about the abuse of a senior it is inconceivable to me. Most of us look forward to our later years as a time of peace and relaxation. After many years of hard work, we all anticipate our retirement being the golden period of our lives.

Mr. Speaker, I am really shocked when I look back on an article that was written in the December issue of 1991, in the Macleans magazine, the ugliness that was forced upon several women by a prominent union leader who was representing the Public Service Alliance Union of Canada.

Mr. Daryl Bean, president of some 770,000 strong Public Service Alliance members wrote a letter to three senior women, all grandmothers, in which he called them scabs. These three women are public servants who chose to exercise their freedom to earn a living during the recent nation-wide strike by the Public Service Alliance members.

Mr. Bean, who was the leader of that union, proceeded to go on and talk about these members and wrote them a letter. I quote: After God had finished the rattlesnake, the toad and the vampire, He had some awful stuff left with which he made a scab. The scab is a two-legged animal with a corkscrew soul, a water-logged brain and a backbone of jelly and glue. Where others have hearts he carries a tumor of rotten principles. No

man has a right to scab as long as there is a pool of water to drown his carcass in or a rope long enough to hang his body with.

* (1710)

These three women, who work as civilian employees at Canadian Forces Base, Trenton—why Mr. Bean writes this frightful letter to them is beyond me. This is the type of thing that goes on. I would think that there would be serious consideration given, and certainly all members on this side of the House are working towards trying to overcome this type of thing. Then we have people in responsible positions like Mr. Bean who is exercising his authority and taking advantage of people in the nature of three grandmothers. It is just unreal, it is impossible to anticipate that that kind of thing goes on.

I would hope that all members in the House would stand up and speak out against the likes of Mr. Daryl Bean, and I hope that the members of the NDP or the opposition will disassociate themselves and exercise their rights as members of this government to stand up and challenge Mr. Bean and give them a powerful message in that respect.

Mr. Speaker, in 1989, as the resolution has indicated, the Minister responsible for Seniors (Mr. Ducharme) began a consultation process on elder abuse in Manitoba. I would like to take this time to congratulate the Minister responsible for Seniors for the consideration that he has extended to the seniors in Manitoba, and the leadership that he is providing in that area, I think, is nothing but commendable.

Certainly the seniors in my constituency of Sturgeon Creek have recognized that, and I have been able to share the videos and the information that is available to seniors and an opportunity to talk to them on a frequent basis. I think it is really important that seniors are given the support that is offered to them, and that they know that it is available. This is what I am finding, since I have been elected, that a lot of seniors in my constituency have not known what was available to them and what government is providing.

That seems to me it is sad in the sense that we have privileges available to them and when the public is not aware of them, I think that is really a sad situation.

Mr. Speaker, presenters on this consultation team travelled the province and consulted with over a

thousand people. These presenters were not only seniors but concerned citizens, service providers and health care professionals.

Frequently heard throughout the consultation process, the financial abuse was the most prevalent form of abuse. The Manitoba Seniors Directorate identified financial abuse as a priority as well for seniors and caregivers in the province.

In October 1991, I have mentioned this, a comprehensive video package, *Standing up for Yourself*, was released. This is a video that is provided to seniors. It is about a 20-25 minute video. The purpose of the video is to outline opportunities for discussion in various situations, one to deal with door-to-door campaigns by people, companies that are going door to door, like working on houses and things like that, odd jobs and taking advantage of seniors, situations like that that would present themselves so seniors can be knowledgeable in what to do in situations like that.

Another area was the power of attorney and the advantages that are taken on seniors. Somebody who is seeking power of attorney and the representation and the understanding that is given to seniors in situations like that, along with their problems with dealing with petty theft and also the abuse, the financial abuse, that many seniors have the lack of confidence in banks and often will store or keep a lot of their funds and money in their home—they have to be educated. This is one of the things that is really important, that they understand and realize the benefits that banks have to offer to them.

I certainly found that the banks in my area are very receptive to helping the seniors and will go the extra mile to make sure and to ensure that their interests are looked after.

I think one of the things that government has to look at is prevention of abuse and providing the rights for seniors. The first step in responding to the elder abuse is the increasing awareness of the problem which this video provides among all members of society.

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

When I think about the number of seniors that I have in my constituency—and just for the record, I will make you aware that 37 or almost 40 percent of the residents in my constituency are the age of 55 and older—that is an area that in my constituency

that I take very seriously. Naturally, I have a lot of seniors concerns, as you can well imagine, with that number of people in the constituency.

Education, I think, in terms of the awareness of bringing an awareness to the community, especially to the seniors, is that education is the critical element of prevention. It provides the facts about elder abuse. It helps to change attitudes and suggests ways to deal with abusive situations.

Professionals need to be educated about the aging process and about elder abuse. I am talking primarily about the legal profession or the medical profession, the people who are in most contact with seniors. I think that they have to be very conscious in the sensitivity to seniors issues that they are having to deal with and go the extra mile with the seniors to ensure that they are represented and their concerns are looked after and all questions are answered.

Service providers are also an important aspect. We must recognize and talk about elder abuse at that level with the service providers, the people who are providing the service for seniors.

The seniors themselves need to be educated about their rights and their responsibilities. I find that, attending some of the senior residences in Sturgeon Creek, a lot of them do not know. They are unaware of what is available to them and are surprised to know that government is providing this service for them. I think that message has to be carried through by all members of this Legislature to enable our seniors to get the representation from this government. They are really relying on us to communicate that message to them.

Seniors need to be educated about their rights and their responsibilities, where the avenues which encourage seniors and families to seek assistance in matters they do not understand. There should be discussions on ways to prevent elder abuse and this should be something that is open and free communication with our seniors, to have mechanisms in place to respond appropriately if the abuse occurs.

Too often when there is an abuse situation, they pull away and they refuse to talk about it. They do not want to identify that they have the problem. Often 90 percent of the problem is accepting the responsibility and accepting that they have a problem. The government has held several workshops for service providers and caregivers and

families to provide direction and information in the area of the abuse of the elderly.

Mr. Acting Speaker, you know legislation by itself is not enough. I think that we have to address this by more than just passing laws. I think that it is something that seniors can take that responsibility to themselves and certainly work in partnership with government to enable them to overcome the difficulties that they are facing. Laws by themselves will not end elder abuse. We know that. It will not end any abuse for that matter. The responsibility lies with the people and the individuals who are being abused.

Our attitudes and perceptions towards abuse and towards aging itself must change. It is essential that seniors are considered to be the valuable human resource that they are. I think that we have to stand up and speak about that and give them the credit that they have earned in the number of years that they have spent in building this country and building and strengthening this province. There is a lot of wisdom out there with our seniors and we, too often, fail to listen to them and follow their direction.

The ultimate goal must be to ensure a quality life for seniors. We are all going to be there someday, and it is really important that we are able to enjoy our senior years and live in peace and tranquility and be able to reap the benefits of all the hard work that we have put in over the years that we have taken to get there. We must create a partnership with the communities, service providers—

* (1720)

The Acting Speaker (Mr. Laurendeau): Order, please. The honourable member's time has expired.

Is the House ready for the question?

Mr. Conrad Santos (Broadway): This resolution is practically saying nothing because it says that the seniors should become aware of their rights. Of course, they are already aware of their rights. Does that mean that they are too old to even be aware of their own rights?

Mr. Acting Speaker, we do not grow old simply by living, we grow old by losing interest in living. It is not the age that counts, it is not the appearance that counts, it is our attitude towards life. Everybody wants to live long, but nobody wants to get old. There are some people who even allow their faces to be stretched so much so that they can hide their

wrinkles. But the only way we can avoid looking old, or growing old is by dying young.

Do you want to die young? No, life is so precious that even in old age, we can enjoy it if we know how to enjoy life. First, I will tell you how we know that we are getting old. How do we know that we are getting old? We know that we are getting old when everything you do seems to hurt, and what does not hurt does not work. You know that you are getting old when you do not care anymore where your wife goes so long as you do not have to go with her. You know that you are getting old when the only gleam in your eyes is the sunshine that reflects on your bifocals. You know that you are getting old when you are tempted, and in the face of temptation, you are too tired to surrender to it.

On the lighter side of it—

An Honourable Member: Now we are on the lighter side of it.

Mr. Santos: Yes, the lighter side of it. Maybe you have heard about this gentleman who fell in love in old age. In order to propose on bended knees, he has to take cortisone shots on his knees.

There is also that gentleman who refused to eat jello.

An Honourable Member: What?

Mr. Santos: He refused to eat jello, because the jello when you scoop it, it is quivering. When asked why he was refusing to eat jello he said, I am not going to eat anything which is more nervous than I am.

The older we get we should cut down on the whiskey intake that we have. We should cut down slowly on the whiskey and the spirits that we take. Why? Because if you do not, the more you imbibe those spirits—you have heard about this gentleman who was about 90 years old. He drank whiskey every day of his life, and when they tried to cremate this gentleman, he blew up.

Watch out when you fly to conferences, because the stewardess will say, do you want tea, coffee or Geritol? That is the time when you are getting old.

On the more serious side, the most distressing experience that an elderly person can go through is to be the subject of abuse, and the most frequent and the most disheartening of all abuses is financial abuse on the elderly. The most distressing thing about financial abuse is the abuser turns out, more often than you think, to be the closest member of

your family, the one that you trust, the one that you have given your confidence to. They can do it. They can take advantage of this trust, and they think that they have a right to the financial savings of the old person. This is not correct. This is immoral for any younger member of the family to take advantage of the savings of their old people.

Are we just going to talk about all these things? Are we just going to say, ask the government to let the seniors be aware of their rights and not do anything? We need some actual enactment. We need some actual enabling legislation. What kind of enabling legislation is this government prepared to make in order to make it impossible or almost difficult for people to take advantage of their elderly? What kind of identification system would they use in order that the potential of users may be identified even before the abuse takes place?

Are there some crisis intervention centres by which this unfortunate incidence could be prevented? Are there some counselling programs for potential abusers so that they will not indulge in this kind of activities and behaviour? Are there some shelters that serve as sanctuaries for victims of elderly abuse until the remedy is found? These are some of the things that the government has to think seriously about and to act to propose some actual legislative measures to prevent things from happening that will make life miserable for some of our senior citizens.

* (1730)

We also have to conduct some kind of training program for people who will be in the field to assist the senior citizens. They should be properly trained. Even a law enforcement officer will have the correct and proper attitude and proper behaviour when dealing with senior citizens. We should have specialized training programs for our social workers, for the clergy, even lawyers when they deal with senior citizens and the affairs of senior citizens.

Maybe a central registry for both abused seniors as well as abusers will be necessary so that we can track down these people who have in the past abused some of our elders. It is a central weakness of all human beings if they derive some benefit from doing some wrongful act that they tend to repeat the wrongful act that they have done. You have read in the paper about the gentleman who had been robbing the same gasoline station three times because he succeeded the first time. He profited by

it, so he proceeded and did it again, and he did it again until he got caught by the police, the same station.

Probably the same tendency will be present in some of the abusers of senior citizens. Once they succeed in what they are doing, once they have succeeded, they will probably repeat what they do. Therefore, it is essential that we have some kind of information to register the names of those abused as well as those who are abusing.

It is not enough that we are aware of all these potential incidents after the white paper, discussion paper on elderly abuse. That is not the end of the solution. We need to implement whatever ideas we have. We have to have a policy, a program of action, in order to prevent this elderly abuse from happening, because prevention is better than cure. Because of this defect in the original resolution, Mr. Acting Speaker, I therefore inevitably have to come to this conclusion to amend such a resolution. Therefore, I would like to move an amendment to the resolution.

I move, seconded by the member for Brandon East (Mr. Leonard Evans),

THAT the resolution be amended by substituting all words after the third WHEREAS with the following:

The risk of financial abuse of the elderly is increased when seniors are forced to be more dependent on others; and

WHEREAS this government has delisted over 140 drugs from the Pharmacare program this year while at the same time raising the allowed deductible for the same program over the rate of inflation; and

WHEREAS this government has frozen the rates paid under 55 Plus, a seniors' income supplement program since 1990; and

WHEREAS this government has reduced funding to the Seniors Directorate by 12.8 percent in the 1992-93 budget Estimates.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba encourage the Minister responsible for Seniors to take to his cabinet colleagues a proposal to restore the drugs delisted from the Pharmacare program; that the government consider allowing the deductible rate for seniors under the Pharmacare program be lowered, so that the most recent increase does not

exceed the increase in inflation and that this government consider indexing the 55 Plus program; and

BE IT FURTHER RESOLVED that this Legislature encourage the government to consider restoring the funding level of the Seniors Directorate to the 1991-92 budget level.

Motion presented.

The Acting Speaker (Mr. Laurendeau): It is ruled in order.

Hon. Gerald Ducharme (Minister responsible for Seniors): It is a pleasure to rise on this resolution introduced by my colleague. It is a pleasure to get remarks on the floor in regard to the many things that are being done by this government to the seniors of this province.

The resolution itself covers many, many initiatives supplied by us. I will just dwell on a few of the initiatives and then maybe touch on the amendment that was introduced by the member for Broadway (Mr. Santos).

But, first of all, maybe I would like at this time to go on the record to congratulate this member for bringing this resolution forward, then, of course, congratulating the First Minister on being the first Premier of this province to bring in a Seniors Directorate, a directorate that he felt was very, very necessary to bring in that co-operation that was necessary between departments and the seniors of this province.

I would also congratulate the minister at the time, I guess we will call him the charter minister of the Seniors Directorate, the member for Rossmere, Mr. Neufeld, who understood the—[interjection]—never been the same in regard to the seniors, and I congratulate him on his fine efforts. I would also like to congratulate the member for Arthur (Mr. Downey), who was an ex-Seniors minister, who brought in the very, very important consultation process throughout the province that led to many of the important issues that we brought forward on the seniors' behalf.

For instance, we mention in our last paragraph that October '91 we brought in—it was mentioned by the previous member for Broadway—that the consultation process is very, very important. Well, we did do that, Mr. Acting Speaker. We had a meeting in October '91 of 250 people who were involved with the seniors, 250 people who sat around and formed a conference for two days. It is

unfortunate that the member for Broadway (Mr. Santos) did not attend that very important conference dealing with seniors. It was probably one of the first conferences ever held in the province just dealing with seniors issues. This conference was with lawmakers, senior providers and many, many people from around the province.

Then just recently, Mr. Acting Speaker, we held one in March 23, 24 in Brandon where we had 150 people attend, again, with their concerns about the seniors throughout the province to deal with the abuse question. We included in here that we should have lawmakers involved. Well, in this particular conference we had 25 RCMP constables attend that two-day conference in Brandon to discuss the facets and the very important parts of seniors.

* (1740)

The member, just briefly in his amendment, discussed 12.8 percent reduction. I wish the member had waited until he got to the Estimates to ask the question, then he would not have introduced that as part of his amendment. He would have found out that if he would have read through the Estimates, and when the supplemental Estimates are supplied to him, that there was \$50,000 supplied, \$50,000 for a video, jointly with the federal government, Mr. Acting Speaker, and it was in and out for one particular year. That video, if it is not known to him, is now available. We spent the \$50,000 in '91-92, so it was not necessary to put that \$50,000 back in to do the video again.

On that particular video that was brought up and brought to the attention of the House by the member for Sturgeon Creek (Mr. McAlpine), the video has been recognized throughout Canada. We have worked with the bankers association, we have worked with the federal minister who contributed. We had a federal announcement in Ottawa with the federal minister along with the bankers association to introduce that video.

The video, if anybody who has watched it—you had your chance to watch parts of it on Best Years. It was just on two weeks ago, where they did a supplement on our government in regard to where we are with seniors. We have been recognized across the Dominion of Canada about our work with the seniors. I have letters from Newfoundland and as far as B.C. recognizing us on our very important video. That is just a small portion.

Anyone who sees the video will see that it has basically four characteristics in it. It is a video that can be used; it is a nonpolitical video. It just mentions that it is from the Seniors Directorate, supplied by the federal government, and it starts, if anyone wants to look at it, with an episode that they call Door to Door, which covers a very important fact about people coming to seniors' houses and trying to sell them different ideas on what they should do with their house. We showed in the video how they could handle the situation when that person comes to their door. We explained in the video what type of checks they should use and what type of people they should talk to before they hire someone to do that type of work.

We also, through our negotiations with people throughout the province, did bring in an episode too which deals with the power of attorney. It goes through what the member for Broadway (Mr. Santos) mentioned, where you find out most of the financial abuse is caused by someone in the immediate family. In this particular episode it shows where a son and a father are dealing with financial abuse. It goes through that particular phase on how maybe the senior can handle that.

It also goes into petty theft on the third episode, where a granddaughter has been probably abusing the grandmother on petty theft. The grandmother has always been hesitant and probably reluctant to say anything to the granddaughter, but finally she sits down during this video and it shows the senior how they can deal with that.

The fourth episode is one that is very, very important. It is the one dealing with money in the bank. It shows very many seniors have had a distrust of banks and there is no reason for that other than they have just had that distrust. They have been known and many people years and years ago—I know my grandmother and people used to put the money under the mattress, and this goes through that episode showing how a variety of banking services are available. This is where our own banks have come into play. The bankers association of Canada when they met me in Ottawa expressed their desire to work with us and work with seniors organizations throughout Canada. They are now training and will continue to train their tellers in regard to that particular situation.

If you go through the video itself, it includes all these brochures along with the video itself, so any of you members who have senior organizations can

go out and take that video and take the pamphlets and work with those people. It is very easy to follow, and you will find that they will benefit greatly by it.

Mr. Acting Speaker, we also mentioned through our resolutions that we should not only talk to seniors, but we should also be involved in doing things after we have talked to these seniors. Our government has a staff that work continually with seniors, whether it is dealing with any type of complaints in regard to— we have an 800 line that works for people outside the city and our senior staff works with them whether they have pension problems or whether they want direction on how to deal with the Public Trustee, whether they have transportation problems. We will lead them and suggest what departments they get in touch with.

Just recently, there was the one last summer when the post office had the rotating strikes. Seniors were involved on what to do with their pay cheques and how they are to get their pay cheques. We helped them in working with the postal department and the federal government on how to deal with those cases. We instructed in several ways that maybe they should have them automatically put into bank accounts, et cetera, along the way, but you can go on and on and on.

I think probably one of the most frightening pieces of evidence that came through in the postal strike is when one of the children phoned up and said my mother or my father is not getting their pension cheque. You say, well, we can have you go down there and they can pick it up, but they sign for it. Well, no, my mother and father are reluctant to go down there to sign to pick up their cheque. So you often wonder who was getting the cheque, and it is exactly what the member for Broadway (Mr. Santos) said, this goes on and on and on, because those members of the family believe after awhile it is just like that is their money. They feel that after a period of time that is their right to spend that money. It goes on and on and on.

Mr. Acting Speaker, I have got up on the floor many times and answered questions in regard to speakers and in regard to the seniors' rights on health. If they do not get the answer they liked from the Health minister or they do not get it from maybe some of the other members, they will point to the Seniors minister. The whole idea of the Seniors Directorate was to work with these ministers, to work with the federal government, and we have done all that.

My director has co-ordinated the many events throughout the province. We have worked with MSOS on those events. We have worked with the Seniors Games that have been very, very successful. We were criticized for putting some money to picnics throughout the province, Mr. Acting Speaker. Well, the picnics that some of our members I know of attended know that we only contribute approximately \$1,000 to the ones that are out of town, and then those seniors groups pick up the rest of the cost. They enjoy doing that, and they enjoy working together.

* (1750)

One thing that you wonder about when you are first appointed to that Seniors Directorate is that you find that the seniors who are involved in those organizations are the ones who were involved years and years and years ago. They are the same people. They are the ones who go out there and they get things done. Those are the ones who have been doing that all their lives. One thing about seniors that they have learned is to keep up with that volunteer work that is necessary when we are dealing with seniors.

Mr. Acting Speaker, we did, as was mentioned about drugs and patents—and we did have a representative from the Patent medicine prices review in Winnipeg. We did meet with the representatives and the seniors organizations. We were part of the planning committee for the women and aging conference held in October for senior women in Manitoba. We have consulted with many, many seniors groups and we continue to meet with those particular groups.

Mr. Acting Speaker, we are members of many steering committees. We are on the steering committee with Health in the assessment of services to seniors. We are on the interdepartmental committee with Education and Health, looking at funding for creative retirement, representative on project management committee for Elder Abuse Resource Centre. We are also a research legal committee reporting to the management committee.

I can go on and on and on about how we continue to work with those seniors. The only one important aspect I would like to get across to you, Mr. Acting Speaker, is that members should remember that when you are dealing with the Seniors Directorate we like to work with all the seniors groups. That is

the whole idea of the connecting network. If some people do not feel they got as much funding as they felt should be coming, at least if they come to the Seniors Directorate they will know that they were heard and also that I, as minister, will represent them and go on and speak to those different ministers. Mr. Acting Speaker, I have tried to do that in my first year as Seniors Directorate minister, and I will continue to do that as long as I am serving as the Minister responsible for Seniors.

House Business

Hon. Glen Cummings (Acting Government House Leader): Mr. Acting Speaker, further to House Business, for clarification, the Standing Committee on Economic Development will consider the '89, '90 and '91 Annual Reports of Venture Manitoba Tours and the 1990 Annual Report for Manitoba Mineral Resources. The committee is scheduled for Tuesday morning, April 21, at 10 a.m. in Room 255.

* * *

Mr. Kevin Lamoureux (Inkster): Mr. Acting Speaker, so much to say and not very much time to say it in, but I am going to try and get as much as I can because it is a very serious issue, as the resolution has pointed out.

In the resolution it talks about the financial abuse that seniors take. It is true that it is very serious, the financial, but there are also other aspects of abuse, whether it is physical or mental abuse, that seniors have to go through. I know in the last number of months we have had opportunity to debate domestic violence on several occasions, and this is one of the issues that just does not get the amount of debate that is necessary, because the resolution itself in the WHEREASes comes up with a couple of very valid points which we would support.

When you talk about educational or doing things that will educate the public to be more aware, in particular the seniors, of the different types of abuse that are out there, that is a step in the right direction.

I was interested when the Minister responsible for Seniors (Mr. Ducharme) was talking about the video that he has seen. I would myself like to see the video. In fact it would probably be a good idea for the sponsor or for the government even to give members of the Legislative Assembly a copy. I will have to check with our seniors critic and possibly—and I would like to see it.

No doubt, Mr. Acting Speaker, anything of that nature is a step forward in the right direction, but the government has not been stepping forward on all of the seniors issues. In fact, as the member for St. Boniface (Mr. Gaudry) knows all too well, when it comes about the 55 Plus program, something that the member for Broadway (Mr. Santos) has brought in in terms of his amendment, when you look at the proposed amendment, in large part we support it.

What strikes me somewhat as passing strange is that the amendment itself is coming from a member who was part of a government that actually did not index, did not do what they are in fact calling for this government to do, and consistency is very important, as they say that in fact they doubled it. The reason why they doubled them is that from 1980 to 1990 or 1986 or whenever it was, they did not have any increase whatsoever to it. The first number of years there were no increases, so the criticism that they give the government is valid, that the government has no real excuse for not indexing the seniors 55 Plus program.

It is something, as the member for St. Boniface has pointed out time after time, who has submitted petitions, who has consulted with the seniors of this province like likely no other member in this Chamber has, do not and should not be served in this manner, that in fact this is a program that should be indexed on an annual basis, especially if you take a look at the economic times that we currently are, that how can a government be so uncaring to the most vulnerable in our society. Those seniors rely on the 55 Plus program, and the government, not one, but two years has said no to those seniors.

Mr. Acting Speaker, I do not want them to treat the seniors as irresponsibly as the New Democratic Party did when they were in government, and I look to the government and the Minister responsible for Seniors to start giving the indexing of the seniors, to start listening to what the member for Broadway has put forward in terms of the indexing of the program, something that is long overdue.

Also, Mr. Acting Speaker, what is made reference to in the amendment is to consider allowing the deductible rate for seniors under the Pharmacare program. Well, this is something that the Liberal

Party has always said. For those who are on fixed incomes what you really need is a Pharmacare card, and that is the direction that we need to move when it comes to the pharmaceutical requirements of our seniors, those who are on a fixed income.

Mr. Acting Speaker, we even converted the New Democrats to that position. We converted them, but mind you it was a bit too late. They had just finished getting out of office, and in an attempt to try to outdo the good ideas of the Liberal Party in fact the NDP then suggested that they get rid of the deductibles. Well, they have changed their minds again. They acknowledge that we want the deductibles, but maybe not as quite as high as the government is putting it.

Well, Mr. Acting Speaker, we want to be consistent as an opposition party—the Liberal Party that is, wants to be consistent—and we want to be responsible. We would suggest, too, to the government that they should be taking into account again the economic times before they start increasing the pharmaceutical prices in the fashion that they are doing it, given once again some of the things that are happening in Ottawa with the pharmaceutical patent laws, that the government, in particular the Minister responsible for Seniors has a very important role to play.

We have an aging population. We have seniors who are very vulnerable, whether it is physical, mental or financial abuse, whether it is programs that are instituted by governments, whether it is a provincial, municipal, federal government, that the Minister responsible for Seniors—once again an idea which came out of the '88 election from the Leader of the Liberal Party (Mrs. Carstairs), that that is a crucial directorate that the minister should be taking seriously and should be acting and consulting—

The Acting Speaker (Mr. Laurendeau): Order, please. When this matter is again before the House the honourable member for Inkster will have seven minutes remaining.

The hour being 6 p.m., I am leaving the Chair with the understanding that the House will reconvene at 8 p.m.

Legislative Assembly of Manitoba

Monday, April 13, 1992

CONTENTS

ROUTINE PROCEEDINGS

Presenting Petitions

Criminal Code Amendment, Family Violence
Wasylycia-Leis 2101

Reading and Receiving Petitions

Reinstatement of Housing Volunteer Boards
C. Evans 2101

Fight Back Against Child Abuse Campaign
Barrett 2101

Reinstatement of Housing Volunteer Boards
Wowchuk 2101

Fight Back Against Child Abuse Campaign
Martindale 2102

Tabling of Reports

Estimates, Education and Training
Vodrey 2102

Annual Report,
Law Enforcement Review Agency
McCrae 2102

Introduction of Bills

Bill 77, Liquor Control Amendment Act
Hickes 2102

Oral Questions

Abitibi-Price - Pine Falls
Doer; Filmon 2102

Shoal Lake Protection
Doer; Cummings 2104

Health Care System
Cheema; Orchard 2106

CareerStart Program
L. Evans; Manness 2107

Social Assistance
L. Evans; Manness 2107

Human Resources Opportunity Centre
Dewar; Gilleshammer 2108

Bill 70
Carstairs; Gilleshammer 2108

Furnace Inspections
Maloway; Praznik 2109

Nonpolitical Statements

Ethnic New Year Celebrations
Reimer 2110

Sikh Religious Festival
Cheema 2111
Mitchelson 2111
Martindale 2111

Kinsmen Easter Seals Campaign
Helwer 2112

ORDERS OF THE DAY

Committee of Supply

Health 2113
Family Services 2136

Private Members' Business

Proposed Resolutions

Res. 12, Seniors' Rights
McAlpine 2153

Amendment
Santos 2156

Ducharme 2158

Lamoureux 2160