



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

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**DEBATES  
and  
PROCEEDINGS  
(HANSARD)**

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39-40 Elizabeth II

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**VOL. XLI No. 92A - 1:30 p.m., TUESDAY, JUNE 23, 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
MALLOWAY, Jim	Elmwood	NDP
MANNES, Clayton, Hon.	Morris	PC
MARTINDALE, Doug	Burrows	NDP
McALPINE, Gerry	Sturgeon Creek	PC
McCRAE, James, Hon.	Brandon West	PC
McINTOSH, Linda, Hon.	Assiniboia	PC
MITCHELSON, Bonnie, Hon.	River East	PC
NEUFELD, Harold	Rossmere	PC
ORCHARD, Donald, Hon.	Pembina	PC
PENNER, Jack	Emerson	PC
PLOHMAN, John	Dauphin	NDP
PRAZNIK, Darren, Hon.	Lac du Bonnet	PC
REID, Daryl	Transcona	NDP
REIMER, Jack	Niakwa	PC
RENDER, Shirley	St. Vital	PC
ROCAN, Denis, Hon.	Gladstone	PC
ROSE, Bob	Turtle Mountain	PC
SANTOS, Conrad	Broadway	NDP
STEFANSON, Eric, Hon.	Kirkfield Park	PC
STORIE, Jerry	Flin Flon	NDP
SVEINSON, Ben	La Verendrye	PC
VODREY, Rosemary, Hon.	Fort Garry	PC
WASYLYCIA-LEIS, Judy	St. Johns	NDP
WOWCHUK, Rosann	Swan River	NDP

## LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, June 23, 1992

The House met at 1:30 p.m.

### PRAYERS

### ROUTINE PROCEEDINGS

#### PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

**Mr. Jack Reimer (Chairperson of the Standing Committee on Economic Development):** I beg to present the Eighth Report on the Standing Committee on Economic Development.

**Mr. Clerk (William Remnant):** Your Standing Committee on Economic Development presents the following as their Eighth Report.

Your committee met on Monday, June 22, 1992, at 10 a.m. in Room 254 of the Legislative Building, to consider bills referred.

Your committee heard representation on bills as follows:

**Bill 9—The Economic Innovation and Technology Council Act; Loi sur le Conseil de l'innovation économique et de la technologie**

Susan Hart-Kulbaba - Manitoba Federation of Labour

Paul Moist - CUPE, Manitoba

**Bill 84—The Residential Tenancies Amendment Act (2); Loi no 2 modifiant la Loi sur la location à usage d'habitation.**

Lewis Rosenberg - President, Professional Property Managers Association

Linda Williams - Jim Martinuk and Alex Murdock, Winnipeg Housing Coalition

Dennis Souchay - Royal Realty, Bayview Housing Columbia Holidays

Your committee has considered:

**Bill 9—The Economic Innovation and Technology Council Act; Loi sur le Conseil de l'innovation économique et de la technologie**

**Bill 61—The Consumer Protection Amendment Act (4); Loi no 4 modifiant la Loi sur la protection du consommateur**

**Bill 62—The Business Practices Amendment Act (2); Loi no 2 modifiant la Loi sur les pratiques commerciales**

**Bill 84—The Residential Tenancies Amendment Act (2); Loi no 2 modifiant la Loi sur la location à usage d'habitation**

and has agreed to report the same without amendment.

All of which is respectfully submitted.

**Mr. Reimer:** I move, seconded by the honourable member for St. Vital (Mrs. Render), that the report of the committee be received.

**Motion agreed to.**

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**Mr. Jack Penner (Chairperson of the Standing Committee on Law Amendments):** I beg to present the Fifth Report on the Standing Committee of Law Amendments.

**Mr. Clerk:** Your Standing Committee on Law Amendments presents the following as its Fifth Report.

Your committee met on Friday, June 19, 1992, at 1 p.m. in Room 255 of the Legislative Building to consider bills referred. At that meeting, your committee elected Mr. Penner as Chairperson.

Your committee heard representation on bills as follows:

**Bill 73—The Health Care Directives and Consequential Amendments Act; Loi sur les directives en matière de soins de santé et apportant des modifications corrélatives à d'autres lois**

Dr. Jaques Belik - Manitoba Medical Association

Mr. Anthony Dalmyn - Canadian Mental Health Association

Ms. Barbara Wiktorowicz - The Alzheimer Society of Manitoba

Mr. John Oldham - Private Citizen

Mr. Gordon Mackintosh - Manitoba Association of Rights and Liberties

**Bill 75—The Health Services Insurance Amendment and Consequential Amendments Act; Loi modifiant la Loi sur l'assurance-maladie et apportant des modifications corrélatives à d'autres lois**

**Mr. Gordon Mackintosh - Manitoba Association of Rights and Liberties**

**Ms. Mary James - Private Citizen**

**Ms. Elizabeth Woods - Private Citizen**

**Ms. Pat Charter - Private Citizen**

**Written Submission:**

**Dr. Scott Cleghorn - Manitoba Medical Association**

**Your committee has considered:**

**Bill 71—The Retirement Plan Beneficiaries Act; Loi sur les bénéficiaires des régimes de retraite**

**Bill 75—The Health Services Insurance Amendment and Consequential Amendments Act; Loi modifiant la Loi sur l'assurance-maladie et apportant des modifications corrélatives à d'autres lois**

and has agreed to report the same without amendment.

Your committee has also considered **Bill 73, The Health Care Directives and Consequential Amendments Act; Loi sur les directives en matière de soins de santé et apportant des modifications corrélatives à d'autres lois**, and has agreed to report the same with the following amendments:

**MOTION:**

THAT subsection 8(1) be amended by adding "and dated" after "in writing".

**MOTION:**

THAT clause 17(1)(b) of the Bill be amended by striking out "another" and substituting "at least one other".

**MOTION:**

THAT the following be added after section 28:

Consequential amendments, C.C.S.M. c. H180

**28.1(1)** The Human Tissue Act is amended by this section.

**28.1(2)** Section 1 is amended by adding the following definition in alphabetical order:

"**proxy**" means a proxy appointed in a health care directive made in accordance with The Health Care Directives Act, but does not

include a proxy to the extent he or she is restricted, by the terms of the directive, from making decisions that fall within the scope of this Act; ("mandataire")

**28.1(3)** Subsection 3(1) is repealed and the following is substituted:

**Direction on behalf of deceased person**

**3(1)** Where a person who dies

- (a) has not made a direction under section 2;
- (b) has made a direction under section 2 that by virtue of clause 2(3)(b) cannot be acted upon; or
- (c) is under 16 year of age;

a person described in subsection (1.1) may direct that the deceased person's whole body, or any tissue or specified tissue from the deceased person's body, may be used for therapeutic purposes or for purposes of medical education or medical research.

**Direction by proxy or nearest relative**

**3(1.1)** A direction may be given under subsection (1)

- (a) by the deceased person's proxy, if the deceased person was 18 years of age or over at the time of death;
- (b) if there is no proxy authorized to act or the proxy is unavailable, by the deceased person's nearest relative; or
- (c) if there is no nearest relative or the nearest relative is unavailable, by the person lawfully in possession of the body or the Inspector of Anatomy, as the case may be.

**28.1(4)** Subsection 3(3) is repealed and the following is substituted:

**Direction on behalf of dying person**

**3(3)** Where a physician is of the opinion that a person

- (a) who has not made a direction under section 2; or
- (b) who has made a direction under section 2 that by virtue of clause 2(3)(b) cannot be acted upon;

is incapable of making a direction under section 2 and that the person's death is imminent and inevitable, a person described in subsection (3.1) may direct that the dying person's whole body, or any tissue or specified tissue from the dying person's body, may be used after death for

therapeutic purposes or for purposes of medical education or medical research.

**Direction by proxy or nearest relative**

**3(3.1)** A direction may be given under subsection (3)

(a) by the dying person's proxy, if the dying person is 18 years of age or over; or

(b) if there is no proxy authorized to act or the proxy is unavailable, by the dying person's nearest relative.

**28.1(5)** Subsection 4(2) is repealed and the following is substituted:

**Request for consideration**

**4(2)** A physician who determines that it is appropriate to request permission under subsection (1) shall, as soon as practicable after the death of the person but subject to subsection (3), request permission to use the body of the deceased person for therapeutic purposes, or to remove tissue from the body to be used for therapeutic purposes,

(a) from the deceased person's proxy if the deceased person was 18 years of age or over at the time of death; or

(b) if there is no proxy authorized to act or the proxy is unavailable, from the deceased person's nearest relative.

**28.1(6)** Subsection 8(3) is repealed and the following is substituted:

**Participation in transplant prohibited**

**8(3)** A physician who participates in

(a) a determination of death under subsection (1); or

(b) the withdrawal or withholding of life-prolonging medical treatment in accordance with a health care directive made under The Health Care Directives Act;

in respect of a person from whose body tissue is to be removed for a proposed transplant shall not participate in the transplant operation.

**MOTION:**

THAT Legislative Counsel be authorized to change all section numbers and internal references necessary to carry out the amendments adopted by this committee.

All of which is respectfully submitted.

**Mr. Penner:** I move, seconded by the honourable member For Gimli (Mr. Helwer), that the report on the committee be received.

**Motion agreed to.**

**TABLING OF REPORTS**

**Mr. Speaker:** In accordance with the statutes, I am tabling the Statutory Report of the Chief Electoral Officer on the conduct of the September 11, 1990, Thirty-Fifth Provincial General Election.

**Introduction of Guests**

**Mr. Speaker:** Prior to Oral Questions, may I direct the attention of honourable members to the gallery, where we have with us this—

**Hon. Gary Filmon (Premier):** I must have missed you stating Ministerial Statements and Tabling of Reports, and I have a statement to make.

**Mr. Speaker:** Is there leave to revert to Ministerial Statements? There is leave. [Agreed]

**MINISTERIAL STATEMENT**

**Hon. Gary Filmon (Premier):** Mr. Speaker, this past weekend, I had the privilege of representing the western Premiers at the 1992 Annual Conference of the Western Governors' Association in Wyoming.

This was the third year in a row that the governors extended an invitation to the western Premiers to attend their conference, and it now appears that this arrangement will continue for at least the next few years. I believe there is great value in regular contacts between provincial and state governments. I know other Premiers and governors share that view.

Western Canada and the western U.S. have much in common. By working together on shared priorities, we can learn from each other and add weight to each other's positions when dealing with our respective federal governments.

In past years, we have focused much of our attention on trade issues and the north-south air services. We reviewed both topics this year but spent most of the time discussing sustainable development and its fundamental importance to our region. The governors and their key officials are very much aware of Manitoba's leadership in this area and have asked us to play a major role in developing strategies for applying sustainable development principles on a region-wide basis.

As a start, we have agreed to participate in a new Great Plains Initiative, funded by the U.S. Fish and Wildlife Service, to enhance current international efforts to protect migratory bird and other wildlife habitat along the Central Flyway from Canada to Mexico. The new initiative will complement the North American Wildlife Management Plan and will be co-ordinated through the Western Governors' Association, with participation by interested western provinces and Mexican border states.

Eleven governors participated directly in the discussion with me and with Mr. Fred Bradley, MLA representing Alberta. The Canadian federal government and the provinces of Saskatchewan and Quebec were represented by senior staff. The U.S. government representatives included the secretary of the interior and Bill Reilly, the administrator of the Environmental Protection Agency.

Since I may not have another opportunity this session, I want to take note of the fact that Governor George Sinner of North Dakota, one of the strongest supporters of western regional co-operation, will be retiring at the end of this year. I know the members opposite dealt regularly with Governor Sinner when they were in office, and I have had the pleasure of working closely with him from almost the first day I moved into Room 204. I have not always agreed with George, but I have always felt that on most issues he has been one of Manitoba's strongest allies and friends. He has been a good neighbour in the best sense of that word. I know all members will want to join with me in wishing him well. Thank you, Mr. Speaker.

**Mr. Gary Doer (Leader of the Opposition):** To make a few comments on the ministerial statement of the Premier, Mr. Speaker, we are pleased that the Premier returned with a statement on the meeting that took place over the weekend in Jackson Hole, Wyoming. There are a number of issues that the Premier has raised without any specific comment on any resolution of those issues. For example, the whole area of trade, North American free trade that is proposed now, there are a number of concerns that we know of in western United States in the agricultural sector.

We have concerns in Manitoba on the issue of apparel and textile negotiations that are going on. There are concerns dealing with energy, yet a change now, the federal government's position in Canada on energy and how that impacts on western

states, western provinces and Manitoba. There is not a lot of content in terms of any specific action or specific consensus that arose from the Western Governors' Meeting. We noted last time the Premier attended a governors' meeting that we recall in 1990, the Premier did say that he thought Manitobans would not feel that Free Trade had been successful with the United States, a comment that came out of the Western Governors' Meeting in 1990 before the election. We think that he was accurate at that point in terms of his support for Free Trade and the results that have unfortunately developed in the province and in Canada.

Mr. Speaker, we note again the comment of sustainable development—we on this side find that a little ironic, given the many international organizations that are being critical of the provincial government's effort in funding the new centre at the Ducks Unlimited site in Oak Hammock Marsh—comments that have been made in international papers, comments from international organizations that should be allied with Canada, United States and Mexico on the whole issue of migratory birds and the North American Wildlife Management plan.

Mr. Speaker, I guess the Premier did not have discussions with many other Premiers at that meeting. It seems to be that many of the Premiers were missing from the Western Governors' Meeting. In fact, this Premier was the only Premier attending. I am sure that that would not have allowed him to present a co-ordinated western Canadian front with the western governors at that meeting.

There is a lot of activity going on now, Mr. Speaker, with the Premiers of British Columbia and Alberta and the opposition parties in British Columbia and Alberta participating with Washington and Oregon in some very concentrated efforts on Pacific Rim trade. I would have liked to have seen this meeting of western Premiers and western governors actually expand upon the Pacific Rim trade initiatives that have been developed.

It looks to me, with the absence of western Premiers, that they are actually going it alone with the two Pacific states in the United States. I think that we have to look in the future as to trying to develop some kind of way of linking in with that initiative, with that western United States and Canadian initiative, because obviously we believe we have to have multilateral trade, not just the continent of North America trade, and we think we are getting behind in this area with the

developments in Alberta and in British Columbia with our western states.

\* (1340)

**Mrs. Sharon Carstairs (Leader of the Second Opposition):** Mr. Speaker, I am pleased to respond to the Premier's (Mr. Filmon) statement and to join with him in extending our best wishes to Governor George Sinner. I am sure the Premier will follow that up with a letter, and I am sure that the Leader of the Opposition (Mr. Doer) would like to be remembered to him, as well. I think that there is great value in maintaining the contacts that the Premier has struck south of the border and has been done with others.

I would also suggest, however, that there are some very serious issues which must be debated. I know that the Minister of Agriculture (Mr. Findlay) was at the protest rally by the supply management producers earlier this year, when the head of the milk producers read a letter from a community in North Dakota which was offering all kinds of incentives for our milk producers to move south of the border and to establish their head office there, all kinds of tax incentives, no rent, space available to them. I think those are critical issues as we deal with the free trade debate, not just between ourselves and the United States, but the broadened one which it appears that the federal government is determined to enter even if the vast majority of Canadians do not wish to do so.

Those kinds of delicate relationships between governors and Premiers are going to require very careful observation. I recommend that our Minister of Industry, Trade and Tourism (Mr. Stefanson) as well as our Premier look into communications like that coming north of the border with very lucrative enticements to attracting industries which should be located in this country going south of the border. Thank you, Mr. Speaker.

### Introduction of Guests

**Mr. Speaker:** Prior to Oral Questions, may I direct the attention of honourable members to the gallery, where we have with us this afternoon, from the Jefferson Junior High School, fifteen Grades 7 and 8 students. They are under the direction of Madelle Persaud. This school is located in the constituency of the honourable member for Kildonan (Mr. Chomiak).

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

### ORAL QUESTION PERIOD

#### Bill C-22 Extension Impact Generic Drug Industry

**Mr. Gary Doer (Leader of the Opposition):** Mr. Speaker, today the federal Conservative government announced that it will follow through on its January 14, 1992, decision and announcement to extend patent protection for multinational pharmaceutical companies. A bill that first started, called Bill C-22, The Drug Patent Law, that was supported by members opposite in votes in this Chamber, is now becoming a bill that will be extended for another 20 years with tremendous ramifications for the consumers, for the Health department in Manitoba and for potential jobs in this province that have been previously announced.

I would like to ask the Premier: Has he contacted the Prime Minister on this decision of the federal government, the federal Conservative government to proceed, and given the fact that he has told Manitobans before that his contact with the federal government would be very, very positive—all he had to do was pick up the phone—has he discussed this issue with the Prime Minister, Mr. Speaker? Will he insist that the Prime Minister drop this legislation which is bad for Manitoba and bad for our health care system in this province?

**Hon. Gary Filmon (Premier):** Mr. Speaker, the Leader of the Opposition will, no doubt, be interested to know that this has been an issue that this government has been pursuing and pursuing vigorously ever since any possibility of it was raised. Interestingly enough, when we had the first of a series of First Ministers' conferences on the economy on December 21st of last year, I was the only Premier who raised this issue at the table and indicated the serious ramifications that this would have for the costs to the health care system of all the provinces and the concern that we had as to the damaging impact on potential development of the generic drug industry in Manitoba.

\* (1345)

I raised that directly with the Prime Minister, and as a result of that, he had Michael Wilson call me the very next day. We had a telephone conversation on the issue, and then later he followed up with a call to the Minister of Industry,

Trade and Tourism (Mr. Stefanson). Since then, we have had numerous contacts, including last week, when I spoke directly to Minister Wilson, when I got word that this indeed was going to be the strategy of the federal government. He then followed that up with a conference call of Ministers of Industry, Trade and Tourism, in which our minister participated. I followed up with a letter to Mr. Wilson indicating our very, very serious opposition to this legislation being introduced into Ottawa.

We have at every step of the way indicated our opposition to the matter. I am interested to see from the newspaper article in *The Globe and Mail* that has stimulated the Leader of the Opposition's question, that finally Ontario has woken up to this issue, that finally Ontario has put their position on the record, because we have been saying time after time, Mr. Speaker, that the current situation has resulted in the development of a healthy generic drug industry in this country. In addition to that, it has resulted in being the only direct control on the rising costs of our pharmaceuticals in this province and throughout Canada.

**Mr. Doer:** The Premier should be very careful of the hypocrisy of giving advice to other provinces. This Premier voted with the federal Conservatives in 1987 for Bill C-22 in this Chamber. I have his voting record, Mr. Speaker. On the 29th of April of 1987, it is right here, recorded in Hansard for the Premier to see, his position. The president of Apotex has since said that they put a nail in our coffin in 1987 with C-22. The Premier was right there putting the nail in the coffin of the generic drug industry in this country. My question—

**An Honourable Member:** He kept hitting his thumb.

**An Honourable Member:** Are you uncomfortable?

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

**Mr. Doer:** He does not like his voting record, Mr. Speaker. I am sorry I raised it.

Given the major flip-flop, which we apologize, of the Premier and the government on this issue of changing their position on the generic drug bill, what impact will the government's decision, the federal Conservative government's position, have on the generic drug industry in this province, the specific project, and what impact will the retroactive provisions of the bill have on our industry in Manitoba?

**Mr. Fillmon:** Mr. Speaker, I want to point out to the Leader of the Opposition something he obviously does not understand, and that is that the generic drug industry has flourished since 1987 despite Bill C-22. In fact, that is why Apotex has set up in Manitoba, is under current legislation. The problem is this legislation that takes it a step further and that cuts off the opportunity for generic drug manufacturers. Up until now, they have had no problem. That is why we have an investment of \$50 million. The Leader of the Opposition does not understand that. [interjection]

It is a different bill. It is different legislation. Under Bill C-22, we have had an investment of \$50 million in the generic drug industry here in Manitoba. The difference is—[interjection] That is right. Then, obviously, C-22 did not harm it. This legislation will.

We have put our position forward very strongly to the federal government that we disagree with this legislation, and we do not think that it is a reasonable piece of legislation. It will cost Manitoba and all provinces more money.

**Mr. Doer:** Mr. Speaker, these people campaigned with Mulroney in '84. They campaigned with him in '88. They supported him in 1987. The bill, in 1987—in case the Premier does not understand it—they put a nail in our coffin in 1987 with C-22. The president of Apotex said that on C-22. He understands it. We understand it. The Premier did not understand it in 1987. That is very clear.

Mr. Speaker, the price of drugs has gone up close to 69 percent in the province of Manitoba or almost 17 percent a year in Pharmacare costs since this bill has been introduced. Drug costs are averaging an 11.4 percent increase on the consumers of this province and on the Health ministry and the Health treasury of the province.

What impact will this Conservative bill have on the consumers of this province? What impact will it have on the health care department? Benoit Bouchard today is saying it will have no impact on the consumers, the same thing as Michael Wilson said in 1987. What does this Premier say? What impact will it have on the consumers of this province?

\* (1350)

**Mr. Fillmon:** Mr. Speaker, I will tell you what, if a nail in the coffin involves a \$50-million investment with many jobs in Manitoba, then we will take that nail in the coffin every day—\$50-million investment



and many, many jobs. So the Leader of the Opposition does not understand what he is talking about.

The fact of the matter is, we have said that we are opposed to this legislation. We have said that we are opposed to the fact that it is retroactive to the 21st of December. On all counts, we have told Michael Wilson, we have told the Prime Minister, we disagree with the way the federal government is proceeding with this matter.

### **Cross-Border Shopping Government Strategy**

**Mr. Jerry Storie (Flin Flon):** Mr. Speaker, today the Canadian Federation of Independent Business released a survey of cross-border shopping in which they say that some \$307 million has been lost to the Manitoba economy and some 14,000 jobs have been lost because of cross-border shopping. Statistics Canada released statistics today which show that once again Manitoba is trailing the pack. In terms of retail sales for April, which would corroborate what the Canadian Federation of Independent Business is saying, Manitoba's retail sales have declined the most in Canada, declined some 2.6 percent, when six other provinces have shown an increase.

My simple question to the Minister of Industry, Trade and Tourism is: What is this minister going to do to stop the flow of dollars across the border, to stop the loss of jobs in the province of Manitoba, 14,000 in the retail sector in the last year?

**Hon. Eric Stefanson (Minister of Industry, Trade and Tourism):** Mr. Speaker, I hope the honourable member for Flin Flon takes the time, if he has not already, to read all of the information provided in the report by the Canadian Federation of Independent Business, because if you look at the recommendations and you look at the concerns, and they talk about short- and long-term strategies, one of the first issues they talk about is taxation. Look at the record of our government in the last four and a half years in terms of the area of taxation, in terms of reducing personal income taxes and holding the line in all other major taxes, unlike what occurred from 1982 to 1988 under the NDP government increasing the taxes in Manitoba by some \$800-plus million dollars. In terms of looking at the issues, looking at the concerns raised by CFIB, one of the most important issues addressed is the issue of taxation.

They also talk about some specific initiatives, Mr. Speaker, initiatives that this government is a part of in terms of recommending that provincial sales tax on alcohol and tobacco will be collected by customs officers at the Manitoba border shortly, and that we are considering the collection of provincial sales tax on similar items at the border.

### **Department of Government Services U.S. Purchase Policy**

**Mr. Jerry Storie (Flin Flon):** Mr. Speaker, the Leader of the Opposition talked about the hypocrisy of this government. The Minister of Industry, Trade and Tourism now pretends that he is very concerned about this issue. On numerous occasions, we have asked the government to quit cross-border shopping, quit buying Christmas trees, postal services and furniture in the U.S.

Can the Minister of Industry, Trade and Tourism explain today why the Department of Government Services has purchased its paper products from a United States company, cutting out Canadian suppliers? On the box there is, support the U.S. Olympics. That is what this government is doing. Will he—

**Mr. Speaker:** Order, please. The honourable member has put his question.

**Hon. Eric Stefanson (Minister of Industry, Trade and Tourism):** It is more than a little ironic that the honourable member from Flin Flon should talk about hypocrisy. He should look in the mirror when he talks about that, because if you look at the report, they talk about taxation. They need look no further than the record that they have for their tax policies from 1982 to 1988 and the damage they did to the economy of Manitoba during that period.

I also have to correct another statement made by the honourable member when he talks about retail sales. As usual, he likes to take things in isolation and not look at what has happened year to date. When you talk about retail sales in Manitoba, for the first four months of 1992, Manitoba retail sales rose by 2.1 percent, the same as the national average.

\* (1355)

### **Cross-Border Shopping Government Strategy**

**Mr. Jerry Storie (Flin Flon):** Mr. Speaker, in the last four years, cross-border shopping has become

an increasing problem. This government has done nothing.

My question to the First Minister is: Will the First Minister do what Manitobans want him to do—stop the hypocrisy, stop telling Manitobans to quit cross-border shopping while his government is knee-deep in it?

**Hon. Gary Filmon (Premier):** The member for Flin Flon is an expert on hypocrisy. It was his government who started buying those Christmas trees—in four straight years, bought them in the U.S. while he was a member of cabinet. Now that is real hypocrisy.

**Mr. Speaker,** the fact of the matter is that every time this government has proposed some measures with respect to cross-border shopping, measures such as collecting the provincial taxes on alcohol and tobacco, which are collectible, that legally the province is entitled to do, the opposition opposes it. The opposition says it is wrong.

We have proposed some reasonable measures to the federal government, we believe, measures that are supported by other provinces in this country, to deal with this issue, to ensure that there is a level playing field for Manitoba retail, for Manitoba retailers. We believe that is the right answer. We are going to continue to work with the other provinces to achieve, on a co-operative basis, that kind of decision.

### **Retail Trade Sector Statistics Discrepancy**

**Mr. Reg Alcock (Osborne):** Mr. Speaker, I would like just to correct some information the Minister of Industry and Trade just put on the record. Year-to-date retail sales in this province have declined 4.3 percent, not gone up 2.1 percent. They are down.

During Estimates, the Minister of Industry and Trade tabled an indicator that suggested that retail sales in this province had gone up by 3.1 percent year to date. In fact, they have not. They have declined. In the first quarter, Mr. Speaker, they were absolutely flat, and now they are down over 4 percent, the lowest in Canada.

Would the Minister of Industry and Trade explain to this House the discrepancy between his figures and Statistics Canada's?

**Hon. Eric Stefanson (Minister of Industry, Trade and Tourism):** Mr. Speaker, certainly, we have

had instances in the past. The honourable member for Osborne has presented some statistics, and we found out later that they were in fact inaccurate.

The information I have today is that on an unadjusted basis—

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

### **Point of Order**

**Mr. Alcock:** On a point of order, Mr. Speaker, I have not tabled one fact in this House that this minister has been able to—

**Mr. Speaker:** Order, please. The honourable member does not have a point of order. That is clearly a dispute over the facts.

\* \* \*

\* (1400)

**Mr. Stefanson:** Mr. Speaker, the statistic I quoted earlier, in response to a question from the honourable member for Flin Flon (Mr. Storie), was that on an unadjusted basis for the first four months of 1992, Manitoba retail sales rose by 2.1 percent over the same period last year, which is identical with the national average.

### **Retail Trade Sector Statistics Discrepancy**

**Mr. Reg Alcock (Osborne):** Mr. Speaker, I will table, for the minister, the release today of retail sales in this province and this country put out by Statistics Canada this morning. It shows that this province is last, 10th out of 10. One more time it has the greatest decline when other provinces have gone up.

Will the minister explain to us the reason for the difference?

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

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

**Hon. Clayton Manness (Minister of Finance):** Mr. Speaker, there is obviously great anticipation across the way.

I am led to believe, as the member knows, that Statistics Canada, of course, surveys large retail institutions, in other words, the data base. The data base for this source of data is the large department stores.

But let me indicate to the member—because I get the actuals, I get the actual sales tax revenue across

all areas. As I have shared with this House on numerous occasions, when I have talked about retail sales tax, the month of April was far above, some 8 percent above, the cash flow expectations that we were expecting, and the month of May, to which the member, of course, does not even have Statistics Canada numbers, was flat as compared to last year.

But as the Minister of Industry and Trade (Mr. Stefanson) has suggested, at this point in time in the year, we are far in advance of last year, Mr. Speaker, far in advance of expectations that we presented in the budget.

**Mr. Alcock:** Mr. Speaker, there was some cause for celebration this week as we began to see some glimmers of recovery from this recession. It was not until the provincial numbers came out that we see that there is recovery across this country except in this province.

Now I would like the Minister of Finance or the Minister of Industry and Trade, or anyone else who wants to answer the question, to explain to us the difference between the national performance and the poor performance in this province.

**Mr. Manness:** Mr. Speaker, we have a situation here, where the Liberal critic is advocating, of course, that revenues as a result of sales tax should be decreased by way of his recommendation that there be some type of holiday presented. Of course, he is doing that for his own political ends.

But let me say that with respect to the capturing of information, we are led to believe, when one looks at the information that department store sales, as a percentage of the base, is roughly 8 percent to 10 percent in the Manitoba situation.

I want to share with him, as I have on several occasions, that our sales, year over year, are up. Quite frankly, I do not take the meaning out of Statistics Canada that he does. I am prepared to compare my actuals vis-à-vis other provinces on a monthly basis, and Manitoba is doing relatively well on those comparisons.

### **Bills 86 and 87 Withdrawal**

**Mr. Dave Chomiak (Kildonan):** Mr. Speaker, members of the New Democratic Party have been opposed, since the bill was introduced, to the government changes to LERA because of lack of consultation, a possible violation of the Charter

through provisions in those amendments and finally the movement from a civilian body to that of a judiciary to decide on police matters.

Will the minister now reconsider and address these concerns and withdraw the bill?

**Hon. James McCrae (Minister of Justice and Attorney General):** The honourable member's question tells me he does not share my concern that there be a strong sense of police-community relations in this province. All you have to do is look around the North American continent, Mr. Speaker, to know that there is an urgent need to ensure that police agencies are accountable to the public which they serve. As for any suggestion of lack of consultation, if the honourable member has been around for the last four years, and I know that he has been in one capacity or another, he knows that the issues that are being discussed in the Law Amendments Committee later today with respect to Bills 86 and 87 are not new issues. They have been the subject of much discussion over the last four years.

**Mr. Chomiak:** Mr. Speaker, if the minister will not listen to us, will he listen to the City of Winnipeg, the Police Association and individual police officers?

I would like to quote a letter that the minister has—and I will table it—from a police officer saying: The essence of Bill 87 seeks to strip the law enforcement community of the very rights and freedoms which you expect us to extend to each and every person we deal with.

Will the minister reconsider, in light of the entire community policing and judicial community opposition to this bill? Will he withdraw the bill?

**Mr. McCrae:** I am surprised, Mr. Speaker, that as a member of the legal community, the honourable member for Kildonan does not share with me the view that police authorities anywhere have a very special circumstance and a very special responsibility to the people they serve, just as lawyers have a special responsibility and a higher level of responsibility to the people they serve. I wish the honourable member shared with me that view. If we all recognized that principle together, we might very well go a long way toward improving police and community relations.

**Mr. Chomiak:** Mr. Speaker, my final supplementary. Is the minister not concerned that the compellability sections of that act are contrary to the Charter of Rights? Is he not concerned that we

are the only jurisdiction moving away from a civilian body towards a judiciary body when other jurisdictions are going exactly the opposite way, going towards civilian bodies, adjudicating decisions of this kind?

**Mr. McCrae:** I have never thought of members of the judiciary as anything but civilian. I also look at members of the judiciary as people trained in the law, people trained in resolution of disputes and trained in the weighing of evidence to come to appropriate decisions. If the honourable member is saying something about the judiciary that is something other than that, let him come right out and say so. There is not a thing wrong, Mr. Speaker, with having people trained in listening to and weighing evidence to come to important decisions like this.

In fact, I do not believe the City of Winnipeg representatives, who are expressing concern about certain aspects of these bills, I do not think any of them have any problems with the idea of a judge actually hearing these matters.

The honourable member ought also to put this matter in the proper perspective. Out of the hundreds of complaints that have been made over the last three years, for example, there has been nothing more than a handful of hearings regarding the conduct of police officers.

### **Video Lottery Revenues Green Team Program**

**Ms. Rosann Wowchuk (Swan River):** My question is for the Minister of Rural Development.

When the REDI program was announced, Mr. Speaker, we were told that money raised in rural Manitoba through Video Lottery Terminals would go back into rural Manitoba to promote economic development. Yesterday it took three government cabinet ministers to announce that video lottery money would be used to promote provincial parks to cover up the cutbacks of this government in Natural Resources.

I want to ask the Minister of Rural Development: How can he justify spending money raised from Video Lottery Terminals to promote parks when this money was to help rural communities promote their economic development? How can he mislead rural Manitobans—

**Mr. Speaker:** Order, please. The honourable member has put her question.

**Hon. Leonard Derkach (Minister of Rural Development):** Mr. Speaker, I am extremely pleased to respond to the question, because it was just last week, when it was the member for Thompson (Mr. Ashton) and the Leader of the Opposition (Mr. Doer) who called on this government and asked a question about youth employment in Manitoba. They were the ones who were encouraging this government to come up with programs that would assist our youth in our province to access job opportunities through the summer months.

In rural Manitoba, we responded. Even before that question was asked, the program was in development stages. It is true that when we made our commitment to rural Manitoba, we said the Video Lottery Terminal dollars would be used to assist economic development and economic initiatives in rural Manitoba. Jobs is part of that, Mr. Speaker. Indeed, we are proud that we were able to dedicate some money in rural Manitoba to assist our youth to gain summer employment, which is so badly needed in our province.

\* (1410)

**Ms. Wowchuk:** Mr. Speaker, I am glad they finally recognize that they do not know anything about youth. They have not supported them properly, and they should not be supporting them at the expense of jobs in Natural Resources.

I want to ask the minister: Did he consult with his other rural members of caucus about taking money out of economic development and turning it over to cover up for Natural Resources jobs, and did his other members of caucus—

**Mr. Speaker:** Order, please. The honourable member has put her question.

**Mr. Derkach:** Mr. Speaker, once again I am very happy to respond to this question. But, yes, indeed this matter is not something that is done by a single minister or a single department. This matter has been discussed by cabinet. It has been discussed in caucus. Indeed, members on this side of the House were familiar with the concept and the project.

### **Multicultural Secretariat Political Influence**

**Ms. Marianne Cerlill (Radisson):** Mr. Speaker, we have just finished hearing a number of presentations on Bill 98, where members of the

public expressed their concern about the influence and the use of staff from the secretariat to try and exert political influence on multicultural groups and on the allocation of grants. We brought these issues to the attention of the House.

I have a letter which suggests that civil servants, under this Minister of Multiculturalism's direction, were involved in influencing members of the community to come out in support of the bill.

I want to ask the minister: Can the minister tell the House if civil servants in the secretariat were involved in influencing members of the public on Bill 98?

**Hon. Bonnie Mitchelson (Minister responsible for Multiculturalism):** Mr. Speaker, if members of the opposition would like to hear the answer, I would ask them to pay attention so that in fact I can provide the answer in a very clear and concise way.

One of the things that I did hear at committee—and I listened very intently to all of the presentations that were made, unlike the NDP critic who tried to impose her influence politically and encourage people to think philosophically the way she felt about the bill. I know that there were people who were intimidated at committee as a result of her questioning, and Hansard will show what her comments were and what her questions were.

Mr. Speaker, I do want to indicate that I consulted broadly with the community on this legislation. The Multiculturalism Secretariat called every individual whom we consulted with during the process and indicated to them that there would be public hearings, that they were free to make a presentation in support or in opposition to the legislation, whatever they determined was in their best interests.

**Ms. Cerilli:** Mr. Speaker, why are members of the public contacting the head of the secretariat to apologize for not being able to present and hoping it does not cause that person any inconvenience? I would ask the minister to take this question very seriously.

**Mrs. Mitchelson:** Mr. Speaker, unlike members of the opposition—the NDP opposition I might say, who intimidated members who were making presentations at the committee stage—

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

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

### Point of Order

**Mr. Steve Ashton (Opposition House Leader):** Mr. Speaker, I would ask you to ask the Minister of Culture to withdraw the suggestion that members of the House, in functioning as members of this Legislature and asking questions in committee, are in any way, shape or form intimidating members of the public. The only intimidation is from this minister's political Multiculturalism Secretariat—

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

**Hon. Clayton Manness (Government House Leader):** On the same point of order, Mr. Speaker, I find it strange that the member did not rise to his feet when his backbencher used the word "influence", used the very same type of action verb. Why did the opposition House leader not rise to his feet at that time?

I say there is no point of order.

**Mr. Speaker:** Order, please. The honourable member does not have a point of order.

\* \* \*

**Ms. Cerilli:** Mr. Speaker, I would ask the minister: Why are we reviewing MIC at this time when it is the secretariat's activities that are under question and should be reviewed? How is she going to assure the public that the secretariat office is not being used as a political office, which so many people are claiming that it is?

**Mrs. Mitchelson:** Mr. Speaker, indeed, some of those who are political organizers for the New Democratic Party might be making those accusations. I can understand that. I have no problem with that. I understand where they are coming from.

Mr. Speaker, we have made progress on multiculturalism as a result of our policy that was introduced two years ago. In fact, we made a commitment at that time to make a Minister responsible for Multiculturalism, to set up a Multiculturalism Secretariat, to set up a Community Access Office and to introduce a piece of legislation, which we have done.

### Bills 86 and 87 Consultations

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

One of the things that this minister consistently indicates to the House is that he consults broadly before bringing in pieces of legislation. Bills 86 and 87 have been before the House for some time. The minister has been aware of the issues and the problems with the police commission and LERA for some time. We all assumed, and indeed it was, I think, reflected in his comments, that he had consulted widely.

We now learn, from the Winnipeg Police Association, that they apparently were not consulted at all by this minister or his department in bringing in this legislation.

Can the minister tell the House exactly what consultation he did have with the Winnipeg Police Association, and if he had none, why he did not go to the single largest police force in this province before bringing in this legislation?

**Hon. James McCrae (Minister of Justice and Attorney General):** Besides the fact that the issues involved here are very well known and have been the subject of discussion on and off over the past four years, I met personally with Jack Haasbeek, who is the President of the Winnipeg Police Association, some weeks ago and sat in my office and discussed, in general terms, the direction we expected this legislation to go. I think I sat maybe with him for an hour or more, and we had a very open discussion.

Officials in my department have met with City of Winnipeg officials, City of Brandon officials. That level of consultation has been had, but the honourable member knows that when a bill is introduced in the Legislature, as a courtesy to the members of the Legislature, they are the first ones to see the bills. The honourable member knows that. So the bill comes out. There are some areas of concern about the bill, and there are areas of disagreement. There ought not to be any surprise about that.

The honourable members opposite would have known the position of the Winnipeg Police Association for the last four years, and so have I, but the time has come when it is appropriate to make changes. Consultation has been there. If you happen to—sorry.

### Adjudication Process

**Mr. Paul Edwards (St. James):** Mr. Speaker, one assumes that consultation means before a bill is

introduced to try and determine what the solution should be in order to avoid problems later on. This bill was introduced June 3.

Again, for the minister, he has acknowledged problems with the bill. I would like to ask him, Mr. Speaker, whether or not he is prepared to consider adding to the adjudication by a judge alone some element of representation from outside of the legal system, as the police are asking for, which is the strength that LERA had. It had people from outside of the judicial system. Is the minister prepared to add to the adjudication by a judge someone from outside the legal system—

**Mr. Speaker:** Order, please. The honourable member has put his question.

**Hon. James McCrae (Minister of Justice and Attorney General):** Mr. Speaker, as I was saying before the honourable member interrupted with his second question, it is very often the case, when someone disagrees with the general thrust of a piece of legislation, that you will hear comments like, there has not been adequate consultation.

They do not want this bill, Mr. Speaker. I understand that. That is a given. So to say that there has been no consultation is another way of saying, we disagree with the bill. I appreciate that. I respect that, and I understand that.

The honourable member has talked about some kind of participation in this hearing process that goes beyond the judge. I say: What is the matter with a judge? Let the honourable member answer that question.

\* (1420)

### Consultations

**Mr. Paul Edwards (St. James):** It is not a question of what is the matter; it is a question of the best possible system, Mr. Speaker.

For the minister: To clear this question up, because the minister has a different view of this, prior to the introduction of this bill into the House, did this minister consult with the Winnipeg Police Association and ask them for their advice as to what an appropriate solution would be before unilaterally putting this bill before the House?

**Hon. James McCrae (Minister of Justice and Attorney General):** In my previous answer, I set out for the honourable member the consultation in which I engaged. The honourable member will

know that over the years there has been criticism of LERA because the commissioner is a former police officer, that a number of the members of the board or the police people are represented on the board itself. There has been criticism for that. We are talking here about effective, appropriate and fair civilian oversight of police complaints. I remind you that the number of complaints that reach the hearing stage is extremely small.

### **Green Team Program Justification**

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

He has announced a number of jobs with respect to the cleanup of our parks, jobs which used to be conducted by fully employed civil servants or part-time employed civil servants. Can he explain to this House how his new program differs in any way from the Jobs Fund type of program which was introduced by the NDP and criticized ad nauseam by the Conservatives?

**Hon. Leonard Derkach (Minister of Rural Development):** Well, Mr. Speaker, I guess the biggest difference in the program, and I can go into the details of the program, is the fact that it does not draw on the deficit or does not add to the deficit of this province. Indeed, it is money that is coming from the Video Lottery Terminals, and we are able, through that avenue, to encourage economic development and stimulate economic activity in our rural areas by providing some of our youth with much-needed jobs in rural Manitoba. Indeed, our youth are going to be employed in our parks to improve the infrastructure in our parks, to make them more attractive for Tourism and also for Manitobans to enjoy. Indeed, it is going to provide some outdoor activity and outdoor employment for the youth of this province.

**Mrs. Carstairs:** My goodness, Mr. Speaker, cutting lawns was part of the Jobs Fund project, and the government of that day talked about how that let them be outdoors enjoying the fresh air and being employed at the same time. I find it difficult to find any difference. But I would like to ask the Minister of Rural Development or perhaps the Premier, since he is chirping as usual from his seat, if he would like to explain how this fulfills the commitment of the government that the monies raised from rural communities, from Video Lottery Terminals, would

be used in long-term economic development activities in those rural communities.

**Mr. Derkach:** Mr. Speaker, perhaps we need to explain to the Leader of the Second Opposition that when you do projects like infrastructure improvements, when you do projects like replacing some of our diseased Dutch elm trees in rural Manitoba, by students planting these trees, these are long-term economic benefits to the communities that they will be done in.

It is a big improvement to our rural landscape and to the rural economy. Indeed, the students, the youth, who will be employed at these projects are from rural Manitoba, Mr. Speaker. Indeed, that is where a lot of the job opportunities are needed, and I am proud of the program.

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

### **Committee Changes**

**Mr. Neil Gaudry (St. Boniface):** Mr. Speaker, I move, seconded by the member for Inkster (Mr. Lamoureux), that the composition of the Standing Committee on Law Amendments be amended as follows: St. James (Mr. Edwards) for Inkster (Mr. Lamoureux). [Agreed]

**Mr. George Hickes (Point Douglas):** I move, seconded by the member for Swan River (Ms. Wowchuk), that the composition of the Standing Committee on Law Amendments be amended as follows: Flin Flon (Mr. Storie) for Radisson (Ms. Cerilli); Kildonan (Mr. Chomiak) for Broadway (Mr. Santos). [Agreed]

**Mr. Edward Helwer (Gimli):** I move, seconded by the member for St. Vital (Mrs. Render), that the composition of the Standing Committee on Law Amendments be amended as follows: the member for Seine River (Mrs. Dacquay) for the member for Pembina (Mr. Orchard). This is for June 23, 10 a.m. sitting. [Agreed]

I move, seconded by the member for Sturgeon Creek (Mr. McAlpine), that the composition of the Standing Committee on Public Utilities and Natural Resources be amended as follows: the member for Rossmere (Mr. Neufeld) for the member for Assiniboia (Mrs. McIntosh); the member for La Verendrye (Mr. Sveinson) for the member for Emerson (Mr. Penner). This was for June 23, 10 a.m. sitting. [Agreed]

I move, seconded by the member for Niakwa (Mr. Reimer), that the composition of the Standing

Committee on Municipal Affairs be amended as follows: the member for Sturgeon Creek (Mr. McAlpine) for the member for Seine River (Mrs. Dacquay); the member for Turtle Mountain (Mr. Rose) for the member for La Verendrye (Mr. Sveinson). [Agreed]

I move, seconded by the member for St. Vital (Mrs. Render), that the composition of the Standing Committee on Industrial Relations be amended as follows: the member for Rossmere (Mr. Neufeld) for the member for Turtle Mountain (Mr. Rose). [Agreed]

### House Business

**Hon. Clayton Manness (Government House Leader):** Mr. Speaker, I would ask whether or not there is a disposition to waive private members' hour.

**Mr. Speaker:** Is it the will of the House to waive private members' hour? It is agreed? [Agreed]

**Mr. Manness:** Mr. Speaker, I would also ask for unanimous consent that the House reconvene tonight at 7 p.m.

**Mr. Speaker:** Is there unanimous consent of the House to reconvene this evening from 7 p.m.—

**Mr. Manness:** Till 11 p.m.

**Mr. Speaker:** Is there unanimous consent of the House to reconvene this evening from 7 p.m. till 11 p.m.? That is agreed? [Agreed]

**Mr. Manness:** Mr. Speaker, just to review the committee activity and the committee business as announced yesterday: The Standing Committee on Municipal Affairs will meet in two minutes at 2:30 p.m.; and also the Standing Committee on Industrial Relations will meet also at 2:30 p.m. to consider clause by clause of certain bills.

I would indicate to the members opposite, if the Standing Committee on Industrial Relations completes its work in an expeditious time, I might request members opposite that Law Amendments sit this afternoon to just consider clause by clause if it can, not to hear public presentations, but that it might reconvene this afternoon. I would make that announcement later, Mr. Speaker, on Bill 78, for instance. That is again just notice, and again that is not official, and 97, too, if it is the will. That is not put into order; that is not put into question, Mr. Speaker. That would only happen, indeed, if I come back and make an official announcement.

**Mr. Steve Ashton (Opposition House Leader):** Mr. Speaker, just on that, if we go in a Committee of Supply, we will not be sitting in session in the House itself. If the minister wishes to make that, as long as it is restricted to clause by clause on Bill 78, we would be agreeable to that, but strictly on Bill 78 and clause by clause. [interjection] No, it is the private bill, the member for Emerson (Mr. Penner).

For those two bills, we would be prepared to deal with clause by clause in Law Amendments to be called, if the time is available after, so long as the committee would rise by six o'clock, Mr. Speaker.

**Mr. Manness:** Yes, Mr. Speaker, to that end, Law Amendments will sit tonight at seven o'clock, and furthermore the Standing Committee on Municipal Affairs would also sit tonight if it needs additional time, if it does not complete its activities this afternoon.

Mr. Speaker, I propose to call a concurrence motion, but I cannot do that, I am led to believe, until I go through some seven steps of The Loan Act. So I would propose then to move through some initial stages of The Loan Act and then call the Supply motion.

### Messages

**Hon. Clayton Manness (Minister of Finance):** Mr. Speaker, I have a message from His Honour the Lieutenant-Governor.

**Mr. Speaker:** All members please rise.

The Lieutenant-Governor transmits to the Legislative Assembly of Manitoba revised Estimates of sums required for the services of the province for Capital Expenditures, and recommends these revised Estimates to the Legislative Assembly. Signed in Winnipeg, June 17, 1992. Be seated.

**Mr. Manness:** Speaker, I move, seconded by the Minister of Energy and Mines (Mr. Downey), that the said message, together with the Estimates accompanying the same, be referred to the Committee of Supply.

**Motion agreed to.**

\* (1430)

### ORDERS OF THE DAY

**Hon. Clayton Manness (Government House Leader):** Mr. Speaker, I move, seconded by the Minister of Government Services (Mr. Ducharme), that Mr. Speaker do now leave the Chair and the



House resolve itself into a committee to consider of the Supply to be granted to Her Majesty.

**Motion agreed to**, and the House resolved itself into a committee to consider of the Supply to be granted to Her Majesty with the honourable member for Seine River (Mrs. Dacquay) in the Chair.

## SUPPLY—CAPITAL SUPPLY COMMITTEE OF SUPPLY

**Madam Chairperson (Louise Dacquay):** Order, please. Will the Committee of Supply please come to order? We have before us for consideration the resolution respecting the Capital Supply bill. I would remind all honourable members that as the 240 hours allowed for consideration of Supply, and Ways and Means resolutions has expired, pursuant to Rule 64.1(1), these resolutions are not debatable.

The resolution for Capital Supply reads as follows:

**RESOLVED** that there be granted to Her Majesty a sum not exceeding \$380,917,000 for Capital Supply for the fiscal year ending the 31st day of March, 1993—pass. Schedule—pass.

**Hon. Clayton Manness (Government House Leader):** Madam Chairperson, I am going to move the concurrence motion at this time. I move, seconded by the Minister of Health (Mr. Orchard), that the Committee of Supply concur in all Supply resolutions relating to the Estimates of Expenditure for the fiscal year ending March 31, 1993, which have been adopted at this session by the two sections of the Committee of Supply sitting separately and by the full committee.

**Motion presented.**

\* (1440)

**Ms. Judy Wasylycia-Lels (St. Johns):** Madam Chairperson, I begin our contribution on the concurrence motion with a note of anger, frustration, disappointment at the actions of this government, and the failure of this government to keep its word, to keep its commitments, to tell the truth, to be forthcoming and honest with all of us. I regret that we must begin this debate at that level and on that tone. The Minister of Finance (Mr. Manness) will know what we are talking about and why our concern is so evident today. He indicates the Minister of Health (Mr. Orchard) is prepared to stand up right now and table his Estimates for capital expenditures in the Department of Health.

Well, Madam Chairperson, that is precisely why I rise at this juncture. In fact, we feel so strongly about the breach of faith exercised by this government that we will be considering all options around this matter.

It may in fact be a matter of privilege; it is that serious. I am speaking of the lateness of the hour that the Minister of Health (Mr. Orchard) is prepared to table the Estimates for capital expenditure in the Department of Health.

Madam Chairperson, we have begun the concurrence debate. The motion is before us and the Minister of Finance (Mr. Manness) tells us the Minister of Health, as we begin this debate, is prepared to hand us, table with us, the benefit of understanding, and research and study by all members of this House, his capital estimates for the Department of Health.

I have seen many antics and tactics by this minister that are less of integrity and not fitting for this place, but this is the lowest, this is the greatest breach that I have encountered in this Chamber on the part of any member. It is an attempt to circumvent, to go around, to by-pass our democratic legislative parliamentary procedures.

Madam Chairperson, I will go over the history of this issue and document clearly how the minister has broken his word, how the Minister of Finance (Mr. Manness) has not kept his commitment, how this government has deliberately swept away the rights and privileges of members in this House and dealt a terrible deathly blow to this Legislative Assembly, to our democratic institution, to the Parliament of this province.

It is not uncommon for this Minister of Health (Mr. Orchard) to wait too close to the last moment before providing us with the details of his Estimates. We have become accustomed to that over the last three years. He, of all ministers in any government, in any day and age, has violated the processes and privileges and rights in this Chamber.

He has topped everyone by always coming to us at the last minute with the details, so that we have no opportunity to study, to consider, to share with our colleagues, to come with well-informed intelligent bases to our question, but this year's actions, the actions of this minister in this legislative session tops it all.

I want to go over the history, because in fact we are dealing with something unprecedented in the

history of this Legislative Assembly. This is the first time that we are dealing with Estimates for capital expenditure in the Department of Health, outside of the Estimates process. That is after spending almost 60 hours of debate in Estimates, a process that went on for weeks and weeks.

Madam Chairperson, we ended up in this situation because of a request made by the Minister of Health (Mr. Orchard) that we agreed to, however reluctantly, but we did agree to and we took him for his word. We accepted his statement that he needed more time to develop his capital estimates, to bring his capital expenditures in line with his so-called health care reform action plan.

Madam Chairperson, since it had been our experience to receive capital estimates for the Department of Health at the very last moment, without time to adequately study and base questions on good research and good communication, we asked early on this year in the Estimates for the Department of Health when we would see those detailed Estimates. I want to refer first of all to April 13 of this year in Health Estimates. On April 13, I asked the minister, and I quote: "Would the minister indicate today when we might see the estimates for capital expenditure for the Department of Health?" The minister replied: "Well, I am hoping that capital estimates will be available at the time we reach Expenditures Related to Capital."

Of course, right off the bat the minister treated that question, a good-intentioned question, with scorn and derision, suggesting even then that we would not see any details until we actually got to the line, when it is too late to study, too late to do thorough research and homework before asking questions. That was on April 13. I remind the Minister of Natural Resources (Mr. Enns), because I am sure he is concerned about protecting the rights and privileges of members in this Chamber, and I am sure deep down underneath he is as outraged as we are about the way in which the minister has treated all of us, and in the process done a great disservice to our great traditions and our democratic institutions.

I asked again on that day, April 13, because I was not happy with that scornful answer—I said on April 13, "I would just like an indication as to when the minister would like to deal with it and, secondly, to see if at 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." The Minister of Health (Mr. Orchard) responded: "I have indicated that we can deal with capital at Expenditures Related to Capital, where there is a \$57-plus million request for expenditure." So you see, Madam Chairperson, we are not dealing with a small item. We are dealing with a multimillion dollar budget item that has very serious ramifications for health care in this province and is a very serious budgetary item that the Minister of Finance (Mr. Manness) should be concerned about.

Also, you will see from this, Madam Chairperson, that on April 13 there was no indication that capital estimates would not be ready for Health Estimates. In fact, as you have heard the words, the Minister of Health (Mr. Orchard) led us to believe that there was no change in approach, that we could expect the capital estimates when we got to the Capital line, no indication whatsoever that he would be changing the entire way in which we have approached Estimates and capital expenditures for the Department of Health.

Madam Chairperson, I now go to April 30, 1992, for Estimates, and I ask in all sincerity, and I quote: "While we are on unforeseens, would the minister be able to tell us today when we might see the capital estimates?" It was at that point that we learned that capital estimates for the Department of Health would not be ready.

He did not volunteer the information, Madam Chairperson. He did not come forward at the earliest opportunity and tell us the dilemma he was in and ask for assistance in this matter. He waited to be questioned on several occasions, and that in response to a question indicates that we can not expect capital estimates during the normal course of Health Estimates—unheard of, unseen in the history of this province.

I will read into the record, Madam Chairperson, the response on April 30, of the Minister of Health (Mr. Orchard): "A series of dynamics in terms of the internal planning, and I am going to make a proposition to both my critics, and I will make sure my second critic can—I am going to make a proposition . . . ."

"The proposal that I would make is that we deal with the capital—and I have some logistical problems that are going to make the end of May the time when I think I am going to have the capital budget. I will

explain why—and would it fit that we deal with the capital budget in concurrence motion?” and he goes on.

\* (1450)

So, Madam Chairperson, it was on April 30, after being questioned, that the Minister of Health (Mr. Orchard) indicated that he was running into problems in terms of the state of preparedness of his capital estimates, and asked at that time if we would consider dealing with capital estimates for the Department of Health at a later date. He indicated on that date as well that he was prepared to debate and discuss capital estimates either in concurrence, during the motion on concurrence, or leave the Minister's Salary open for debate at that time.

He quite clearly indicated that this was all possible by the end of May, that he would have the information ready by the end of May. Well, Madam Chairperson, they came and went, as the Minister of Natural Resources (Mr. Enns) has indicated, to the point where on May 11 we raised the issue again under the line for Capital indicating again our agreement that we would not pass capital expenditures for the Department of Health because of our agreement to raise and discuss this matter under the motion on concurrence.

The Minister of Health (Mr. Orchard), at that time, reiterated his commitment and indicated that details of his capital estimates for the Department of Health would be not now ready by the end of June, but would be ready the first week of June. Well, what day are we at, Madam Chairperson? June 23, I believe, June 23. That is at least two weeks as far as my math goes beyond the first week of June.

Over the last few days we have been asking the Minister of Health (Mr. Orchard) informally where his estimates are, hoping that we would get a few days notice, trusting and believing right to the end that we would have even a few minutes notice, and a chance to look at the detailed information before we got into the motion on concurrence. We held out to Question Period, to Ministerial Statements, to tabling of the Estimates, to something that would let us look, give us 40 minutes to look at estimates involving \$57 million worth of expenditures. The Minister of Health (Mr. Orchard) did not even have the courtesy to hand us—[interjection] As the member for Wolseley (Ms. Friesen) said, “or the courage”—to provide us with the information to allow us some opportunity to study the details, so we

could ask some questions based on information, not based on rumour, not based on hearsay, not based on imagination, but on actual facts and details presented by the minister.

Madam Chairperson, I do not know about you, but to me, I do not think anyone can come closer to a violation of our long-standing traditions and democratic procedures in this House than the Minister of Health (Mr. Orchard) by his actions today. Now, we learn he is prepared to table.

We start the motion of concurrence, and the Minister of Finance (Mr. Manness) says he is now ready to table his detailed estimates, and we are supposed to read through a document, in a few seconds, involving an expenditure of \$57 million. We are supposed to do that in a few seconds and ask questions and have a serious debate?

Madam Chairperson, we are left, forced to make conclusions about the actions of this minister and this government. Either we are dealing with a case of total ineptitude, total incompetence on the part of the Minister of Health (Mr. Orchard) or someone in his department, or we are dealing with a situation—which is more likely to be the case—and that is a question of complete secrecy. Arrogance is, of course, a factor in all of this; I think that is a given, no matter what scenario we are dealing with.

But I am trying to understand now, Madam Chairperson, the reasons for this arrogant treatment, abrogation of our rules, this violation of our principles, this erosion of our democratic institutions, by the Minister of Health (Mr. Orchard). Either it is incompetence or it is deliberate secrecy, a cover-up of what this Minister of Health and the Department of Health are up to when it comes to health care and health care reform in the province of Manitoba.

It reinforces the notions of many people, the belief of many Manitobans, that this minister is involved in no more than an exercise of public relations—smoke and mirrors, a good camouflage, a good camouflage to disguise the real intentions of this government and this minister, an agenda of cutbacks.

Well, Madam Chairperson, the minister is protesting from his seat, but he gives us no evidence of action. He gives us no indication he is prepared to deal in good faith, with even the minimum of courtesy and decency and integrity. No, he has chosen to come today, as we start the motion of concurrence, with details of his capital estimates, so

we do not have the opportunity to debate intelligently and discuss and get information that is important to Manitobans right across this province.

Madam Chairperson, it can only be a deliberate attempt to keep information away from the opposition, out of the eyes and minds of Manitobans, so that we cannot have the debate out in the open. We cannot have dialogue that is healthy and productive for the future of our health care system because the minister believes it is better to keep people in the dark, better to keep it all on another plain, behind closed doors, in secret, away from where people can have some input and say and there can be healthy consultation and discussion.

We are only left to conclude, Madam Chairperson, that it has been a very deliberate cover-up to keep the information away from well-meaning, well-intentioned individuals in this Chamber who want to have a serious discussion about health care reform in the province of Manitoba.

I say broadly, health care reform today because it was the Minister of Health who said we would be able to have this healthy debate about health care reform during the motion of concurrence because we would then have the capital estimates and he would have his so-called plan of action, and we could put it all together and we could make some sense out of it, and we could have a better understanding and have a very healthy, meaningful discussion.

We cannot even have that. We go through 60 hours of Estimates with no answers. As soon as we are out of Estimates the minister tables a so-called plan of action to provide for the minimal, least amount of debate possible, and then he waits to that very last second to present us with the details of the capital estimates, \$57 million worth of estimates, handed to us with seconds to study, not even seconds to study.

We were hoping today we could have had 40 minutes to look at the detail. He could not even provide us with this information and obviously he had it. How long has he had it? That is the question. Did he actually have it perhaps back on April 13, when we first asked the question? He said, oh yes, wait for capital line on Capital when we get to it.

Did he have it on April 30, when we raised the question and he said, oh no, logistical problems and such. He could not provide it until the end of May. Did he have it on May 11th when he said no, it would not be ready till the first week of June?

I will give the minister the benefit of the doubt. I will accept his word when he says they were not ready, there had to be changes, he wanted to make his capital estimates fit with his health care reform policy tabled in this House not too long ago. In fact, I would expect that a health care reform model requires changes to traditional planning and capital and expenditures of bygone years.

I cannot accept the time that has elapsed between the first week of June and today, June 23rd at 3 p.m.—let me say 2:45 p.m. because that was the moment that the Minister of Health indicated he was ready to table the detailed Estimates.

\*(1500)

We are left, Madam Chairperson, only to conclude that this minister is more interested in a public relations exercise, in slick publications, in heated debate with lots of rhetoric but with no substance and no good faith discussion, no good faith process.

He keeps asking us, the Minister of Health (Mr. Orchard) keeps suggesting that we are asking too many questions, that we are being too doubtful about health care reform under this minister, and every time we ask for information, or every time we hear some information and ask the minister to comment or respond to that information, he treats those questions with scorn and derision.

He wants us to accept today, buy into a health care reform plan when we do not have all the pieces. It is like a jig-saw puzzle, Madam Chairperson. He wants us to bow down and say, wonderful health care reform plan, without all the pieces. I think a pretty big piece would be capital estimates. He wants us to buy into this whole process and his great plan without the capital estimates, without the details. He wants to slip one in; he wants to cover it up; he wants to keep it secret, so that we do not have any chance to comment—[interjection] Pardon me?

I think I have the Minister of Health (Mr. Orchard) tagged quite accurately. I think he has tried to get away for months snowing the people of Manitoba, but I think the people of Manitoba are starting to see through that kind of smoke and mirrors, that

camouflage, that disguise. I think they are starting to see that there may be a little more to this health care reform plan than a lot of little cutbacks, an erosion of our medicare system, as is so characteristic of Conservatives across this country. Let us not, Madam Chairperson—

**Hon. Donald Orchard (Minister of Health):** You hypocrite. I will put it on the record for you, too. Do not worry. I get around the table with people with integrity . . . .

**Ms. Wasylycia-Lels:** The minister feels so defensive, so unsettled, that he has to resort to calling people names. I think the Minister of Health owes each and every one of us in this Chamber an apology. I think we are dealing with a matter of privilege. I think we are dealing with a breach of long-standing democratic, parliamentary traditions in the province of Manitoba.

**Mr. Orchard:** Well, make one. Put your motion where your mouth is.

**Ms. Wasylycia-Lels:** The minister says, make one. Perhaps we will, Madam Chairperson. Perhaps we will review the developments to date and the process this afternoon. There has been some good faith negotiations around developments and procedures in this House. There has been a spirit of co-operation to try to move on business so that we can conclude the business of this Chamber at a reasonable time, at a reasonable season, when the people of Manitoba could have their opportunity to input on some important legislation.

That spirit of co-operation has not been respected by the Minister of Health (Mr. Orchard), and I am sure the Minister of Finance (Mr. Manness) must be concerned about the treatment of MLAs in this Assembly today. Although he may not indicate it, I am sure he appreciates that this is a very definite and very deliberate breaking of a promise that the minister made some time ago, and furthermore, a breach in the agreement that all parties arrived at around concluding business in this session.

It is reprehensible, it is unacceptable behaviour and I hope that out of this, members of the Conservative government will choose to make some changes around the whole Estimates process, will choose to give some advance notice of Estimates and of capital estimates for the Department of Health.

Madam Chairperson, the Minister of Health can rub his hands with glee all he wants. He can

express great delight about entering this debate, because we know and we know more clearly today than ever that this minister is not interested in much more than debate and slick presentations and PR exercises. He does not have the decency and the courtesy to provide us with the information that we are here to discuss, offer intelligent comment, provide reasonable questions. That is a slap in the face to each and every one of us.

I only hope that members across the way will take a little note of this development and try to offer some good faith commitment that members in this Assembly will see information, before they are required to debate it, on something as substantial and significant as a \$57-million budget. I would hope that we could have a commitment today from somebody on that side of the House that this will not happen again, or maybe it is a matter that we will have to take a step further.

I do not doubt that this matter may, in fact, very well be a question of privilege, a breach of our rights and privileges as members. I hope the government will choose to correct the serious matter and bring the Minister of Health (Mr. Orchard) to order for the good of all Manitobans and for the future of our health care system in this province.

**Mr. Orchard:** Madam Chairperson, I am quite pleased to enter this debate on concurrence. I am rather disappointed in my honourable friend, the official opposition Health critic. I am not much on Shakespeare, but she protests too much, I think, is a very fitting and apropos quote from Shakespearean literature that I have to say indicates my honourable friend's presentation more precisely than any other four or five words I can think of.

On April 30 of this session, I indicated clearly to my honourable friends that, because we were proceeding very quickly—it appeared at that time—to the conclusion of the ministry of Health Estimates, I gave my honourable friends the two options, because I would not be delivering the capital estimates at that time, roughly the first part of May.

I indicated that we could debate the capital estimates either at concurrence motion, which today happened; and, Madam Chairperson, you will know that I was standing to be recognized at the time you recognized my honourable friend, the critic. So I was prepared to initiate the debate with a short

opening address to explain the capital program, and I intend to do that, Madam Chairperson.

\* (1510)

The second option I offered to my honourable friend was that in completion of the ministry of Health Estimates that we pass everything but the last line, which was my salary, and we use time in Estimates to debate my salary, the capital estimates, the reform paper—because at that time we had hoped the reform paper, Quality Health for Manitobans: The Action Plan, would be available in the very near future.

Now, subsequent to that, we went into Estimates the following Monday, Tuesday and, on Thursday, May 7, we tabled Quality Health for Manitobans: The Action Plan, the reform plan that my honourable friend wanted to see—the official opposition critic, the member for St. Johns (Ms. Wasylycia-Leis). Do you know what the opposition did that day, on May 7, the New Democratic opposition? I will tell you, Madam Chairperson, their Leader was not here.

Now, health issue reform is supposedly the largest single initiative that this government will do. It was so important to the New Democrats as official opposition, government in waiting, from what one observed if one listened to the New Democrats from their pious position in opposition, one would assume, they want to be government. Well, health care reform was so important that their Leader was not even around the day of the announcement, Madam Chairperson.

Furthermore, during 59 hours and 49 minutes of Health Estimates debate, did we once see the Leader of the Opposition (Mr. Doer), the Premier in waiting, come in to ask one single question on health care? No. It is such an important issue, it is so mismanaged according to the NDP in Manitoba, and it is in such crisis that the Leader of the official opposition never once showed up in Estimates—never once showed up—was not even around for the tabling of the reform document, something that had been promised for some four to six weeks. My honourable friends, the opposition New Democrats, wanted it.

Well, we went that afternoon, and we tried, Madam Chairperson, you might recall vividly, on May 7, we tried to get into Estimates. Why? So we could discuss this action plan on the reform of the health care system. Who wanted to go into Estimates on May 7 in the afternoon? Government

did. I did, as the minister. I want to say clearly and unequivocally that the Leader of the second opposition party (Mrs. Carstairs) and the critic from the second opposition party wanted to get into Health Estimates that afternoon, to make known the position of the Liberal Party. But you read Hansard on May 7, and you will find that it started out with three or four rather long nonpolitical statements from whom? The New Democrats, taking up about an hour of time.

Then, Madam Chairperson, you might recall, because you are a very observant person in the operation of this Chamber, that the New Democrats then used their one-time procession opportunity to grieve; and they grieved. One individual grieved for a full 40 minutes, to chew up time so we could not get into Estimates to debate the reform plan.

Then what happened, Madam Chairperson? Not one New Democrat got up to grieve, but a second one got up to grieve. Now, seeing the urgency with which the Liberal Party wanted to get to Estimates to discuss the reform plan on the health care system, we offered to the member for Burrows (Mr. Martindale), I believe it was, who was grieving, to hold over his grievance until private members' hour, with leave of the House, so we could get in and spend an hour and a half to two hours in Estimates. Do you know what the New Democrats did? They refused leave to do that.

So the House was further stalled for another 40 minutes while we listened to a grievance from the member for Burrows. Why? So that the New Democrats could avoid going into Estimates to discuss the reform paper, the health action plan to reform the health care system in the province of Manitoba. Who wanted to discuss it on May 7? We did, as government; the Liberals did, as the second opposition party, but the NDP cut and ran. They did not want to talk about it. So we ended up, finally, dragging the New Democrats on Thursday afternoon, May 7, kicking and screaming, to Health committee. I do not know whether they asked too many questions. My honourable friend will have to refresh my memory. But I will tell you one thing, Madam Chairperson, when we reconvened in Estimates on Tuesday, after the May long weekend, which was approximately the 12th of May, we went into Health Estimates.

I thought after Friday, Saturday, Sunday and Monday and all of Tuesday morning, that my honourable friend the member for St. Johns (Ms.

Wasylycia-Leis), the New Democratic Party Health critic, would have some poignant observations and some lucid detail to debate in Estimates of the ministry of Health on Tuesday afternoon as we commenced Health Estimates.

We passed Health Estimates in some 25 minutes with a statement by the member for The Maples (Mr. Cheema), on behalf of the Liberal Party. Do you know what we heard from the New Democrats? Goose egg, zero, nothing, not a word, not a comment, after five days of having the reform plan at their disposal, to comb through it line by line by line, and we never heard a single observation, good, bad or otherwise.

My honourable friend in the New Democratic Party (Ms. Wasylycia-Leis) says, oh, I, as Minister of Health, have so breached the rules of the House and that I have not given my honourable friend the capital budget, so she could go through it and make these poignant observations on the capital budget. Well, would it have helped? Five days over a long weekend the critic for the New Democratic Party never made one observation on the health reform document in Estimates on Tuesday, May 12, after having the reform document, much waited for, much asked for, much demanded by the New Democrats, demanded by her Leader the Monday previous. Not one word, not one question, not one single observation from the New Democrats, the defenders of health care.

So what good would it have done, Madam Chairperson, to advance the capital construction to yesterday when I could have given it to my honourable friend approximately six o'clock yesterday afternoon? Not much, Madam.

So, Madam Chairperson, I do not want to have my honourable friend the member for St. Johns engage in any more of this silliness, because the problem that the New Democrats have in health care is they do not know where they would go as government. They are a lost party in health care, because health care reform, change in management, change in process, understanding the drivers in the health care system are the dynamics of the 1990s in health care, and this New Democratic Party is stuck in old-think, old-think of spend, spend, spend to get your way out of problems in health care.

They are fixed completely and totally on the bed as the method of health care delivery in Manitoba.

My honourable friend the member for St. Johns as health critic for the New Democrats for approximately 45 hours concentrated on nothing but beds. In the health care system, acute care beds was the only question she ever asked about.

They are stuck in old-think. They cannot develop a policy. They cannot develop a vision for the future in health care, and, Madam Chairperson, I want to tell you, because you are a fair and reasonable person, there are three New Democratic ministers in the provinces, and there is one New Democratic Minister of Health in the territories, and I want to tell you, those four New Democratic Party ministers representing Ontario, Saskatchewan, British Columbia and Yukon, they know the challenge in front of health care and they are willing to take up the management challenge, the outcome analysis, the dynamics of change in the system. They are putting positions on the table and they are refreshing to listen to at ministerial conferences. It is such a stark contrast to the hollow words that we hear from the member for St. Johns, because this New Democratic Party in Manitoba is in old-think.

They have not adjusted to the 1990s. They do not have a vision for health care because they do not understand the dynamics of health care today. They are lost. Their colleagues in other provinces are not. Their colleagues in the other provinces have visions for the future, where they are dealing with financial constraints. They are dealing with bed closures on the acute care side, and they are dealing with health care reform. We give good ideas to them and we receive good ideas from them. That is what health care reform across Canada is all about.

So, Madam Chairperson, I want to tell my honourable friend that on April 30 I gave two options, first of all to hold over my salary, or to debate the capital estimates and the concurrence motion.

Today the concurrence motion is formally before us, and I am pleased to table the 1992-93 capital estimates for the Province of Manitoba. The tabling of this year's Capital Program coincides with a critical moment in Manitoba's health services system. I have recently announced our strategy for a major restructuring of the delivery of health services in Manitoba, through the release of Quality Health for Manitobans: The Action Plan.

\* (1520)

The Action Plan has been developed to meet a major challenge to our health services system. The challenge we face in Manitoba is similar to the challenge faced by every province in Canada. It is a challenge posed by a three-fold problem, a health-cost crisis—The Action Plan describes the magnitude—a quality-knowledge problem and a system-management problem.

The Action Plan describes the magnitude of this challenge. Nothing less than the future of health services system is at stake. But The Action Plan also lays out our solution. The plan lays out the vision, the foundations and the major elements of the actions we are taking to implement our strategy to assure the future of Manitoba's health services system.

We are restructuring the system to include balanced and integrated programs of prevention, health promotion and community care, as well as a full range of appropriate institutional and professional resources within the context of healthy public policy. This strategic direction we are taking will shape all aspects of the system including the Capital Program.

The Action Plan and the Capital Program emerge in demonstrating the government's commitment to the maintenance of our proud tradition of excellence, accessibility and cost-effectiveness. The Capital Program is a strategic document. Its details demonstrate, through significant capital investment, our commitment to long-term care, mental health reform, centres of excellence, rationalization of expenditures and the most appropriate location of care and provides for the maintenance of our existing infrastructure.

Capital Program in the past has been influenced by the needs of a provincial institutional focus without a comprehensive overview of health services continuum. This will now change. The impetus for initiating capital projects will be determined by the identification of unmet needs, and capital projects will be considered within the context of provincial health strategies.

Hospitals will be replaced and upgraded in response to the health system objectives which are set within a healthy public policy framework. This new way of doing business is evident in the Capital Program which I am tabling today. This program and the capital programs of the future are based on and will be based on extensive prior analysis to

ensure consistency with our objections and to ensure that the integrity of our health care system, care to patients and maintenance of our infrastructure are not jeopardized. My first and foremost consideration is to protect the health of patients and the health status of Manitobans.

Since 1988, capital projects, which have been completed, have amounted to \$188,668,023. The value of projects currently under construction amounts to \$214,510,000. The order of magnitude of these expenditures makes it clear that careful management is required to ensure value for money in the context of achieving our strategic goals.

That is what the 1992-93 Capital Program is designed to achieve. The program features strategic capital decisions for '92-93 coupled with the process of extensive, careful analysis of our past, current and future policies and practices to ensure that they support and enhance our strategic direction.

That is why I will not announce any major hospital projects tied to specific hospitals until the restructuring process is sufficiently underway to assure us that such new investments in infrastructure will support and enhance the health of Manitobans.

However, funds are earmarked to respond quickly to decisions, which allow for changes in the method of care deliveries or changes in role consistent with our strategy. In addition, the Capital Program will support the shift towards community, the protection of existing investment in infrastructure and the shift towards the future.

In particular, the Capital Program supports the following activities: expansion of personal care homes. The number of personal care home beds will continue to expand. The 808 beds includes new resources, changes in hostel to full-service personal care homes and added capacity. This is important to continue our commitment to equitably disperse access to services and to continue to respond to the needs of our aging population.

Personal care home upgrades. To maintain our investment in personal care homes and to accommodate changing needs of our personal care home residents, we will upgrade a number of personal care homes in Winnipeg and rural and northern Manitoba.

Enhanced care within communities. Consistent with our action plan and the government's



sustainable development commitment, the Capital Program supports the development of enhanced delivery.

Opportunities in the communities. For example, the Westman Laboratory will be expanded to ensure the continued provision of a full range of laboratory services in rural Manitoba.

Addressing environmental regulation and appropriate centralized support services. For example, that is why we are establishing a centralized biomedical waste disposal facility, addressing urgent patient care areas. For example, we are investing on an interim basis \$1.4 million in upgrading the Health Sciences Centre's emergency department.

Funding to accommodate shifts in roles or methods of care delivery. We will commit \$20 million for urban and \$10 million for rural hospitals to enable them to restructure to meet changing roles or the way in which they deliver services. These funds will be accessed through the Urban Hospital Council and the Rural Health Advisory Council respectively.

Funds to maintain and upgrade major equipment. For example, \$6 million will be provided for the replacement of major radiotherapy and radiology equipment.

Projects aimed at special needs groups. In particular we will devote funds to establishing a special purpose care facility aimed at younger persons in our personal care homes. A call for proposals for this specially designed facility will go out shortly.

Continuing mental health reform. Funds will be devoted to continuing the mental health reform initiative. For example, funds will be provided to alter existing facilities to care for people with mental illness, for crisis stabilization and for housing the post mentally ill.

Hospital maintenance. We will continue to protect our infrastructure, and that is why we will also fund hospital maintenance in the '93-94 Capital Program.

These examples illustrate our new way of doing business. The Capital Program has always been important to Manitobans. That has not changed, but what has changed is that our focus will be driven by a comprehensive, consistent and far-reaching action plan for quality health, which will assure the

future of one of the finest health service systems in the world.

Madam Chairperson, fellow members, the 1992-93 capital estimates represent a new milestone in our shared conviction that the first and foremost goal of all of us must be to put the patient first and to protect the health and well-being of all Manitobans.

I am willing to share with my honourable friends as we go through Schedules I, II, III, IV and V, some of the specific changes and additions to this capital budget. My honourable friends will see that in many areas a significant amount of our acute care hospital construction was committed last year and ongoing this year.

The additions to this year's capital budget in Schedule III are primarily focused on long-term care projects of increasing the personal care home bed capacity in the province of Manitoba to meet needs of the shift from acute care hospitals to facilities, services closer to the community at a lower cost. Thank you, Madam Chairperson.

**Mr. Gulzar Cheema (The Maples):** I just wanted to also get into this debate, which is quite an interesting one. It is the fifth time, because we are going through the Manitoba Health Capital Program. I just wanted to go back to the two issues the member for St. Johns (Ms. Wasylycia-Leis) has raised. One was when we are going to debate this whole issue of the Capital Program. It is my understanding that, because we did not have the health action plan, a decision was made to wait until we go into concurrent motion.

I think it will be very important that probably whether this concurrent motion timing is up to us or of the House business as such, so I really cannot comment on that, but I am going to ask my House leader, the member for Inkster (Mr. Lamoureux) to talk to the member for Thompson (Mr. Ashton) and the Minister of Finance (Mr. Manness) to make sure that there was no unwarranted delay on purpose. I just wanted to clarify that. I think it is very important to do that.

The second thing is that in terms of the whole health action plan, which has been in front of the House for almost a month, and what happened when the plan was released and how the debate has taken over in this province, not in this Assembly but outside this Assembly, which is very interesting because I think those are the real issues that people

are talking about and they have given their own views.

Almost every health care professional group has given its seal of approval as a matter of principle to the basic guidelines established in this health action plan. I think it is crossing all the political boundaries. Also, the political commentators and the health action lines and everybody else have come in favour of the whole thing. The challenge, in my view, is how to implement the whole thing and to see how this is going to be done in the long run, to make sure that we do not deviate from the normal path of health action reform. That is the issue here.

\* (1530)

I will tell you, Madam Chairperson, without taking much time on this, it is very important, because it is tough for an opposition party to really come out in favour of something when this is not supposed to be our role. What has happened in the health care debate in Manitoba probably will be an example, and I think that did put the citizens of this province at ease.

I can tell you that it is coming from all sections of the community. It was a very positive approach, because we all know that I do not have all the answers, the Minister of Health (Mr. Orchard) does not have all the answers, the member for St. Johns (Ms. Wasylycia-Lels) does not have all the answers, but I think our role here is to put a plan together which will help in the long run. In my view and our party's view, the process has been put in place. Now it is our role as opposition parties to make sure the program is being implemented. I think that is where we have to focus in the long run.

It was tough to take a stand as a health care professional against one of the major organizations or some other interested groups. For four days I tell you, we received many calls. Some of them were very negative. Most of them were very positive. The negative calls came from some interested groups, and it was almost threatening in terms of, how can you do this; that is not your role; your role is oppose, oppose, oppose.

There was even a call that I want to share. The call was very interesting. I was blamed for wasting the committee's time on the day the health action plan was released. I wasted the committee's time and I, along with the member for Inkster (Mr. Lamoureux), was wasting time, and we were voting with the government to cut the beds. It took me one

and a half hours to explain to the person. I am glad I did; I think it was very important, because the message was sent, not against the government, it was sent against us, the third party, and that was very tragic.

I mean, that was the whole thing. For 96 hours it was a very testy period. It was very important for us, as a caucus, to know what people were feeling. We knew the pulse of the individuals as average Manitobans, but to see how the communities were going to react, how the hospitals, the organizations were going to react, that was very interesting.

I have not shared with any member, but I thought it would be worthwhile to put on the record. As a member of the opposition, I do not have to bend under pressure, but that was a period of pressure because misinformation was being put forward by interested parties, and I do not know who was doing it. Time will tell. It was very, very sad that I voted with the government to cut the beds, and I just want to make the record very clear that we never voted with the government to cut any beds. We simply were asking for the health action plan.

This health action plan, I would just say to the member for Flin Flon (Mr. Storie), if you just change three or four pages, just take the blue pages out, take the minister's picture out, put somebody else's picture, and this plan actually has been developed by many groups for the last 21 years. It is the work of many organizations, absolutely the basic principle. That is why everyone in this country is asking for the same plan.

I can tell you that we as a party have received many comments from all the political parties, the former ministers and the former-former Ministers of Health said that this is right. Even the ministers came in favour of—saying, you know, I wish I could have done it. That was the issue. I just wanted to ask the Minister of Health a question in terms of the plan released today.

Can the minister tell us now, one area where we all had discussion was in terms of the Westman region and the mental health area where we debated the issue of the Brandon mental hospital and how the role of that hospital is going to be changed, as there were recommendations by the various committees, by the Drysdale committee, the minister's own committee and the regional Mental Health Centre. Also, the community at large has been saying that this building is almost 100 years

old, has many faults and a lot of money has been spent, so they wanted to phase that building out.

I was expecting that we would have an announcement for that building in this capital expenditure, because a specific number of beds are going to be assigned along with the Brandon General Hospital that, in our view, will do two things. First of all, it will give a real meaning to mental health reform for the Westman region. Secondly, it will create some employment which is much required at this time. Thirdly, I think it will give the other patients, who should be in the community, some hope, because when you are going to phase out the whole place, then you have to develop other services in that community as well.

I just wanted to ask the Minister of Health, where is the plan for the Brandon Mental Health Centre and for the Westman region in this document?

**Mr. Orchard:** Madam Chairperson, I would refer my honourable friend to Schedule V. It is the second last page. These are projects which are approved for role statement functional planning. Under Brandon, I appreciate that my honourable friend maybe appreciates the process better than most, but right now we expect to have, mid-summer, July, at one time it was even expected maybe in June, the Westman Regional Mental Health Council, in collaboration with Parkland Regional Mental Health Council and part of Central Regional Mental Health Council would be presenting their advice to government in terms of how we make the shift at Brandon Mental Health Centre.

Now, we know that some of the areas that they are focussing in on as a regional council are crisis stabilization unit, child and adolescent services and, of course, accommodation in the community for post-mentally ill. So my honourable friend will notice under Brandon: child and adolescent inpatient unit, 10 beds, plus space for outpatient clinical services, Child, Adolescent and Adult, and this may be accommodated by rental space secured by Government Services.

The second proposal there, is housing for post-mentally ill. This will accommodate discharges from Brandon Mental Health Centre. The number and location of units has not been determined. This is part—just for my honourable friend's information, you might recall that in the statement I made reference to funding to accommodate shifts in roles or methods of care

where we have got \$10 million committed to rural hospital facilities.

This may well provide long-term care renovations to some of our underutilized rural hospitals, for instance, if that is advised by the Regional Mental Health Council and will fit the reform direction in mental health. The third item in Brandon is the crisis stabilization unit, where we are anticipating an eight to 12 bed unit in Brandon for short-term stabilization of psychiatric patients. This should relieve inappropriate admissions to the psychiatric units in the hospital, in the Brandon Mental Health Centre hospital.

That is where we are fleshing out some of the prioritization of direction from institution to community into lesser-cost institutional settings for the Brandon region, given our desire to change the focus of mental health service delivery in Brandon.

### Point of Order

**Ms. Wasylycia-Lels:** Yes, there are many members in this House who would like to review the capital estimates. I am wondering if the minister has a few more copies available.

\* \* \*

**Mr. Cheema:** Madam Chairperson, on this Schedule V, there are 10 beds in the first category; in the second category we do not have the exact number; third one is eight to 12 beds. There are about more than 90 beds at the Brandon Mental Health Centre now. So we are looking at a total of 12 plus 10, 22, plus how many housing projects which will be for the post-mentally ill patients in the area of Brandon. What kind of funding is attached to that kind of program? Are the ministries going to wait till we have the final report for the mental health reform? Will that report make clear all the areas of the Westman region?

\* (1540)

**Mr. Orchard:** Madam Chairperson, to answer my honourable friend, no. This is what we anticipate to be some of the first and most immediate goals over the five-year reform program. I would anticipate that 15 months from now, these initiatives, whether they require physical space or program funding, will be in place. We are giving ourselves the ability in these capital estimates to move full speed ahead with those plans.

There is only one condition I put on it and that is that in anticipation of what the Westman Mental Health Council advises us to do, but we think from discussions we have had, obviously the council and the ministry have had a very close working relationship, and we believe that all three of these signal a direction that they want us to take and they believe is appropriate to begin the reform process in western Manitoba.

Bear in mind, there are more than 200 beds at Brandon Mental Health Centre. There will be future initiatives which are going to be involved in the capital redevelopment at Brandon General Hospital, because it is anticipated that the acute admissions for longer-term stay and more serious mental illness will be accommodated in a redeveloped Brandon General Hospital. So this is an immediate part of the reform and will be the first year or first two years initiatives will be built around these, further to follow as the system provides recommendations to the mental health councils and as we shift away from the institution to community and other service provision opportunities.

**Mr. Cheema:** Madam Chairperson, as far as I can recall, and the minister can correct me if I am wrong, the mental health reform for the Westman region and for the province of Manitoba is supposed to have a two- to four-year plan. The minister is saying five years. Is this a separate plan or are we going to follow the same broad principles of the plan that were established in 1988?

In January, when we had the road map, so-called road map, for the mental reform for the Westman region, it was made very clear that day by the minister that we are going to have two to four years of total planning. Now the minister is saying five years here. I just want him to correct it, because I think that may not be in line with his earlier statement.

**Mr. Orchard:** Madam Chairperson, my honourable friend is correct, because I think when we outlined the initiative in January of this year, we indicated a four- to five-year time frame of accomplishing the shift from institution- to community-based care in mental health service delivery. From the time of announcement to the time that these are in place, I think, will be within that first two-year frame, further initiatives to follow with the third and fourth year and, if necessary, the fifth year thereafter. All of these initiatives, I think my honourable friend will find, are

consistent with the January 1992 document on mental health reform.

**Mr. Cheema:** Madam Chairperson, when we were discussing the Health Estimates, one answer the minister gave was they are going to have some beds attached to the personal care homes in the smaller communities to make sure the patients who are going to be discharged from the mental health centres could go back to their own communities and part of their own community groups. They could have a psychogeriatric bed attached to those personal care homes and hospitals.

Can the minister tell me where is that plan in this booklet?

**Mr. Orchard:** If I can refer my honourable friend to Schedule IV, just a page over from the one we were on, you will find "Province Wide: Rural and Northern Hospital Restructuring - To accommodate program shifts consistent with the restructuring of the health care system" and "Substandard PCH upgrade - Projects selected following prioritization." Therein is the area where within existing facilities we will make the necessary renovations to accommodate, if appropriate and if recommended, by the various councils, and that it fits with the direction of the plan that we are taking. That can be the area of direction and that is the \$10 million that I indicated that we have set aside to make those kinds of physical renovations to existing facilities to accommodate, not only the acute-care shift but indeed, in some communities, as my honourable friend has said, the shift in mental health services.

**Mr. Cheema:** Madam Chairperson, that is on page 6 in the opening statement. The minister has made it clear that it was under the funding to accommodate shifting roles or method of care delivery. But that includes all the components of health care.

I am simply asking the question, for 200 beds out of the mental health centre in Brandon, how are you going to—first of all you have 22 beds: 10 for the special unit, eight to 12 beds for the crisis stabilization, and some for the housing project where the patients are going to go. There are other patients which, according to the paper released earlier, would like to go back to their own communities. Then, I think we need a specific bed allocation for their own communities to have a psychogeriatric care. Is the ministry saying that this \$10 million will cover that aspect?

**Mr. Orchard:** Madam Chairperson, in these Estimates, yes. That does not preclude next year's Estimates having a further commitment of capital, and secondly, bear in mind that there is another dynamic that is not part of my Estimates, and that is through the Estimates of the Minister of Housing (Mr. Ernst) wherein community housing projects for independent living of post-mentally ill patients or clients is also being provided. I think there were some initiatives this year in terms of Dauphin, specifically.

**Mr. Cheema:** During the Housing Estimates, actually, I did ask questions of the Minister of Housing, who is presently in the House, and at that time the minister said there was some communication going on but they did not have any specific reference. I asked them to get involved with the minister's committee to make sure there are some connections going on because ultimately that is the one major component of the Housing development for the post-mentally ill patients. I just wanted to emphasize that point.

Certainly, if it is going to be a two to four-year-period and if we can see a commitment, as a commitment has been made in this paper, I think that will be very helpful. But we need more clear-cut ideas and I am sure—I will ask the minister: When can we expect at least a final report on the Westman region so we can put all these three together—the health action plan, this paper, as well as the real plan which is going to deal with issues?

It is very important for the patients and the health care providers in the area to know the exact plan. I mean, we can have a debate here for 60 hours and develop some understanding, but individuals who are out there in the community are very much concerned. So they want to see some kind of plan which can be given to the communities and the hospitals and the health care providers, because they have to be also prepared for training and retraining purposes, because their role is going to change. So I am very much concerned from that aspect, because if we do not deal with that issue, then certainly it will cause more apprehension and that could cause some difficulty in the mental health reform.

**Mr. Orchard:** Madam Chairperson, I take my honourable friend's caution and advice seriously. That is why, even when we were back in Estimates dealing with the Mental Health Division, I indicated that we expected in June or July to have the

Westman Regional Council report. That report will become subject to some pretty significant discussion at the provincial advisory council level and within the ministry. We hope to be able to, in fall of this year, publicly indicate what parts of the direction we are moving on now versus later. Not having seen the plan, there may be parts of it that we cannot accede to at all or towards the end of the four- to five-year period of time.

\* (1550)

But I would anticipate that before the end of calendar year 1992 we will have some pretty significant direction and movement underway. As I give that information now, we have not come to a decision as to how we would open the opportunity for public debate on that, whether we would share the plan from Westman—that is an option; whether we would share the agreed-to plan between the ministry and Westman after you negotiate back and forth. It is a new area that we are moving into. We have not had Regional Mental Health Councils take on the issue of how to fundamentally work with government to change the system.

I will just tell my honourable friend, there is no intention by government or by the councils to not make this as public a process as possible, because greater understanding of the issue makes for better decisions.

**Mr. Cheema:** Madam Chairperson, the reason I am raising those questions—I think it is very important, because we have now two documents which are very important, at least for this year, and one document which is going to go for a long time to come. But a third part, which is a very essential major focus of the issue, is missing. Certainly, if we can address all those issues, then the public can be well informed. I just want to caution because that kind of approach sometimes can be very dangerous because somebody can simply read page 6 and say, that is it.

So that is why it is so important to have all the documents in place, and I wanted the minister to go on record saying that we are going to have the plan so we can all have a look at the plan, because ultimately he has to make a decision, but people in the area have to live with that decision. But, if they are well informed, if they know where the government is coming from, what the time frame is—it is two to four years—how the patients from the Brandon Mental Health Centre are going to go to

their own communities—some of them. Some of them may not be. Some of them may very well be suited in the Brandon area where their caregivers are already.

The other positive approach which we think is very important is to give Brandon General Hospital a new look, because that will combine with the acute psych facility which will be combined on the same premises, and that will redefine the role of the hospital. That was one of the areas of this action plan which clearly defines that the hospitals in the rural communities, their role has to be redefined, to make sure that we use their resources in the best possible way. They are less expensive, and, of course, it is very economical that people like to stay in their own community and spend money there. It is very tough for somebody to take four days off and come to Winnipeg for a treatment, a simple procedure which can be done in their own communities.

The second part for the rural communities, what I want—first let me just go over the mental health and then I will touch the other issue. The second part is, what are the specific areas the minister is going to look at in terms of expanding the outpatient clinics for the mentally ill patient, plus for the elderly population in their rural communities? This \$10 million, will that be sufficient? Or is this just as the minister said, a one-year expenditure?

Are we going to see the continuation of the same process and learn from the experience and set up some of the outpatient clinics in some of the rural communities, especially some of the larger centres in the communities, which will definitely benefit from the basic spirit of the health action plan?

I want to emphasize that is very essential to continue to follow that kind of line because if we are going to promote the hospital, which we should, and as long as all the components are being followed, I think it will make sense. I just want the minister to tell us whether we are going to see that kind of approach; and, if I am missing this document—I have not gone through each and every line yet; it is not possible—we certainly want to know from the minister.

**Mr. Orchard:** Madam Chairperson, I think there are two processes that my honourable friend is making reference to.

First of all, this document, the Capital Program, is to try and indicate where we are going to make

physical facility investment. My honourable friend will note that in Brandon we plan a child and adolescent inpatient unit, and 10 beds is what has been estimated here, plus space for outpatient clinical services for child, adolescent, and adult.

In other words, the space that we have around an inpatient child and adolescent unit will also serve as the home base, if you will, for outpatient clinical services for Brandon. Now that is announced here because that involves some physical construction or some additional physical space resources. But not in this Capital Program are the program changes, and within the regions of Manitoba, outside of the city of Winnipeg—and the same process will hold true in Winnipeg as well, but let me deal specifically with rural and northern Manitoba—we would anticipate that you will see an enhanced, staff-resourced base working in the communities, whether that be out of an outpatient clinic in Brandon that is proposed in these Estimates, or whether that is, for instance, operating out of the public health building in Dauphin, operating out of the Swan River public health unit, operating out of Russell, out of their public health offices, or whether it is operating out of Flin Flon or The Pas.

But those are initiatives that are program-driven. In all likelihood, for that kind of staff support in the community, which is part of the reallocation and reinvestment in the community of institutional resources, I would venture to say that those will not require any commitment to capital in any future capital budget because they will be operating out of, I would anticipate, existing public facilities, be they community health clinics or government offices involved with public health, et cetera. So that I want to make that distinction between what we are asking for here is the part of the reform schedule in mental health changes which involved a physical space. Program space becomes part of the Estimates process at large, and will be very much a dynamic and moving model of reinvestment in the community as we reduce in-patient capacity in our various institutions.

**Mr. Cheema:** Can the minister tell me in this document where we can find the plan for the reform of the mental health in the city of Winnipeg specifically dealing with any outpatient clinics which eventually are going to take place. As the minister has said, some of them may not require a new space, some of the space can be used, but my

specific question is in terms of the Health Sciences site building, which was \$44 million. Is there money spent out of this year's budget on that building also?

**Mr. Orchard:** The Psych Health building will be part of Schedule II, those projects in construction at the present time. Madam Chairperson, in terms of the city of Winnipeg and the restructuring around both the acute care side reform and mental health, it would be fair to conclude that on page 6 of my opening statement, there is \$20 million for urban restructuring to meet changing roles. As I stand here today, I am not nearly as able to give specifics on the city of Winnipeg as I have been for Brandon because the Brandon Regional Mental Health Council and the Westman Mental Health Council have been the most advanced in terms of developing their plans. Winnipeg region is very much moving to develop and present to government an action plan for the city of Winnipeg. Let me anticipate; let me give my honourable friend some thought-starters as to where I think some of the recommendations will take us.

\* (1600)

We have what we think is a quite successful crisis stabilization unit with the Salvation Army. I would anticipate that with, for instance, the government's acceptance of the Urban Hospital Council recommendation around the acute psychiatric beds of Misericordia, that would be a component of investment in the community for the short-term psychiatric admissions. Within the capital budget, should those projects be recommended by the Winnipeg Regional Mental Health Council, we have some flexibility within the \$20 million for our urban centres to use a part of that for renovations or some expansion or renewal of space so that we can make the space appropriate for any outpatient services, or temporary crisis stabilization unit inpatient services in the city of Winnipeg.

Simply because the Winnipeg regional council is not as advanced, we do not expect to have their plan until later on this fall, maybe October, November possibly. We were unable to be as specific as we were in developing this capital estimate which specified certain activities that we anticipate to be part of this year's capital project for Brandon.

**Mr. Chœma:** Madam Chairperson, can the minister tell us within this plan and the health action plan, what are the major areas we should look at in terms of the city of Winnipeg dealing with

community-based care, to be very specific in terms of the outpatient clinic, second component is going to be community health action centres, or whatever name you want to give to them. Or the minister is thinking what most individuals are saying right now, when we have hospitals already, community hospitals are a part of the community, and if some of the hospital beds are going to be going, why not use that space as a part of the community clinic component or a community health concept. I just wanted to know from the minister, are they thinking on the same lines or are they going to have separate funding to develop the outpatient surgical centres.

**Mr. Orchard:** Madam Chairperson, to answer the last part of the question first, within this year's capital estimates, there are no capital commitments for any free-standing outpatient surgical clinics, okay? But the one thing that we have done—and I will deal as briefly as possible. My honourable friend will be familiar, and I will refer him to Schedule III, Projects Approved For Construction.

We have under Schedule III—which totals almost \$200 million when all of these projects are completed—urban restructuring category to accommodate program shifts consistent with the restructuring of the health care system. Now within that is the \$20 million that I alluded to on page 6 of my opening remarks. I cannot give my honourable friend specifics, but clearly we are setting aside a \$20-million amount of money so that, for instance—and let me just purely think-tank off the top of my head—let us say that one of the community hospitals, Brandon or Winnipeg, said we can expand a given outpatient surgery delivery capability with some modest renovations of \$100,000. That contingency fund could be made available if it met the goals of the action plan for health reform.

The example I will give is, let us say for instance if the successful cataract surgery program at Seven Oaks, if the decision was made to further enhance that and it fit with the reform plan and it required a modest capital investment to redevelop to improve the patient flow and the capacity, then this urban restructuring fund could be accessed for up to \$20 million. Now it would not cost anywhere near that.

Let me deal further with Schedule III, because I think my honourable friend will note a couple of areas that I think I would like to draw his attention to. On the second page, Westman Regional Laboratory—Replacement and expansion. That is

in Brandon. Now we have to move with that capital redevelopment of the Westman Regional Lab in order to maintain the service delivery on the acute care side for a number of hospitals, large and small, and clinics in western Manitoba. So that investment in the Westman Regional Lab will allow us to make sure we have the delivery capabilities so that patients can be served closer to home on the acute care side.

Let me deal down on the Personal Care Homes line. You might recall that we made announcements back with the acceptance of the extended treatment bed report from the Health Advisory Network. Kildonan Centre PCH and River East Personal Care Home, both with 120-bed capacities, we anticipate that construction will start on those late this fall. Those were carryovers in the Approved for Construction program. Those are not new commitments. But we now know that the plans are in place. We have most of the details ironed out. We expect construction this fall.

The new one that I want to draw my honourable friend to is Lions Manor. That is on Portage Avenue here. We are replacing hostel beds there with Level III, Level IV, 80-100 beds. Now the reason why we are in that range is we have not space configuration. Let me tell my honourable friend why this is going and has moved from virtually nowhere in the capital budget to this.

We had an incredible anomaly of a long-term agreement, which had, I think, another 20 years possibly before it completed to run the hostel beds within Lions Manor. The hostel beds—we no longer fund hostel beds. When they are time expired we replace them with Level III, Level IV. So we had a no-win situation from the government's stand point.

The Lions of Manitoba had an agreement. Instead of us going through the silliness of them suing us for continuation of operation of hostel beds, we agreed earlier this year that we would replace the long-standing agreement that government, I believe, back in the early '60s or mid-'60s, made with the Lions Clubs, and we would commit to construction of 80-100 Level III, Level IV beds, which are needed in that region of the city, fit within the complex of Lions as a complete health centre.

That is why that program is moving quickly. It fits a need for some additional personal care home beds and gets Lions and the government out of an uneasy situation where we had an agreement,

legally binding, which was going to make us do something that neither one of us really wanted to do.

So that is a new addition, but you will notice that there are contingency funds in both the hospitals and personal care homes for facility regeneration, requirements of regulatory agencies. That, though, is distinct from the urban restructuring to accommodate program shift consistent—what is under contingency is if the Fire Code needs a modest upgrade or electrical upgrade because of some standard not being met.

(Mr. Edward Helwer, Acting Chairperson, in the Chair)

**Mr. Cheema:** Mr. Acting Chairperson, I just want to go to another topic which is again very essential and a major component of the health action plan. That component must reflect in this capital budget. That is for the community placement.

When we are closing close to 350 beds, then some of them are for chronic care patients. Those patients have to move from the hospitals to the communities. Some have to move to the less-costly community hospitals, or some of them may end up going into personal care homes or extended care facilities such as Deer Lodge Hospital.

Can the minister tell us: This year's capital budget will have how many new personal care home beds as compared to the previous year and previous to that, just to reflect the changing needs of the aging population and also consistent with the health action plan?

\* (1610)

**Mr. Orchard:** When I announced The Action Plan back about five weeks ago, we indicated the first year shift was going to be primarily in the teaching hospitals' 240 beds. In that shift there were replacements of 150 or 160 beds. I am sorry I am out on the numbers just off the top of my head, but basically three community hospitals, Concordia, Deer Lodge and Municipal would be able to accommodate 150 to 160 of the chronic and other needs, chronic and long-term care needs, from the teaching hospitals.

I did not mention it because I did not want to confuse the issue in the health reform paper, because really the announcements here of the projects approved for construction, both Kildonan Centre Personal Care Home, River East Personal Care Home, were part of previous capital projects and were moving through the architectural design,



and ready to break ground. I did not make mention of those facilities being ready for service in the same two-year frame that we are talking about on the acute-care shift. Those are going to be 240 beds of new capacity.

We expect—now this one may not come on-stream within the two years but we think it can, and that is the Lions Manor that I just explained to my honourable friend. That one is being very much fast-tracked with approval, and they had the knowledge that this approval was coming even though it was not approved by the House. I gave the assurance to Lions of Manitoba, and the ministry did, that they could proceed with every confidence that this project was going to go ahead.

We anticipate that the 80 to 100 personal care home beds in Lions Manor will be also available for this shift from the acute-care hospitals and the community hospitals to the lower cost facilities such as personal care homes.

Let me give my honourable friend yet another initiative which, I think, in the city of Winnipeg is important. We have been moving the whole redevelopment process of municipal hospitals along, and although that one is probably not going to go to construction within, say, the next 12 months, note that the very significant commitment at Winnipeg Municipal Hospital is the 225 personal care home bed component there. In part, the municipal hospitals are providing care for, not 385 people right now, but they are providing care for—I cannot give my honourable friend a current and accurate census, but probably at least 200 people.

They are going to accommodate a few more in the short-term at municipals, but this renews their former capacity but invests in the appropriate kind of care facility for municipal hospitals, personal care home versus chronic rehab beds which has been their original role and mandate, although they have served, let us be frank, as a personal care home for a lot of Winnipeggers and Manitobans. That project will also, when completed construction, add a great deal of flexibility to the lower-cost personal care home side, to take pressure off our acute care side and to better enable us to manage the reduced bed capacity on the acute care side as announced and envisioned in The Action Plan.

**Mr. Cheema:** Mr. Acting Chairperson, I think it was very important that we clarified that point, because we are going to have approximately 240 more

personal care home beds and some of them are Level II and Level III, and III and IV, and basically that may accommodate some of the patients from the teaching hospitals. That is the fear amongst the community that you are going to displace patients without a community component and I think that part was missing in the health action plan. That is why I raised the issue because, in essence, we are not decreasing the chronic care patients' beds, because you are moving from the teaching hospitals, you are giving to the Lion's Manor 100 beds which are Level III and Level IV. Also, invariably you increase the personal care home 120 beds. That is a total of 220 beds more in the system than before, and that is a pretty high level of care.

I think that could solve some of the problems, but I think the minister needs to reassure those groups who are very much concerned. When they move their family members from all these hospitals, they need some place to go. If this is going to be the approach, and I think that will be very positive, but they need to be explained because the fear out there by the interested groups and some of the organizations is that the hospitals are being shut down without putting any services into the community. I think that it will be very helpful to explain that.

My next question is in terms of the Deer Lodge hospital. The minister said they are going to open 60 beds, that was part of the health action plan. Can he tell us how many total beds are now functioning at Deer Lodge hospital?

**Mr. Orchard:** You know, I cannot answer that, but I will get that information. If I can refer my honourable friend to Schedule I and if you go to—this is not numbered and I apologize for that—the fifth page of Schedule I, Project Description, you will end up with Personal Care Homes—Urban, Deer Lodge Centre. Last year, you might recall, when we accepted the Extended Treatment Bed report, almost two years ago now, we commissioned the temporary use of beds at Deer Lodge hospital. Those are the 55 beds that are in temporary use and will remain in temporary use until the Kildonan and the River East personal care homes are on stream with 240 beds and, probably, this I am not as definite about, until municipal hospitals are on stream because those were not designed for permanent occupancy. We temporarily renovated them.

Now, there have been, I think, 44 beds at Deer Lodge which we have not committed to use that are

ready and are long-term, can be used for a long period of time because they have been renovated for some time. [interjection] Yes, that is quite a while. We had them there and they are now, with the wind-down of the beds at the two teaching hospitals, going to become part of that capacity. That is in addition to these 55 temporary and the former bed base that they had at Deer Lodge. I will provide that information for my honourable friend.

But I want to refer also to Schedule I, Foyer Valade, construction was undertaken about 1987 and was completed in May 1988. That added some bed capacity. I want to indicate that Fred Douglas Lodge, we committed the construction on it, I believe, in our first capital budget about four years ago, replaced 65 hostel beds in the Level III and Level IV. The services of those beds are being met in the community with our enhanced Continuing Care budget. But, in addition to having 65 Level III, Level IV beds at Fred Douglas Lodge, there were 19 additional new beds. So the capacity for Level III, Level IV beds was 84 in that renovation—19 of them new—but all of them new to Level III and Level IV delivery capacity.

Taking you down to Golden West Centennial Lodge, the immediate one, we upgraded hostel beds there for that region of the city and added 25 personal care home beds, Level III, Level IV service capability.

Then, flipping it over, we are doing a significant upgrade at Middlechurch which will add patient capacity there, but I just want to go to Sharon Home, because in the renovation to Sharon Home, we expanded their bed capacity by 27. So, in the last year and a half, we have had, just a quick total, about 71 new additional beds come in, as well as a number of renovated hostel beds that are now serving Level III and Level IV, the kind of person who is hospitalized at our community and teaching hospitals.

So we have been investing in that, but the major investment will be coming on stream I would say in the next 18 months as described in Schedule III, Projects Approved for Construction, in terms of Kildonan Centre, Lions Manor, River East Personal Care Home, and Winnipeg Municipal Hospitals.

**Mr. Cheema:** Mr. Acting Chairperson, I just have one more question. I know I have taken more than one and a half hours, so I just want to ask the minister one final question.

In terms of the Level III and Level IV bed situation, can he give us a breakdown of the waiting period? It seems to me that we have a lot of third- and fourth-level beds, for the last two years, almost 290 beds by the minister's numbers. Then we should anticipate the waiting period should decrease dramatically. Can he tell us—if he does not have the information now, maybe he can provide it to me at a later date. That is very essential because patients and the families do feel that they have to wait for 16 months or 18 months or two years.

\* (1620)

We know that the ministry took a plan last year that the patients when they are panelled, they will be moved into any personal care home and then ultimately to a personal care home of their choice. That has relieved many hospital beds because it was not very positive in the initial stages because some patients were feeling they were being dumped in one place, if you want to use that language. But now I think they are realizing that they probably should be in those personal care home beds, and ultimately they go to a place where they actually want to be. That has been very helpful.

I just want to know the waiting period, because that waiting period must decrease with all these new beds.

**Mr. Orchard:** Mr. Acting Chairperson, I do not have that information obviously in front of me, but I will attempt to provide it to my honourable friend—not "will attempt," I will provide it to my honourable friend because I think what has happened over the last period of time is numbers on the waiting lists have remained relatively constant, maybe dipped slightly. I will get my honourable friend the approximate time that one waits for placement. It can vary.

My honourable friend alluded to a very important change in policy, a simple change in policy which I do not know why we did not do this before. The old policy or the former policy was that if you chose to go in to a given personal care home and a bed was not available, you could wait upwards of 18 months to two years for placement in that home of your choice.

The reason why people would not move temporarily is that they lost their place on the waiting list of the home of their choice if they moved to a temporary placement in another facility where there was care and a bed available. We changed that to allow them to not lose their place on the waiting list

on the home of their choice, and that has streamlined things, I think, quite significantly.

Secondly, I have to tell my honourable friend that we have some exciting things—and I believe they are quite exciting things—in terms of the management of our emergencies and other aspects of the hospital system that are working well with the reform plan of providing an alternative to what has always been the placement in a hospital bed or the admittance to an emergency ward of seniors who really need some temporary and rather rapid access to home care in a lot of cases.

Now we have a report that has been done by a small investigative team which is pointing us in that direction. We think there is tremendous opportunity—and my honourable friend will know of the experience, because he works in Seven Oaks where this has worked exceptionally well over the last 15 months—and the fear has always been that, as you reduce the acute hospital size, you will lose the ability to place seniors temporarily waiting for personal care home placement.

Well, we believe we are coming at this in the most informed way possible, through an increase in personal care home capacity in the community, particularly Winnipeg. Those are significant expansions in personal care homes with Kildonan Centre at 120 beds, River East at 120 beds, Lions Manor 80 to 100 beds and then, of course, redevelopment at Municipals. Now that is one aspect of it.

Secondly, the management and the interface between the hospital and the Continuing Care Program will allow us, we believe, to prevent a significant number of those admissions, those improper admissions of seniors, where that happens because it is perceived to be the only service available for the individual.

Seven Oaks has given us a pretty good proof that they can work it differently. We think that has application at a number of our community hospitals, and we think it fits so very perfectly with the health reform plan. It is almost as if the managers and the physicians and others who are working at Seven Oaks read and anticipated the reform plan, that they saw this reform Action Plan coming and developed their own plans 15 months ago to deal with some of the initiatives. So we see a pretty good opportunity which allows us to provide appropriate care and contain costs at the same time.

**Mr. Cheema:** Mr. Acting Chairperson, I thought that would be my last comment, but I know I cannot resist talking about the program which has functioned very well. It is functioning because, they combined not only the emergency, but also the family services.

(Madam Chairperson in the Chair)

Especially after five o'clock and weekends, it has become quite a passion in some places because you are lonely. You do not have a family member, and you end up going to the hospital, in some circumstances—I just wanted to qualify that—and then you end up occupying a bed in the observation or in the emergency room, and that backs up. By Monday morning you have 10 patients who are lined up and they should be in their own homes.

Basically, it is thousands and thousands of dollars, and the patients who really need acute care have to wait for four hours because they cannot find a place. In a way they are better at Seven Oaks. The minister was quite right when they appointed Dr. Moe Lerner to head the new investigating team and implement some of those things, because if it can happen in one place where the population is quite mixed and the aging population is there—we have a geriatric floor, which is a very large one. It is functioning quite well. I think that will really help in the long run.

The Department of Family Services is a very essential component, and the social services in the evening, because we simply did not have somebody to phone after five o'clock to find a place, and that simple phone call would save \$2,000 for two days. I think those things are being done, but that will save money in the long run, because you are going to free all the acute care beds, and they will still continue to receive the same quality of care.

That is why now even they could place some of the long-term patients out to the Deer Lodge Hospital or to the personal care homes at Level III and Level IV, and still we do not have a backup. We do not have patients waiting for many procedures and most of the time—I was on call this week, and in observation there were only two or three patients at any given time. So it was not that bad, because those are essentially 14 beds which each hospital has, other than the beds as such on the floors, but that does not mean we should be eliminating those beds. I think the important point here is we have

those beds and we should use them when we need them, and they can be used very effectively.

That is why the team component, which is being played there, where everyone is involved and no interest group is trying to save their own skin; they basically want to protect the health care of people. I think that is a very positive approach, and that will help in the long run. That is why a co-ordinated approach between the various departments is very essential.

Health is not just the Department of Health. It is Family Services, the Department of Housing. That is why we asked the Minister of Housing (Mr. Ernst) to get involved with your committee in the Westman region to make sure that, when the mentally ill patients are going to be released into the community, there would be adequate program for housing, and that could combine both departments. There is some funding available through the federal government also. So I think that kind of approach depends upon which government you are dealing with, but I do not want to go into that. Certainly that is a very important aspect.

Madam Chairperson, I will end my remarks and probably come back at seven o'clock if I have some more questions. Certainly, within one and a half hours of going through this document, it basically is consistent with the health action plan, but we just want to make sure some of the components are delivered in the long run. It has to be changed in some places, because as the plan is going to be getting at the maturity stage some changes will be required, and we want to look at the plan for the mental health area for the Westman region. Then I think we can make some sense from that aspect.

Also, I will ask the minister to make sure the people in the area, especially health care providers and the hospitals, know when the plan is going to come, how they are going to implement—and let us keep the same time frame, two to four years, not change it, because that is not going to be very workable in the long run.

**Mr. Jerry Storle (Flin Flon):** I have a number of separate issues that I would like to raise with the Minister of Health (Mr. Orchard). I guess I would like to begin by noting that in the Capital Program that was tabled by the minister there are a couple of projects in my community, in my constituency, that remain essentially on hold.

Madam Chairperson, the approval for the architectural planning for the Flin Flon General Hospital upgrade has now been waiting for four years. The minister in the capital estimates plan that he has tabled says that the phased hospital upgrade or replacement with bed reductions still is in the planning stage. In other words, the department appears to have not made up its mind with respect to the ultimate plans for the Flin Flon General Hospital.

\* (1630)

Madam Chairperson, I do not have to remind you, and I should not have to remind the Minister of Health, that is a regional hospital; it is the only hospital in the community of Flin Flon; and it is desperately in need of upgrading or replacement. The nature of the services provided by the hospital to the community have changed substantially as has the demographics in the community, and the Minister of Health needs to, I think, move that plan along. I am not sure whether the minister is aware of how urgent the need is.

The Flin Flon Personal Care Home, again, is a project that is on the drawing board, and has been for a number of years. Again, we see its position in relative terms has not changed. Madam Chairperson, I want the minister to know that these projects are extremely important, both of them. The demographics of the community is changing in the sense that our community is aging, probably more rapidly than many other, if not most, other communities in the province, for a number of reasons, perhaps primarily because of the sense of community but also because of some significant health benefits that are available for people who work for the company in Flin Flon, Hudson Bay Mining and Smelting.

Staying in the community is very attractive. Consequently, our seniors population is growing quite rapidly. Of course, that puts additional pressure on our acute-care hospital as well as the personal care home because of the increased services that are delivered out of necessity to seniors in the community. There is a serious problem there, and the Minister of Health appears to not to have addressed it again in the Capital Program.

I want to say how disappointed I am that we are receiving the 1992-93 Capital Program at this time. The Minister of Health (Mr. Orchard) is known and

has been known for a lot of years for his rather vituperative rhetoric. He has a sharp tongue, Madam Chairperson, and he is often noted for chastising, and was often noted for chastising members of the government—when the New Democratic Party was in government, when I was a minister—for incompetence.

The Minister of Health here has tabled the Capital Program for the Department of Health at, what can only be termed, the last minute. He would not have brooked that kind of insult when he was in opposition, yet he expects others just to accept his own incompetence with perhaps indifference. Well, Madam Chairperson, we do not accept it. It is not right. It is not acceptable that we have to review the plans in this very short time frame and out of context when there are not staff around to answer perhaps the detailed questions that some members might want to ask about the state of those plans and why they are being delayed.

Madam Chairperson, I also want to, I guess, reproach the minister for the comments and the nature of his comments in his opening remarks, comments that I think were uncalled for and reflect perhaps the true nature of the Minister of Health. I want to say that the so-called Action Plan that the Minister of Health tabled, provided to the public of Manitoba, has much in it that has merit. Certainly, for perhaps the first time, the public will have a chance to look at what some of the cost factors associated with our health care system are.

But, Madam Chairperson, this is not an action plan. The Minister of Health seems to be quite exercised that some people, including members of the opposition—well, not the Liberals, apparently—but certainly members of the opposition have raised genuine concerns about where this is taking us. This is a compilation of statistics, many of them very interesting, but an action plan it is not. Not only is it not an action plan, but much of what this minister is doing works against and in opposition to what he claims he is going to practise in The Action Plan.

Let us take an example. Madam Chairperson, in 1991 the Minister of Health introduced a \$50 user fee into the health care system in Manitoba. He charged northerners \$50 on any warrant issued under the Northern Patient Transportation Program unless it was an emergency. He has talked in this document and he talks throughout the document about evaluation, about assessment, about the

need for determining what is effective and what is not effective.

This minister had the opportunity to do some assessment on the effectiveness of the Northern Patient Transportation Program. He had established a Northern Health Task Force. He had a superb body reviewing issues, crisis-type issues in the health care system. Did he ask any of those bodies to examine the Northern Patient Transportation Program and make recommendations for its improvement? Did he take any advice from his own groups that he had appointed to study health care issues in the North? Did he take any advice from the people who operated the programs in the North, the communities who take advantage of those programs?

The answer is no. You have to wonder how committed this minister is going to be to any evaluation he receives from the centre on health policy evaluation—I am not sure of the exact title—or any other group that he has established previously or establishes as a result of this so-called Action Plan when it comes to health care reform. Is the minister going to take advice from anyone? I can tell you, and the minister probably knows this by now if he did not know before, that there are many, many, many skeptics in the health care system and in health care user groups about the minister's ultimate intentions.

Madam Chairperson, I have to chuckle when I see the Minister of Health, this Minister of Health in particular, talking about the sacredness of the medicare system to Canadians. The Conservative Party only latterly, and many would say belatedly, considered medicare an important social institution in our country. There are many, many people who do not believe that this government nor this minister nor any Tory anywhere has any long-term commitment to universal medicare. People in Manitoba know that all too frequently the Minister of Health and his ilk have talked about user fees and imposing penalties on the poorest people when it comes to accessing the health care system.

The symbolism of attaching a \$50 user fee to people who have the least access to medical services has not escaped the notice of health care professionals across the province. It has not escaped people's notice, Madam Chairperson. We, I think, are justifiably skeptical about what the real intentions are and what will be left of our health

care system if left in the hands of this minister. I believe that Canadians are genuinely supportive of a universal health care system that has universal access, that provides some sort of equitable access.

The minister in his document talks about it on a number of occasions, about sustaining the principle of access to appropriate and adequate medical services but he does not practise it. I know that just recently the minister has written to the City of Flin Flon, again denying any responsibility or any inclination to eliminate the \$50 user fee. The Minister of Health refuses to listen to the facts. He continues to suggest that somehow northerners have this free access to medical services because of the Northern Patient Transportation Program.

\* (1640)

Madam Chairperson, what the Northern Patient Transportation Program does is take people out of communities where they have no doctors, where they have no doctors in many cases. Sure, there are communities that have doctors in hospitals, but many communities serviced by the Northern Patient Transportation Program have no doctors. It takes them out so that they can see a doctor. That sounds like they are getting a free ride. The Northern Patient Transportation Program pays for that.

But the person who leaves that community leaves a job; and if they take a commercial flight out because there is no road, there is no train, it takes them at least three days to get back to their community. During that time they have lost three days' wages perhaps; they have paid for hotels for three or four nights; they have paid for food for three or four days. The cost is in the hundreds and hundreds of dollars. For people in my community, in Flin Flon, or South Indian Lake, or Brochet who have to travel on a regular basis to access medical services, specialists of one kind or another, the cost can be thousands of dollars.

Madam Chairperson, this is an insulting matter for northerners. It is not fair. It is not right. This minister has been told it by myself, by representatives of every community council and town council in northern Manitoba, and he refuses to acknowledge that it is a mistake.

If this minister can make this kind of fundamental mistake, denying access to medical services for a whole region of this province, what is his real commitment to health care reform? What is his real commitment to universal access to medical

services? That is the question the people in northern Manitoba are legitimately asking.

Madam Chairperson, I suppose we could debate this ad nauseam. I just want to close by saying that some of the things in this so-called Action Plan, I think, raise some legitimate questions. I think what we want to say here is the suggestion that we evaluate the cost-effectiveness of certain treatments, that we want to evaluate the cost-effectiveness of different types of institutionalized care are legitimate. We need to do that. We need to understand more appropriately the cost benefits of certain kinds of treatments and certain kinds of care. But the shortcomings of this so-called plan are that other than the closure of beds, which is, I think, a simplistic way to approach the problems, there are very few answers, more questions than anything else.

Madam Chairperson, I am afraid when the Minister of Health asks questions, because he very, very seldom ever listens to the answers. He has his own mind made up about what needs to be done. In addition, the minister is trying to pretend that this is some sort of comprehensive analysis of the problems that plague our health care system. Well, in an institutional sense, the minister may be right. The minister has provided some facts and figures on what it costs per day to do certain procedures in certain kinds of institutions. He has provided us with that institutional perspective.

But what is lacking in this plan is any kind of comprehensive review of what creates health care needs in our system. For example, Madam Chairperson, the Health Policy Evaluation council—I am trying to find the page where they reference that particular body, but the Minister of Health knows which body I am referring to—has identified poverty as one of the most important factors in determining the health of Manitobans—poverty. Madam Chairperson, where in this document do we talk about poverty as a cause of many of the health care costs in our province?

This minister and others in the health care system have talked about prevention. Prevention is mentioned a scant two or three times in this document. There is no comprehensive plan to deal with the causes of increasing health care costs, other than the institutional ones that the minister has identified.

Madam Chairperson, if the minister was truly interested in health care reform, there are a whole raft of other policy initiatives that this minister would have dealt with. His focus on the institutional costs may be well served in the short run—they may be well served in the short run. The minister may be able to reduce the per capita health care costs experienced in Manitoba by dealing with the institutional problems, by tinkering with the method by which institutions deal with health care problems.

If the minister wanted to introduce reform in the health care system he would get away from the medical model of health care and look at the wellness model of health care. He would have taken the advice of many other professional groups in the province, including nurses, physiotherapists, nutritionists, chiropractors and many others and would have identified a series of things that the Department of Health could do and the Manitoba Health Services Commission could do to improve the health status of Manitobans, because that, too, is health care reform. The minister has ignored that side of health care reform entirely.

Madam Chairperson, the minister knows and this government knows and Manitobans know that one of the fundamental problems plaguing the health care system is the fee-for-service model that is used across the province. That is one of the fundamental reasons why our health care costs have gone out of control. It is not acknowledged in this paper that doctors also drive the institutional costs in our health care system. Doctors decide who goes to hospital, how long they stay, what medications, what treatment, what facilities are used. We need a fundamental shift in the way we deal with people's health—not with their illness, but with their health. That would have been health care reform.

So this minister spent four years—doing what I am not sure—but he comes to us in May of 1992 with a document that reviews the institutional costs of health care in the province and tries to portray this in some way as a panacea for the health care problems that the province faces. I say it deals with one very significant aspect, the institutional costs of health care, but it does not really identify the underlying problems and it does not propose a plan of action to deal with those problems. It ignores the systemic problems that still exist when it comes to poverty and unemployment, malnutrition, lack of access to health care, timely access. It does not mention a whole series of things.

I want to point out one other area where the minister's words and his actions do not coincide whatsoever. The minister has made a great deal of his initiatives in mental health services. He talks about deinstitutionalizing mental health services and creating community-based resources.

Madam Chairperson, the Minister of Health can correct me if I am wrong, but when I look at the minister's Capital Program, I do not see any evidence whatsoever that this minister is doing what he says he is doing. Where in these plans, for example, is there going to be money set aside for the creation of facilities to deal with mental illness in Flin Flon? The minister knows, on his desk, he has letters from the community, from Healthy Flin Flon, a group supporting community-based institutional health care and services. He has letters from other groups in the community, the Flin Flon branch of the Canadian Mental Health Association calling on the government to create a facility in our hospital to look after acute psychiatric needs.

Where in this document is there money set aside in any region of the province, in any community outside the city of Winnipeg, pardon me, the city of Brandon, I believe, or Portage la Prairie—where is there money set aside to do what the minister says he is going to do, to create these facilities in our communities? It does not exist.

\* (1650)

This is the capital plan for the next few years, and the minister has assured us that, yes, we have a comprehensive plan to deal with mental health care and the mental health care needs of Manitobans, but it does not exist. It does not exist in Flin Flon. It does not exist in The Pas. It does not exist in virtually any community in this province.

If the minister was serious, and if the minister did have this comprehensive plan, and if we could believe that it was as co-ordinated an approach as he suggests it is, surely there would be some dollars for the facilities that are going to need to and be responsible for providing these services. They are not here which leads to the question, the next time there is a psychiatric crisis in the community of Flin Flon, what is the minister going to do? Where is the person going to get services? I can tell you. They are going to get services in Saskatoon or Selkirk.

That is where they have traditionally gone for services, and the minister's boast that somehow his new plan which has been announced and

reannounced several times, since this minister became Minister of Health, is doing nothing to match his words with his actions. This Capital Program that the minister has tabled, albeit too late, is an illustration of the fact that he is refusing to do that.

Madam Chairperson, the minister can perhaps take some satisfaction that he got a political spin when he introduced his new Action Plan, because it is full of facts and figures which are quite fascinating. In the final analysis, when people in the health care system, when the boards of our hospital, when the communities with health care facilities in their area look for the meat in either The Action Plan or the Capital Program, I am afraid that they are going to be sadly, sadly disappointed because once again this minister's rhetoric far exceeds his ability to deliver, and perhaps the government's ability to deliver.

You have to wonder then what is all the fuss about. Is the minister really serious? Is all of this activity that he has stirred in creating groups looking at this and groups looking at that, does it really mean anything? Or is the minister going to do, as he did with the \$50 user fee and ignore the potential advice he might get, or not ask for potential advice and go ahead and act on his own instincts, whatever they may be, or his own perceptions, regardless of how they may fit with reality?

The Minister of Health has spent a lot of time in the past couple of years talking to people and answering questions about the delivery of health care services in rural Manitoba, the availability of doctors and specialists in rural Manitoba. Madam Chairperson, you asked the question—has the government been successful in encouraging doctors to move into rural and northern communities? The answer, in many cases if not most cases, is no. The special services are still not available.

Maybe the minister can tell us what new plans he has to attempt to address that problem. Again, one of the obvious solutions is to look at the fee-for-service system of providing funding for physicians, medical practitioners. The other avenue that the government must look at, I believe, at some point, is the ability of the Manitoba Health Services Commission to allocate a billing number.

I know that the government of British Columbia attempted to provide health care services in rural communities, in remote communities, by

designating those areas with billing numbers and saying that the province had the right to in effect say, yes, you can practise medicine in the province but this is where the billing number is. The unfortunate scenario in British Columbia was that directive by government was challenged in the courts and there was a ruling that governments could not designate the area in which a medical practitioner could operate, while at the same time taking advantage of the universal health care system.

I think that we need to challenge that ruling. I think the Province of Manitoba should challenge that rule. The fact of the matter is the minister and this government continue to ignore what is a fundamental problem, and that is we do not have access to medical services in northern Manitoba. We are not likely to unless the minister is genuinely serious about health care reform.

Madam Chairperson, I would like to conclude by asking the minister two specific questions. What is the current status of the proposal to replace the Brandon General Hospital and what is the status of the personal care home facility, the 65-bed facility that is planned for Flin Flon as well?

**Mr. Orchard:** Madam Chairperson, Brandon Hospital is in Architectural Planning. I am trying to find the reference to—Flin Flon Hospital is in Architectural Planning and I believe that the Flin Flon Personal Care Home is in Role Statement development, but I cannot find it—

**An Honourable Member:** It is in Approved for Architectural Planning. What does that mean?

**Mr. Orchard:** My honourable friend asks, what does it mean? Yes, here it is on Schedule IV, Approved for Architectural Planning. That means that dollars have been set aside to make available to the sponsoring organization who would undertake construction monies to retain an architectural firm to do architectural drawings, which, should the project be approved for construction, would become the basis of tendering for construction of the facility. Those costs become capitalized in the final cost of the project.

**Mr. Storle:** Madam Chairperson, I am just wondering how the department can proceed with architectural planning when it is not clear, in terms of the program that you have tabled, what the department intends to do. I assume that before it begins any planning it has decided whether in fact



there will be a phased hospital upgrade or replacement with bed reductions.

The question is: Which of those has the department finally fixed on as the solution to the problem?

**Mr. Orchard:** I presume my honourable friend is talking about the Flin Flon Hospital now.

**Mr. Storie:** Yes.

**Mr. Orchard:** I would have to provide my honourable friend with details, because I do not have at my disposal the details as to what functional planning and role statement forms the basis of advancing the hospital to architectural planning.

**Mr. Storie:** I would appreciate receiving that from the minister.

I have a final question with respect to Mental Health Services. The minister again, in his Quality Health for Manitobans: The Action Plan document, talks about the role of Regional Mental Health Councils. I am wondering whether the minister can explain why there are no funds set aside in this document for retrofitting hospitals—perhaps the Flin Flon General Hospital as an example—so that they can accommodate psychiatric emergency mental health needs, as has been recommended and requested by groups in the community of Flin Flon and I imagine many other groups. Is that consistent with The Action Plan and the commitment the minister made to ensure that services would be available as this deinstitutionalization took place?

\* (1700)

**Mr. Orchard:** If my honourable friend had been here when the member for The Maples (Mr. Cheema) was asking that very same question, he would realize that the answer was part of the \$10 million which appears on the top of page 6, which indicates funding to accommodate shift in roles or methods of care delivery.

**Mr. Storie:** Well, Madam Chairperson, then can I take that to mean that in fact the Department of Health or the Manitoba Health Services Commission will in fact be moving to construct those kinds of facilities in, for example, the Flin Flon General Hospital?

**Mr. Orchard:** Madam Chairperson, that is a distinct possibility. Had my honourable friend been here when I was entering into that discussion with the member for The Maples, he might be aware of the process through the Northern Mental Health

Council as well as the Thompson Mental Health Council, wherein both of those groups are developing plans of action which they think will provide appropriate community-based and enhanced mental health services within the existing funding for mental health service provision.

I am not committing in this capital budget to specifics such as my honourable friend has alluded to, because I think in all fairness to the mental health councils in his region, we should give them the opportunity to seek the best advice from the community. I would not want my honourable friend to have me moving unilaterally before I received a report from the mental health council in his community, or else then my honourable friend's argument would be, well, government is moving too fast. They are not even allowing the consultation process to take place.

So I am allowing the process to happen. That may well be an initiative that government undertakes. It is not specifically identified in this capital document, because it has not been recommended to government yet by the regional mental health councils so involved.

**Mr. Leonard Evans (Brandon East):** Madam Chairperson, I would like to ask the minister a couple of questions about the Brandon General Hospital and to put on the record my disappointment that the Brandon General Hospital has not been moved into a construction phase. I know there is reference to the Westman lab. I know that. There has been discussion and debate and reviews on the modernization of the hospital, everything from improving the operating room and making it a more modern operating room right through to putting in new electrical wiring. The hospital does not look bad from the outside, but it is in bad need of modernization.

Madam Chairperson, this was recognized back here—I just happened to go to my files—because I was in the debate here earlier when my friend the member for The Maples was asking questions. I went down to my office, and here back in 1984-85, Manitoba Health Services Commission Capital Program, the Honourable Larry Desjardins—this is a cabinet submission. Here are the details by your Capital Program.

Brandon Hospital redeveloping and upgrading: \$45 million. Now that was the estimate back at that time, and there was a schedule for actual

construction: '85-86, there was supposed to be \$2.2 million spent; '86-87, it was \$14.8 million; '87-88, \$14 million; '88-89, \$14 million; and then subsequently some other miscellaneous expenditures.

The fact was the Minister of Health at that time provided—and it was approved—a plan. Now as all good plans often happen, they do not get translated into action immediately. As a member, I was patient for some years. Anyway, here we go back to '87-88. I guess it would be the last Capital Program of the Minister of Health at that time, Mr. Desjardins. Lo and behold, here we have the Brandon General Hospital's major redevelopment and upgrading approved for architectural planning. Well, I must say, in this one, it was functional planning. This was functional planning, so there is a difference. That is the stage before architectural planning. So functional planning finally had hit architectural planning over about five years or so ago.

Here today and every year since, I believe, this minister has come forward and tabled a document showing the Brandon General Hospital to be approved for architectural planning. I thought perhaps this was the year we were going to get some action, because I believe the government, through MHSC, approved the hiring of Mr. Glenn Chapman, the former executive director who retired in the past year or so, but who was retained, as I understood, to work specifically on expediting construction, upgrading of the Brandon General Hospital. A lot of us were getting enthused that finally something was going to happen. Here, today, we are told, by way of this document, that really the hospital has not proceeded to the next necessary step, which is approval for construction beginning now.

So I have to say to the minister that I am greatly disappointed, and I know I speak for the Westman community about the disappointment and beyond Westman, in fact, even Parklands. In the petitions that I have been filing, Madam Chairperson, I notice we have signatures from as far away as Dauphin, some from Saskatchewan, many from the town of Virden, many from Melita and so on. This is a Westman regional facility, and those people are very concerned about what happens to the Brandon General Hospital.

I know they are going to be disappointed, and I am expressing their disappointment here at this committee to the minister. I think they feel that their

hospital is being threatened. They see that the hospital has been suffering deficits which the government refuses to pick up. All right, that is the government policy. They had a deficit last year, 1.3. Now the administrator is saying this year there could be another shortfall of 1.3. I do not really want to get into the debate of operating; I really want to stick to capital, because that is what I presume this debate is at this particular time.

On the one side, we have had the disappointment in terms of the operating level of the hospital, and now there is this disappointment that is coming for lack of action on the construction side. I know there can always be rationalization. In fact, that is what I have been listening to as the local MLA for Brandon East for years, including from a former minister, I might add, former to this gentleman, to this minister. You know, there is always reasoning that can be provided that sounds so rational, why action cannot be taken in this particular year or that particular year.

Even in reference to the psychiatric wing, I know that as part of the mental health reform, there should be and there will be, maybe some day, a psychiatric wing at the Brandon General Hospital. That is not new. That was talked of seven, eight, nine years ago. It is not a new idea. It has been kicking around for some time. People have always known that at some point the MHC would be phased out, at some point the institutionalization would actually occur, and eventually there would be a need for an important psychiatric wing at BGH.

I just want to express on behalf of the people in the area, disappointment and, I suppose, exasperation for the lack of action. I regret it. We hear a lot of fine statements from the minister, good intentions, sounds like good intentions, but no action. We only wish the words—[interjection] Well, the Minister for Energy, the Deputy Premier (Mr. Downey) has only now been able to listen to the debate, but if he would have listened earlier—and I will not say anything beyond that—Brandon General Hospital has again been bypassed.

I might add, just for the edification of the member who happens to represent the town of Virden, that I notice in particular, there were a lot of—in the latest receipt of petitions on the Brandon General Hospital, 1,100 names came in over the weekend, and there were many, many from Virden. Just be aware of that, Madam Chairperson. The member should be aware of that.

At any rate, I wanted to put this on the record. I have some other comments to make as well about mental health reform. I am not the critic for Health, but I am coming at this strictly from a constituency point of view.

In terms of the Brandon Mental Health Centre, I wonder what is really happening. I know the member for The Maples (Mr. Cheema) asked a number of questions, and I know the minister very frequently referred to the Westman Regional Mental Health Council. I know some of the members; some of my best friends are on that council, some very good people. I also attended the last meeting of the Canadian Mental Health Association, Manitoba Division, Westman branch, a couple of months ago. I know there is some feeling of frustration there, because presumably they were supposed to be all powerful and all important in this reform process, and the minister announces the BMHC closure. I know they advised them a day or so before, but they were expressing concern at the meeting that I attended. Some of the members said there was really no adequate consultation between the minister's staff, the minister and this particular council. They felt that they were being by-passed at that point, at least.

\* (1710)

However, Madam Chairperson, there is very little concrete that I can see in here with reference to the deinstitutionalization program. I know that the minister has indicated to the member for The Maples (Mr. Cheema) that while you can house people in existing buildings, which is quite true—and possibly some may be housed in homes, some may be housed in public housing apartments, or whatever, and that is understood. So maybe it is difficult to come at it from that point of view, but if you really mean what you say, Madam Chairperson, if the minister really means what he says by deinstitutionalization, why was it that the rambler project had to close down in the city of Brandon? There was a thrust at deinstitutionalization. Why were the ARM Industries being squeezed for operating funds? There again, if you really were sincere about deinstitutionalization, some of those programs would not have been cut back.

I am just going to conclude—because I know my colleague the member for St. Johns (Ms. Wasylycia-Leis) has a number of comments to make—by asking the minister a question. Very specifically, with regard to the Brandon Mental

Health Centre, have there been any people moved out of that BMHC in the past year, or since the minister made his announcement, or has he got a plan that can tell us what the percentage reduction will be in the next three, four, five years? Is he going to reduce it by 10 percent this year or 20 percent this year, say, 10 or 20 percent the following year, and so on? Is there a plan of depopulation of BMHC? Can he be more specific about that with us? I do not think that is a complicated question, Madam Chairperson, to ask.

With those few remarks and that question, I hope the minister can give us some response.

**Mr. Orchard:** Madam Chairperson, I am intrigued with my honourable friend digging up some of his old capital programs from, I believe '82-83 was the first one—'84-85, and then he dug one up, '87-88, which was three years later, and in that period of time, under his constant guidance and stewardship, it moved from functional programming to architectural design.

Maybe my honourable friend might explain where his commitment was that it took that long to go from functional design to architectural planning, and then having explained that to the citizenry of Brandon East and Brandon in general, maybe my honourable friend ought to explain why, in the '87-88 Capital Program, he sat around a cabinet table that froze that Capital Program. Not with public announcement, not with public knowledge, but behind the closed doors of cabinet, my honourable friend the member for Brandon East, the dean of the New Democrats, froze the capital budget.

Now, my honourable friend talks about refusing to pick up deficits at the Brandon General Hospital. Again, my honourable friend is wanting to be a historic revisionist. He wants to deny the history of the Howard Pawley government, wherein he sat around that same cabinet table and announced a policy on no deficits to the acute care hospitals, at the same time, Madam Chairperson, that my honourable friend the member for Brandon East personally ordered the closure of, what, 32 beds at Brandon General Hospital and then went underground and never showed up in Brandon to explain it.

### Point of Order

**Mr. Leonard Evans:** On a point of order in reference to a statement made by the minister that

I personally ordered the closure of 32 beds, was it? I mean, that—

**Madam Chairperson:** Order, please. The honourable member for Brandon East does not have a point of order. It is a dispute over the facts.

\* \* \*

**Mr. Orchard:** Madam Chairperson, I am sorry if I have offended my honourable friend. The cabinet that he sat around made the decision to close those beds in Brandon General Hospital, and the member for Brandon East supported that decision and did not do a thing to justify it to the people of Brandon. He went underground for six long months.

Now, Madam Chairperson, I will accept some observations from my honourable friend about where we are moving, but would my honourable friend kindly acknowledge that health care is changing. The provision of service delivery is changing. The goals and objectives of health care and the relationship of institutions, in terms of providing and being part of a continuum of care services, is changing and is changing very rapidly.

Would my honourable friend acknowledge that in the city of Toronto in the last two years, roughly the time that we have been in government since the last election, there have been 2,000 acute care beds taken out of the system, and would my honourable friend acknowledge that people are not dying on the streets of Toronto. That is part of the change in the health care system.

Now, what government is confounded with, is faced with, is that shift from institution to community care. You do not carry on with development plans that were thought of 10 years ago. In addition to the Brandon General Hospital, there is the dynamic now of having a plan of changed reform in the mental health system involving the Brandon Mental Health Centre, wherein, although my honourable friend says for 10 years the goal has been—I do not know that for sure, but my honourable friend the member for Brandon East claims that for 10 years there has been this idea to move acute psychiatric care to Brandon General Hospital. Well, you know, if that was in the plan, I cannot say that I am aware of it, that this was there 10 years ago.

I am telling my honourable friend, it is part of the redevelopment plan today. My honourable friend wants to know why Brandon General Hospital has not been moved from architectural planning to construction? None of the acute care hospitals

have been, in this budget. That is exactly what I indicated, that this budget emphasizes long-term care, personal care home construction, not hospital construction. [interjection] My honourable friend, if he wants to talk about inadequacies—well, no, I will not get into that.

My honourable friend the member for Brandon East wants us to commit construction plans to the Brandon General Hospital. Now, my honourable friend would want us to do that without an architectural plan. That is hardly good planning because no architectural plan exists which would take the Brandon General Hospital into the year 2000, 2010, because it is a moving dynamic.

Psychiatric beds have to be part of that planning process, because the government has made a decision that will reform the mental health system for the first time in the 20-year history of this province that it has been recommended. My honourable friend, twice, sat around a cabinet table where those plans for changing the mental health system were advised to him as a cabinet minister, but he refused to take that advice starting in 1971, reinforced again in 1983.

I do not have to tell my honourable friend that he was in cabinet, the cabinet that turned down both of those recommendations. We accepted them, and we are moving to change the mental health system and the face of mental health delivery in the province of Manitoba. That changes the role, the function and the operation of Brandon General Hospital.

I want to do what is right in Brandon General Hospital. I do not want to build a dinosaur. I want to build a facility that will deliver the acute care needs for Brandon and Westman region, now and into the future.

My honourable friend asked about various parts of the Brandon General Hospital. My honourable friend should be pleased to note that at the Brandon Hospital, there is building maintenance upgrade. I will provide my honourable friend with the details of what that is. My honourable friend has what he wants in the Capital Program but wants to complain about it, so he can put out his little Friday press release to The Brandon Sun and the Brandon media saying, oh, the government is treating us terribly. Well, balderdash, absolute balderdash.

\* (1720)

I have been in Brandon more than my honourable friend the member for Brandon East (Mr. Leonard

Evans) has been, at various functions and events and speaking to individuals and trying to get that community on line and going and growing and progressing. You know, my honourable friend sort of chuckles. I would be embarrassed too if I was him.

So let me tell my honourable friend that in terms of his question as to the quotas that he wants us to set on the beds in Brandon Mental Health Centre to be removed this year, next year and the other year, I have said, and I have said consistently, quotas are for New Democrats. Quotas are the kinds of things that my honourable friend as a Family Services, community services minister set for those individual Manitobans who suffered from mental retardation.

He set targets to remove them from institutions, and that is why that program did not work properly. It was a reform agenda that was set to an artificial quota of so many beds closed per year. The NDP forgot about the services that those beds were providing and the people in them. We are not going to do that, and that is why we have the most informed process of mental health reform in the history of this province, involving those individuals in rural Manitoba and in Brandon giving us advice on what they see as the opportunity for reinvestment of existing resources in acute care, institutional care, into the community. We have not set those kinds of NDP quotas of so many beds, so many people this year, so many widgets in a row. We have not done that.

Madam Chairperson, at the end of the four- to five-year period of time, as I explained to my honourable friend the member for The Maples (Mr. Cheema), the mental health service delivery system in the province of Manitoba will be one of the most progressive in Canada, indeed, in North America. Why? Because we are committed to making changes, to making changes that were recommended to the member for Brandon East since 1971 when he was in cabinet, which he ignored.

I cannot explain why he ignored them, but we are not. We are not ignoring the input of professionals, caregivers, family members and consumers who are all part of this reform process in Brandon, in Thompson, in Dauphin, in Winnipeg. That process will proceed and there will be again a win-win situation. Taxpayers will win and those needing mental health services will win.

I am not falling into the NDP trap of setting quotas, that this year you have to close so many beds and empty so many people out of Brandon Mental Health Centre. We are moving with recommendations that we will receive from the Brandon Mental Health Council this summer. By this fall, my honourable friend will see what we are able to do with community-placed replacement services.

But if my honourable friend is asking this minister, this government, to set quotas, so many beds, 20 percent this year, 20 percent next year, which my honourable friend posed in the question, I will not do that.

**Ms. Wasylycia-Lels:** Madam Chairperson, I do not need to remind anyone in this House that we are accustomed to a deliberate distortion of our questions, and in the case of the member for Brandon East (Mr. Leonard Evans), he is no exception. The Minister of Health is wont to take well-intentioned questions and a wish to participate seriously in this process and distorts, maligns and plays his devious games, macho games.

That is all we have seen here this afternoon, Madam Chairperson, a lot of silly-boy, sandbox games, thinking this is an opportunity to flex one's muscles and try to up the next person—this competitive, ridiculous game. That is all we have seen all afternoon, starting with the minister's very arrogant, mischievous, devious actions by tabling this information, a multimillion dollar budget on capital expenditures with no time, absolutely no time, for the opposition to consider.

Madam Chairperson, the Minister of Northern Affairs (Mr. Downey), as the Minister of Health (Mr. Orchard) suggested in his opening comments, said that all that needed to be done was for the opposition, the NDP opposition, to offer constructive and positive comments. I would like to know how we are supposed to offer constructive, positive comments or give helpful advice and make this a reasonable, constructive process when we do not even get a few seconds to look at the material.

Now you explain that, the members who sit across the way, and let the Minister of Health get away with this violation of our parliamentary process, the abuse heaped upon abuse here in this Chamber. I think it is time those members took the Minister of Health to task for this kind of arrogant, reprehensible action. I have never been more disappointed in the

whole time I have been a member in the Legislative Assembly.

It is not a long time, like the Minister of Natural Resources (Mr. Enns). I have only been a member for a little more than six years, but I have been here long enough to understand what this place is all about and the kind of traditions we operate upon and the kind of respect that is supposed to earmark this place. Today, we have seen the height of arrogance and the violation of those traditions, standards and democratic principles.

I said earlier that we were talking about a \$54-million item. I see now from the minister's own press release that we are really here with—without even seconds to review the material—a \$214.5-million proposal. I do not know if the Minister of Natural Resources (Mr. Enns) or the Minister of Northern Affairs (Mr. Downey) would have ever stood for that in any time that they were in opposition. They know they were never treated that way. They know they always had some kind of notice, the tabling of material to ask questions upon, ample time for research and study.

Their silence tells it all, Madam Chairperson. They have never before seen this kind of abrogation, violation, erosion of our democratic principles. So I find it quite offensive, with seconds of time to look at this kind of multimillion dollar budget, to make well-informed decisions and questions, but in the few minutes I have had, reviewing this material between questions and from the participation of my other colleagues, I have had an opportunity, I have had enough time to begin to understand why the Minister of Health (Mr. Orchard) chose to leave the tabling of this information to the very last minute, to do so without any warning, to wait until the middle of the afternoon and the start of the concurrence motion before he provided us with the details for which we are here to have a debate.

My preliminary analysis of this material tells me that this once more—[interjection] Oh, the Minister of Natural Resources (Mr. Enns) should read this a little more carefully and compare it to last year's capital estimates program and to the year before that Estimates' program and the year before that. He might then start asking the question, what is new? Where is the reform? What has changed?

In the few short minutes that I have had to review this material, Madam Chairperson, I have found very little that is new, and that is exactly what I would like

to ask the minister about. I hope he will be straightforward and direct in response to my questions since we have not had the time to do the thorough research and analysis that this kind of program warrants and the people of Manitoba should enjoy.

\* (1730)

In going through, I will skip over Stage 1 which are the completed projects, although even there, I am sure we will find some interesting comparisons. I will go right to Schedule II and Schedule III, the most obvious important parts of this whole announcement and the capital estimates for the Department of Health—Projects Approved in Construction and Programs Approved for Construction.

I would like to ask the minister, since I have compared this announcement today with last year's announcement—I have not had time to compare it to the previous two years' announcements—I would like to find out where the differences are. I have gone through every item under Schedule II, and I have not found anything new in those categories. Now, maybe I should not expect to if it is in construction, but I would have thought that given the great fanfare around this announcement, that there would be some shift in that regard, that the minister would have moved something up quickly if he was that committed to community-based personal care home delivery of health care services.

I have started to go through Schedule III, and I have not found very much that is different from last year's announcement, and I would like to know what is new in these two schedules from last year? Where is the big change and shift? What are the new projects that have been moved up? Which capital projects have been moved out of Schedule III and put on a lower priority list?

Could the minister precisely tell us which of Schedule II's and III's proposals and items are new, additional and in addition to previous announcements? Could he tell us, at the same time, which projects from last year's capital estimates have been moved to a lower category, and under Architectural Planning, if there is anything new from previous announcements under capital expenditures for his department? That will do to start.

**Mr. Orchard:** Madam Chairperson, none have been reduced in status, any status, okay? I believe

that in Schedule II, I do not believe the Swan River Personal Care Home was in construction as the Estimates had tabled last year. I kind of recall flying up there last fall and doing a sod turning. I do not believe that the Elkhorn Personal Care Home which is replacing the hospital was in construction last year, and is now. So those two would be ones which are newly added on the in-construction side.

In terms of the approved for construction, I want to take my honourable friend through Brandon Hospital. The building maintenance upgrade is approved new this year, and I am getting the details of that for the member for Brandon East (Mr. Leonard Evans).

The Central Biomedical Waste Disposal Facility is new in that it has moved to construction this year. Collaborative Research Space—that is, a joint collaborative effort between Children's Hospital Research Foundation, Health Sciences Centre Research Foundation and the Faculty of Medicine, University of Manitoba in conjunction with the university downtown centre—is a new commitment for construction.

Urban Hospital Restructuring is a new category and will take us into the program shifts as are identified as we move through The Action Plan for health reform, Quality Health for Manitobans. I have explained that in my opening remarks, page 6, where it indicates there is a \$20-million commitment to urban facilities to provide renovations to existing urban hospitals in some form or another to accommodate shift in patient care, as empowered in Quality Health for Manitobans: The Action Plan.

Manitoba Cancer Treatment and Research Foundation site preparation is a new addition to the construction budget. As my honourable friend well knows, they have a very significant redevelopment plan for the Cancer Treatment and Research Foundation.

In addition, we are indicating that site preparation for the HA project at Health Sciences Centre is part of this year's capital budget. That will proceed when we complete the role statement and get a definite handle on redevelopment HA Health Sciences Centre. We are engaging expertise outside of the province to assist us in redefining the role of our major teaching hospitals in the province of Manitoba.

My honourable friend will know that the Westman Regional Laboratory is a new addition to the capital

construction budget. How does that fit into the Quality Health for Manitobans: The Action Plan?

It fits simply, Madam Chairperson, in providing in Brandon and western Manitoba modern laboratory testing capability to assure that more patient-care functions can be undertaken in Brandon, through Brandon General Hospital and the associated clinics, through such new hospitals that we have built since we came in, as the one at Virden, the one at Minnedosa, in the renewed facilities at Elkhorn and Erickson and other areas, where we have invested pretty significantly in our smaller community hospitals. So I think my honourable friend would have to agree that having laboratory testing of some sophistication in western Manitoba would be appropriate to assure that we do not have labs in Winnipeg doing those tests for people in western Manitoba.

A new addition to the Capital Program is the Lions Manor. I do not know whether my honourable friend was present when I explained in some detail, to the member from The Maples (Mr. Cheema), Lions Manor. Was that a sufficient explanation, or do you wish me to go through it again? [interjection] Thank you. So that is new. I believe Luther Home, the renovation and upgrade and a small addition to the rated bed capacity which may occur from that renovation, that is a new addition to capital construction. The Beausejour personal care home, with a 20-bed personal care home addition, is new to construction this year. Morden Tabor Home renovations to the dining room and the resident care areas is a new renovation which is going ahead this year. That one is not a large capital investment but is nevertheless new.

The next three categories that I want to undertake under Schedule III: Substandard PCH Upgrade - Projects have been selected following prioritization against life safety and standards criteria; Rural and Northern Restructuring - To accommodate program shifts consistent with the restructuring of the health care system; and then, of course, a number of facilities in Role Statement/Functional Planning, for which we are moving on now in this capital budget.

I want to take my honourable friend to Schedule V, wherein my honourable friend will see some pretty significant initiatives for Brandon in anticipation of the Regional Mental Health Council's advice to government on how we can make the shift from institutional-based mental health services to community based.

My honourable friend, I think, will be very pleased with those kinds of directions, because my honourable friend has made the observation that there is nothing happening in mental health reform. Well, my honourable friend can put her worries and her anxieties aside and be comforted by the inclusion of crisis-stabilization unit housing for post-mentally ill, child and adolescent in-patient unit, as well as out-patient clinical services, as part of this capital budget to accommodate mental health reform in Brandon and western Manitoba. I think that probably indicates to my honourable friend some of the new directions that are part of this capital budget, which I indicated in discussion with my honourable friend some 10 days ago, that fit with Quality Health for Manitobans: The Action Plan.

Secondly, I want to point out to my honourable friend so that she does not feel distressed, my honourable friend will note that none of the major capital investments and renewal projects in our community hospitals or any hospital is committed to construction in this budget. We have put a pause in place for the Brandon General Hospital, Health Sciences Centre, Misericordia, St Boniface in terms of the east-side project, and we are not advancing to construction some projects in rural Manitoba which have been in the various stages of planning for the last several years because, Madam Chairperson, we find ourselves at that very critical time in terms of analyzing how we invest and in wanting to assure what we invest in is the most appropriate physical structure for a reformed health care system.

So as I indicated to my honourable friend some 10 days ago, this capital plan will not advance any major hospital construction project, but it does advance and will move to construction, to tender to physical construction, a number of personal care home projects committed newly this year, some, and ones that have been committed in the last one or two capital budgets that have been approved by this House and are now ready, through the negotiations, discussions and architectural drawing stages, to be committed to construction and will go to construction.

\* (1740)

**Ms. Wasylycia-Lels:** Madam Chairperson, the minister has tried clearly to leave the impression that there has been a major shift in his announcement today in terms of capital expenditure plans in the field of health care for this government. I want to

draw the minister's attention to his press release of July 5, 1991, when he released his capital plans for the Department of Health one year ago. That press release makes a great to-do about some supposed new initiatives and lists them as: new facilities for the Manitoba Cancer Treatment and Research Foundation; the Red Cross and Biomedical Waste Disposal Centre; and Health Sciences Research building. Approval was also given for upgrading and replacement of three personal care homes as well as an additional 175 personal care home beds. I could go on. Does it sound familiar? Does it sound familiar, I wonder, to members across the way?

Perhaps the Minister of Health (Mr. Orchard) would like to tell us how the big announcements of last year are the big announcements of this year. Perhaps he would like to explain to us if there is anything here in terms of real substantive shift, if there is anything more, as some people are wont now to describe by the minister's approach, than fluff and feathers. We have heard about smoke and mirrors. Well, I think we are getting a little closer to this minister's approach when we talk about fluff and feathers.

Year in and year out, this Minister of Health somehow manages to find a way to recycle, repackage, repeat the same old announcements. As I have said before, he has mastered the Orchard principle, and that is getting the most out of doing as little as possible.

So I do not know yet, Madam Chairperson—in fact I would say even more clearly that I do not think we have gone much beyond a repackaging of old announcements, a shift in some cases, an upgrade here or there, but not much of a change. Why was there such a big announcement last year about the Cancer Treatment and Research Foundation, the Red Cross, biomedical waste, Health Sciences research building, and so on?

We just heard the minister, with great fanfare, talk about these as new initiatives, a new course of action, yet we heard about them last year, and probably we heard about them the year before, like the Deer Lodge Hospital that we heard about for four years running.

The minister says, when it comes to mental health reform, we should take comfort in the fact that under Architectural Planning, the minister describes and plans for certain initiatives in the field of mental



health. Now, on paper, it looks very interesting, but I want to remind everyone in this Chamber, Madam Chairperson, that given this minister and this government's record in the field of capital planning in health care, it usually takes two, three, four, often five years—I will say five because we are going into the fifth year—for projects to move, if at all, from the architectural stage to projects approved for construction.

So we have already had four years of rhetoric from the minister on mental health reform. Every year he has repeated the same announcement about community-based mental health services, downsizing of institutions and supports and new housing projects and innovative developments on the ground in communities right across the province of Manitoba.

Year after year, there has not been one shift, not one penny shifted from institutional to community-based care in the field of mental health. In fact, we have seen, in the last while, the opposite. More money has gone into the institutional side, giving us grave concern. The frantic pace at which we have had to analyze this multimillion dollar budget is certainly not making it easy to present orderly pursuit of these Estimates with great backing in terms of research.

I want to ask the Minister of Health (Mr. Orchard), number one, if he can tell us if there will be any shorter distance than has previously been the case between Projects Approved for Architectural Planning or for conceptual work to projects for construction? Can he tell us if there will be any shorter interval than three or four years, as has been the case normally when this process has taken place as it pertains to mental health?

Can he also tell us, since he mentioned the \$20-million capital upgrade for facilities, how that relates to our discussion in Estimates, when we pursued the increase to urban hospitals and the minister indicated a \$12-million portion of that for capital upgrade? Could he tell us if that is all upgrade, if that is part of the new initiatives? If that is the case, that he has actually rolled capital expenditure into the overall operating dollars for hospitals, which I believe will be the first step in that direction in the history of this province, as well, the first time that hospitals are led to believe they have a tremendous budgetary increase, only to find that this government has rolled everything and the

kitchen sink into that total, and now, as we have learned, capital expenditures as well.

I would like to know about that issue. I would also like to know specifically about the Concordia Hospital, since this announcement today clearly indicates 60 acute care beds. I want to know what happened to the long-term care beds, to the chronic care beds that have been promised year in and year out. I would like to know specifically what has happened to discussions and plans with the Concordia Hospital around both acute care beds and extended care beds, if this announcement today means the minister is only moving on the acute care side, and that he has other plans in terms of meeting the chronic long-term care needs of people in that part of the city of Winnipeg. So those are three questions I wonder if the minister could answer, and then I will try to group others I have as quickly as possible. [interjection]

Well, Madam Chairperson, with so little time and these Estimates handed to us as we start the debate, and now I have to take up time repeating the questions. I would like to know if we can expect why we should have such high hopes about movement on mental health reform, when all that has happened is the minister has included some projects at the architectural stage, when in the past, projects included at that level take at least three or four or five years to get to another stage and certainly to construction stage. How are we to take comfort in this major breakthrough? Can the minister tell us the interval will be shortened then, than the traditional length of time it takes to get from architectural stage to construction stage?

\* (1750)

I would like to know which of this capital is included under the \$12-million capital portion of the \$53 million—or is it \$47 million—increase generally to urban hospitals, something we went over and over in Estimates. We were very surprised to learn, and I believe this is a first in the history of this province, to see capital rolled into operating, leaving hospitals certainly with a much more difficult situation than they had originally expected when the minister talked about a 5-percent to 6-percent increase. Thirdly, I would like to know specifically about Concordia Hospital, which in this Estimates clearly is referenced only in terms of acute care beds.

The minister has been in discussion with Concordia Hospital since 1989, when talks began

for 60 chronic care beds. I would like to know, if the chronic care beds have been ruled out, and therefore how long-term care needs in that community are going to be reached as a result of that decision.

**Mr. Orchard:** Madam Chairperson, I want to try to answer as briefly as possible. My honourable friend's concerns in the first question is how can we move quickly with mental health reform initiatives that may require capital investment in the community when it takes five years to architecturally plan? My honourable friend might take some comfort in Schedule V, Brandon: that child and adolescent in-patient unit, 10 beds plus space for out-patient clinic services. Child, adolescent and adult may be—

#### Point of Order

**Ms. Wasylycia-Lels:** A point of order, Madam Chairperson. Time is short. The minister did not hear the question. I will clarify it again. I referenced the fact that these projects do appear on Schedule V, which are projects approved for architectural or function or conceptual work. I am asking why they do not show up on the list for projects approved for construction, and how long will be the interval between the conceptual stage and the construction stage when, normally, under this government's practice and habit, it is four or five years.

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**Mr. Orchard:** Well, Madam Chairperson, I understood that was the nature of my honourable friend's question, but now that she has reinforced it a second time, I will provide the same answer I was going to when she got up on a point of order.

She might be comforted in knowing: may be accommodated by rental space secured by government services, i.e., the space exists now, it does not have to be built. I will tell my honourable friend that means that we can deliver space in a very short period of time; a very short period of time, that that can be accommodated. So my honourable friend has these great fears and concerns, but the unstated one is that we are actually going to accomplish what they talk about. We are going to put into action, reform, not talk about it as New Democrats have done for years.

My honourable friend makes the case, in point No. 2, that for the first time ever, that she is aware of, that capital operating costs are part of the hospital

budgets—always, always; \$950 million this year includes the principal and interest retirement of capital construction on hospitals. That is always part of the \$950 million operating costs that we have approved.

When I was in opposition, that is what the NDP government put in Estimates, and it is continued on today. My honourable friend's ignorance of that fact demonstrates more than that simple, simple failure to understand how my honourable friend sat around a cabinet table and approved estimates of expenditure for hospitals. That is the way it was done when she was around the cabinet table. That is the way it is done today. So my honourable friend does not understand health care funding if she does not understand that.

Third point: Concordia Hospital, yes, we are working with Concordia Hospital. We are moving towards the commissioning of those beds which were built. My honourable friend, who wants to go into, all of a sudden, being a friend of Concordia Hospital, as a New Democrat, might explain how, in 1970, the hospital was halved by the New Democratic Party, and how, in 1981, plans to do this kind of construction project were dumped by the NDP government of Howard Pawley that she was part of in 1981. The only people who have ever paid serious attention to Concordia Hospital has been this government. Now, they have an expansion to make it a reasonable-sized hospital with service delivery capabilities.

Secondly, to meet the needs in that community, we are taking the initiative of putting 240 new and additional personal care home beds in the two projects that I have already alluded to, and I will be glad to allude to them again, under a Projects Approved for Construction, Kildonan Centre Personal Care Home, 120 beds; River East Personal Care Home, 120 beds.

In addition to that, I want to tell my honourable friend that we have every intention of increasing the size of Bethania Personal Care Home, I believe, which is in that area of the city in terms of expanding their personal care home capacity to serve that area of the city.

Now, my honourable friend says, what are you doing? That is what we are doing. My honourable friend might now want to apologize to the people of the northeast part of the city for sitting in an NDP government that did nothing for them.

**Ms. Wasylycia-Lels:** The only person who should be apologizing this afternoon is the Minister of Health for his violation, his abrogation, his circumvention of the democratic process, for the ultimate in arrogance.

You know, it is interesting. You ask a question and the only way the Minister of Health can interpret that is in terms of friends or enemies. We have been through this for 60 hours, and frankly, I have had it up to here. I am sick and tired of the minister's macho approach to politics.

You know, Madam Chairperson, people come to this process, are involved in this process because they want to do a good job, ask questions that need to be asked, do their homework, pursue issues, try to make this province the best place to live in that is possible.

Every time we have asked any questions, the minister has ascribed motives and suggested that if we ask a question one day, we are friends; if we ask it the next day, we are enemies of that place or that person or that institution. Well, we are not playing those games. I am not raising those questions because we are trying to be friends or enemies or neutral to any particular organization.

We are asking questions because there is a clear discrepancy between what the government has announced previously and what they are saying today, and that has been the case in every item that we are dealing with.

The Minister of Health has said this afternoon as he went through the list I presented—he has not given me any evidence of any major shift. I would like for the record to indicate that every time he says there is a new project—he mentions Beausejour personal care home and he mentions Lions Manor and others, those are repeat announcements, Madam Chairperson. They are clearly delineated in last year's announcement. Some may be at different stages but they are not new. There has been no shift in policy.

Furthermore, one only has to look at the totals in terms of expenditures for this total package and break it down by hospitals, break it down by personal care homes and break it down by other community-based projects to see that there is little shift in real terms, no evidence to suggest that there is actual progressive, meaningful health care reform taking place.

I would simply ask the minister again, in the short minute left before the six o'clock adjournment, to tell me what is new in this package? Where is the shift? Where have the hospital constructions plans been downgraded? Where have the community-based care projects been upgraded in real concrete terms with dollars attached to them that we will see developed, opened and used in the next two years?

**Madam Chairperson:** Order, please. The hour being 6 p.m., committee rise.

Call in the Speaker.

\* (1800)

### IN SESSION

**Mr. Speaker:** Order, please. Is it the will of the House that I not see the clock for a few minutes so the honourable government House leader can make some sort of an announcement?

**An Honourable Member:** Agreed.

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

### House Business

**Hon. Clayton Manness (Government House Leader):** Mr. Speaker, as I announced previously, we will reconvene at seven o'clock, and I understand there is some wish now to change the original request to sit beyond eleven o'clock, and I am prepared to—at least in talking to the NDP House leader, that was his wish, that we would sit beyond eleven o'clock tonight.

**Mr. Speaker:** you may want to ask the House that question, specifically, at seven o'clock.

**Mr. Speaker:** Okay, we will ask that at seven o'clock.

**Mr. Manness:** I should also indicate that I will move into third readings at seven o'clock. I am going to ask the Clerk to report or to have ready a report from the committees as to which bills have passed, clause by clause. We will try to dispose of third readings of bills at that time, and then we will move back into concurrence.

I will ask for leave of the House to, again, move the motion to move into Committee of Supply and deal with concurrence. We will do that at seven o'clock.

**Mr. Speaker:** The hour being 6 p.m., I am leaving the Chair with the understanding that this House will reconvene at 7 p.m.

# Legislative Assembly of Manitoba

Tuesday, June 23, 1992

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