



Third Session - Thirty-Seventh Legislature

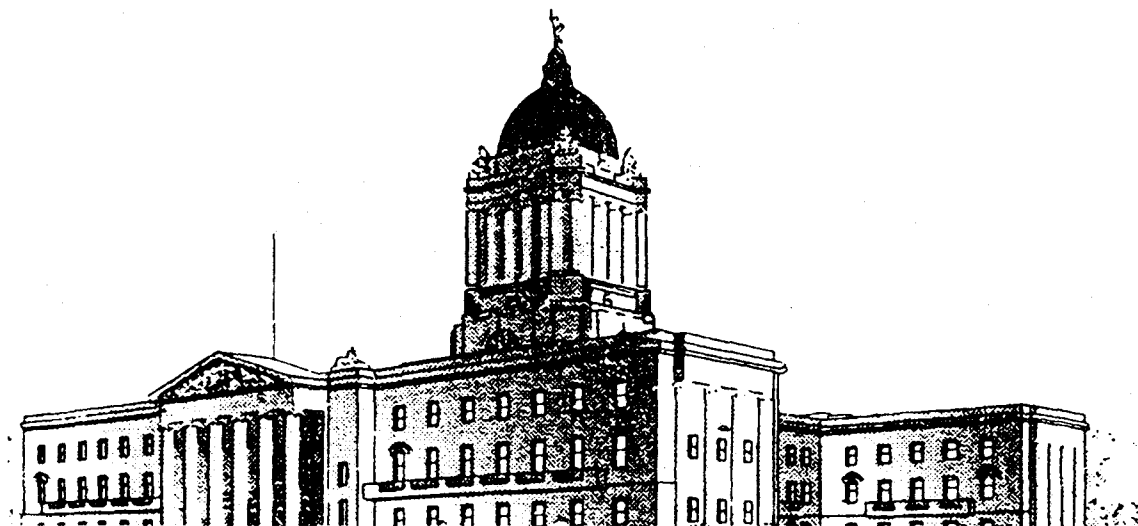
of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS**

**Official Report
(Hansard)**

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Thirty-Seventh Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, July 29, 2002

The House met at 10 a.m.

PRAYERS

ORDERS OF THE DAY

GOVERNMENT BUSINESS

House Business

Hon. Steve Ashton (Deputy Government House Leader): Mr. Speaker, there is agreement to have Public Accounts and two Committees of Supply running concurrently, and I think we were just confirming which two. There is going to be some confusion. I know Culture is one of them. I think the other question is whether it is Health or Status of Women. I notice the Health critic and the Health Minister are here. Can I assume that we will do Health and Culture?

Mr. Speaker: Just a reminder to the honourable Deputy Government House Leader that he would need leave of the House and then he would need to move the motion to change the sequence.

Mr. Ashton: Mr. Speaker, I think there might be leave to consider Culture in the Chamber this morning, which it is currently designated, and Health in Room 254 between 10 and 12 this morning. Could I ask if there is leave on substituting Health for Status of Women in Room 254?

Mr. Speaker: Does the honourable member have leave? *[Agreed]*

The honourable Deputy Government House Leader, changing Status of Women to Health, that is for this morning only? Would you have that confirmed?

Mr. Ashton: Mr. Speaker, that would be the intent. I believe—and I am not sure of the order of this, but following Culture, if Culture does finish this morning, the intent, I believe, is for

Industry, Trade and Mines. It is the following department. I just want to confirm that for critics and ministers.

Mr. Speaker: For clarification to the honourable Deputy Government House Leader, that was already changed on Thursday. That was already done. So now if the honourable Deputy Government House Leader would like to move the motion.

Mr. Ashton: Yes, Mr. Speaker, I also believe there is leave not to consider quorum counts and votes this morning. I believe that was arranged by the House leaders.

That being the case, Mr. Speaker, I move that the House resolve into Committee of Supply, seconded by the Minister of Industry, Trade and Mines (Ms. Mihychuk).

Mr. Speaker: As previously agreed on Thursday, there will be no quorum counts for this morning.

Motion agreed to.

COMMITTEE OF SUPPLY
(Concurrent Sections)

HEALTH

Mr. Chairperson (Harry Schellenberg): Will the Committee of Supply please come to order? This morning, this section of the Committee of Supply meeting in Room 254 will be considering the Estimates of the Department of Health.

When the committee last sat, it was agreed to have a global discussion in all areas and then proceed to line-by-line consideration with the proviso that if a line has been passed, leave will be granted to members of the Opposition to ask questions in passed areas. The floor is now open for questions.

Mrs. Myrna Driedger (Charleswood): Mr. Chairperson, I believe when we ended the last

day we sat in Estimates, we were discussing the issue of a major NDP commitment during the election to end hallway medicine. I guess as we were reviewing some of that information—and I will not rehash all of it because I think I certainly covered a lot of my comments on Thursday.

I would like to add, though, that I still do feel that the NDP bamboozled Manitobans in the last election, not unlike what happened in British Columbia, where the former premier there, Glen Clark, deceived them in an election campaign, claiming the budget to be in surplus when it was not. He bamboozled the people of British Columbia at the time, and they never forgave him. Now we see an NDP government in Manitoba bamboozling the people here by promising to end hallway medicine, and they peddled illusions, I think, to themselves and to the people of the province.

I would like to ask the Minister of Health if he feels it is time now for him to be accountable for his election promise. Will he admit failure, and will he be in a position to apologize to Manitobans for misleading them in the last election?

Hon. Dave Chomiak (Minister of Health): Mr. Chairperson, the facts speak for themselves. We put the stats up comparing every week with weeks in 2001, 2000 and the year 1999, and the facts speak for themselves.

Mrs. Driedger: Can the minister confirm that the numbers collected now are not the same as when we were in government because no longer are the stats that are posted on the Web site inclusive of surgical patients or psychiatric patients? Therefore, it is not a true comparison, apples to apples. In fact, it is a comparison that certainly does not accurately reflect the then and now.

Is the minister aware that the numbers that are posted are not the same as when we were in government?

Mr. Chomiak: Mr. Chairperson, I instructed numbers to be posted on the same basis as under the Conservative years. From my understanding, if we went back to 1998 and if we accurately did portrayals in 1999, the Conservative years would look even worse.

Mrs. Driedger: Is the minister then indicating that when the Tories were in government, he is of the assumption that surgical and psychiatric patients were not covered in those numbers?

Mr. Chomiak: The numbers that are posted are on the Web site have been put up publicly. There are explanatory comments on the Web site. As I indicated in my first response, the facts speak for themselves.

Mrs. Driedger: Well, certainly I know that there is an explanation attached to those numbers. The explanation does indicate that no longer do the numbers include surgical patients or psychiatric patients. In fact, they only include admitted medical patients. While I will assume that when we were in government it was admitted patients that were also counted, I believe when we were in government we counted surgical and psychiatric patients. I understand, and I know it is an explanation on the site now, that surgical and psychiatric patients are not now counted so that it would not be the comparison of apples to apples.

So is the minister then saying that he is of the view that the numbers are being compared exactly the same way?

Mr. Chomiak: Since the member asked about my view, I will indicate, every time we put out a number that is more positive than Conservative years, the Member for Charleswood (Mrs. Driedger) says, oh, you are comparing something different. Every time there is a number that is more negative, the Member for Charleswood stands up and flaunts it and says, oh, it is awful, awful.

I think the facts on the Web site speak for themselves. The fact that CIHI said there was an 80% reduction in the hallway speaks for itself. The Member for Charleswood can make any comments, observations or viewpoints that she would like and she can take them to any forum that she would like. I think the facts on the Web site speak for itself.

Mrs. Driedger: Certainly the minister can have that view, but I guess what I am certainly looking for is accuracy in comparing numbers. It really, from my perspective, does not have anything to do with one-upmanship. All I am

looking for is transparency and accuracy so that if indeed we are comparing the same numbers, that would be one thing, and, therefore, if you see improvements, fine, but if we are comparing different numbers and the Government is trying to spin it that things are way better than what they were, all I am looking for is some accuracy in terms of, are we comparing apples to apples? Certainly my understanding from looking at the information on the Web site is that we are not comparing exactly the same numbers as when we were in government, because we were including surgical and psychiatric patients.

Certainly I having been a nursing supervisor in emergency. I know that you can have numbers of surgical patients that are admitted. You can also have, especially on a weekend, a number of psychiatric patients that are also waiting in ER hallways. In one hospital alone, I can recall a number of those patients there on a Saturday night. If those patients are now omitted from the number count, then we actually are not comparing apples to apples. Although the minister may be trying to spin that they have done such a good job of eliminating hallway medicine, we might very well not even be comparing the same numbers. Therefore, I mean, it is not an accurate reflection of what has really taken place.

Mr. Chomiak: The facts speak for themselves. The member tried that same stunt on the cancer figures and was found to be inaccurate. The facts on the Web site speak for themselves. CIHI independent third-party bodies have observed that we are 80 percent down, have said so. Other jurisdictions have followed our plan. If the intention of health care is to improve it for all Manitobans and if our goals are to improve the quality of care, then the fact that hallway medicine has been dramatically dealt with in this jurisdiction, I think it is something that we should acknowledge and we should deal with.

Mrs. Driedger: Well, certainly I have no problem with looking for and expecting accuracy, transparency and accountability in the system. I am a huge proponent for that. I do agree that you are never going to be able to adequately address the challenges in health care unless we are going to look at it honestly, portray it honestly, and deal with it honestly.

All I am asking the minister for is information around the numbers, because it certainly says on the Web site that the numbers now that are posted on there do not include surgical and psychiatric patients. In fact, the only numbers that are on the Web site are those that are admitted. Having been a nursing supervisor in Emergency, I know that you can have numerous patients in the hallway, you may have 10 patients in the hallway, but if only 2 are admitted, then that is all that is posted on the Web site. So we may really be talking about different numbers.

Mr. Chairperson, I know the minister likes to talk about, well, all these dozens of people who were in Concordia Hospital when we were in government. Well, I got a call a few weeks ago that Concordia Hospital was absolutely full. This man who phoned me said he could not walk down the hallways of Concordia emergency without bumping into stretchers that had patients on them. Yet those patients would never be reflected in the numbers, because it is only admitted patients who are recognized and put on the Web site.

So, in fact, is the minister aware that you can have 10, 20 patients in the hallway, but you only might have 2, according to the numbers, because we only count admitted patients in those numbers? Is he aware that when the site is up, we are only talking about admitted patients?

* (10:20)

Mr. Chomiak: Mr. Chairperson, first off, I know the member has occasion to talk to individuals and raise points. I have been to Concordia Hospital many times and have never seen it in this state. I have gone unannounced, seen it in the state it was during 1998 and 1999 when, as the newspaper article indicated, 33 people were in Concordia Hospital at one time.

Having said that, Mr. Chairperson, I will indicate for the umpteenth time to the member that we compiled the statistics on the same basis that the former government compiled the statistics. We made it very clear we would compile it on that basis.

The member opposite always, always when there is a number that is more positive for the

Government, says oh, you are comparing apples and oranges, always says that we have changed the way we have compiled statistics, except where the number is worse, in which case the member does not say that. The numbers speak for themselves. We stand by the numbers. They have been reviewed by third-party agencies. The member can make whatever political argument she wants, and she is welcome to make that. I suggest to her the facts speak for themselves

Mrs. Driedger: Mr. Chairperson, while the minister may like to say the facts speak for themselves, the fact of it is that the only numbers posted on the sites are admitted patients, and it does not include all of the patients that could be in hallways.

I can recall a time as a nursing supervisor, end of the evening shift, you try to clear out your stretcher bays so they were all empty, getting ready for the night shift. And, while all of those stretcher bays were empty, there were four patients kept in the hallway on stretchers because that was the nurses' view on how to prepare for incoming patients, and they wanted those stretcher beds freed up.

Those patients certainly would not have been counted as admitted patients, because they were just there waiting to be sent home. But they were being recovered in the hallway. There are numerous patients that are being looked after in the hallway and are not admitted, and will be discharged directly from the hallway. So, Mr. Chair, while we may hear from the minister that he has, in his view, effectively ended hallway medicine, although his promise was to 100 per cent end it, that, in fact, is not what is happening. There are still, in my mind, some questions about how we represent this view to the patients.

Mr. Chairperson, this man that phoned me from Concordia Hospital a few weeks ago was a citizen of Manitoba. He was not a health care professional. He was in there visiting one of his employees and he was absolutely livid. He was livid because I think he felt that the commitment that was made by this Government to the people of Manitoba back in the election was to end hallway medicine, and he was livid that this Government is continuing to try to represent themselves as having ended hallway medicine, and he was

appalled. When he phoned me, he was angry. In fact, I believe he also called the minister's office and was quite distressed that hallway medicine still existed.

So I think he felt bamboozled by that election promise, and was actually appalled when he called me. He said, what is going on here. That is not the first call I have had from ordinary Manitobans phoning me and saying, Myrna, there are still patients in the hallway. Are you aware of this? What happened? The NDP promised that they were going to get rid of these patients and they are still there.

I think people are offended by that and that was why I was asking the minister. I mean, his promise was not just to clear the hallways a little bit, his promise was to fully, unequivocally, end hallway medicine. The Premier (Mr. Doer) went so far as to say it was his moral commitment. So all I am really asking the Minister of Health is whether he is willing to admit that he did not 100 percent keep his promise.

Mr. Chomiak: To the member's question, no, Mr. Chairperson. I thank the member for bringing to my attention the fact that she talked to a citizen and she felt that he felt that. I took note of that. I am glad the member is conveying the feelings that she felt he felt that to me. I appreciate that she brings that to my attention.

The facts on the Web site speak for themselves. Independent third parties have verified those numbers. The member is wrong, but the member can continue to go on as long as she likes. That is fine. The facts say otherwise.

Mrs. Driedger: Mr. Chairperson, I would like to ask the Minister of Health why the WRHA added \$1 million to last year's budget to eliminate hallway medicine.

Mr. Chomiak: Mr. Chairperson, can the member give me more specifics as to what she is referring to?

Mrs. Driedger: In the financial statements of the WRHA, there is a line item that indicates hallway medicine, and it has a million dollars attached to that line item. I guess it sort of surprised me a little bit when I saw it because

the minister is saying he has ended hallway medicine, and his promise was to end it with \$15 million. Then from last year's financial statements under the WRHA, we are seeing a \$1-million line added to that. It is somewhat surprising when the minister is saying he has eliminated it, and yet we are seeing another million dollars.

I have to wonder, are there other millions and millions of dollars going into this, despite an election promise that it was only going to cost \$15 million.

Mr. Chomiak: Mr. Chairperson, I do not know if the member is aware of it, but when we put in initiatives to deal with hallway medicine, those are ongoing initiatives that continue over several years. If we were to eliminate the resources, it would go back to what it was in the Conservative days, where we would have dozens and dozens of people in every single hospital day after day, week after week, month after month. So the initiatives we put in place with respect to hallway medicine are ongoing.

The member indicated she was director of nursing years ago at St. Boniface Hospital. Maybe she saw some initiatives that could be put in place, but when you put them in place, they are permanent initiatives that have to be put in place, because the situation dealing with hallways, as I have said on many occasions, is an ongoing, continuing process.

The process is continuing. It is long term. It is ongoing. We have to stay on top of it every single day in order to deal with situations, and sometime situations vary. There are peaks and valleys that occur for reasons that are totally not accountable by particular situations and by the status quo.

There have been peak periods where we have been unable to assess, which is why we put the figures on the Web site, which is why we make the numbers public so we can analyze them and be very transparent, but there have been periods where we sat down and said why have we had, all of a sudden, a peak in attendance at emergencies? There was a recent occasion when we saw a greater increase in the ER, so we said, well, one of the initiatives we should

take is to put in place an advertising campaign so the public knows what they should do about when and where they should attend if they have a particular health difficulty.

That ER campaign resulted in a document that was sent to all Manitobans through the newspapers that I know is being utilized by thousands of individuals as a reference as to when you should go to ER, where you should go as an option, whom you should phone. You can phone Health Links or you can go to an urgent care centre. That document was sent out as a public service through Health—and I know the member was critical of it, but we sent it out through Health to try to provide more information, and we will continue to do that.

We will continue to provide information to the public about the best utilization, the best practices, and one of the reasons we have the data on the Web site and one of the reasons we analyze that data is to enable us to know how best to manage our resources effectively. One of the ways of dealing with managing resources effectively is to assess the situation, to assess the individual and the multi-sites and to determine why there is a peak or why there are valleys in terms of attendance. Obviously, the intention is to level it out to the extent possible in the health care system and to try to best utilize your resources based on the leveling out.

So there are peaks, there are valleys, but the issue of hallways in dealing with it is ongoing. I do not want to get into a situation, Mr. Chairperson, that occurred in 1995 leading up to the last election when significant resources were put into the health care system just before the election and then pulled out after the election. We wanted to even it out and balance it out. I do not know if the member was aware, but a whole series of measures were put in just prior to the '95 election, and I daresay the '99 election, that would have been pulled out post-election if the pattern had followed, the usual pattern that I saw through the nineties.

* (10:30)

But the efforts that we put in place are ongoing and continuing and are a variety of efforts to deal with the hallway situation which

changes throughout the year and changes through particular different periods and changes based on assessments out in the community and health situations as they occur.

Certain respiratory illnesses occur during different periods of time. Certain other issues arise. There are some traditional situations we have seen at the commencement of summer holidays when all of a sudden visits to the ER peak. That is attributed to a number of factors. Traditionally, Mr. Chairperson, visits and difficulty occur during the holiday seasons based on allowing staff to have some time off and the fact that, for example, physicians' offices are often closed or, in many cases, hours are restricted during holiday seasons.

There are a variety of factors that occur. Some are explainable. Some we have still yet to determine in terms of peaks and valleys. The efforts to deal with hallway medicine are continuing. They are ongoing. They occur year-round, and they will continue now and into the future. If we let our vigilance down, we will find ourselves back in the situation that occurred in the late 1990s. That is the situation we do not want to find ourselves in.

Mrs. Driedger: I would like to ask the minister some questions about the ad campaign. Prior to doing that, I would just like to go back to the situation of this patient at Concordia Hospital. At that time, this man that phoned me also indicated that there was only one MRI working in the city. Although this employee of his was having symptoms that required an urgent MRI, he was not able to get it on a timely basis. They were told that it was because only one MRI was working in the city.

I would like to ask the minister if that is still the situation right now and why.

Mr. Chomiak: The member should give me dates and times so that I can check that particular factor. What was the date and time that the member is making the allegations?

Mrs. Driedger: I do not have that information now. I certainly will bring it back, but can the minister tell me if, in the last couple of months, there have been situations, or even if, today, we

only have one MRI working in the city, or how many we do have working?

Mr. Chomiak: What I will do is, when the member brings dates and times about the allegations she has brought forward to this committee, I will certainly follow up on that particular instance. The member is also asking, if I understand it correctly, for the past few months, if there were situations where only one MRI was working, I will ask staff to find that out.

Mrs. Driedger: I would appreciate finding out more about that particular situation. Perhaps tomorrow we can talk a little bit more about medical equipment. At this point in time I will move on to some of the questions I have about the emergency room ad campaign. We certainly have been following it, knowing that it started and went from December to February. It cost over a quarter million dollars and certainly would seem a reasonable effort to make to try to inform people about the choices they have when they have to make a decision about where to go.

There are people that might not know there are some options like the Health Links line or the Misericordia Urgent Care Centre. There are options of walk-in clinics or visiting physicians. At the beginning it seemed that it might not be an unreasonable campaign to take on. I guess the question that came to my mind at the beginning of that was, if the minister was so confident that he was managing hallway medicine so well, why did he feel a need to spend over a quarter million dollars trying to keep people away from hospital ERs?

Mr. Chomiak: I believe I answered that question already and informed the member that it is an ongoing challenge to work across the system. If we let our vigilance down, if we just put in resources, say, for example, during an election period, that would not be fair to the public. Our efforts continue on and on, day after day, firstly. Secondly, as I indicated to the member, there are peaks and valleys with respect to usage and there is a variety of factors with respect to usage that occur. If we can help the public in terms of knowing what to do and how to do it, we will do that.

Let me just cite an example. Not to flog the point but just to cite the point, we presently have

a public awareness campaign concerning West Nile virus. If we did not do that, I suggest that the ERs, which are already very busy, and doctors' offices, which are already very busy, would be incredibly busy as the public seeks information with respect to this issue. So we are spending money, public money, to advertise and direct the public to provide, as a first contact, Health Links, where Health Links provides the information. Is not that what a health system is supposed to do? Provide for the most immediate contact, primary care and at least cost but most advantageous. It makes sense to me that the public should know that if they contact Health Links, they can get information.

That is just an example. I do not want to flog that particular point because the member was dealing with the emergency campaign, but I use it to cite an example that what we try to do in the health care system is direct people to the appropriate resource at the appropriate time. That is the purpose of an ad campaign. That is why we were very pleased with the ad campaign. That is why we ran the ad campaign. We will continue to run an ad campaign or ad campaign similar to that as we go throughout the system.

I can just cite another example, the childhood injury campaign. We did the childhood injury campaign for the first time in Manitoba history. It was extremely well received. Manitobans had the opportunity to find out about childhood injury, Manitobans had the opportunity to injury-proof their house. I daresay if we prevented one child from being harmed, the campaign was worth it, because if one looks at the statistics to visits to emergency rooms, one of the majority reasons for visits to emergency rooms is childhood injury. So it was not done to prevent specifically visits to ER; it was done to help and protect the public.

As a tangential benefit, it probably helped reduce visits to ER. Now, I am sure the member would not be afraid or would not be against that particular issue, but if it tangentially helped visits against ERs and helped deal with the situation, would that make it wrong? I do not think so, Mr. Chairperson. So we make no apologies for ad campaigns that provide information to the public and are utilized by the public to help make better informed health care decisions. It is

very clear both from our own consultations and from the consultations undertaken by the Romanow commission that the public wants more, not less, health care information. They want to make better and more informed decisions.

That is why you have seen these kinds of public information campaigns. That is why we sent out a pamphlet and a document that outlined for individuals when, how and why they should utilize ER and other kinds of health services. That is why we will continue to inform the public. That is part of our job, Mr. Chairperson.

Mrs. Driedger: As I indicated in some of my earlier comments about this, certainly one has to make efforts to address the numbers of people that are attending at hospitals. We certainly know from the first poll that the NDP did soon after they came into government, 40 percent of the people polled indicated that they did not have to be in an emergency to have their health care needs addressed.

I thought that was quite a startling statistic. It came from talking to people and polling people. It was public comment that 40 percent of them felt they did not need to be there but they were there. So I do not dispute the fact that we need to address how to, I think, better deal with patients who are going to ERs. Are there ways that they could be directed maybe to a more appropriate place? So I say that, but I do have some further questions about this.

The minister had just made a comment about the reasons you do campaigns and if they are effective, then it is a good thing. I guess that is where I am leading in my questions, questioning the effectiveness of some campaigns and how we monitor that effectiveness and what we are going to do if campaigns are not effective.

He did make some mention of the West Nile campaign and the fact that people needed to be informed. It was an effective campaign. My question at this point, just on that issue is if the minister felt that things were going so well, why was it taking so long for people to have their calls returned? I know that the Member for Carman (Mr. Rocan) raised that in the House, that he waited for I think it was 24 hours to have his call from Health Links returned. In fact, I

was at a barbecue on the weekend and two men that were at the barbecue told me they had also called into the Health Links line and they never had their calls returned.

Is the minister aware that these kinds of situations are happening? Is there some kind of follow-up to be sure that that campaign is an effective campaign by virtue of people's calls being returned and their fears being dealt with?

* (10:40)

Mr. Chomiak: First off, Mr. Chairperson, I would appreciate if the member could give me the specifics of the two gentlemen she talked to at the barbecue on the weekend, so I can do follow-up as to why those individuals did not have their calls returned.

Just let me outline to the member the scenario. We were anticipating that there would be a significant uptake in the number of calls that occurred when and if the first bird were to be found in the province of Manitoba. We have had experience in this area through our meningitis campaign and through our water safety campaigns. In both cases, the Health Links call line spiked dramatically during the course of both of those issues as a result of increased public concern. So that was anticipated.

We also anticipated that would occur, and what we did is we put in place additional resources, so that when the first calls came in regarding the birds, we would be able to have the resources in place to deal with it. So it was not a lack of planning that resulted in the difficulties.

What was not anticipated, Mr. Chairperson, and I have already said this publicly, was the length of time it would take for the individuals who received the calls to provide information to the public. That is where the glitch, which was unanticipated in this instance, occurred. On both the meningitis campaign and on the water safety campaign, it was not as complicated a process to provide information to the individuals as occurred during the West Nile virus issue in terms of determining the type of bird, determining what should happen with the bird.

It was far more complicated than we actually had anticipated, and that resulted in some

major difficulties the first several days with respect to the call line. We admitted at the Monday press conference—remember, the first bird was found Friday morning. It was late Friday afternoon when I announced some significant measures. So we were going into a weekend. We were dealing with a new and unique situation, the breadth of which, that is, the extent to which individuals who answered the phone had to provide information, we had not fully anticipated.

With respect to the first several days, there was a problem, and we corrected that problem by virtue of hiring additional staff and putting in place different kinds of resources. In fact, Mr. Chairperson, if you will note, the ad campaign that we launched changed as a result of our experience the first weekend. We went from an ad campaign talking about picking up birds to being more specific to individuals, so they would know the type of birds that we were looking for, so that we would lessen some of the pressures on the Health Links line.

So we did not anticipate the length of time it would take to explain information to the public. We did adjust, and the last time that I checked, the callbacks were happening almost immediately, or if they were not happening almost immediately, they were very shortly thereafter, and that was the last time I checked. So I do not believe, unless there has been a spike that I am unaware of, and I have not been briefed yet this morning because it is Monday morning, I have not been briefed as to whether or not there has been any specific difficulties, but we do check it on a daily basis to provide information to the public.

I might add, Mr. Chairperson, that this also assists us now in terms of our learning curve. We have had the meningitis campaign. We have had the water campaign. To a certain extent, we have had the hepatitis C campaign. To a certain extent, we have had the family doctor connection line campaign, and now we have had the West Nile virus campaign.

They have all been different types of information. They have all helped us refine our capacity and our ability to deal with responses. I anticipate that the next time there is a campaign

of this kind, the scope and the breadth of information provided by people who receive the calls will be better anticipated so that the next time, that difficulty, for example, will not likely occur.

So that is the explanation with respect to why and how it happened, and I would appreciate it if the member could get me the details of the two gentlemen she talked to at the barbecue, so I could do follow-up and see specifically whether it was, in fact, the first period of time when there were some admitted problems or if it has been more recent.

Mrs. Driedger: Mr. Chairperson, I will indicate to the minister that it was early on in the campaign, very near the beginning of everything happening, so, certainly, his explanation as to the changes and improvements made as they went along would certainly take care of some of my concerns in that area.

I may at some point later in Estimates come back to the West Nile. I would like to continue with the ER ad campaign and finish my line of questioning in this area. Can the minister tell me if he tracks the numbers of ER visits to see if his ads have been effective in keeping people away from hospital ERs?

Mr. Chomiak: Yes, we do track the number of visits to ERs, and we look at that information. It helps us determine, Mr. Chairperson, how visits are going and how we can deal with the capacity in our ERs.

I note that during the course of Question Period, the member suggested that our ad campaign was not effective because, for a period of time, she compared, I believe, the January or the December to February period with the previous December to February period to suggest somehow that the ER campaign is not effective.

I suggest to the member opposite that her comparisons are not indicative of the effectiveness or non-effectiveness of a particular ad campaign for a variety of factors, of which I am quite happy to go into.

Mrs. Driedger: Well, I think the minister is going to have to go into some of those factors

because when the campaign started, that very, very beginning of December there were just over 4000 people attending ERs. At the end of the campaign, the number was up 250 to 300 more people, and basically grew through the time of the campaign, went down in one particular or two particular weeks, and then went up and remained high.

So that campaign, you know, his quarter-million-dollar campaign was running, and if the intent was trying to encourage people to look at alternative ways, it would seem to me it was not that effective when we went from 4069 visits at the beginning of December and ended the campaign and spent a good part of the campaign with 4400, 4500 patients visiting ERs. So, I guess when looking at those numbers, I would ask the minister if he can account for why the campaign was not doing what it was intended to do.

* (10:50)

Mr. Chomiak: Yes, Mr. Chairperson, firstly comparing year to year with respect to the number of visits to ERs, while it is indicative it is not the total answer because one does not know what factors are influencing attendance and what occurs a particular year. I think the second flaw in the member's argument is the fact that she compared, I believe, ER and urgent care visits, and I am not sure if that necessarily is indicative of whether or not the ad campaign was effective.

For example, if ERs visits per se were down and urgent care visits are up, would that mean the campaign was effective or non-effective? It could be open to interpretation, but I would suggest if visits to the ERs were down and visits to urgent care were up that might suggest the ad campaign was more effective.

Mrs. Driedger: The minister was making some comment about year to year, and just to clarify for him, I was talking only about the time frame of that particular ad campaign, from the beginning of December of last year and the campaign itself ran to the end of February. So I was not looking at any year-to-year comparisons. I was only looking at the three months that particular campaign was in place and when I look at all of the numbers of visits to ERs, the numbers

certainly climb from the beginning of that campaign to the end of that campaign.

I certainly understand that the Urgent Care Centre was very busy. I understand that Larry Updike, from CJOB, had his son in there and his son was not seen for nine hours. So I am aware that certainly that particular centre could very likely have been busy. Can the minister explain what other factors he might take into consideration when we see those numbers climb like that and when we see people having to wait nine hours in an urgent care centre?

Mr. Chomiak: Mr. Chairperson, I agree it is a difficulty. I understand Larry Updike's son did attend at the Urgent Care Centre, and I agree nine hours was a difficulty. As I recall from my review of that particular situation, that was a particularly difficult period or day or two. It is not a regular occurrence, but the member might appreciate there are periods, and the member has acknowledged the fact that usage at the Misericordia Centre is beyond what actually is even anticipated.

Now, I want to go back to the point at which the member raised her question and that was she provided her statistics that seemed to indicate that the numbers of visits were up. I wonder if the member might cite to me those statistics because I have information that indicates otherwise.

Mrs. Driedger: Mr. Chairperson, the numbers of visits that I was citing was taken off the WRHA Web site. On a weekly basis the number of people visiting are indicated on the Web site. As I look at those numbers on a weekly basis and track the number of people attending ERs, that is where I obtained my numbers from.

Mr. Chomiak: Can the member specify those numbers because the numbers I have indicate otherwise.

Mrs. Driedger: Certainly, Mr. Chair. November 26 to December 2, 2001, there were 4069 visits. If the minister wants me to go through every week of that particular campaign I can do it or I can cut to the last one, whichever he wants.

Mr. Chomiak: Well, I think it is important that I have the member's numbers, because the numbers I have citing statistics show otherwise than what the member has come up with.

Mrs. Driedger: That would be very interesting then, because if the minister's numbers are different, and I am getting my numbers off the WRHA Web site, that, in itself, was going to pose a number of other questions. So I will put forward the numbers that we have taken off the WRHA Web site.

December 3 to 9, 4213 visits—

Mr. Chomiak: Hold it. December 3 to December 9, what is it?

Mrs. Driedger: 4213.

Mr. Chomiak: Thank you, Mr. Chairperson. The member said November 26 to December 7, 4069?

Mrs. Driedger: November 26 to December 2, 4069.

Mr. Chomiak: Okay, keep going.

Mrs. Driedger: December 3 to 9, 4213; December 10 to 16, 4241; December 17 to 23, 4079; December 24, that week, to the 30th, 4416; December 31 to January 6, '02, 4561; January 7 to 13, 4515; January 14 to 21, 4319; January 21 to 27, 4104; January 28 to February 3, 4080; February 4 to 10, 4385; February 11 to 17, 4452; and the last week of the campaign, February 18 to 24, 4420.

I would ask the minister then if he is saying that these numbers are not the same numbers as he has access to.

Mr. Chomiak: Mr. Chairperson, I am asking the member to tell me what point she is making by these numbers.

Mrs. Driedger: My point is, from the beginning of the campaign to the end of the campaign, the numbers of visits to emergency rooms increased and did not decrease.

The intent of spending over a quarter million dollars is certainly to try to direct people to appropriate facilities, to try to redirect them away from ERs, so that the ER challenges would certainly be decreased. In fact, that does not seem to be the case with this particular campaign. The numbers increased during the period of the campaign from beginning to end, and it would appear that the campaign in itself did not work.

Mr. Chomiak: So I understand it correctly, November 26 to December 2, because the number of visits was 4069, as cited by the member, and because on the last week of February, from the 18th to the 24th, the number was 4420 visits to ER, the campaign was a failure. Do I understand the member's reasoning now?

Mrs. Driedger: It was not only during the last week that the numbers were high, it was during a significant period of the whole campaign, that, obviously, if we are going to see a campaign directed at trying to redirect people from visiting ERs and put that kind of money into a campaign, I would have wondered why those numbers perhaps did not drop into the 3000-per-week visit rather than staying up there as high and remaining actually higher throughout the whole campaign.

But then it leads into the second part of all of this, and that is obviously the numbers of patients visiting emergencies continue to grow, and, in fact, the last numbers I have were for the beginning of July. Right down through from February to the end of the numbers I have, July 1 to 7, the patient visits are over 5000. So they have increased over 1000 patients a week to the ER.

I know that the minister began repeating the campaign again, spending thousands more dollars, even though the numbers of visits to the ER continue to rise, and it appears that people are either not relating to the campaign or there is some dynamic in here where it is not effectively doing what it was intended to do.

So my question is, basically, to the minister: Is he feeling that perhaps there is an alternate way or other things that need to be done other than spending this quarter million dollars on an

ad campaign that does not seem to be doing what it should be doing?

Mr. Chomiak: I wonder if the member might consider the fact that when we go into the Christmas and holiday period where we always see a spike up in ER usage, that a usage campaign might be useful and might have kept the numbers down from what they might, perhaps, have been had there not been a campaign.

Secondly, perhaps the member might consider the fact that we might have seen statistics indicating a greater usage occurring during a summer period and perhaps reinstating an ad campaign to keep those already high numbers from going any higher.

Does the member concede, even remotely, that might be a possibility?

* (11:00)

Mrs. Driedger: If that was a possibility, I would almost have to say it is pretty remote. Those numbers, July 1 to 7, were 5126. We have seen, from almost the beginning of the campaign down to that first week in July, over a thousand patients a week, which is a pretty significant number. So, if the minister is trying to indicate maybe that number could have been even higher, perhaps. I do see it as somewhat remote. Where I am leading in all of this is to find out what other alternatives are out there that the minister is trying to put into place. He seems to have put this ad campaign into place to try to keep people away.

From my perspective, it does not seem to be working that well. I appreciate that sometimes you have to try something, but if it does not work, I guess I am wondering why would you then spend tens of thousands of more dollars repeating it when it is not working.

Mr. Chairperson, if there are other things that could be done to try to address these increasing numbers of people going to the emergencies, especially when I go back to that first poll that the NDP did, where the public told them on that phone poll that 40 percent of them were in emergencies and did not need to be there, that they could have gone someplace else,

but they chose to stay in the emergencies, or go to the emergencies.

So when I packaged the whole thing, I am asking: Besides this ad campaign, is there any other innovation in place to try to address these numbers so that the emergencies are not being bombarded with people and that people are effectively going to alternative places in the system other than hospital ERs?

Mr. Chomiak: Just to clarify, the member indicated that the ad campaign was to keep people away. It is not to keep people away. The ad campaign is to help people better understand what choices they have. I just want to cite the user's guide which was mailed through the newspapers across the province or across the city. It is entitled: *An Emergency Room User Guide*. It started with: It is not always easy to know. How do you decide?

Now, I know the member has practised as a nurse, so it might seem obvious to her, and it might seem obvious to other people in the health care system, but a lot of times people do not know. The user guide, which I have personally seen in the homes and on the fridges of dozens of Manitobans and, I daresay, probably thousands—and I am not trying to brag. I am just trying to point out this is not a political thing. This was a very useful document from my view—from a health perspective, talked about how to decide where to attend, what an emergency, urgent, less urgent, not urgent, was, how long to wait, what other choices, what other choices are available and what else an individual can do. It was a very information-friendly, information-laden campaign that was to deal with choices that individuals have. It was not designed to keep people away. It was better designed to keep people informed as to what options are available to them and what options are provided to them.

That was the purpose of the campaign. That was why this document, this guide was sent out in the form it was and why I think it has been incredibly useful to individuals to have that document, and why I have no hesitation in suggesting there is nothing wrong with doing that kind of information over and over again.

The member talked about options available. This document talks about choices. It talks about utilizing Health Links. It talks about utilizing your family doctor. It talks about dealing with your own chronic illnesses, and it talks about some specific alternatives to the ER, to utilizing an emergency room.

Mrs. Driedger: Can the minister indicate how he did evaluate or measure the usefulness of this? Certainly, one of the more significant ways would be to look at the numbers and where people are going, and, in this case, it seems to have attracted more attention to send people to hospital ERs.

So what would he consider—he indicates evaluating the success of the program and he is deeming it to be successful. I would like to ask him based on what?

Mr. Chomiak: Mr. Chairperson, one of the factors was year over year comparable visits to ERs were down quite significantly from the year before during the same period of time in which the ad campaign ran.

Mrs. Driedger: So then the minister was just evaluating it by numbers. Is that correct?

Mr. Chomiak: Mr. Chairperson, I believe the Member for Charleswood (Mrs. Driedger) criticized it via numbers.

Mrs. Driedger: Well, when I just asked the minister how he evaluated the success of the program, he is indicating basically that numbers was how he evaluated it.

Well, if that is the case then, and the numbers have gone up by 1000 visits a week, is that not telling him then that it is not successful?

Mr. Chomiak: Mr. Chairperson, I suggested to the member that numbers was one factor to evaluate.

Secondly, I suggested to the member, and she conceded the fact, I think, logically, that there might have been more visits during the period of time December through February had we not done an ad campaign. I think she conceded it was possible that the fact that we

instituted a campaign when it looked like numbers were going up again might possibly, perhaps, in some instances, perhaps, would be an option to entertain in order to keep numbers down with respect to visits to ERs.

Mrs. Driedger: Does the minister have before him the number of visits to the Urgent Care Centre on a weekly basis in the last little while, and if he could just sum it up as to whether those numbers have remained stable, or if they are going up or down?

Mr. Chomiak: Mr. Chairperson, I do not have in front of me at this moment the number of visits to the Urgent Care Centre over the past little while.

Mrs. Driedger: Mr. Chair, can the minister tell me whether or not he feels that having the Urgent Care Centre in place has helped?

Obviously, his inference is that it has made a difference to keeping numbers in ERs down. Just through some of his earlier comments, his inference is that if the ER numbers are down and the Urgent Care Numbers are up, then, in fact, the guide might be doing what it is supposed to do. Therefore one would then, by looking at that statement, feel that there is a huge benefit to having the Urgent Care Centre in there to take the pressure off hospital ERs.

Mr. Chomiak: Mr. Chairperson, I would not want to make overall policy decisions based on one aspect or one interpretation of the numbers over a limited period of time. So the inference that the member made from my statement with respect to numbers would not be the sum total of the policy decision that we would make with respect to Misericordia Urgent Care Centre.

However, as we indicated when the Premier (Mr. Doer) and I toured all of the hospitals and the Urgent Care Centre during the Christmas period, when we attended and visited those particular centres, we are advocates of the need for the Urgent Care Centre.

Mrs. Driedger: Would the minister agree that the Urgent Care Centre has effectively taken pressure off hospital ERs?

Mr. Chomiak: Mr. Chairperson, the Urgent Care Centre is a key component of our strategy.

* (11:10)

Mrs. Driedger: The minister is nicely sliding around and avoiding the answer to this, and his mind is probably working trying to figure out where I am going with my line of questions. It really is to get his perspective on whether or not he feels that the Urgent Care Centre has played an integral role in helping to keep the pressure off hospital ERs because the Urgent Care Centre obviously sees hundreds and hundreds of patients a day.

If the Urgent Care Centre was not there, then those same people would be in St. B's ER, Health Sciences' ER, Victoria Hospital's ER. Those ERs would then be hugely challenged and, in fact, could very likely have a lot more hallway medicine than what we see now, but by virtue of having the Misericordia Urgent Care Centre, the pressure is really taken off the hospital ERs. I guess I would be surprised if the minister does not acknowledge and recognize that.

Mr. Chomiak: I indicated at the very onset and indeed our ad campaign is suggestive of the integral part that the Misericordia Urgent Care Centre plays in our overall health care strategy and our overall approach to dealing with issues in the city of Winnipeg and elsewhere. The difficulty I have is the member's preamble is so all-inclusive. If I acknowledge it in the affirmative or negative, I would be acknowledging in the affirmative or negative certain comments the member said that I do not agree with.

Mrs. Driedger: Can the minister tell me what he does not agree with?

Mr. Chomiak: Yes, we have agreed I think to disagree with the member's interpretations of the numbers vis-à-vis hallway medicine.

Mrs. Driedger: Maybe just to get off the merry-go-round a little bit, can the minister tell me, when I asked him the questions in the House about the particular ad campaign why he tried to confuse the issue by throwing into his answer the campaign related to child injury when he

knew that that had absolutely nothing to do with the particular question that I was asking or about the particular campaign that I was asking him about? Why did he throw in the information on the child injury campaign?

Mr. Chomiak: I am sorry the member was confused by my reference.

Mrs. Driedger: It definitely was not my confusion. I certainly know what the minister was trying to do. It is just too bad, I guess, sometimes, you know, when we talked earlier about accuracy and accountability and transparency and then when you have answers that mislead the public then you certainly do not get to the kinds of resolutions in health care that you want to see, because then you tend to get into the politics of the issues rather than in looking at the specific problems and the challenges and ways to address them.

Certainly, I am aware of what happened with those particular questions. I guess I understand where they came from and the minister's desire to throw it out, but it certainly did not help in looking at this issue and trying to have the accountability in answering questions.

Mr. Chomiak: Well, with all due respect to the member I do not know what the member is thinking, anticipating or strategizing. I can only respond to the questions and the words that the member puts in front of me in terms of Question Period or in terms of Estimates. I can only answer those questions to the best of my ability with respect to the references that the member makes.

As I recall, the reference by the member to the ad campaign, for what it was worth, was confusing with respect to an advertising campaign. I answer and continue to answer to the best of my ability.

Mrs. Driedger: In reviewing those tapes after and in speaking with a number of people after, there was no confusion certainly on any of their parts in terms of understanding where I was going with that. It certainly did appear that the minister was trying to move away from dealing with the answers to this question, as is so often the case.

However, again, rather than staying on that merry-go-round, I would like to ask the minister whether or not he feels that the Health Links line has been an effective addition to the health care system in dealing with the challenges that are there in health care and whether the innovation of that line has been effective in helping again to take pressure off ERs in the system.

Mr. Chomiak: Health Links forms an integral part of our entire approach and our entire system, particularly now that we have expanded telemedicine sites to 23 sites. I can indicate that the future of Health Links is for more, not less.

Mrs. Driedger: Can the minister tell us if there has been an expansion to the number of positions at Health Links and if that line is available into rural Manitoba?

Mr. Chomiak: Yes and yes.

Mrs. Driedger: Can the minister give some indication as to how broadly used and advertised that line is in rural Manitoba?

Mr. Chomiak: I cannot give that assurance offhand. It has certainly been part of our West Nile virus campaign. Our campaign aimed at when we did our recent water initiatives in rural Manitoba, Health Links was significant with respect to utilization of the line. As I recall, during all of the major health occurrences that occurred, Health Links was prominent in terms of the advertising for those particular issues.

Mrs. Driedger: Can the minister just clarify that there is a toll-free line available to rural Manitobans for Health Links?

Mr. Chomiak: Yes. I think the member is looking at it.

Mrs. Driedger: Does the minister have any advertising going on in rural Manitoba advertising the Health Links line so that people know what that number is and can effectively use it?

Mr. Chomiak: There is some advertising as we speak with respect to the Health Links line.

Mrs. Driedger: Can the minister indicate if the ER user guide campaign project was tendered?

Mr. Chomiak: If memory serves me correctly, I believe it was, but I will confirm that.

* (11:20)

Mrs. Driedger: I have no further questions in the area of the hallway medicine or the advertising campaign related to the ER user guide. I would look forward to the information that the minister could provide on the tendering process as it relates to that guide.

I would like to now move into another area of questioning and ask the minister why he does not feel a plan for health care and, as he put it, from higher up is something that is needed.

Mr. Chomiak: I feel that planning is very important. I do not know where the member got the impression that I do not feel that planning is very important. It is integral to everything that one does throughout the system. Planning and strategic planning and tactical planning are very important.

Mrs. Driedger: I am surprised to hear the minister say that because when we started out in the beginning of our Estimates, it was his comments that he did not think a plan that was set at, I think higher up were his words, was anything that was effective. Now he seems to be saying something somewhat differently. I wonder if he could clarify that.

Mr. Chomiak: I would be quite happy to clarify that. The point I was making with respect to that particular reference is that I did not think it was appropriate for the minister's office, our small group of individuals, to outline what the entire plan was for health care in the province of Manitoba. I have seen what can happen in regard to that. What I am saying is that we have to involve the Department of Health, the regions and all Manitobans in the development of specific plans. When I said, "from on high," I usually use the phrase "dictate by fiat." That is, dictate from on high how things must and should be. I have never been in favour of that kind of so-called planning. That was the reference that I was making with respect to my comments "from on high."

If the member keeps looking for a document that is going to come out of my office

that says this is what I say is going to be the rule and the law, that is not going to be the case because I do not believe in that type of planning. I should say to the member that there are regular strategic plans that have been developed by all the regions who deliver the programs. I do not know if the member is cognizant of the fact, but for the most part, the regions in Manitoba deliver the programs. The purpose of regionalization was to have the regions, i.e., those that are closer to the actual delivery of programs, to provide the strategic plans and to deliver the programs.

The Department of Health is evolving towards not delivering programs but rather to being the agency that reviews, analyzes, does follow-up of the results, sets the standards and does follow-ups with respect to the regions.

Now, that process has been in evolution and continues. But it has been almost in revolution since the Sinclair, Thomas reports. It was very strongly recommended from the Sinclair and Thomas reports that the Department of Health assume a role of standard creator, standard reviewer, et cetera. That was very, very clear in the Sinclair, Thomas reports.

Now, one of the reasons that I did not want to put a fiat from on high the first year in office was because I knew that there were changes coming as a result of Sinclair and Thomas, just as, Mr. Chairperson, I know there are changes coming with respect to Romanow. Romanow will significantly, I suggest, alter the framework of how we are dealing with health care in this country. If Romanow does not alter the framework, then we have some significant changes we have to make in lieu of the failure of Romanow to address that particular issue. So for me to dictate from on high how I see the health care system, I suggest, is not appropriate.

But to get back to the point I was making, as a result of the recommendations in Sinclair and Thomas, the Department of Health has been reorganized. The Department of Health has been reorganized in order to structurally and otherwise fulfil the directions and mandates as outlined in those particular reports.

So strategic and other planning comes in from the regions. It goes to the department for

review. The department does review, prioritizes, gives feedback to the regions. Tangential with that, or concurrent with that, we have had the recommendations of Sinclair and Thomas that has said the Department of Health should be an agency that is restructured in order to deliver care, not directly but essentially to monitor and to provide standards, et cetera, and to deliver that type of care.

To that end, Mr. Chairperson, there have been some structural changes of a relatively significant nature at the Department of Health as we move out of a delivery of care and as we evolve towards the standard producing the documentation, et cetera.

So that is one of the factors, and that is one of the issues that I was, in a sentence or to, alluding to when I made the comment "dictate from on high," because my assumption, and maybe that is not what the member meant when she asked the question, but my assumption was the member was looking for some kind of pronouncement from the minister as to what the health system shall be, that it shall be X, Y and Z.

Mr. Chairperson, that is not what is going to happen from the minister's office. Rather we have a planning process that is in place. We have strategic plans that are in place. We have direction and strategic goals in place that we expect the regions to deliver and we expect to do follow-up on. I can tell you it is, and I used the words "a revolutionary process." Perhaps that was a bit strong. But it is an evolutionary process most certainly that has developed and gained speed since the Thomas and Sinclair commission reported.

There are going to be changes still yet at the Department of Health, as it relates to matters of accountability, standards, et cetera. Let me give one example. A huge issue that has come to the fore, not just in Sinclair and Thomas but as a result of a number of processes is the question of medical error. The member could admit probably that medical error, even five years ago, was not part of the normal discussion in the health care system. Medical error was not a part of the normal discussion.

When we saw that medical error was such a significant factor as a result of Thomas and as a result of Sinclair, and when I had occasion to attend the federal-provincial ministers' conference where it was put on the agenda and where we had occasion to find out that John Wade was chairing from the Royal College of Physicians and Surgeons, a national panel that was working on medical error issues, I called in John Wade and we sat down and said, okay, how do we change the nature of how we approach health care in Manitoba as a result of this. We sat down with the regions and we sat down with the department. We said one of the pieces of advice we were given is do not move too fast ahead of what is happening in the rest of the country, but make some progress.

Now, that opens us up to criticism from both ends on that particular issue. What we did do was have the WRHA, together with the College of Physicians and Surgeons, together with Manitoba Health, together with the college of nurses and other agencies, sponsor a series of discussions and meetings that deal with the issue of medical error and move it forward on our agenda.

Concurrent with that, we brought forward legislation dealing with physician profiles which is not only a recommendation of the Thomas and Sinclair reports but which deal specifically with one of the components of the issue of medical errors. The point I am making with this, Mr. Chairperson, is that this new occurring issue which really did not fit into the planning processes of any that I had seen, of any strategic plans or of any health care documents in the past four or five years, is all of a sudden, what? No. 1 or 2 or 3 on the agenda as to priorities.

So we now have a significant priority from the Department of Health dealing with medical and error otherwise. I believe it structurally fits under risk management—under health accountability, which is a new structure at the Department of Health to deal with the matters that have formed since then, and it forms part of our overall plan in dealing with health care.

* (11:30)

Again, the point I am making, Mr. Chairperson, is that my dictates from on high three or four years ago are not appropriate in a fast-changing health care system that has to adapt to different priorities and different needs on an almost daily, if not weekly, basis. That is not to say that the ship is afloat and is going up and down on every issue that arises, rather there are overall objectives, overall goals. But we have the flexibility, particularly since we reorganized in Sinclair and Thomas, and since we are going into Romanow, we have to have the ability to adapt.

If there is one thing that we have certainly learned. If you totally fixate, or set the ship of state on one particular direction, it is very, very difficult to move that ship of state around and to be flexible enough to deal with issues as they evolve, and as they occur.

So one of the guidelines from the Department of Health was Sinclair and Thomas would become a touchstone, a framework under which we would evolve and develop the department, and Romanow is yet to come.

Now, there are significant issues that can and will be addressed by Romanow that we have to deal with. I am quite familiar with the Government of Alberta, who have indicated that they are not waiting for Romanow and they are going to make significant changes in their health care system. I think that is not actually the case. I think the changes that are occurring in Alberta, or that are yet to occur in Alberta probably are pending Romanow, because we are already close to the month of August and there has not been any real significant change that I am aware of in Alberta with respect to their decision. So I think that they, too, are awaiting developments with respect to Romanow, with respect to the direction, with respect to where they are going.

Last year the member, and I am not criticizing the member for this, last year the member said we should look to France, we should do what France does. I can indicate that we have done reviews of France. I note that the most recent World Health report on France, it does not fare as well as members opposite might have us believe, but there are lessons in France that have been looked at and have been reviewed. We

have noted the French bed numbers are higher than anywhere else. We have noted their physician numbers are higher than anywhere else. We have noted that there is a public-private mix in France. We have noted there are significant taxes in France, et cetera.

We have prepared, and we have looked at other jurisdictions, but the flavour of the week, sometimes, if we should all do this, we should all do that, I think we have to be careful in the health care system. I think we have to be careful not to go one way in the pendulum and go the other way with respect to the pendulum because the pendulum swings back and forth.

I think what we did at Manitoba Health is we have our ongoing planning processes, have our strategic plans that are developed by the regions and reviewed by the Department of Health. That continues. We have the overall response and redirection and reflection as a result of the Thomas and the Sinclair reports and we have Romanow pending, which will give us some significant direction with respect to how we proceed in the future.

Let me give you an example, Mr. Chairperson. If Romanow says there are only certain core services that can be provided by a province, but he says those core services should be expanded to include Home Care and Pharmacare, and the federal government should fund those accordingly, that has a significant factor in terms of how Manitoba approaches, overall, its health care. Because we have, probably, the best Home Care system in the country, and it has been consistently like that, and because we have one of the better, more equitable Pharmacare programs in the country; a pronouncement by Romanow of that regard will allow us to shift resources around our system, because we will have more federal dollars flowing directly into those two programs than we do right now where we basically fund it entirely from our own jurisdiction.

That is an example, Mr. Chairperson, of both moving forward, but being also cognizant of the changes that can and will occur as a result of the Romanow report pending in the fall of this year. Now, we are not so naïve as to think that Romanow will make his pronouncements or his

conclusions and there will not be significant debate and discussion prior to implementation. We are well aware of that, but we have, I think, together with most jurisdictions, conceded that Romanow will have a significant impact on everything that we do because it will have a significant impact on the federal government insofar as it was commissioned by the federal government. How Romanow pronounces could very well decide some significant factors in how we, even as early as next year, deal with health care.

If Romanow says, for example, the present funding arrangements as they relate between the feds and the provinces is adequate, we have some real difficulty with that, because we are down to 14 cents on the dollar funding from the federal government. So, in summation, I wanted to point out to the member that the question of planning, in my view, is always a broader, much more extensive process than simply one or two sentences. If the member misinterpreted my comments as a result of those particular comments, I hope these have helped clarify the issue for the member.

Mrs. Driedger: I certainly thank the minister for putting his comments forward on that. I will get into that in a minute, but I just do want to clarify one thing that he said because he indicated that when I went to France and came back, I was running around saying, do what France does, and I do not believe the minister intended to mislead anybody, because that is not what was said.

When I went to France, it was because the World Health Organization had acknowledged them as being the No. 1 health care system in the world. I was intrigued because they did not have waiting lists. If you wanted to see a doctor, you could see a doctor in one hour. If you wanted to have a CT scan you could have it the next day, but if it was not convenient for you to have it the next day, you could have it the day after that. Certainly, it was intriguing, and I was curious as to how all of that could be happening. I wanted to know what was in place over there that would make it so.

I recognize that France had its challenges too. When I went over there, I certainly had an opportunity to see all sides of it, although it was

a very, very short trip and you cannot do much with just a few visits. Having a meeting with the director general for health care for France, who basically is the deputy minister for health care for all of France, all the 60 million people there, it was an incredible meeting, and a wonderful opportunity to get their views on it. This particular gentleman is actually a Canadian, and I am not even sure he is still in the job anymore, but he is from Montreal, and he actually had this job as director general and had as many challenges, but it was such an insightful meeting that we had with him.

What he shared with us was certainly interesting, but never did I come back and say, do what France does, because I know that what works elsewhere does not necessarily work here and that there are many aspects of what we have here that work very well, but we know that access to care is a major, major challenge in this country and province.

* (11:40)

Certainly what I was looking for was, you know, opportunity to expand my knowledge on how other countries were doing it. There is such a tendency to only look at the north-south situation where Canada looks at just the United States and says, well we cannot have a health care system like that, or we can have aspects of that system, we know 40 million people in the States do not have insurance, et cetera, but by only looking to the north-south picture, there tends to be a lot of fearmongering that goes on in Canada because we have such a narrow, narrow view of health care.

The World Health Organization, by putting out their report that rated 191 health care systems, I think, if we want to talk revolutionary, that certainly had an opportunity to bring people into the state of broadening our vision and looking elsewhere. Mr. Chair, even the people at the World Health Organization, because I also spent a day in meetings there and spent a considerable amount of time in their library and bookstore and had an opportunity to find out about the challenges they had too in putting together their report.

While there is even some criticism of how that report was put together, I think the greatest

benefit it did was to open people's eyes up to the fact that this world is very small. We have an opportunity to look at other countries and what other people are doing and to see if we can take the best from what other countries are doing and not touch the things that are not working well.

So France had their problems. They certainly have more physicians per capita than we do, which is something that helps them deal with their access problem. They also have doctors that make house calls. If a doctor does not make time to see a patient, if a doctor does not make time to make a house call, then that doctor loses that patient. So the competition amongst the physicians to hang onto patients and treat them very well is certainly there and certainly improves access to care.

They have standards in terms of how many MRIs according to the population breakdown. They have certainly set their standards higher than we have here in terms of the number of MRIs for their population. They were worried when we were there about a nursing shortage just as they were here. In fact, people were vocal on a daily basis even though they were chosen as the No. 1 health care system in the world.

I took three days' worth of clippings from French newspapers to try to see if this No. 1 system in the world was free of problems, and it certainly was not from the headlines in the papers. Although all the headlines were in French, and it took some work to try to remember my high school French and translate some of it, I got the flavour that they certainly did have their problems, and they would admit it too.

They were doing some interesting things there in terms of setting patient standards and how they did resolve problems. As I said when I came back from there, it is worth exploring. You can never transport one health care system from one country into another. You would never want to, but even if you could, it may not work here because you have your own culture, your own priorities, your own values, and your health care system has to be built around that.

When I did come back, I thought it was just a great personal growing experience by seeing how other countries addressed their challenges

and to see how the World Health Organization moved forward on meeting its challenge to look at health care systems. I think what they did is they opened our eyes to the opportunities to learn from each other.

It was interesting, in talking to people in France, that they said it was common there to look at the countries surrounding France and to compare yourself with your next-door neighbour, which is very similar here with Canada and the United States, that there is basically almost an automatic response that, when you look at the health care system in Canada, you immediately compare it to the United States. But that is a pretty narrow focus nowadays when we have got the Internet and you have got access to people all over the world. To only look at your neighbour is really not fully beneficial. You can always learn something from your neighbours, but we should certainly be looking far and wide and be open to what might be working elsewhere, open to reviewing it. You may not like it, but at least you can learn something from it and you might pick up one nugget, one gem that might work here and make a difference.

It was interesting to note that Italy was rated No. 2, and with Italy being a next-door neighbour to France, you can see where the countries there learned from each other. They looked at what each other was doing and they incorporated best practices from one country and took them into another, and if it worked there, they utilized it.

It certainly opened my eyes to the fact that we cannot just be looking north-south. We need to look at what is happening in Canada, but because most of the Canadian provinces have very similar challenges, we may not necessarily find the solutions in our own back yard. Perhaps if we looked at the countries, all 29, that are doing better than Canada, because Canada was rated 30th, the Americans were rated 37th, so one would certainly say, well, then why would we want to look at the American system if they were rated 37? Why would we not look at numbers 1, 2, 3, 4? Look at Sweden, look at all the countries that are doing better than us in their ratings and find out what it is that they are doing. Certainly, if we want to keep the patient as the centre of focus in all of that, that should be what our goal is in reviewing health care systems.

Mr. Chairperson, I was hoping that the minister would broaden his view and his comments on health care beyond just fearmongering about what is happening in the United States and that is what is going to happen here, because that really does not do any good for the debate in health care. What will be good for the debate in health care is to have a broader view and to find out what works and what does not work and to find out if there is opportunities for improving our health care system by learning what other countries are doing.

Certainly, that was the intent in my trip to France and to hear some of the comments of the people down there and how they valued their system and how they appreciated the choice they had in health care. That was the one thing that probably struck me most of all because, as we walked on the streets, as we sat in restaurants, as we met people in the hotels or wherever, we stopped to talk to them, and we just asked them. It was like interviews on the street with ordinary people in France, what they thought of their system.

The one thing that really struck me in France was the fact that people value choice, and, in fact, they demand choice. They were very incensed when they were asked by us if some of that choice were to be denied them how they would feel, and they were absolutely incensed because they felt that was their right to have a choice in health care. They had a passion for it, probably unlike what I have seen here, where they expected it, demanded it and felt it was their right to have a choice in their health care system, that they could go to whichever kind of a hospital they chose or whatever kind of a clinic they chose. Even the director general indicated that was a very significant aspect of people's value of the health care system in France.

Certainly, coming back here and starting to hear more people talk about choice, we maybe are starting to catch up with where people in other countries have been for a long time, and that is that people certainly feel they have a right to a choice in health care and a right to expect timely access to care.

Just to clarify for the minister that I did not come back and insist that we adopt what was

doing in France, but rather put it forward as an option to look at. I am sure that, as the World Health Organization moves on to review health care systems again, I do not doubt for a minute that things are going to change because they will tighten up their criteria. France actually will find itself maybe moved out of the top position, and then that, in itself, is going to have big political ramifications, I am sure, for the politicians, who will then have to account for why they are no longer No. 1. In fact, France was not particularly comfortable, I was told, by being given that No. 1 position. But what the evaluation of the countries did is it gave us an opportunity to have a look at health care in a much broader way.

* (11:50)

The one thing I will conclude about the trip to France was the high, high regard Canada's accreditation program had over there. In fact, the accreditation group in Ottawa was a blueprint, and what they did for health care accreditation here was a blueprint for what they were doing in Europe. I actually was somewhat embarrassed to end up going to France to find out that here in our own backyard in Canada we had an accreditation program that was acknowledged as one of the best in the world, and that the woman—and I do not totally recall her name; Eva Heideman [*phonetic*] might be the name—in Ottawa is actually an adviser to the government in France on how to look at health care accreditation and how all of that leads to improving health care.

It certainly opens an opportunity for, I think, us having a good look at what is happening in Canada and what we can do with accreditation. In fact, in France, their accreditation is very transparent. It is posted on Web sites so that people know where their hospitals are standing as far as accreditation goes. They even have an organization there that is an evaluation body for health. They try to deal with a lot of these issues in a very transparent way, and transparency there includes having information much more readily available to the public via Web sites. It was a great experience, one I would love an opportunity to have in seeing what other countries are doing, because, with the unique challenges that each country has, they will each be managing it in their own way. It was a great experience from

a growth and development perspective for me. I look forward to saving more money and having an opportunity to perhaps go to some other countries.

Now that the minister is aware of what I said when I got back and my encouragement for our Government here to broaden its view and look to those 29 countries ahead of us that are doing well and to not fearmonger so much about what the Americans are doing, I would encourage him to continue to put some thought into that.

Going back to his comments on a plan and his comments that he did not want to put forward a fiat from on high in the first year, then I wonder, well, what about the second year, what about the third year? If there is no fiat from on high and if there is no grand scheme for health care, I am curious how the minister goes about letting people know what his vision is for health care, what his goals and priorities are if he sort of goes along with the flow of what is happening from all around him from Manitoba Health or from these reports that come forward with the recommendations in them. How is it that people know where his vision is and what his goals and priority are for health care?

Mr. Chomiak: I thank the member for her explanation of her reference to the French issue. I will acknowledge her comments. I think they were useful. I can indicate that there are several areas that we are looking at with respect to some of the experiences in France that we are implementing. One of the interesting issues with respect to accreditation is that the WRHA is accredited as an entire region. Suffice to say that there are examples of instances and things in other countries that we are specifically looking at. There are some issues in France that we are specifically looking at.

I appreciate the member's comments. I know that the World Health Organization will be taking other analyses and other care. We will see what happens in terms of their ranking from the ranking that was announced that had taken place in the late nineties. It might be that Canada will be much higher as a result of changes that occurred, because that was a relatively old ranking.

Having said that, I should reiterate to the member that her "no grand scheme" was a

reference to the primary care health model. Just let me explain to the member that I attended and spoke at not the most recent but the previous meeting of the Manitoba Medical Association. We spent a good deal of time discussing the various viewpoints with respect to primary care. My reference to no grand scheme was a reference that on primary care we did not want a cookie-cutter approach to primary care. I know I said that to the member before, and I will say it again, but the member will use what she has to use in terms of her rhetoric. The point that I was making at the MMA meeting was there was no cookie-cutter, grand-scheme approach with respect to primary health care because I frankly did not find that useful. Nor did the MMA find that useful with respect to one specific model.

In fact, I think if the member reflected on it, it would not be appropriate, because, even under the member's regime, for which the member was government and was the assistant to the Health Minister, there was a variety of approaches taken with respect to primary care and a variety of different approaches that are and will be evaluated as it deals with primary care. I just wanted to clarify that particular quotation that was utilized by the member with respect to the overall plan.

As I indicated, not only have we changed the emphasis and changed the nature of the Department of Health to move it towards an evaluator, qualitative evaluator, et cetera, a standards developer, et cetera, but there are other agencies, as well, that do significant work. Things have changed with respect to the last five or six years, as well, with respect to how data is collected. CIHI collects data for all agencies now and does comparative analysis that is then run through the system. It is a third-party, independent review of information as opposed to internally generated information. It gives us a chance to be comparative with respect to other jurisdictions, to see how we compare and deal with that. We now use CIHI data more significantly across the system.

As well, we utilize information from the Manitoba Centre for Health Care and Evaluation, which was set up under the former, former, former Health Minister, Don Orchard, who attended it with me several months ago

when we formally changed the name and celebrated that anniversary. The data used by the Centre for Health Policy and Evaluation is Manitoba analyzed, statistically valid, weighed data that looks at a whole number of issues and weighs issues in an arm's-length kind of relationship, and a lot of the data has been very useful and is utilized by the Department of Health with respect to information.

The member talked about waiting lists. The Centre for Health Policy and Evaluation has done a review of waiting lists in Manitoba, and it might be useful if the member would review that report. The second is the centre has also done a review of private versus public and what the effect is on waiting lists. The member, it might be useful to review that particular report by the centre to see, in fact, what an independent third party says of the particular experience. While I suggest that is not the be-all and the end-all, it certainly is persuasive insofar as it substantiates other data that has been put on the record by other independent third parties when they review that particular issue, but I do not want to belabour an issue that was actually discussed quite extensively last occasion.

Just before I close, does the member have any idea when we next meet, which is tomorrow afternoon, where the member is going to go? Just generally continue?

Mrs. Driedger: I will certainly be staying on some questions.

Mr. Chairperson: The time being 12 noon, I am interrupting the proceedings. The Committee of Supply will resume sitting this afternoon following the conclusion of Routine Proceedings.

CULTURE, HERITAGE AND TOURISM

* (10:10)

Mr. Chairperson (Conrad Santos): Will the Committee of Supply come to order, please? This section of the Committee of Supply has been dealing with the Estimates of the Department of Culture, Heritage and Tourism. Would the minister's staff please enter the Chamber?

We are on page 59 of the Estimates book, Resolution 14.2.(e).

Mr. David Faurshou (Portage la Prairie): Mr. Chairperson, I appreciate the opportunity to be here this morning and to discuss the culture component of the Culture, Heritage and Tourism Estimates.

I would like to ask the minister in regard to the cultural grants that are being put into the community this coming year. I see that there has been a reduction once again this year in the amount of support. I would like the minister to clarify the rationale for the reduction. Is there a specific group or organization that is receiving less support or no support this year or is it a general reduction across the board to the participating organizations?

Hon. Ron Lemieux (Minister of Culture, Heritage and Tourism): Just on a point of clarification, I am not sure if the Member for Portage la Prairie was asking about all the grants under Culture, Heritage and Recreation Programs, or was it a specific line? I am sorry. I might have missed that, and I apologize for that.

Mr. Faurshou: I believe the Chairperson identified 14.2.(b), Grants to Cultural Organizations on page 58 as where we were. Am I incorrect in that interpretation?

Mr. Chairperson: May I remind the honourable Member for Portage that that item has been passed. Is there an agreement that we revert back?

Mr. Faurshou: Mr. Chairperson, I understood that we were at 14.2, and if that particular line has been passed, could you please identify what line we are on?

Mr. Chairperson: We have passed up to (d). We are now in 14.2.(e) Arts Branch, but if there is agreement to revert—[interjection] No, okay.

Mr. Faurshou: Mr. Chairperson, I will then be specific to the Heritage Grants that are available for distribution this year and be specific to line (d).

Mr. Chairperson: You have to revert if you have to ask questions from those items that have been passed.

Mr. Faurshou: Well, Mr. Chairperson, I said that I would like you to identify the line that has yet to be passed. That was my question, and you stated (d).

Mr. Chairperson: Okay. The line that has yet to be passed starts from 14.2.(e) onward.

Mr. Faurshou: Mr. Chairperson, I will ask then the leave of the committee to revert back, because that is the line that I had a couple of questions on in regard to Portage la Prairie.

Mr. Chairperson: Is that agreed?

Mr. Lemieux: I do not have a problem with reverting back, but just wanting to add that there is a slight decrease there. The reason there was a slight decrease, as I mentioned to the member from Seine River, is that it is dealing with deficit reduction. There were cuts made in the department, regrettably, and I do not want to rehash the whole issue with regard to the feds, but that is the position we were in. Regrettably, everyone had to look through their departments, and so, in certain places, we made slight reductions. Other places we were able to hold the line, and other places we were able to increase slightly. So I do not have a problem going back and going through it.

Mr. Chairperson: So there is agreement to revert back.

Mr. Faurshou: Mr. Chairperson, in regard to the obvious understanding that there is need to balance one's budgets, I would, though, like to ask the minister as to the communication with the federal government in this regard and just ask: On that level, have we also seen reduced support for this area from the federal government as well?

Mr. Lemieux: Well, the quick answer is no, and, regrettably, Minister Sheila Copps, who made an announcement just not that long ago and with quite a lot fanfare, and yet we do not know exactly where those dollars are going. We are trying to pinpoint, and we are trying to nail

down the federal government to find out where and how do we access a lot of those dollars in the large announcement that she made, I think it was, about eight months ago or so. I can be corrected, but it is around that period of time. I understand that the federal government have not made cuts, in fact, came up with a new program, and it is how do we tap into that program is our dilemma right now. We are trying to find out where does Manitoba fit and how do the organizations in Manitoba access those dollars.

I know we have come together with regard to, I guess, a debt-reduction strategy with an art stabilization approach, and we are a partner in that. We have put a million in, and the feds, I believe, have put \$2 million in. Then the private sector, with Harold Buchwald and Gail Asper and associates, have also put a million dollars, I believe, in, too. So some of the programs we are able to tap into. Others, we do not know exactly what that money—and I believe it was \$500 million, I think. It was a substantial amount of money out there.

Just reading the newspaper on the weekend, Ms. Gail Asper wrote a whole column in the *Free Press* commenting about the lack of funding to the arts programs. It is okay for Manitobans to say, you know, we can be really proud of the fact that per capita we have the best record in funding. The City of Winnipeg is something like second or third from the bottom. I think the mayor has made comments about how the City has to get on board and increase their grants. But the municipalities and the City, in particular, are not very good funders of the arts and they have not been. What we are trying to do is work in a partnership to say local arts organizations need assistance too from municipal governments. They cannot just depend on the feds or the Province. We are trying to work together to figure out how we can do this so we do not lose a lot of our arts programs or even see them go downhill as opposed to improving.

So the long and the short of it is that the feds have announced a huge sum of money. I do not know how much of that money has really been distributed throughout Canada or Manitoba. We are trying to find out where this money is supposed to go. How do small communities outside of Winnipeg, where organizations may be

better organized in the city of Winnipeg, a large population, how did people outside of the Perimeter and organizations access these dollars that are out there?

* (10:20)

No, the feds have not cut back. In fact, they have announced a new program. As a provincial government, even though our record is not just good, it is excellent in a sense compared to other provinces, it is still not good enough. I mean, the arts community, regrettably, I think it is agreed upon right across the country, need a lot better support than what they are getting. So somehow we have to wrap our minds around it.

Mr. Chairperson, I know there is going to be a conference held in Hamilton, Ontario, in October. It is bringing all private sector, governments and all organizations together to find out how we better fund the arts. It is a huge international conference held in Hamilton, right in Minister Coppins's backyard. I trust that she will probably be participating and be there, but people are trying to figure out how we do this. Culture is so important and the arts are so important to our society, that is what makes life worth living in many, many communities. It is not just sport, but the cultural end. The arts community know it well. It is how we fund these organizations. I have a particular bias, and that is a bias outside of Winnipeg, outside the larger centre. I see a lot of organizations that are just barely keeping their head above water. We have to figure out how we are going to do this. We have not come up with a solution yet that is satisfactory to those organizations, nor to us as government.

Mr. Faurschou: I really appreciate the minister's commitment on record for this very, very vital component within society. I will say that in Portage la Prairie we are most fortunate at the present time to have groups of individuals that are extraordinarily gifted and motivated in this area, extraordinary volunteerism within those organizations.

One question I have very specifically pertains to the Manitoba Arts Council. In regard to the overall administration, if one is administering perhaps a little fewer dollars, have they

correspondingly reduced as a percentage or dollar-wise? I would be interested in the percentage dedicated to administration at the Manitoba Arts Council as it pertains to their budget.

Mr. Lemieux: Well, I am not going to be cynical and say check Hansard, but I will just repeat what I told the Member for Seine River (Mrs. Dacquay). It is around \$615,000. It is about 8.5 percent of the overall budget.

Mr. Faurschou: I do not believe Hansard has yet been printed, so I will look to those excerpts when we do get them into the House. As it pertains to the heritage grants, I will say that that area there, I am dismayed to see a reduction, insofar as that heritage once lost is never regained. You only have the opportunity as it presents it today, because so much of our history and any artifacts and that, that are available at this time, sometimes are lost and lost forever.

In Portage la Prairie, right at the present time, we have seen a major initiative, one being to preserve the history of softball in the province and opening of the Softball Hall of Fame and Museum in Portage la Prairie just a month and a half ago. As well, in the same building which was moved—it was former building No. 12 at the CFB Portage, more commonly known as Southport—the building itself was divided into two, softball having one-half the building, and the other half of the building being dedicated to the military history of the Central Plains area. Those individuals, as I say, are extraordinarily motivated in both those pursuits, the two different organizations.

So, for the record, Mr. Chairperson, I do want to congratulate all those that have taken of their time and efforts, and also to encourage persons that perhaps have memorabilia or artifacts in that line, whether it be baseball or military, be encouraged to come and preserve them through those two now-created entities.

Mr. Chairperson, I am also encouraged by the minister's remarks in regard to the participation of the private sector. Those that have some resources that can go towards preserving our history, I thank them and congratulate them for that, but the point the minister has already made, but I do want to emphasize it once again,

is to very clearly understand the programs that both the federal and the provincial governments have and to clearly outline that to the lay people of our rural communities so they understand and can participate.

I would like to ask the minister: Is it not only his wish and desire, but is the department progressing to a point where volunteers with maybe a keen interest, yet not really understanding of government bureaucracy, can clearly understand the process?

Mr. Lemieux: I thank the member for the question. This is one of the issues which my previous colleague who, as the minister, was trying to address and because, you know, we have libraries and we also have regional staff that have access to what grants are available and so on, that this is something we are trying to get better co-ordinated to ensure that they have all the information, but all the grants are listed on Web sites and all the regional libraries have all that listed.

Having said that, I still have a lot of questions raised to me by individuals, whether it be in Flin Flon or Portage la Prairie or Russell or Hadashville are asking me how do they access the grants. In other words, you know, how do they find out about what grants are available and so on. So it is still one that no matter what, no matter how hard we try to pass on this information, there still are some gaps, and we are trying to find out how are we able to fill those gaps and ensure all the organizations know about what is available.

I have to tell you this is not a case of self-flagellation, where I am saying the arts community and so on and the heritage community need more assistance. This Government, as well as the previous government, did a lot of things trying to work with the arts community. I mean, Mr. Chairperson, we do have the private sector where you have the Richardson family, you have Hartley Richardson and other people in the community, whether it be the Aspers, Gail Asper and family, who are generous, generous donators and freely give of their money to organizations and should be congratulated for it.

There is a sector, though; it is the sector that is kind of in between. I think we all recognize

the families that are very fortunate and certainly much more well-off than a lot of families in Manitoba, but there is a group that is in between that, whether you want to use the label small business or whatever it is, that is really not contributing to the arts or to heritage, and that is the organization that really I think has been missed or overlooked somehow.

Mr. Chairperson, every time someone has a project, they always go to the Asper family or to the Richardson family or to the Moffat family and so on, and are expecting to get huge dollars from them. In many ways, I think it is unfair because everyone seems to go to them, and even though they give and give very, very generously, there is a group of small business in Manitoba and elsewhere that are not giving anything. That is a group that we have to somehow impress upon, as they did in Scotland, in Edinburgh.

* (10:30)

Edinburgh have a fringe festival, and this fringe festival is very, very popular. It brings in millions upon millions and millions of dollars to not only Edinburgh but to Scotland. When they went around looking for advertising for their brochures, they went to small stores, small antique stores and souvenir shops and asked them to contribute. They said, well, why should we contribute? You know, those weirdos bouncing around the streets and conducting their plays do nothing for us. Well, what the fringe festival did, they made a concerted effort to show how much money it was bringing in. What they did was they, in co-operation with the credit card companies, determined how much money a lot of shops were actually pulling in as a result of the fringe festival in Scotland and then, lo and behold, now all those companies are contributing.

I would hazard a guess that all the tourism dollars and dollars related to the arts community go into a lot of small business in Winnipeg. Just the Indigenous Games themselves coming into this city it is estimated will pump anywhere from \$50 million to \$60 million into the economy of Manitoba, but certainly \$25 million into Winnipeg's economy. Now, you know, people are saying, well, what do those Indigenous Games have to do with us? Those small businesses are

seeing a big increase, whether it be a restaurant or hotel or souvenir businesses and so on. So there is a sector that is being missed somehow. I believe it has to be explained to them in a better way how there is a benefit, not only the money in their pocket, but I guess for the well-being of Manitobans and just for the quality of life that it makes for all of us.

Just with regard to Heritage, and I know that the Heritage Grants Advisory Council has a slight decrease in their budget, but you know we have introduced municipal heritage tax credits. We have commissioned research on Métis settlement in the Pembina-Emerson area. We have looked at the Franco-Manitobaine community and the City of Winnipeg on interpretative program design review for the Provencher Bridge. We have also declared that the Maison Gabrielle Roy be designated a heritage building, and also we are contributing towards not only the designation, but the restoration of the building.

So we are doing a lot. Granted, Mr. Chairperson, it is not enough, and there are many organizations throughout Manitoba that just feel that they have not had an opportunity to preserve their sites.

The Member for Russell (Mr. Derkach) raised this last week and said that there was a cemetery, there was an area where there were people of Ukrainian ancestry, I believe it is, between Miniota and Birtle, where there was a trail he was talking about, that this site needed to be preserved because no one knows about it, but yet there are a lot of people's ancestors buried there, going back a hundred years. Those are the types of sites and centres that are worth preserving. Mr. Chairperson, I am not an expert in the area. Obviously, people in the Historic Resources branch and others, they are the ones who are experts, but I really feel that heritage is an area where we have done quite a bit. We have a lot more to do, obviously, but there has not really been a concerted effort, I think, to the best of my knowledge, on how to approach heritage in our province.

We really have not brought in all the players to determine how do we approach heritage overall in our community. We have the Exchange District. We are doing something with Red River

College. There are many examples that we can go through. This is not what Estimates is about, and there is only so much money, as well, so how do you combine that with working with the private sector and working with government and working with the individuals who are volunteers in these areas? How do you best approach the whole issue?

I know that there are many artifacts that are sitting in someone's home right now that would be better displayed someplace. I know my own family—I say my family. It is my wife's family. There was a bugle. My wife's great-grandfather was the bugle boy for the Wolseley expedition that came out here to put down the Louis Riel rebellion. His bugle was sitting in a plastic bag at home, and they have donated it to the Manitoba Museum. So now it is being displayed along with the whole Wolseley expedition display. These are heritage objects. There are heritage sites, but heritage objects, as well, that we need to really look at to preserve our history.

We have done quite a bit, and I know that, just to give you a slight breakdown, I have a couple of stats in front of me that talks about the Heritage Building Grants Program received 55 grant applications totaling \$790,000 for grant assistance. From these, 34 were approved within the total program budget of \$300,000, with 54 percent of the grant projects outside of Winnipeg; 77 percent of those were for community-based or publicly owned projects. So 54 percent of the grants projects were outside of Winnipeg. That is important that not everything, just because we have two-thirds of the population in Winnipeg, that not all the money sits here.

Just on that point, I would conclude my answer to say that there are so many other projects in Manitoba that are worthwhile taking on, whether it be the Icelandic Heritage Museum or the Canadian Mennonite University phase 1 complex and so on. It is amazing how much we have here in Manitoba. You soon realize how much heritage and history we have that is worth preserving.

I think that unless we have a more strategic approach to doing it, we will never have enough money. Mr. Chairperson, the Province will never have enough money unless we try to work with

the municipalities maybe in a closer way or other levels of government to try to address this.

Once again, my colleague Minister Sheila Copps, the Honourable Sheila Copps, is responsible for culture and heritage at the federal level. I think governments have to sit down, all levels of government, municipal, provincial and federal sit down and have a more strategic approach to heritage. Heritage is a big area but I really think that we have to be able to sit down and discuss this whole issue with our federal partners and municipal partners.

Then there is also the volunteer sector and the private sector that have a role to play. There are many people in the private sector, as I mentioned before, who donate freely and have donated to many heritage projects. Whether it be a project, the grain elevators in Inglis, or other projects, it is important that the private sector as well as the voluntary sector be involved in this strategic approach to heritage.

Mr. Faurschou: I do appreciate the minister's response. I concur with his observations. We have to make things very clear from the outset and to be strategically minded. As a small business person, where does one go if they have a keen interest and would like to participate in the preservation of our railway history? Where does one go to accomplish that? In fact, my now-deceased father wanted to look to preserving some of the military memorabilia. Where does one start?

* (10:40)

I think it has to be very clear, because I know that the curator for the Portage museum, it is known to the public as the Fort la Reine Museum, spends a great deal of time sifting through manuals that are Winnipeg phone book in size trying to search out where that particular museum could apply for support. It is very diverse. It has a number of different components to it, whether it be Ukrainian in nature with the church or whether it be the agriculture component or the fur trade which was fundamental in seeing Fort la Reine being constructed in the first place.

I am glad the minister also recognized outside the Winnipeg city limits because Win-

nipeg was not always the populace centre of the province insofar as that when one looks at the first distribution of MLAs around the province, Winnipeg did not have the majority of MLAs by any stretch. In fact, the area in and around Portage la Prairie has representation from six MLAs. Portage la Prairie area has maintained year-round inhabitants since 1813, one year after the 1812 settlement here near Winnipeg. Being the second oldest community in the province, a lot of persons settled outside. When we are looking to the heritage of our province, the vast, vast majority of people were spread out along the waterways of Manitoba in the 1800s.

I would like to really encourage the department to streamline, so curators of not only the Fort La Reine Museum but other small museums and heritage organizations throughout the province have effectively a one-stop shopping. Here is the idea of what we have here, and we are looking to build on these three or five project areas, and then perhaps not always have to apply and apply and apply.

Let us look at the Van Horn car. The superintendent of CP Rail that had this rail car constructed for his accommodations, actual residency, throughout the construction, through from Portage la Prairie west to the Rocky Mountains. That car was left in Portage la Prairie. When the construction was done, it was sold off by the CP Rail, and it was moved north of Portage and served the purpose of a hunting lodge for upwards to 100 years. Now the car has been retrieved from the Delta Marsh and placed on a couple of rails at the Fort la Reine Museum.

For the last half dozen or so years, we have been attempting to try and find where that particular artifact could receive funding. CP was extraordinarily, as a corporate sponsor, interested in restoring the car; however, they were not interested in restoring it and leaving it in Portage la Prairie. They said that they would take the car and either take it east or take it west. Calgary was the first site that they said they would like to place it at and hook it up to a locomotive that I understand was one of the locomotives that pulled it in the mid-1880s. That was not really acceptable to the Board of Directors of the Fort la Reine Museum, to see

this car which has been in Portage la Prairie for more than 100 years, leave.

So we have not been able to secure any monies for restoration of that car. Even though there is a roof built over the car, it is still continuing to age and needs some work. Without the CP being on board, because as I mentioned they want to move the car, we have been basically frozen out to see any support for it. But those are the things that are on the books and left wanting for support. It seems as if we do not re-apply year after year after year, it is very quickly forgotten about.

I am wondering whether the minister could respond, or through the department staff. Do we catalogue projects that are brought forward so that these projects, maybe they cannot be funded this year, but are left as priority items that could be in sequence, or in order of priority, funded at some future date without this constant application and re-application by various curators throughout the province?

Mr. Lemieux: I thank the member for the question. It is very important when, I know, with regard to application and re-applying continually, it creates a great deal of frustration for many volunteers who give freely of their time. It frustrates them to no end. But having said that, I know that the Province of Manitoba does contribute some dollars towards the Fort la Reine Museum in particular.

I was just going to say that it is also very difficult because the reason they are re-applying is because sometimes the criteria or the community goals change, or often the different programs have different goals, outcomes and priorities reflecting the needs and requests from the community.

The Regional Services people are also there to be working hand in hand with the local volunteers. I have always felt that the Regional Services were there to assist the local organizations in how to massage their application and how to look at it. I mean, if you applied two or three times and somehow you are not getting a grant or there is something missing, either the organization has to do something differently, maybe they are missing something, maybe they have

not done enough fundraising themselves or maybe the project is just not something that fits the criteria, Regional Services are there to help people trying to massage their application form, trying to say you are missing this, so let us work on that, let us see how we can in the next six months see what you can do to tighten this up, and then maybe the reason why you were rejected or your application was rejected you could then be able to do something about it.

I have never had the opportunity to see this particular car. It must have been quite opulent for its time, if you think about the car itself and the day and age when the car was built. We have had experience in Manitoba just recently of a corporation in eastern Canada wanting to take something back to eastern Canada. I refer to the Timothy Eaton statue. The Eaton family wanted that statue to go back to where Timothy Eaton had opened up his first store prior to going to Toronto. When the Eaton family, to their credit, showed interest to find out if Manitobans and Winnipeggers were interested in keeping the statue here, they thought there was not a lot of interest in it. Then they found out that it was the workers of the Eaton store that paid for the statue and then donated it or gave it to the Eaton family. When they found that out, to them that was quite important, but then they found out how much interest there was in the community as well as the interest to keep it here.

So we have had corporations with regard to a number of different artifacts and I believe heritage objects that they wanted to remove them from the province and take them, in this particular case, the Timothy Eaton statue, to take it to just outside of Toronto, which was unacceptable to us and unacceptable to Manitobans. So, thankfully, I was able to work with the Eaton family. They have agreed that it would become the property of the Manitoba government. I do not think the Province of Manitoba is interested to be the sole proprietor or the owner of a lot of heritage objects, but, on the other hand, it was important that we do something about it, otherwise it was going to leave, I know to the disappointment of the community in Ontario. They were sorry that they were not able to get it, but, on the other hand, it belongs here just as the railcar belongs here. So you would hate to see it go.

If I understand the member from Portage la Prairie correctly, they are willing, if they can move it, they will move it and they will put a lot of money into it. I guess what is interesting to me is that I am wondering how many artifacts are out there that maybe belonged in that car that are missing. You know, in those days they had nice wash basins and vases that went with it, just beautiful pieces. It makes you wonder, where are they lying now? Are they sitting in Toronto, are they sitting in Banff? Where exactly are they? By the sounds of it, its rightful home is in Portage la Prairie.

I had the pleasure of meeting the individuals from Fort la Reine Museum, the volunteers. They were dressed all in their period costumes. I saw them at Rural Forum. They were very impressive. They put a lot of time and effort into making sure the museum is not only functioning but is thriving. They really do need assistance. I know the Province puts over \$3,000 into it now, but that is just a small portion of the money it takes to really make that museum thrive. They deserve a lot of credit for everything they are doing.

* (10:50)

But the railway car, I was really surprised to hear about it. That is not something I know a lot about, but that is just another example of why corporations are no different than the Paterson family, that have an elevator sitting, they made millions of dollars off that elevator in Inglis and are not willing to put one cent back into that elevator to restore it. There is something wrong with that picture. They have been contacted by the local organizers. I know it would be a real shame to see this railway car, for example, leave because CP feels they would like to put it someplace else and then really polish it up and bring it back to the state it was in when it was first built and used.

There are many, many artifacts in Manitoba that really need some looking at. I do not know if there is even a comprehensive document someplace that lists the potential items that are going to either leave the province or have the potential to leave or that are just sitting

someplace that really have not been recognized as part of our history.

The railway system, there was a Mr. Gold [*phonetic*] in Dauphin. He, as a pastime, used to love to paint the different engines, steam engines. The last steam engine that was a coal-operated steam, I guess, it was operated in Dauphin. I know he had a picture. He has since deceased, but had a great love for the railway system. He worked on the railway his whole life. Many pieces have gone by the wayside and will never be retrievable. We will never be able to have them back because they are gone. They are just destroyed. People got rid of them. It is a real shame. You do not want to do that. You do not want to lose it.

I know the Member for Portage la Prairie (Mr. Faurischou) mentioned the military artifacts. There is another one. Others have been to the United States, as well, but I have been to the U.S. where there are great Air Force museums, different military museums. It is really quite fascinating and interesting when you go through them. It is amazing how they have been able to reconstruct fighter planes and so on, or the army has been able to keep things from the First World War and long beyond the Civil War in the U.S.

I guess there is nothing money cannot fix, but I think there has to be other things put in place, too, to ensure that items like that just do not walk away and leave the province because a corporation or others can afford to take them and do something with them. In the case of the railway car, it seems to me its rightful place is in Portage. It is something I know I would certainly be prepared to take a look at. I have never seen it, I have heard a lot about it, but it is something I think the department should be looking at things like that, the potential for just tourism alone for people who are interested in Manitoba's history, and, of course, the railway line that really opened up the west. It started from Portage west.

Just to conclude my remarks, I know the Member for Portage said at one time there were a lot of MLAs from outside of Winnipeg, and in the Portage area alone there were six. I do not

think he is trying to say that now there is only one, that he is doing the job of six, but his point is well taken that Manitobans outside of the Perimeter very much appreciate many things their governments do and work with them. They certainly do not want to be forgotten and should never be forgotten, whether it is in dealing with heritage or any other government programs.

Mr. Faurschou: I appreciate the minister's comments. I know the history in and around, as was mentioned, the waterways, one used that not only for water as a source for all life but also for transportation purposes, and so settling along the Assiniboine, along the Red and the two major lakes, Lake Manitoba and Lake Winnipeg.

I am just wanting to impress upon the minister to look at his department as the conduit, the clearing house, if you will, for heritage of our province. If I am a railway buff and really wanting to support the railway history in Manitoba, where would I go? I have a few thousand dollars here I want to put towards it. The vast majority of people in Winnipeg or in and around the province do not know about the Van Horn car, but if they were to say, okay, I would like to try and preserve some of our railway history here, and they come to your department, you could perhaps have a list: Here is a railway car in Portage; there is a caboose they are trying to reconstruct in Winkler; there is a grain elevator and siding that they are going to do at Inglis. These are all railway-related projects, but where does one start as a private citizen, a small businessperson?

I would look to the department to assist in the request and to find an appropriate project to support. That is what I am asking the minister to consider or perhaps it already is in existence, but I would appreciate his comment in that respect.

Mr. Lemieux: Well, this has created a bit of a concern in the past and still continues to. How do people actually access, where do they find out where a program is, or what programs are available, or what needs assistance? If they want to put money towards the railway system, they want to give a donation, how do they find out, where do they go?

Often, I mean, if they just call government, I am hoping that if they called government, some-

one would say, whether they called the 1-800 number or not, someone would say: You have to call the Department of Culture, Heritage and Tourism. Once they called the Department of Culture, Heritage and Tourism, I am hoping that they would be then directed to Regional Services, because Regional Services are the ones that have been traditionally—the member from Portage la Prairie used the word clearinghouse, but Regional Services are the ones that deal with all kinds of different grant applications or different projects that people might be interested in.

I would hope that they would be directed to their own region, wherever they are from. If they are from Winnipeg, I mean, there is a railway museum here, or there are other opportunities here, but I am just wondering about the process when someone actually calls, and they do have \$5,000 they want to donate, or \$10,000. Sometimes people are left, people who are responsible for estates—the person has passed away; they are an old railway employee, they have worked for the railway for 35, 40 years and they have left to be bequeathed in their will that something be—and often the language is not clear—that a portion of their estate, a third be left to a railway museum, or it may not even be that clear. So now, what do the executors of that estate do?

It is often very difficult for them because, is that meant to go, because a person lived in Portage, does that go to the Van Horn car, or does it go to the railway museum in Winnipeg? It is extremely difficult, and then how do they find out what their options are when they call the province?

I am hoping the process is fairly clear, that it would eventually get back to Regional Services, whatever region they are from. The Regional Services people are very, very competent and. I must say, very, very good at knowing the grants and what is available and helping organizations or individuals that might be looking for assistance; saying something in dealing with military artifacts, or grants related to historical or heritage objects and so on.

So the Regional Services people are very, very good at this. I mean, that is why they are hired, this is their job description as such. They are very good at what they do. So I am hoping

that things work out like that, and that people are taking advantage of it.

I should tell you that—and I thank my staff for this. I was just passed a note to say that the Central Region office is located in Morden. For the Central Region, people can call collect at 204-822-5418 for assistance. There is a person there by the name of Gisele Timmerman. She is the regional manager, and she is bilingual. There is an other person by the name of Lenore Laverty. She is a regional consultant to help people. I know that they have been working with the heritage community in the central region for a long time, and they are quite familiar with the different people that are there.

To me, the Regional Services people are the ones that know best what is going on in their own backyard. They know all the ins and outs of the grant applications. That, more importantly, is probably the best thing because they can help the local applicants to massage their applications to try to fit to make sure they fit the criteria and are able to get some dollars.

Just on that point, I just want to thank the member for the question. The whole issue of heritage is extremely important. I think, as our province is aging, we start to realize that there are many, many important things that we should certainly be cognizant of keeping and preserving. I know that, as we grow and as we continue to age as a province, we have many new families who arrive from many, many different countries.

* (11:00)

We have many multicultural organizations now that are concerned about their artifacts because they have been here long enough now that it is not just going back to First Nations or Métis people, who are the first families in Manitoba, but then you have the French, you have the Scots, you have many Anglophones, the English, who are here, the people from the British Isles. But then you have the Ukrainian population, the Polish population. You have many people from the Philippines and other countries who are more recent immigrants, that they are becoming very concerned about the artifacts and items that they have since they have been in the country.

There is a wide range of challenges that are going to be facing the Government and governments in years to come on preserving many, many different artifacts that are not really—and not just preserving artifacts, but the whole area of heritage. The governments are going to have to take a serious look at what is really important with regard to heritage.

I know there is a Heritage Advisory Council as well to me, to the minister responsible for this area. The Heritage Advisory Council is currently looking at, when we are talking about heritage, do we just have to talk about buildings or a bugle. I mean, Mr. Chair, there are so many interesting things about people. What about all those bush pilots that were first in the North, like human beings; what about individuals that were involved in the armed forces, or individuals who were trappers, live human beings that made a big difference in Manitoba, and helped make the province what it is?

At one time, it was just buildings, and it had to be something like that to be heritage. We are looking past that now. We are starting to look at different aspects of heritage and the importance of individuals and human beings and people, as well, in the really important role they played.

I just wanted to conclude my comments, that I thank the Member for Portage la Prairie. This is truly a very, very important area, and sometimes, in my own department, out of culture, heritage, recreation and tourism, it is an area that sometimes is forgotten about. It should not be because it is an extremely important area. We want to make sure it is not forgotten about.

I know there are many people out there that work really hard in the whole area of heritage, and many volunteers who want to make sure that governments do not forget about heritage. Thank you.

Mr. Faurichou: Once again, I do appreciate the minister's remarks. Before we leave the topic of grants and heritage, the applications themselves, not only do I believe we should have some record of applications that are considered without the reapplication and reapplication, but a prioritization of maybe back to, say, the Fort la Reine Museum, and we see the Van Horn car, as

a very valuable artifact for the province's history. Although we cannot fund it this year, we have now placed it on a priority list, listing it as No. 5, that we could possibly consider that funding in 2004. Granted we will recognize each year we will have to have a reassessment, a re-evaluation of priorities, because there may be applications that will come in as perhaps a steam engine that—*[interjection]*—yes, but at least it is still there on the list. Maybe once it is on a list then it is available for public support. Just facilitating, I think it is vitally important that we have the connection between public and private, those persons who have ideas as to where and how best to preserve our heritage.

When I talk about the railway, the railway in Portage la Prairie was responsible for the former Prime Minister, or who was actually the sitting Prime Minister at the time, Sir John A. Macdonald, to effectively come out to Portage la Prairie and run for the elected position as MP for Portage la Prairie in 1878. You may or may not know that was where the movement west was stalled by the railways. The Grand Trunk and the Canadian Pacific, they were arguing back and forth as to who would have the rights to the southernmost right of way, because, as everyone understood, the United States was to be reckoned with as far as economics, and any railway that was closest to the 49th parallel and that economic powerhouse as was even recognized in the 1800s was a definite want of the railways.

It was the negotiating prowess of the Prime Minister at the time, Sir John A. Macdonald, that saw to the crossing of the two main lines, the Grand Trunk and the Canadian Pacific, right in Portage la Prairie. Through negotiation, CP was granted the southernmost main line route on the basis that Canadian Pacific would connect the rail line from east to west in very short order and within I believe it was three years of that they had pressed across to the Rocky Mountains and Canada was united from coast to coast as a nation through the ribbon of steel, as it was known in the day.

I will leave the history or heritage of rail on that note, but I do want to continue on in talking about the heritage and ask the minister, as he started to comment on, that is not only a preservation of actual artifacts, memorabilia of the

past, but to get onto paper or into record books the history of the people of Manitoba.

Right at the present time, with the loss of my father, I have thought of that, how much I personally have lost as far as the history of not only our province but our family with his passing and wanting very much to seek out someone to assist me in going to relatives and maybe reconstructing his life and making a record of it. I do not know where to start to find a writer or someone to assist me in that endeavour. It is on the topic of heritage and so maybe perhaps he can enlighten me so that maybe my personal quest might be a question that others may have as well.

* (11:10)

Mr. Lemieux: Just the person that I had mentioned before, the person who is a regional consultant, Lenore Laverty, has a lot of experience in genealogy in that area, would be a very good person to help anyone who wanted to research how you go about putting together a package or documentation of a person's life, and so on. This is something I think that hits closer to home for more of us than I think is realized. There are many people out there who did so many interesting things, whether it was their life in the Second World War or First World War or the Korean War.

I know my own father's experience was with the Second World War. He spent many years there and also in the military police after the war. All the friends that I have heard from recently—my father passed away I think about 21 years ago now. These things come back and you start to wonder what an interesting life many individuals, many Manitobans have had. Their contributions vary from individual to individual. I think it is important to recognize human beings and not just objects as part of our heritage. Many, many Manitobans played a role that many of us do not have an appreciation for in making sure that Manitoba is what it is today.

Just to go back slightly just to the Heritage Grants Advisory Council, it is important to have a body like that, because they are really responsible for making recommendations to the minister, but most importantly they are responsible for

looking at the needs of Manitobans, for example to identify or protect or interpret the province's heritage. This body is made up engineers, made up of archaeologists, made up of people who have backgrounds in museums. In other words, there is a varied experience on this body, so when we are talking about application forms and putting in application forms to this body or to government, it is important that you have a group like that that I think acts like a liaison between the public and the minister and are able to give recommendations. It is not at the minister's whim. It is a group that is actually very dedicated to doing it.

They do a very good job. I know they are also responsible for monitoring the projects that receive funding. That is important because there is also the whole due diligence part of it. We want to make sure that groups, whatever they are doing, that they are working efficiently and they are accountable and they are working effectively. I do not know what the application form will look like in the future, but there will always be one of some type where people have to document what they want to do, who their organization is.

Mr. Chairperson, organizations change from one year to the next. It is really frustrating, because you start working on a project, you work three or four years on it, and then all of a sudden people leave or they leave the province or possibly pass away. Then you are really hard-pressed to build a new team.

But the application form is really the due diligence part, even though it is frustrating for groups in many ways. I mean, it is not an easy thing to say, but I think in many ways if you do not have people doing that and reapplying or doing something like that, I would hate to have dollars go to fund an organization that was—and there are not many, and as far as I know, there are not any, but to scam the Government into doing something, or giving a huge pile of money to and taking away from another legitimate organization because they somehow skipped a step or they were prioritized.

The member's suggestion about how do you try to avoid the frustration of applying year after year, this is a difficult one, because I know

organizations do not like to do it. Often they will say: Well, we have applied now four years in a row, and every year we have changed it because we were told we are missing this. We add it, and then the next year we are missing something else, so they add that.

It is something where the process, you try to streamline the process. At one time I am sure there was only one intake a year. Now there are two. So you try to give more opportunity to two groups. What it does, it presents an opportunity to apply again and to improve the project within a six-month period. It is not like you are waiting a year, because there are two intakes. It helps that process.

Again, Mr. Chairperson, that Heritage Grants Advisory Council are representative from all the corners of the province, which I like, personally. I think people bring different expertise to the table. But if you take a look just at the membership on that advisory council, there is a great balance in distribution of their makeup. I like it, personally, because you have people from Brandon, Neepawa, Garland, Thompson, Dauphin, Selkirk, Rossum, and then you have about five or six individuals from Winnipeg. Proportionately, Winnipeg is not getting the numbers they should because it is two-thirds of the population, but on the other hand, you have a good distribution out of all those members from outside, in the North, and so on. So it is a balance of expertise of architects, archeologists, historians, librarians, or people with that type of a background. So it is really quite important that that be noted.

I know that, I think in a way to conclude, with regard to the Heritage Grants Advisory Council and the applications, is that out of the 170 applicants that came in, 99 were approved. So it is a good proportion. I would presume, maybe one should not presume, but out of that the best projects that were available and were certainly looked at to preserve the most important aspects of those projects that came in.

So they do have an important job, an important role, and yet it always comes down often to that you cannot do enough, or they did not do enough. Yet I have to put my trust in their due diligence to try to determine. They do a very

good job and have done a very good job. Well it is not just in this administration, it is the previous administration, the Grants Advisory Council have been there for a long time.

So it is not an easy job to do when you are volunteering to be appointed to a government board, but they must have some interesting conversations, because when you have that varied a group on a board, there are going to be projects that they have to come to a consensus on, and they are able to do it.

It is a good thing, I think, for all those communities that are applying to know that they are being fairly dealt with. Their applications are really given the due diligence and are screened, that, in co-ordination with Regional Services, to be able to help people with those applications I think is really important.

So I just want to conclude my comments by just wishing the member from Portage la Prairie, if he is going to do a project like that I wish him a lot of luck, because it takes a lot of work. I know that there are so many different members of the population that contribute greatly to this province. I have no doubt that his father did as well, so I wish him luck in that project.

Mr. Faurichou: Yes, in regard to the project, it is going to be a bit of a challenge. We will not be starting from scratch because my father's actual history and leading-edge agricultural techniques saw to his being written up in a geography book that was the geography book studied by, not only the Canadian curriculum, but also the U.K. curriculum in different grade levels. I read about and had to have knowledge of my father's farm in my Grade 10 year for a geography course, so I was tested on my knowledge of my own farm, or my father's farm. It was quite a unique experience to have that within the curriculum, so it is something I do want to do.

I was unaware of the two intake periods. Maybe the minister could clarify those particular dates. That is very good. I am glad the minister and the department staff are recognizing of the nature of volunteerism. Volunteers do come and go. They are there by their own free will and do want to do their part. However, they do get frustrated, whether it be with other committee or

board members and they do come and go from time to time.

* (11:20)

Also, when one volunteers, we may not possess the bureaucratic outlook when we come as a volunteer to organizations. So I want to impress upon the department, whenever looking at one's forms, to get the feedback from those laypersons who are volunteering, be certain the forms and applications to be filled out have that vetting by individuals out in the field that will be called upon to fill them out, so we are not requiring a master's degree or a degree proper to complete the forms for projects that are very important.

I will just wait, with those two comments, for a response from the minister.

Mr. Lemieux: Just to touch on that comment that the member made from Portage la Prairie, the comment on volunteers and so on. You do want the best people on boards that have a variety of experience and yet you do not want to make the application form and the process, you do not want to get it to the point where it is very restrictive, where people are frustrated and do not want to bother applying at all because you need a lawyer and accountant to put it together. That is not where we want to go.

I know the Government has worked, not just this Government, the previous government has worked very hard to try to streamline the forms to try to make them as user-friendly as possible. Yet the Regional Services people are there, I think more importantly if there is a question, they are very good at helping people.

I am only saying and passing on what I have been advised is that the receipt of application forms and so on is not what frustrates the applicants or the different organizations. They just want to know why is the pie not growing. Why is there not more money available and how can they try to influence that? How can they make sure heritage receives more money? How is heritage going to ever hope to be able to—I just mean in the general term, heritage itself, how are we going to be able to preserve not only the history of individuals, but artifacts and buildings

and so on if there is not a concerted effort to make sure that we do it financially as well as organizationally, where we have enough staff to handle the forms and to streamline it so they have a better opportunity to tap into the money that is there?

It has been a question that has been around through the member from Portage la Prairie's government, and it is a question that is continually, when I see letters and documents being referred to from the mid-'90s, it is something that people are still trying to push the envelope, to make sure governments move ahead. They will do so in our Government, and then, when our Government changes to another government, that particular government will also have the same challenge. But you just hope that every year you are able to improve things, and you are not just sitting still, that you are trying to help these organizations so it does not get to the point where you need such a professional body, either applying or on the receiving end, to deal with this because it was never intended.

It is something that I hope it never gets to the point, where organizations have to be so professional in applying, that you get away from the human factor of individuals just wanting to volunteer and so on. It is a question that my critic from Seine River had asked about the amount of the Heritage Grants Advisory Council, the grant on the capital side, what money from their budget is put towards capital projects. Staff had advised me that the capital project end is \$163,000, and that makes up 35 percent. Just over a third of their budget went towards capital last year.

I wonder, if I beg the Member for Portage la Prairie's indulgence, I know that my critic from Seine River also asked about the art purchasing tour, the group that purchases art works, I have been advised of the names that are on that body. I did not know the names at the time. If I could read it on to the record, the names of the people who are on the arts purchase committee for 2001-2002: The chair was Dr. Linda Asper, the MLA for Riel; a person by the name of Jennifer Gibson, who is an art curator at the University of Winnipeg; Dale Amundson, the director for the School of Art at the University of Manitoba; James Patten, he is a curator of contemporary art

and photography at the Winnipeg Art Gallery; and Maureen Oslund, who is my special assistant, also sat on that committee.

For 2001-2002, the art purchase was just over \$21,000. I just wanted to make sure that was on the record because my critic had asked that question, and we never had the information at the time. So thank you very much, Mr. Chairperson.

Mr. Faurchou: One of the components of my question was the intake dates for the heritage grants committee. You stated there were two intake date deadlines.

Mr. Lemieux: I am sorry I missed that. The deadlines are January 31 and June 1. There is also notification given within 90 days as well.

Mr. Faurchou: I know it is sometimes difficult to get a full appreciation of a project or a project's potential by just looking at an application form. I am wondering whether there is more to applications than just the written.

I am going to revert back to the Van Horn car where the individual who has made it his mission in life to see that car restored has, in fact, taken on the character through period costume and researching the history of Sir Van Horn. The gentleman's name is Rusty Rutherford. You can meet Mr. Van Horn proper at many, many events during the year where Mr. Rutherford portrays the character of Sir Van Horn. You can virtually carry on a conversation with Mr. Van Horn through Rusty Rutherford because of his extraordinary research of that gentleman's life history.

I would say if one had the opportunity to look at this particular project and invited in Mr. Rutherford to give you Mr. Van Horn's perspective of the project to agree in restoring the car, the committee might be thoroughly entertained and maybe get a better understanding of the project like that.

You say you respond within 90 days. I hope there would be an opportunity if the applications happen to be deficient that there is a chance by the submitting organization or individual, the opportunity to clarify or even make presentation to the committee. Is that afforded the applicants?

* (11:30)

Mr. Lemieux: Yes, just on process, the member is correct. There is that 90-day notification, but not only that: (1) You have the Regional Services people who know the projects very well or are familiar with it, it is from their region; then (2) when the applications are put in, if somehow the applications are refused, for whatever those reasons may be, a notification is given. They do have an opportunity, if there is something that is not clear, to clarify it, prior to a decision being made. They are able to put the information in. They are checked with. People check with them to determine and there is an appeal process in there, that people can.

It is highly unlikely or unusual to have people actually physically go out and look at the project to determine what it is. Regional Services people, they are the ones most familiar at the region, but there is an appeal process for people if they are not happy with their application being rejected. They may feel something was left out, they may have left something out, or they may feel it was misinterpreted or not taken in, given enough weight, or recognized as an important part of the application.

I believe the process is a good one. It affords the applicants an opportunity to really make a good case for it. Also, staff will make sure they check things out to ensure, if there are any questions there, they will check it out and will research it if they have to. Before a decision is made, if there are any questions, they will usually go and pursue it to determine whether something was missed or not. It is actually a pretty good process. It works fairly well.

When a grant application is rejected, it is not a great thing worth celebrating. I mean, no one is happy to have their application rejected because everyone, and especially people who are volunteers, which I have been one, and I know the member opposite also has been, and many others in this House have been volunteers, you do not like to see the hard work you have put into it rejected. Well, I mean, people are reasonable; they know that a project may not be No. 1, but you would think that, you know, it deserves consideration and has a good shot at making it.

So I can understand that, but once again I have to rely on the Heritage Grants Advisory Council, not only because of the expertise they have but because of their decision making and the due diligence that they do. It is really important that we—well not we as in just government, but that we, as in me, the minister and our department consider what they are looking at. Thank you.

Mr. Faurichou: Mr. Chairperson, I thank the minister for his response. From the perspective of the Member for Portage la Prairie, he need not apologize to those in Winnipeg for not having a current representation balance based upon population because, as I mentioned earlier, one-quarter of the province's population was in and around Portage la Prairie at one point in time and it depends where in the history of our province one is examining, the proportion of that committee could change. So Winnipeg was not always the centre of everything and the majority of the population within the city limits of Winnipeg.

Winnipeg has its own special significance, having an act to recognize it passed by the Legislature Assembly, which in itself caused a great deal of debate, because originally the bill that came to the Legislature was the city of Assiniboia act. That city of Assiniboia act was nearly passed by the Legislative Assembly, but was reconsidered after the Speaker of the Assembly, Doctor Bird, was lured from this Chamber and was tarred and feathered outside the Legislature for his unwillingness to entertain the delegation that had come to the Legislative Assembly Chamber to voice their disappointment about the act being called the city of Assiniboia, and wanted the Chamber to re-examine the naming of that bill to the city of Winnipeg, but the Chamber was not willing to entertain and, unfortunately for the Speaker, he bore the brunt of their disappointment by being tarred and feathered. It was not too many days thereafter that the Chamber thought maybe there was support for The City of Winnipeg Act, rather than the city of Assiniboia act. So we do indeed have a colourful and vibrant history.

I do want to ask the minister a few more questions moving ahead here, and I do not know whether my colleague from the Seine River had

asked the question: Have we progressed in the area of film and sound to a point where that industry would not face the confrontational situation that was incurred a few years ago where they wanted to film in the Exchange District but had to remove a few trees that were not historically accurate for the period of time for which the film was to be portrayed?

A few individuals stymied that production because they did not allow for those trees to be removed and then replanted. It was not that they were going to be permanently removed. I want to ask the minister, have we progressed past that point where to the common person's thinking it was not a big deal. We lost a major multimillion dollar project to elsewhere in Canada because of that protest on that topic.

Mr. Lemieux: I think most of us recall that. I do not recall the exact project, but I certainly recall the issue. People were saying, well, you know, in this day and age when you have tree removers you can remove a tree and then you can replace it. In fact, you might even replace it with a better one, the same type of tree species, but a much better one and healthier one.

There is now a body that the City has put in place to deal with that up front, ahead of the projects coming in. When a project is bidding and wanting to use the city they come here and they do a lot of up-front work. They come and scout out the town and scout out the city, find out where they want to use, what street they want to use. If it does not look right there is an office in the city, a gentleman by the name of Mr. Kenny Boyce, who is a person that I understand heads up this office for the City, that works closely with a production company.

But you have Manitoba Film and Sound, who really also have some input into what is happening with regard to projects. People work with Manitoba Film and Sound and are able to iron out most things now.

* (11:40)

I have to tell you this industry has really grown. I think this year the projects that are coming in in total, outside projects plus local projects, are probably going to get close to \$55-

million worth of projects. This industry is really growing. It is huge, all the jobs that are created, all the spinoffs that are created. I would beg Manitobans' indulgence and tourists alike that come to Winnipeg when you see all these white trailers parked there.

The other day when I was driving to The Forks, right by the Fort Garry Hotel there was a whole line of trailers, white trailers. One lane had to be cut off. There was a backup in traffic and people were leaning on the horn and honking their horns at people. People were yelling because they were frustrated because a lane was cut off. Then they approached, as I did, a police officer and the police officer kindly explained that this project is pumping millions of dollars into the city's economy, there is a movie being shot here. The person was very courteous and just asked for patience. A lot of signage that is out there now is trying to explain there is a movie being shot ahead, you know, please be patient and you will be able to get around the project.

This has become a huge industry for Manitoba. We have a tax credit for the industry. We are doing everything we can to work from the education perspective to try to get more young people involved in going either to Red River College or becoming involved in the movie industry. Yesterday at the North American Indigenous Games I had an opportunity to speak with Lisa Meeches, who has a production company, and was very, very pleased with a production that she is going to go ahead with. She has the *Sharing Circle* as well as *Tipi Tales*. So this industry is really thriving and growing. We are very, very fortunate.

I think the most important part is that you do not want it to outgrow your ability also to be able to support it, but, on the other hand, sooner or later you would think it would plateau out and reach a point where it would only grow to a certain point, because Manitoba is a small province. Yet so many dollars are coming into Manitoba as a result of the movie industry. More importantly, the local people, the local producers, the local filmmakers are really growing and receiving a lot of prominence, and we received a lot of awards and are being recognized for this whole industry.

So I would just say, just with regard to Manitoba Film and Sound and working with the industry, they do a great job. Not only that, the City of Winnipeg has now opened up an office, so if one has to replace a tree or do something like that there are many people who are consulted on how to do it, how you go about it and how do you restore whatever you are doing that you are going to change, that it will be restored to the point that it is equally what it was prior to the shoot or even better.

Often these movie companies make things even better. They have used old homes in Winnipeg, homes that are 150 years of age, or 130 years of age, beautiful old homes that we have in the city, our gorgeous three-story old homes. They use them for movie shoots. They have repainted them. They have either sandblasted them, or finished the stone on the exterior, re-done the grounds. They have actually, in many ways, I believe, done and provided us with a heritage opportunity which the homeowner did not have to go to that expense because the movie company actually made the home even much better than what it was when they first used it.

The long and the short is that we have come a long way, because we know that when you are dealing with a lot of movie companies and production companies you also have to be very professional. Not to say that the people who protested the removal of the trees do not have a right to do so. They do. It is a democratic country. Democracy dictates that people have a right to say and speak their mind. That will continue to be so. If people do object to something that is happening with regard to a movie shoot and so on, there is now an avenue for them. There is a process they can follow. That is taken care of.

Mr. Faurshou: I do appreciate now that exists, but it comes with an understanding and communication of what is happening. I believe it was on the tree issue, if persons really understood that is what the movie company was prepared to do was to remove the trees but to put them back in maybe even better stead than they had been removed, because that does occur when you are replanting; you always make for a bigger pot and improve the looks around, but I would encourage those working with the film industry that the occurrence the minister personally had,

individuals in that lineup of traffic did not know they were waiting on a film crew. If that signage had been way back to where the lineup started, saying: Your patience is appreciated, filming in progress, I think everyone in the city is well aware of the number of projects underway, but we are not aware as to what locations they are. Although I am not a person to lean on one's horn, I do get impatient at times.

It is just the information that should be passed on. The signage you referred to, I hope it would be far enough in advance that you would not get persons into an impatient or sometimes hostile attitude.

I would like to pass the questioning on to my colleague from Steinbach, but if the minister has a comment.

Mr. Lemieux: Before we do that, I want to put on the record that Winnipeg and Manitoba, if we are not the most user-friendly province and location for movie shoots in North America, I would be very surprised. We have such a great reputation as being user-friendly. Companies come in here. We have local companies, whether they be rental companies for trucks and for trailers. For the good work that our police officers do in being ambassadors, we have such a great reputation.

I was, not that long ago, in Arizona and in Texas where they were shooting movies where you did not have any signs. They did not have any police officers there. They did not have anyone. I just want to put this in perspective to show you we now use the radio stations. The radio stations often announce first thing in the morning, whether it be CJOB traffic reporters, they state there is a movie shoot happening in the Exchange District, or there is a movie shoot happening at the Fort Garry Hotel. They try to tell people, if they are listening to the radio station in the morning, what streets they may have to avoid or have patience because there is a movie shoot happening there. Every time you see those white trailers, please know that there is money being pumped into Manitoba's economy and it draws a lot of tourists.

You might have Rob Lowe or you might have other people, Shannen Doherty or Shirley

Maclaine. Or you might have, who just shot, is it K-19: The Widomaker? Harrison Ford, you may have Harrison Ford walking down Broadway Avenue, grabbing a hot dog because they are shooting a movie at the Fort Garry. So have patience. A lot of money is coming into Manitoba's economy as a result and one has to put it into perspective.

Mr. Chairperson, we are far, user-friendly, ahead of many other cities and provinces and states in the United States. So, just to give a balance and put it on the record to be clear that, yes, we have got some improvements to make, but we learn as we go. We are becoming much, much better than we were, I would say, even a year ago, three years ago, five years ago. We are making a lot of progress in this area and we are getting a lot of compliments for it.

Mr. Jim Penner (Steinbach): Mr. Chairperson, I was just reminded that Mr. Jack Reimer, when he was minister, gave up his office for a movie shoot for Jane Seymour and James Brolin.

Thanks for the opportunity to participate. I think Culture and Heritage is a very much more interesting department than Consumer and Corporate Affairs, and that it is very, very worthwhile.

I share a boundary with the honourable minister, as he is in La Verendrye and I am in the Steinbach constituency, which is really the R.M. of Hanover. We often share events because we are very close, our people, you cannot distinguish the boundary line between the two ridings.

In reference to the movie shoot on Fort Street, I did observe those vehicles arriving. I was on the 20th floor of a nearby apartment building, and I did go down and discuss some of the issues with the security there. It was a problem because people were being ticketed and they did not know it was going to become a No Parking zone. Some tow-aways occurred, and the older people do not understand some of this stuff. So an advance notice, some posters, some signage, maybe some handouts in the apartments would certainly encourage this very important industry. I am very committed to encouraging

that industry as well and for the revenue that it brings to the province.

* (11:50)

One of the things that is happening in the museum business, whether it is Altona, Winkler, Austin, Steinbach, is there is a changing scene in the business community. Where once we had hundreds of little businesses, we now have some very big businesses. Some are U.S.-owned, like K-Mart and Safeway, and it is very hard to tap into some of these resources, so we are losing the cash support at the museums and we are losing the volunteer support.

Of course, Mr. Chairperson, there is another process that is happening in that Manitobans are becoming older. I have been driving a steam engine since 1971, and each year it is a little bit more of a task to do the threshing at the Menonite Heritage Village Museum in Steinbach.

I am just wondering if there is some ongoing planning taking place because of the changing support from volunteers, the changing ability to raise money and we are going into a new generation that maybe does not have the emotional attachment to the past heritage. Is there a plan in progress or being considered to address these changes when it comes to our culture?

Mr. Lemieux: I thank the Member for Steinbach for the question. He is absolutely correct. We do share the same border between our constituencies and certainly know a lot of the people that are involved in volunteering and are involved in museums and involved in many other aspects related to culture and heritage in the area.

The point is a very valid point. Not that other points are not valid, but this is an extremely important point because, as the population ages, many of the people who have been volunteering all of their life feel that it is time to hand over the ball to someone else and let them participate and let them do some work on, whether it is a museum or another project.

I would just like to say, though, that there is a whole generation of baby boomers that are

going to be retiring within the next five to ten years; maybe not, if the dollar keeps going the way it does and the investments keep going the way they are, you might have to revisit that. Mr. Chairperson, there is going to be a whole group, I am hoping, of an influx of new volunteers when baby boomers have more time, the children have grown. They will be starting to have grandchildren, but they will maybe be afforded more time to be able to donate their time as volunteers to many, many different projects, whether it be museums or other projects.

I know we, as a government, have put \$120,000 into the voluntary sector, trying to improve the voluntary sector, because we know that the voluntary sector is the fourth pillar of our province and, certainly, country. We know that it is important.

The dollar figure, I am trying to recall what the dollar figure was, that if you had to calculate a dollar figure to every hour put in by a volunteer, it is in the millions upon millions of dollars. Without the voluntary sector working as it does, I would daresay that our economy would just come crumbling down. Everything we do, whether it be sports or culture and heritage, we are so dependent on the voluntary sector.

What are we doing about it? How are we planning to tackle this? Number one is to work with the groups that are most relative and know a lot about the voluntary sector. We have many groups that are trying to work and build the voluntary sector up to improve it, whether it be training, how to build a better organization, to how do you get more people involved in volunteering.

About a year ago, the Premier (Mr. Doer) made me the minister responsible for the voluntary sector, which I considered, not only as a volunteer myself, I have volunteered all my life, but the fact is that it was important, it was a symbol to the voluntary sector, to this fourth pillar of our economy that it was important enough that the Province make sure that someone is responsible for the area.

It has created a lot of challenges in the sense that we are losing volunteers, but we are certainly hoping. I have been advised by people within this sector that there is going to be an

influx, we are hoping, of a large number of volunteers when the baby boomers have more time on their hands after retirement. As we all know, often people when they retire, they are far busier than they were when they were working.

Who are these people? Well, the people are always the people who have been active or successful. Why are people always going after them? Because they are the ones who seem to have all these talents or connections and people want them. There is a high need to try to get them involved in different organizations. So they are often busier than what they were when they were working in their professions.

Just on that note, I thank the Member for Steinbach for the question.

Mr. Jim Penner: The activities of the Mennonite Heritage Village Museum for this year again are on the August long weekend. I would just like to take advantage of this opportunity to make mention that Friday is the parade in Steinbach, Saturday, Sunday and Monday are threshing and there will be thousands of people out there.

We had a dedication of the Friedensfeld cairn on Saturday, this past Saturday, celebrating the heritage of a community where they ran a one-room school for 66 years. The students were invited back, a large group of students. I believe there was a token contribution by the Department of Culture and Heritage towards this cairn. It was a beautiful sight to see. It is a huge rock with a big brass plaque and beside it is a tall state-of-the-art flagpole. The last teacher to teach in that school gave a speech after my greetings from the Leg, and it was really well accepted and drew a huge crowd.

I want to thank the minister and his department for that contribution towards that cairn.

How is the \$120,000 motivational money for volunteers being spent? I imagine it is for recognition. How is it being spent and where?

Mr. Lemieux: Those dollars are used, it is the voluntary sector of Winnipeg. That is where it has gone to. They use the money for research. They do a lot of consultation throughout the

province with different organizations, trying to find out where the volunteer sector wants to go. Just to be brief, it is not a lot of money, but that is where they use their money is to try to consult with other voluntary agencies and voluntary

sectors throughout the province to find out where they want to direct their energies.

Mr. Chairperson: The time being 12 noon, committee rise.

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, July 29, 2002

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