

# LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, 2 May, 1985.

Time — 8:00 p.m.

## CONCURRENT COMMITTEES OF SUPPLY SUPPLY - ATTORNEY-GENERAL

**MR. CHAIRMAN, C. Santos:** Committee please come to order. We are still in the item where we started, 2.(a)(1) Criminal Justice, Crown Prosecutors: Salaries; 2.(a)(2) Other Expenditures - the Honourable Minister.

**HON. R. PENNER:** I would just like to correct the record with respect to a statistic that I gave this afternoon having to do with break and enters. It was noticed by Charlie Hill, our Director of Law Enforcement, that the 1983 statistics were missing the "Other" category. So we were comparing apples and oranges.

The figures for 1983 complete for Winnipeg with the addition of the Other category was 12,163 and, in 1984 as I gave, it was 12,171. So while that is still . . .

**MR. G. MERCIER:** What was it for 1983 again?

**HON. R. PENNER:** 12,163. So while that is still not, of course, an acceptable figure, and I readily grant that, there has been virtually no year-over-year increase, and I think we would all welcome that.

**MR. CHAIRMAN:** The Member for St. Norbert.

**MR. G. MERCIER:** Mr. Chairman, even with that correction, I believe my remarks and my concerns are still appropriate . . .

**HON. R. PENNER:** Yes.

**MR. G. MERCIER:** . . . with that level of offences.

Mr. Chairman, on another matter, the Attorney-General signed an Order-in-Council on January 30, 1985 that did away with the \$10 for a half-day witness fee and the \$20 for a full day to substitute reasonable expenses, etc., for transportation, meals and accommodation. Could the Attorney-General explain the rationale for this Order-in-Council?

**HON. R. PENNER:** With respect to witness fees?

**MR. G. MERCIER:** Yes.

**HON. R. PENNER:** We had considered the matter over two years and had looked at a number of factors, one of which was other jurisdictions. We noted - and I'll get the figures in a moment - that Manitoba was one of relatively few jurisdictions in which the witness fee was paid, it being commonly accepted that it is a duty that falls upon many of us at one time or another when called upon to give evidence for any party in criminal or civil proceedings. That was one aspect of it.

Another aspect, quite obviously, was hoping to be able to save money where the expense seemed

unwarranted in an attempt to allocate money to higher priority items. I think we've done a very effective job in doing that.

We were of the view on the basis of information received that the \$10 was not compensatory at all really, that many, perhaps the largest number, perhaps a great majority - I don't have precise figures on that, of course - of persons who were called upon to give evidence and who were in fact losing time at work, were not docked pay either because of an understanding or because of a collective agreement, received their day's pay or their half-day's pay, whatever the case may be, and that the best system indeed was to have a compensatory system in the sense of providing out-of-pocket expenses and to leave it at that. I think the net saving there, which we expected to adduce was \$150,000 or 125.

**MR. G. MERCIER:** Were there any actual surveys conducted?

**HON. R. PENNER:** Of what kind?

**MR. G. MERCIER:** Of people who attended as witnesses as to whether or not they were docked pay, etc., along that line.

**HON. R. PENNER:** What we had were reports, anecdotal of course, from people in the Victim Witness Assistance Project that quite frequently - they didn't keep track - people would say, "Well, what's this for?" They'd say, "Well, that's your witness fee." They never expected to receive this, or sometimes they'd say, "Well, what's that, \$10? It doesn't mean anything anyway." It was this kind of evidence, if I can call it that, which we had, but basically the evidence that we used was by comparison with other jurisdictions.

**MR. G. MERCIER:** How many other jurisdictions have a similar practice?

**HON. R. PENNER:** If you'll just bear with me. I believe I have it here. If I haven't, we'll get it.

I will give you what I have; it's by no means complete: Newfoundland, all usual expenses reimbursed; British Columbia, no provision for payment to police or civilian witnesses unless they live 50 kilometres or more away and then are reimbursed for travel expenses; Nova Scotia, travel expenses paid; P.E.I., mileage at twenty cents - that must be per kilometre - and all other travel expenses to and from court; in Alberta, they pay self-employed witnesses only; Ontario, 25 cents per kilometre for travel expenses and all other reasonable travel expenses to and from court; New Brunswick, reimbursement for mileage, meals, hotels, etc. This is the information I have before me and I believe it's accurate.

**MR. G. MERCIER:** Mr. Chairman, I know the department has been in a bit of a dilemma over witness

fees for some time, but I think under the system that has been set up, there is not adequate consideration for those people who actually lose wages. Certainly, the province doesn't want to be paying money to people who are not going to be docked for it, but it seems to me that there are situations where - I think he referred to Alberta who reimburse self-employed people who will suffer a loss. I wonder whether the Attorney-General would want to give consideration to that group of people who will suffer an actual loss.

**HON. R. PENNER:** Well, that's a good suggestion. What I would like to do, in following up on this - we have had, in a sense, parts of this discussion over a couple of years - is through Mr. Guy who sits on the board of the Victim Witness Assistance Program suggests the possibility of doing some six months monitoring on a good random sample to see if we can have harder statistics. I think it would be useful to have those statistics as to whether or not there are any people who suffer, in fact, the kind of loss which we ought to take a look at in terms of selective reimbursement, so I'll follow that up.

**MR. G. MERCIER:** Mr. Chairman, I thank the Minister for that answer.

Earlier on I think he indicated he had some statistics on impaired driving charges. It would be interesting, perhaps, to see what those are with the emphasis that was begun last year on driving and drinking and attempts to discourage it in as many ways as possible.

**HON. R. PENNER:** All I have at the moment - and I'll provide those and the city statistics later, are the RCMP statistics. The RCMP statistics for prosecutions under Sections 234, 235, 236 of the Code show a very, very marked decline.

I have statistics that go back to 1977 and I'll give you those figures, because I think it's important to note them. 1977, 6,563; 1978, 7,206; 1979, 6,189; 1980, 5,384; 1981, 5,171; 1982, 6,097; 1983, 5,159; 1984, 4,345.

So a year-over-year reduction, '83-'84, I make that to be about a 15 percent reduction.

**MR. G. MERCIER:** Were those just RCMP statistics?

**HON. R. PENNER:** Those are just RCMP statistics. I haven't got the City of Winnipeg and I'll have them before we're through with the Estimates.

**MR. G. MERCIER:** It's probably here, but were there any additional Crown Attorneys to be employed in Criminal Prosecutions?

**HON. R. PENNER:** Sorry, would you repeat the question.

**MR. G. MERCIER:** Were there any additional Crown Attorneys to be employed in Criminal Prosecutions?

**HON. R. PENNER:** There have been some in Young Offenders. I'll just get those figures for you in a moment.

We're showing an increase of two, year-over-year, in Crown Prosecutors and that's a total increase. One is

an additional Prosecutor in Young Offenders and the other is a secretary to the ADM Criminal Justice. Those are the two staff-year increases in the Crown Prosecutors Branch, but this comes sharp on the heels of an increase during the course of '84-85, that was as an adjustment to our total vote of another Crown Attorney that was hired for Young Offenders during the course of '84-85, so that in recent months we've hired two additional Crown Prosecutors, both with respect to The Young Offenders Act.

The one for this year is in the process of being hired, but we have the staff year.

**MR. G. MERCIER:** Has a cost-sharing agreement been concluded with the Federal Government on The Young Offenders Act?

**HON. R. PENNER:** It has.

**MR. G. MERCIER:** Could the Attorney-General indicate what funding will be coming to the province?

**HON. R. PENNER:** I can only deal with my own department. As the member is aware, there are really two funding agreements; a considerable amount of funding is being channelled through Community Services and Corrections, which has a number of responsibilities under The Young Offenders Act, but with respect to the Attorney-General's Department we expect to receive in fiscal 1985-86 approximately \$427,000 in Young Offenders Legal Aid. That will completely pay for our Young Offenders Legal Aid Program in '85-86.

As I mentioned at the very beginning when I was talking about systems, we have an agreement with the Feds to develop the kind of systems - record-keeping - a computerized data bank on young offenders, which is part of the system. We're getting 80 percent of the funding that will be required for the development of that system and it's well under way.

**MR. G. MERCIER:** On another matter, Mr. Chairman, the topic of unpaid parking tickets at the City of Winnipeg has been in the news for some time. It now appears that, in many of these instances, people are being picked up on warrants and incarcerated - in a fair number of instances. It seems to be an extraordinary step to deal with parking tickets. Is the Attorney-General satisfied that that is an appropriate remedy in this instance?

**HON. R. PENNER:** My friend Walter, in the back, shakes his head; I don't know how many tickets he has, but his name is going forward to the authorities very shortly.

I don't want to pass judgment on the police, but I think it is appropriate because they are only going after people who have accumulated 10 or more tickets approximately. They're not looking at anything below that level. So what you have in the first instance are people who believe that they have a licence not to conform to the requirements of the law, that they will simply collect these tickets and put them in their back pockets and forget about it. I don't think that's the kind of behaviour we ought to be too charitable towards.

Secondly, they do give warning; they don't just sort of count up to 10 and rush out with a warrant. Indeed,

if anything - and this will go on the black side of my record - I think they've been somewhat too charitable, because when they step up the law enforcement in this area and there's a little publicity attached to it, which I think isn't a bad idea, a lot of people come forward and pay their tickets.

The City of Winnipeg needs that revenue. We operate an expensive street system in the City of Winnipeg that is, to a very considerable extent, financed from that kind of revenue. I think citizens who gets tickets should pay them - all citizens.

**MR. G. MERCIER:** Looking at the estimates of revenues, related to criminal prosecutions, it shows fines and costs going up from 5.2 million to 6.2 million. Can the Attorney-General indicate the reason for that increase?

**HON. R. PENNER:** I think we're sort of kicked in to the full effect of changes that were introduced over a year ago - those are the changes in The Summary Convictions Act procedure where we actually have a fixed percentage as costs added in to the ticket amount, and of course the system that is being used now with respect to the way in which these offences in the main are enforced through the summary procedure that we now have, notice and conviction by mail is, in effect, paying off - perhaps strangely, perhaps not - because I think on the whole, we live in a law-abiding province, people have accepted that system in good spirit. Where they have a ticket and they get notice, they drop a cheque in the mail, and it's working.

**MR. CHAIRMAN:** 2.(a)(1)—pass; 2.(a)(2)—pass.  
2.(b)(1) Fatal Inquiries Act: Salaries; 2.(b)(2) Other Expenditures - the Member for St. Norbert.

**MR. G. MERCIER:** Mr. Chairman, does the Attorney-General intend to introduce amendments to The Fatality Inquiries Act at this Session?

**HON. R. PENNER:** I believe that there are some minor amendments which may come forward in the Statute Law Amendment, but again, let me check on that and come back to the member tomorrow morning on that. Nothing major, certainly.

**MR. G. MERCIER:** Would that be to authorize the hiring of medical examiners' assistants?

**HON. R. PENNER:** I wouldn't think that that needs a statutory change.

**MR. G. MERCIER:** How many medical examiners' assistants have been hired?

**HON. R. PENNER:** Okay, we'll have that in a moment. I just wanted to draw the member's attention to the supplementary material where we're showing no projected staff increase for 1985-86, so I don't think that the statutory changes which are being anticipated - which may be brought in - are related to that.

Now, the question addresses steps that were taken last year, but we'll get the answer - we hired two medical investigators and what we did there, we were using

people on a part-time basis to do the medical investigations at very considerable costs and not great efficiency. We took a look at the money that was being expended and came forward with the notion which was put in place last year that it would be better to have two full-time medical investigators than sort of farming it out on a piecemeal basis.

**MR. G. MERCIER:** Mr. Chairman, how much were those assistants paid?

**HON. R. PENNER:** Somewhere in the \$40,000 range, something like that - but we'll have it in a moment.

I'm ashamed to say that we're paying them as low as \$24,500.00. Perhaps I should put it differently on the record in case we get an application for an increase. We're paying them the sumptuous rate of \$24,500 per annum each.

**MR. G. MERCIER:** How many cases do they handle?

**HON. R. PENNER:** I'll take that as notice.

**MR. G. MERCIER:** How much is a medical examiner paid to handle a case? Is it not \$50 per case?

**HON. R. PENNER:** Yes, it is.

**MR. G. MERCIER:** What degree of training do these assistants have?

**HON. R. PENNER:** The investigators?

**MR. G. MERCIER:** They've had the training of nurses. I don't know whether they're registered nurses, but they have the qualifications of fully-trained nurses. I think one could generally describe them as paramedics.

**MR. G. MERCIER:** Mr. Chairman, obviously because I have had concerns expressed to me, I would ask that the Attorney-General to report on whether these investigators are authorized under the legislation to perform what they have been asked to do and to compare their cost-efficiency to medical examiners, in view of the fact that medical examiners - and I understand there are only seven or eight in the City of Winnipeg - they're only paid \$50 per case so, obviously, they're not in it for the money either. It would be interesting to know how many cases these two investigators handled at \$24,000 per year. When you compare that to the \$50 per case that the medical examiners are being paid, I'd like to know whether there is some cost-efficiency in what is happening.

**HON. R. PENNER:** Right, we'll track that down.

The way the system works, as I understand it, is that the investigators do, in a sense, the preliminary and make a decision as to whether or not the circumstance requires the attendance of an examiner. There's not an equivalence between the number of persons seen by an investigator and the number eventually seen by an examiner. The numbers seen by an examiner will be much fewer.

**MR. G. MERCIER:** Mr. Chairman, I'll have to leave it at that and wait for the Attorney-General's comments unless he has something else to add to it at this stage.

**MR. CHAIRMAN:** 2.(b)(1)—pass; 2.(b)(2)—pass.

2.(c)(1) Board of Review, Salaries; 2.(c)(2) Other Expenditures - the Member for St. Norbert.

**MR. G. MERC'ER:** Mr. Chairman - I'm just trying to find it - somewhere in this material there is a list of the persons detained by the Board of Review.

**HON. R. PENNER:** I may have provided that list on a supplementary basis.

**MR. G. MERCIER:** On the last page of the — (Interjection) —

**HON. R. PENNER:** The supplementary material?

**MR. G. MERCIER:** Of the highlights, the smaller material.

I notice, Mr. Chairman, in the last set of Orders-in-Council that there are five or six cases that were dealt with by Order-in-Council. Would those have affected the statistics?

**HON. R. PENNER:** I have the figures as of April 24, 1985. Is that the statistical information sheet that the member has? I think those include the five recently passed LGWs.

**MR. G. MERCIER:** Could the Minister indicate how long these persons have been held in custody?

**HON. R. PENNER:** Yes, I could. It varies. There's only one that has been in for what could be really be considered a significantly long time. That one person has been - there are two people - in since 1954.

Most of the others were incarcerated around the mid '70s, a little later, and quite a few in the early '80s, '84, and then, of course, we have those new ones in '85.

**MR. G. MERCIER:** How often are their cases reviewed?

**HON. R. PENNER:** Every year. Well actually, that's the minimum. If the Board of Review feels that progress has been made, there may be reviews more frequently than once a year.

**MR. G. MERCIER:** Who presently serves on the Board of Review?

**HON. R. PENNER:** The chairperson is Caroline Cramer and there are, I believe, two psychiatrists. I'll get the names for the member, I don't have them with me. I think it's a board of four or five - four at the moment; the chairperson, two psychiatrists, and a layperson.

**MR. G. MERCIER:** The Attorney-General doesn't recall the layperson at the present time?

**HON. R. PENNER:** The reason I don't, Mr. Chairperson, is because there has been a change fairly recently. We had someone, I think, from around Neepawa or in that area who, I think, resigned the position and I believe has been replaced, but I'll have that information tomorrow.

**MR. CHAIRMAN:** 2.(c)(1)—pass; 2.(c)(2)—pass.

Resolution 17: Resolve that there be granted to Her Majesty a sum not exceeding \$4,832,900 for Attorney-General, Criminal Justice, for the fiscal year ending 31st day of March, 1986—pass.

Item No. 3.(a)(1) Legal Services - Civil Litigation: Salaries; 3.(a)(2) Other Expenditures.

The Member for St. Norbert.

**MR. G. MERCIER:** I think this is an appropriate place to deal with this, Mr. Chairman.

The Attorney-General will recall the amendments made to The Child Welfare Act with respect to broadening the category of people who were entitled to access to a child; and over the past year there was the case, that I think was resolved in the Court of Appeal, with respect to a male babysitter obtaining visiting rights to a three and-a-half-year-old child.

In view of that case, is the Attorney-General giving any consideration to proposing any further amendments to that section of The Child Welfare act?

**HON. R. PENNER:** Some thought was being given, but then the Court of Appeal, in its decision, I think made it quite clear in its view and that will be the binding case in the jurisdiction. The section was not intended to cover the kind of case which had led to the order by the judge below.

**MR. G. MERCIER:** Mr. Chairman, within the Civil Litigation Department is the section involving Robyn Diamond and the Family Law Section, I note a report in January of this year that indicated that the province saved \$250,000 in welfare payments in what refers to 1983 as a result of the enforcement system we introduced in Manitoba. I wonder if the Attorney-General has a figure for 1984.

**HON. R. PENNER:** Yes, I do. I'll give the member all of the statistics relating to the Family Maintenance Program. Just the general statistics, year-over-year, in 1983 the total number of accounts with respect to which collections were made were 8,554, yielding to recipients \$8,347,750.00.

In 1984, the number of accounts had jumped to 9,696 and the amount of money obtained for recipients had jumped to \$9,573,900, so that, as has been noted very recently in reports from Ottawa and in a broadcast tonight on "As it Happens," Manitoba certainly leads the way; and I have no reluctance in saying, as I've said before, that the Member for St. Norbert introduced this system and I congratulate him for it.

With respect to income security payments received, the partial payments to the payee were about \$81,000, but direct payments to the Minister of Finance - and this is very significant - \$725,000-plus dollars, so the system is doing very, very well. It's not only paying for itself, it's yielding a direct profit to the province and at the same time producing for women, who must depend on maintenance, an annual amount which is now close to \$10 million.

**MR. G. MERCIER:** Mr. Chairman, I was pleased, as I'm sure the Attorney-General was, to see the reference to the Federal Government, I take it, including in its

divorce legislation some additional authority to obtain federal information to help locate defaulting spouses.

I wonder if the Attorney-General's had an opportunity to see that legislation and if he could comment on it.

**HON. R. PENNER:** The first comment I would like to make is that, to a very considerable extent, that legislation was a collective effort in which my provincial colleagues and I played, I think, a very useful role in all aspects of the legislation.

In fact, because of Manitoba's experience in this area, I was asked to become the lead Minister on behalf of the provincial colleagues and sent an extensive brief on the behalf of all of those Ministers to the former Minister of Justice and subsequently to the present Minister of Justice and he's been pleased to note the contribution that all of us have made, but Manitoba particularly, and we did press home the point over a couple of years, but now successfully, that a federal program on maintenance collection was crucial; and I think it's been - as somebody described it yesterday - a great day for women particularly that this new legislation is being introduced which will provide a national collection system and use updated records to trace maintenance skippers.

**MR. G. MERCIER:** Mr. Chairman, are any other provinces moving towards the automatic enforcement system? I believe Ontario certainly was talking about it within the last few months.

**HON. R. PENNER:** My latest information is that all but about two provinces are moving now very quickly to emulate the Manitoba system. The two who aren't - but I stand to be corrected - are Quebec and, I think, PEI, but PEI simply because they don't feel, with their small population, it's warranted. I don't quite follow the logic but we'll take that on faith.

Alberta, interestingly enough, which was very skeptical for a period of time, when the head of our Family Department, Robyn Diamond, went down about a year ago and conducted a seminar, the Attorney-General, Neil Crawford, was very interested and subsequently advised me that indeed they're now seriously considering emulating the Manitoba system.

**MR. G. MERCIER:** Mr. Chairman, have any other provinces moved to adopt the Manitoba policy of providing Crown Attorneys to assist in the enforcement of custody orders, which I think is a distinct advantage to people caught in that situation.

**HON. R. PENNER:** I agree it is a distinct advantage as it is one of the key aspects of the system. To my knowledge, this has not yet been emulated by any other province - as far as I'm aware, it hasn't been emulated by any other province.

**MR. G. MERCIER:** Mr. Chairman, I believe this area would cover a fund to retain outside counsel.

**HON. R. PENNER:** I'm sorry, I missed the question.

**MR. G. MERCIER:** I believe this item would include monies to retain outside counsel.

**HON. R. PENNER:** The monies being voted in Legal Services?

**MR. G. MERCIER:** Yes.

**HON. R. PENNER:** Yes, I think there is an appropriation for outside counsel. I'm advised that, in fact, the system that we're using is that where outside counsel is retained, the payment for outside counsel really comes from the Client Department so it doesn't show up as a lump sum in our appropriation.

**MR. G. MERCIER:** Does the Minister approve the names of counsel retained by his department and other departments?

**HON. R. PENNER:** Yes, under the General Manual of Administration, the Attorney-General is required to approve. I don't think I ever disapprove. If a Client Department says that they want to hire X, whoever X may be, as long as I have no reason for doubting the ability of X, I approve. I'm quite sure, I can't recollect an instance in which I've said no. I'm just too nice to do that.

**MR. G. MERCIER:** Could the Attorney-General indicate who the outside counsel are that have been retained during the past year and how much they've been paid? We're aware of the Police Commission.

**HON. R. PENNER:** Not really. It's spread very widely. In corporate matters, we've used people like Mr. Shead, for example; with respect to the Northern Union Insurance, Mr. Olson from the Simonson firm as it then was - we really spread it across the board. I can say in a very straightforward way that we really do look for competence, that there's no pork barrel here. There's no favourite counsel with the right political stripe. We have to defend the interests of government and we look for the best lawyers.

**MR. CHAIRMAN:** The Member for Fort Garry.

**MR. C. BIRT:** A question of collection of arrears of maintenance. I'm talking now in particular when the old system was located at the Fort Osborne Barracks. My line of questioning is really leading up to whether there has been any change in the system, because though I have never done that much in the way of domestic practice, over the past four or five years prior to its transferring over to its present location, there were at least three major errors in the amounts of money being either recorded or credited in the name of the - in this case it was three husbands. They just didn't square with the records of the individual.

**HON. R. PENNER:** One wife, three husbands?

**MR. C. BIRT:** No, the amounts paid in.

**HON. R. PENNER:** Oh, I see.

**MR. C. BIRT:** Clients being pulled in on the arrears and why haven't you paid your arrears sort of thing.

There was, I felt, bad record keeping; a fairly major problem. I know people down there who worked hard, in effect. In one case, Miss McGregor and I spent several hours going through the record and finally found out that, in fact, if I kept my mouth shut my client would have been further off, but the amounts of payment in and records appearing on the computer just weren't matching and there were some problems. I'm wondering, were there problems brought to the department's attention because on more than one occasion I felt like writing to the department and just saying, hey, I think the record keeping here is terrible.

**HON. R. PENNER:** It's true, of course, with the computer the old saw is garbage in, garbage out. I'm happy to say that I have no evidence to show that there's garbage in in the sense of mistakes being made in getting data into the computer.

Interestingly enough - and I'm glad you asked the question because there may have been some problems early on but, if so, they've been resolved - there's only one case that has been brought to my attention in three and a half years and that was very recently. It was a case in which the husband had paid directly rather than through the system, so the system didn't catch it. When the system did, apologies were made and the whole thing was sorted out.

**MR. C. BIRT:** I guess the frustrating part is that the Crown Attorney sits there and the computer sheet says - and a great deal of time had to go back through the system showing that there were errors, and in two cases it was errors in favour of my client and in another it was again an administrative foul-up. I'm not blaming anyone because I realize that a great deal of money and paper go in. It's a question of getting the right system to make sure it's all properly recorded so that when the Crown Attorney says this is what the sheet says, it is, in fact, correct.

For it to appear the number of times it did for my small practice, I felt it may be sort of the tip of an iceberg of a much bigger problem.

**HON. R. PENNER:** I'm happy to say - and again, it has to be, in a sense, impressionistic - that on the basis of complaints received by me, I will find out whether or not there are a greater number of complaints received by the department. I'm sure there are some.

One has to think of this as an outstanding success from every point of view because dealing with 9,696 accounts, and I've only heard about one problem, then either things are being kept from me or the system is working very well. I think the latter, but I'll follow that up.

**MR. C. BIRT:** The system that is now presently in operation across the street, is it the same set-up as it was at Fort Osborne, or has it been upgraded or changed in any way?

**HON. R. PENNER:** Mr. Sinnot, our Director of Administration, and one who is responsible for putting in place the Personal Property Security Register in the province, advises me that there were some problems early on the system, but we've rewritten parts of the

program and put the program into a much larger computer and, since that time, we are not having those problems.

**MR. C. BIRT:** I must say that the Crown Attorneys handling that particular matter were sympathetic, and we were able to resolve it, but it was a concern I felt. I haven't had any of those problems of late so maybe the system has corrected itself.

**HON. R. PENNER:** Yes, okay.

**MR. CHAIRMAN:** 3.(a)(1) - the Member for St. Norbert.

**MR. G. MERCIER:** Mr. Chairman, I wonder if the Attorney-General could give a brief description of how this experiment will work in this department to provide a lawyer for the purpose of enforcing family maintenance orders. I take it that's for the purpose, also, of obtaining orders. As I indicated to him in past years, the problem was that Legal Aid would not grant a certificate, in many instances, to a person on social assistance to obtain a separation order because they didn't see any cost benefit. However, I think there could be a significant saving to the taxpayer.

There's no reason why just because, let's say, a husband is married to a woman who is receiving social assistance shouldn't be required to contribute in some way at least a portion of it to offset the cost to the taxpayer, even if it may only be \$100 or \$150 a month but in many of those cases, it would seem that those husbands in those situations are getting off the hook completely just because their wife has been placed on social assistance.

I wonder if the Attorney-General could give some general idea of how this proposal would work. Would people be referred to Legal Aid directly to the lawyer that has been hired by the department to handle these cases?

**HON. R. PENNER:** There'll be two points of referral primary from Economic Security, the Department of Economic Security. The referrals will come from there and there's somebody who has been given the task in Economic Security of working the lawyer who has been hired to run the system for a year.

As I mentioned earlier, it's a trial period. What we're looking at is, in fact, to see whether or not there is a net gain to the province. I hope there is. The argument that was advanced contra that assumption was that what would happen is, in a significant number of cases, the wife applicant who might be reluctant to go or to seek a Court Order or who would have been denied a certificate and didn't seek a Court Order would now, through the system, go and we'll provide the lawyer in those instances; but in many of the instances the respondent is not much of an earner and will, in fact, at those levels where the person, the respondent would be eligible for Legal Aid, so that we would have a significant loading, in terms of Legal Aid costs, with minimal returns.

Now those were all assumptions and you may remember that we exchanged views on that but that wasn't the argument. But we said, as we approached this year, maybe we'd better run that for a trial period

and I must say that the initiative came - suggestions, of course, were made by the Member for St. Norbert - but the initiative we took up came from the Minister of Economic Security and persons in his department. We met around the table and worked out this proposal for a trial system.

**MR. CHAIRMAN:** The Member for Fort Garry.

**MR. C. BIRT:** Is the Minister contemplating making any changes to The Builders' Liens Act at this Session?

**MR. CHAIRMAN:** Mr. Minister.

**HON. R. PENNER:** Perhaps some minor amendments. There is one area that's presently under study that hasn't resulted in a decision yet. It would not be a major change, but I would not say it would be an insignificant change; but we're not really looking at any general changes.

The member may know - I think he does - that a very large number of amendments were brought in, in the '82 Session and, in fact, a few minor amendments in subsequent Sessions. There may be some that would be in The Statute Law Amendments Act for this Session but there is one possible amendment of some greater significance that is being considered by a client department and I have no instructions on that as yet.

**MR. C. BIRT:** Correspondence I have received from a constituent, and it's been addressed to yourself, Mr. and Mrs. Chapman, as it relates to Harding Carpets placing a lien on their home as a result of an installer whose supplier installed the carpet going bankrupt.

The question I want to deal with arises from the problem that they raise and, basically, it's the third party in the lien business. Often the homeowner suddenly receives notice and then doesn't know what's going on and often has to incur costs or a little bit of anguish and in this case I know he's written several letters to your department, as well as to myself and others. Is the government giving any thought to trying to relieve these people or at least transfer the onus from them onto perhaps the installer, the supplier or the contractor giving them notice because, though ignorance of the law is no excuse, I think, really this is contract law, and you're talking trust and hold-backs and things like this that the ordinary citizen isn't aware of; and in this particular case, it's put them to some considerable concern. I'm wondering if the government would be, or would take under advisement, the possibility of making changes.

**HON. R. PENNER:** That case has given my other department, Consumer and Corporate Affairs, a great deal of concern and has given myself a great deal of concern and there doesn't appear to be a ready answer to it. The scheme was elaborated over time with some difficulty, the scheme that is presently in place, and it's clear, the point is very well taken that the average person is unfamiliar with the hold-back requirement under The Builders' Liens Act because it's not a public statute, in a sense. It's public statute but it doesn't deal with public rights. It deals with rights between individuals and how would they know.

So the question arises, how do we get notice to individuals so that they realize that they may be liable to a subcontractor unless, for the period of time required by the statute, they've held back 7.5 percent. There must be a number of cases like the Chapman case.

**MR. C. BIRT:** It happens with sufficient frequency and I will be dealing with this issue in the other departmental Estimates because I see that seems to have led the list of complaints; but I think the basic thrust of The Liens Act is to protect the supplier or creator of the improvement of the land, but I think it implies a certain degree of sophistication and knowledge to the parties who are involved.

It seems to me one of two tacks could be taken. Either there could be an exemption provision, say on residential construction, up to \$2,000 or \$3,000 - and that's an arbitrary limit - that you wouldn't have a lien or, alternatively, as Mr. Chapman suggests, that if you, the supplier or contractor, wish to take advantage of it - and in this case, it's the supplier of materials - you would have to make some designation or notation on the bill that you tender, or at least you, if you want to take advantage of it, must give notice to the ultimate consumer of the goods.

I don't think it's something we can just ignore because a great deal of renovation and reconstruction of homes is going on. In fact, the province is funding some of this; part of the Core Program is being directed to this and the homeowner, the recipient of any of these funds is just not aware of it, so would the government give some consideration, if not in this act, perhaps amending The Consumers Protection Act, or at least bringing something into play where the innocent third party is given some relief?

**HON. R. PENNER:** I'm not so sure whether we can work out something that will give the innocent third party relief, so much as protection against this type of thing; but yes, we'll certainly look into it.

**MR. C. BIRT:** Thank you.

**MR. CHAIRMAN:** 3.(a)(1) - the Member for Fort Garry.

**MR. C. BIRT:** One question. At least I'd like to deal with the Civil Litigation aspect. Has a Director of Civil Litigation been appointed?

**HON. R. PENNER:** Not yet.

**MR. C. BIRT:** When do you anticipate filling that position?

**HON. R. PENNER:** Two weeks at the outside.

**MR. C. BIRT:** I'm looking at the organizational chart for the Civil Litigation Department. Do I read it properly that, I think at the moment it's one unit of 20-odd lawyers. Is it going to be broken up into sub-units or directorships? Because in the past it's had a director, a deputy director, and then a number of staff lawyers and I believe one specialty area dealing with the domestic legislation.

**HON. R. PENNER:** Yes, you read the chart correctly. We're looking towards the development there where

the - at least we identify, in an organization sense, the specialty units, Family Law and Constitutional Law. We also are thinking of the development of a policy planning and evaluation unit which at the moment is insipient only, but these will not take away from the Civil Litigation Department.

**MR. C. BIRT:** The primary responsibility for Civil Litigation was to advise the government throughout its various departments . . .

**HON. R. PENNER:** And act for it.

**MR. C. BIRT:** . . . and act for it in the courts, right. Is it intending to break that major part of it into specialized units?

**HON. R. PENNER:** Aside from the Family Law unit, which for all practical purposes is . . .

**MR. C. BIRT:** Really a part of it.

**HON. R. PENNER:** Yes, a separate unit in any event, the rest of legal services will remain intact.

**MR. C. BIRT:** It's not contemplated to breaking them into smaller units with a supervisor.

**HON. R. PENNER:** No.

**MR. C. BIRT:** The area you called Research Directorate, I forgot the exact phrasing, but a research unit, what is its intention and who would you be staffing it with?

**HON. R. PENNER:** We have one person now who when hired was hired as the research person reporting directly to the Minister and to the Senior Legislative Counsel, it was a split-reporting basis and that person is located in the Office of Legislative Counsel, so that person would be increasingly working as a researcher and doing a significant amount of work in the area of constitutional law, would be part of a unit that we want to develop. We're thinking of the addition perhaps during the course of this year of one person. — (Interjection)—

As indicated earlier we have the staff equivalent of 3.2 in Policy Planning and Evaluation and I think we'll be looking at two or three in the constitutional law area. Constitutional law is perhaps too narrow a designation, but it is basically the research, but most of that research, legal research, is presently in the area of constitutional law and charter related questions.

**MR. C. BIRT:** I believe that the Civil Litigation Department used to advise on constitutional matters. Is it now anticipated that you're going to create this research and development thing as a specialty shop and will be moving that sort of expertise out of the line department into that specialty area?

**HON. R. PENNER:** In part only, there are two particular areas, which have placed such heavy demands on us that sort of the regulars in Civil Litigation have been unable to undertake the tasks. One is the Charter generally and it's sort of looking, in a pro-active way,

at Charter compliance, tracking Charter cases and what is the significance of those Charter cases for our legislation and for our programs; the other is Aboriginal constitutional rights, where we've used an outside consultant up to this point and we feel that the demands are simply increasing to the point where we need the personnel that have been indicated to concentrate on constitutional law.

Our sister province, Saskatchewan, has a constitutional law unit of what? Seven? — (Interjection) — Five lawyers and support staff in addition, but people who are presently in Civil Litigation, many of them will continue in the particular area for which they're responsible, let's say Labour. There are some cases now pending in the Supreme Court in which Manitoba is an intervener, and the cases raise some Charter questions. In a specific case, the Labour people in Civil Litigation would be the ones who would represent the province and would do the research, but they may call upon the research staff to assist them in briefing.

**MR. C. BIRT:** Your comments are that they're to play more of a passive role, either to advise, to assist legislative counsel; they will not get involved in the court system.

**HON. R. PENNER:** Not particularly, you're right, they're more of a research unit. We don't see them as front-line counsel.

**MR. C. BIRT:** I believe . . .

**HON. R. PENNER:** First rate, but not front line.

**MR. CHAIRMAN:** We are having trouble recording, too fast.

**HON. R. PENNER:** Mr. Birt, you're too fast.

**MR. C. BIRT:** I believe you're hiring a Crown Attorney, is it for human rights cases?

**HON. R. PENNER:** Civil Litigation. — (Interjection) — Yes.

**MR. C. BIRT:** Will that be a specific entity on the Civil Litigation side or will it appear in this Research and Development Office? Where will it fit into the system?

**HON. R. PENNER:** It will be within Civil Litigation, or the position will be in Civil Litigation.

**MR. C. BIRT:** It won't be a department, it will just be . . .

**HON. R. PENNER:** No, it won't be a department, because you see we do have people who, roughly speaking, are responsible for a particular area, but all of them are expected to, as their caseload permits, be on call for other areas. We're in fact trying to strengthen the shop, as it were, by bringing in from the cold some people who have actually been physically located with, let's say, Housing is one example, because we believe that we simply deliver legal services better when these people are part of the firm, the government's law firm.

**MR. C. BIRT:** The special department dealing with domestic relations, family law, are you adding any people to it this year? If not, do you see expanding its role in the near future?

**HON. R. PENNER:** There is one addition that we've all ready talked about and that's a person in Civil Litigation to assist the social allowance recipients in enforcing maintenance judgment, so that's the addition.

**MR. C. BIRT:** Thank you, no further questions.

**MR. CHAIRMAN:** 3.(b)(1)—pass; 3.(b)(2)—pass.  
3.(c)(1) . . . 3.(b)(1) Legislative Counsel, Salaries; 3.(b)(2) Other Expenditures - the Member for St. Norbert.

**MR. G. MERCIER:** Mr. Chairman, with respect to Legislative Counsel offices, I had written to the Attorney-General and he provided me with a response in December of last year that the Legislative Counsel will retain an office in the Legislative Building so that he can be available to all members of the House, particularly during the Session. I take it that that's a given and that will continue and there will be no change in that arrangement.

**HON. R. PENNER:** It's a given, there will be no change in that arrangement.

**MR. G. MERCIER:** Mr. Chairman, could the Minister indicate how many Legislative Counsel are there? I take it there's Mr. Moylan, Mr. Balkaran, Mr. Silver . . .

**HON. R. PENNER:** Mr. Yost.

**MR. G. MERCIER:** Well, he would be in the Translation Services. Is he regarded as Legislative Counsel or in the Translation Services?

**HON. R. PENNER:** He is basically in Legislative Counsels' complement; he was seconded to the legal translation unit and he is working both sides of that street, but he basically should be identified as a position in Legislative Counsel.

**MR. G. MERCIER:** How many other lawyers are there?

**HON. R. PENNER:** Well, in the legal translation unit which has now been brought under the umbrella of Legislative Counsel, there are either five or six. Of the 11 that we - we have now 11 plus 4, 15. Of the 11 presently in place, in that unit seven are legally trained people.

**MR. G. MERCIER:** Who are they all then besides the ones that I've mentioned?

**HON. R. PENNER:** Well, these are people who have been recruited for legal translation, in all cases, been recruited out east in Ottawa, Quebec, some I think from Moncton.

**MR. G. MERCIER:** Okay, forgetting for a moment about translation services, in Legislative Counsel there's Mr.

Moylan, Mr. Balkaran, Mr. Silver, Mr. Yost — (Interjection) —

**HON. R. PENNER:** And Mr. Szach.

**MR. G. MERCIER:** And Mr. Szach - five lawyers. And the other three, staff years would be a secretarial-clerical?

**HON. R. PENNER:** We have one systems person and two other support persons.

**MR. G. MERCIER:** In Translation Services, there's to be an addition of four people?

**HON. R. PENNER:** Yes.

**MR. G. MERCIER:** What areas will they work in?

**HON. R. PENNER:** They'll work primarily in Legal Translation. We're just in the process of hiring. What happens is that twice a year, or perhaps three times, at least twice a year, the Federal Government through its resources runs an exam series and persons who wish to qualify as legal translators write that exam. It's only after the exams are written and graded that we then go in and try to recruit and those exams currently were written on April 15-16 and we now have, or will shortly have, the list of those with respect to whom recruitment might take place.

We hope to be able to hire the four. It hasn't been easy. We have built up the unit bit by bit. If we hire the four, they'll be brought here basically in a probationary capacity while their work is tested, and while they learn on the job.

**MR. G. MERCIER:** What salaries does the province have to offer to attract people with that expertise?

**HON. R. PENNER:** About \$35,000.00.

**MR. G. MERCIER:** What is the status of translation of statutes at the present time? How much progress has been made?

**HON. R. PENNER:** I wonder if the member doesn't mind if I leave that till tomorrow. I had taken that as notice in the House and, I think perhaps, as a matter of protocol - I have it downstairs in any event - I'll give that answer in the House tomorrow.

The question had been asked on April the something-or-other by the Member for Elmwood. I just within the last day or so received an update and, I think perhaps, as a matter of protocol I'll give the answer in the House tomorrow?

**MR. G. MERCIER:** Sure.

How long does the Attorney-General estimate it will take to translate the balance of legally required statutes and regulations, etc.?

**HON. R. PENNER:** It depends on the dimensions of the job. If we had to do no more than the 400-plus statutes in the continuing consolidation, I estimate that if we're successful in hiring these four additional

persons, and if we're successful in getting and keeping a good reviser - and that's a very key part in the process - we could complete those in two to three years.

Now, if - well, there's hardly an "if" about it - we have to then look at the problem of the regulations and we really haven't made any significant step on the regulations. We have some of the key regulations about ready. We will need additional staff to do the regulations, but we hope to have some staff to really sink our teeth into that job fairly soon.

There are other requirements that will just have to wait until the Supreme Court decides. If the Supreme Court decision is such that we have to do the roughly 3,500-4,000 other statutes, then we've got a problem.

**MR. G. MERCIER:** Does the reduction in Other Expenditures indicate that there would be less contracting out of Translation Services?

**HON. R. PENNER:** That's right.

**MR. G. MERCIER:** What contracting out would there be? Was any proposed in that 162,000?

**HON. R. PENNER:** The contracting that we have, we have some contracting which was to have been completed by March 31st and hasn't been. That is principally, but not exclusively, with the University of Moncton. That has been extended a couple of months. — (Interjection) — I'm right in that information. Moncton, principally working at the moment on The City of Winnipeg Act which is a pretty horrendous act. We have, in fact, got someone working directly with them on The City of Winnipeg Act so that when it comes to us, it will not need further revision. We've got a reviser working with the translation unit at Moncton.

We're not looking, in fact, at very much outside translation in fiscal '85-86. We have a small amount budgeted, about 30,000, for that.

**MR. G. MERCIER:** Mr. Chairman, why would you be contracting the translation of the City of Winnipeg Statute when the government has undertaken a review of The City of Winnipeg Act which, I expect, may result in some significant changes in the act?

**HON. R. PENNER:** It's a question of which comes first. A horrendous decision from the Supreme Court or Mr. Cherniack. — (Interjection) — It may be - I would be inclined to doubt this - that Mr. Cherniack will recommend no significant changes to the present City of Winnipeg Act. We simply don't know and, clearly, he's not reporting until September.

Now, sometime, - this government will be in power for another 5-6 years - we will have time, in fact, to deal with The City of Winnipeg Act should it be required in that period of time.

**MR. G. MERCIER:** Well, Mr. Chairman, I really do think the cautious thing to do would be to put off The City of Winnipeg Act with this review going on and do something else. However, I wonder . . .

**HON. R. PENNER:** It's just my fondness for the City of Winnipeg that makes us sure that they're not an outlaw government.

**MR. G. MERCIER:** With respect to Mr. Cherniack, I told him the that the biblical injunction, "Beget not the sins of a father upon his son" should have been appropriately used in this case.

Mr. Chairman, could the Attorney-General indicate whether it was part of the University of Moncton contract for translating, Roger Bilodeau is doing some of the work?

**HON. R. PENNER:** You've been reading too many spy novels recently. You figure there's a mole down there. No, Mr. Bilodeau, to my knowledge, is not qualified is not qualified as a legal translator. He has expertise with respect to parking tickets, but . . .

**MR. CHAIRMAN:** The Member for Fort Garry.

**MR. C. BIRT:** When asked about what grants that the Minister or the department had given and some 21,000 had been given to women in the Constitution - that's not the correct phraseology - but he had indicated . . .

**HON. R. PENNER:** The Charter of Rights Coalition.

**MR. C. BIRT:** . . . a report was being made to a researcher in the Legislative Counsel's Office. Who is that researcher?

**HON. R. PENNER:** Eugene Szach.

**MR. C. BIRT:** Is that person intended to be part of this research unit that you're establishing in that department?

**HON. R. PENNER:** Yes.

**MR. CHAIRMAN:** 3.(b)(1)—pass; 3.(b)(2)—pass. 3.(c)(1) Manitoba Law Reform Commission: Salaries; 3.(c)(2) Other Expenditures.

The Member for St. Norbert.

**MR. G. MERCIER:** Mr. Chairman, again the appropriation for the Manitoba Law Reform Commission is certainly not up in any significant way and has never been increased in any significant way for the past number of years although it does do - I would regard, and I think the Attorney-General shares that view and I'm certain many other people do - that it does excellent work.

I wonder why, with the Attorney-General making money available to - and I'm not downgrading any of these other groups - but the Charter of Rights Coalition and Mr. Gibson and others to review statutes, etc., why hasn't the Law Reform Commission been asked to undertake some of these tasks?

**MR. CHAIRMAN:** Mr. Minister.

**HON. R. PENNER:** The Law Reform Commission has some excellent people there, but none of them, to my knowledge, have expertise in the area of constitutional law. That's principally why, and the ones who are there, all of them are heavily engage in ongoing projects. Two that I can think of, for example, have been ongoing for some time and will engage counsel in that office

for some time to come - The Dower Act; we've had a preliminary report on that and I think there is an area where the Law Reform Commission is going to make its next very significant contribution to law reform in this province.

They've also produced the first of what will be a two-part report on administrative law and this is something of exceptional importance; and there is something that we'll have dovetail in with the work that it be done in department by our constitutional people because a lot of the things that are being looked at and maybe recommended with respect to procedures to be followed by administrative tribunals will have to be checked against the requirements of the Charter and any jurisprudence which will have developed in Charter cases by the time we get the final report from the Law Reform Commission; so it doesn't stand, by any means, in splendid isolation. It continues to be a very significant component in our Legal Services Division. We recognize it as such. We've met, the deputy and I, very recently with the chairperson of the commission, who continues to render very valuable services. I'm quite excited by the work that is being done with respect to The Dower Act. I think that is really something that will lead to perhaps a whole complex of changes in succession statutes, The Devolution of Estates Act is going to be touched by that and some of our other statutes, marital statutes, The Married Women's Property Act, all of them will be affected by anticipated changes in The Dower Act.

**MR. G. MERCIER:** I take it, Mr. Chairman, there'll be no amendments to The Dower Act at this Session.

**HON. R. PENNER:** There may be, as I recollect, two or three that are so clearly required by Section 15 of the Charter, that they would be included in the Section 15 package.

**MR. G. MERCIER:** Mr. Chairman, with respect to the Chairman, perhaps I read it somewhere, but has his term not come to an end? Has his term been extended?

**HON. R. PENNER:** It has.

**MR. G. MERCIER:** For how long?

**HON. R. PENNER:** Three years, I believe. It was originally a seven-year term and it's been extended at three, and that's at his request.

**MR. CHAIRMAN:** 3.(c)(1)—pass; 3.(c)(2)—pass.

Resolution No. 18: Resolved that there be granted to Her Majesty a sum not exceeding \$2,928,700 for the Department of the Attorney-General, Legal Services, for the fiscal year ending the 31st day of March, 1986—pass.

Item No. 4.(a) Law Enforcement - Provincial Police.  
The Member for St. Norbert.

**MR. G. MERCIER:** Mr. Chairman, the Attorney-General identified, I think, in his opening remarks some . . . I thought it was a decrease in 11 positions in staffing. Could he indicate whether there will be any reduction in manpower in the RCMP in the current year?

**HON. R. PENNER:** No. In fact, I think there'll be a slight increase, at least in terms of the complement. I make that distinction when I say in that way rather than necessarily in terms of live bodies on the spot.

There have been some assignments from various detachments across the country to Ottawa duties in connection with a program for increased security of Embassies and so on, so that there will be a bit of a turnover during the course of the year, so there may be some vacancies from time to time; but in the actual establishment there'll be a slight increase because we will be increasing, overall, the number of special constables and that will be offset in part by a reduction over time in non-Native police, but the net effect, I think, is a bit of an increase overall in the RCMP staffing.

**MR. G. MERCIER:** Are there any movements of detachments or reductions in services anywhere in rural Manitoba contemplated in this year?

**HON. R. PENNER:** I'm sorry, would you repeat the question?

**MR. G. MERCIER:** Are there any movements of detachments or reductions in services in rural Manitoba contemplated this year?

**HON. R. PENNER:** No, the basic detachment as such will remain in place. There may be some movement of the odd person. There was a recent movement of one person from one of the detachments into Winnipeg in connection with one of the programs. Charlie Hill, our Director of Law Services. There's movement from time to time of one or more persons out of a particular detachment or a couple of detachments on a special assignment.

We had a special unit set up to try and deal with some rash of break-ins in a particular area that required an ongoing investigation over several months. So, there's that kind of movement, but otherwise none.

**MR. G. MERCIER:** Mr. Chairman, the DOTC Police Program has been somewhat up in the air over the past number of years. There was a report - I think I can go back three or four years - supposedly to be made on the whole program and, as I recollect, discussions; it wasn't received and then it wasn't fully considered and now I see in these Estimates that the increase in the grant for the program by the province has been increased by \$50,000 to \$150,000.00. I recognize that the Federal Government must be picking up a very considerable part of the cost of that program, but has there been agreement with the Federal Government on the program and its continuation?

**HON. R. PENNER:** No, there hasn't. Negotiations have been going on for an unconscionably long period of time.

There has been agreement in principle that the time has come for an agreement over some years for multi-year funding on some formula, but beyond that we haven't gone other than on an ad hoc basis for the last couple of years. Part of the reason for that is the change of government. Discussions were held with the previous Minister which, I may say with some note of

cynicism, tended to be somewhat accelerated as we came closer to an election and, then, dropped off, of course, while the new Minister became acclimatized.

The task of negotiating an agreement was taken up by the new Minister in about October of '84; followed by a letter from myself in January of '85; followed by a meeting between several Ministers, the Minister of Northern Affairs, myself and others, and the Minister here in Winnipeg on March 7th or 8th; followed by a meeting today, this morning in fact, between myself and members of the Dakota Ojibway Tribal Council representing each one of the eight reserves, plus the Chief of Police, a member from the RCMP, and Mr. Hill, we looked at the present state of funding.

There has been, I'm pleased to say, significant increase in funding by the Federal Government, so that with the \$150,000 grant from the province, they look to be in fairly good shape for fiscal '85-86. It would still be, I think, important to try and establish a longer term.

There was a period of uncertainty in the history of the force, '82-83, when under the previous chief, and not necessarily because of the previous chief, there was a large turnover. One of the reserves had opted out of the program. There was some uncertainty, but we seem to have reached a period of time in the life of the DOTC where it's beginning to prove itself. It has very good relationships with the RCMP. It has a Board of Police Commissioners on which we're represented, and the RCMP. So, we're looking, hopefully, at that program recognizing some limitations. I expect to be following the meeting this morning in touch with the Federal Minister to see whether we can get officials from my department and officials from his department to sit down and begin to look at multi-year funding.

**MR. G. MERCIER:** Mr. Chairman, does the Attorney-General consider it to be an effective policing program that should be continued indefinitely?

**HON. R. PENNER:** I think it has proven to be quite effective. There are problems associated with police forces of this kind in that it's cost effectiveness is hard to judge. That's the area of uncertainty. I think it has proven itself as a good police force.

The cost-effectiveness problem is this that you have a relatively small population scattered between - actually seven, although there are eight reserves - seven locations for policing; widely scattered locations. The whole question of an optimum size for a detachment is very difficult to meet and so you have on any cost effective basis if it's not nearly as effective, for example, as the RCMP, but it is their police force and they feel very proud of it and they feel that it has done a remarkable job for them, that it has boosted the morale on the reserves, that it has turned a lot of things around and they feel very strongly about it.

**MR. CHAIRMAN:** 4.(a)—pass.

4.(b)(1) Law Enforcement Administration, Salaries; 4.(b)(2) Other Expenditures - the Member for St. Norbert.

**MR. G. MERCIER:** Mr. Chairman, the budget highlights indicate, in general, some additions here. Could the Attorney-General outline - there are an additional two

persons in staffing and he indicated that there will be an investigative capability created for The Law Enforcement Review Act and special assignments? I wonder if he could offer a further explanation?

**HON. R. PENNER:** The two persons being added in this area are a research analyst to assist in the very complex and important job of analyzing the RCMP budget for any particular year, and the second person is support staff for the research analyst - well, for the unit as a whole.

I think, as the Member for St. Norbert will recall, at the beginning of the fiscal year or prior to the beginning of the fiscal year, we get an estimate from the RCMP of the anticipated cost of the services for the ensuing fiscal year. We're asked to accept that as a starting budget and make progress payments on the basis of that budget.

It's true that subsequently, adjustments will be made on the basis of actual costs, but we have found, particularly since Mr. Hill has come on staff that by rigorous examination of that budget, we are able to suggest to the RCMP in advance, some significant cost savings. For example, in this fiscal year, we were able to suggest savings that total \$475,000; that is the provincial share so that the overall amount of savings was greater.

We feel that with the addition of a research analyst - Charlie says he wants to go on piecework - a lot of the work that is presently falling on Mr. Hill's shoulders and with some help from administrative staff, can be done by the analyst, leaving Mr. Hill free, or giving him more time to work as he has been working with special projects such as the DOTC, just as one example, and other aspects of policing in the province.

**MR. G. MERCIER:** Mr. Chairman, there was one question I omitted to ask on Law Enforcement - perhaps I could just ask it here. Has the Town of Emerson entered into an extension contract with the province?

**HON. R. PENNER:** Not as of this date.

**MR. G. MERCIER:** What is the situation in the Town of Emerson, then?

**HON. R. PENNER:** The situation in the Town of Emerson is that, at the moment, they're getting a free ride. There is a detachment there. Clearly, if some victim of crime in Emerson phones up the RCMP, the RCMP are not going to say, but you didn't pay. So policing goes on as it has by the detachment; it responds as one would expect it to do, leaving the problem of the financial liability for those services as yet unresolved.

**MR. G. MERCIER:** Have they been provided with an extension contract?

**HON. R. PENNER:** Have they been shown what an extension contract looks like? Yes, they have no doubt as to what an extension contract looks like. They were sent one in April of 1984 and the basic contract is no different. They know what the current year's figures are; that would be about the only change.

**MR. G. MERCIER:** How many persons does the department say reside in the Town of Emerson?

**HON. R. PENNER:** We say that Statistics Canada tells us that in 1981, there were 762. The Town of Emerson says that it conducted its own census on a windy day and came up with - I say that because if you're standing on a corner counting, the figure can get confused - but they did conduct their own census and they say that there are fewer as of now. The position that we have taken up to this point is, we are using for all towns and villages covered by the requirement, the StatsCan figures. We also use these figures for benefits that are given to municipalities. We simply don't think that as a matter of sound public policy you can say, well, we'll use a different statistical base for different towns or for different programs.

What we've tried to do, as the member knows, is initiate a program where we sort of spread the liability around and all municipalities contribute to the general cost of police services.

**MR. G. MERCIER:** Mr. Chairman, the next census is 1986, as I understand it?

**HON. R. PENNER:** Yes.

**MR. G. MERCIER:** What different concerns are there for the 1985-86 budget year than there have been for the last four or five years when the Town of Emerson has received free policing?

**HON. R. PENNER:** It's not that long, but it's just - I thought they came off the system in terms of paying - just in the last fiscal year was the forgiveness year while we looked at the problem and there is this current year - but leaving that aside, what are the financial problems? There's a loss to provincial revenues of the amount that the town would pay.

**MR. G. MERCIER:** First of all, how long has the Town of Emerson received free policing services?

**HON. R. PENNER:** We'll have to check that.

**MR. G. MERCIER:** I believe it's correct to say - isn't it? - that the Town of Emerson has received free policing service not just in the last two years, but it goes back quite a ways.

**HON. R. PENNER:** It may go back to 1981. We're just checking on that.

**MR. G. MERCIER:** And if that's the case, and I think it is, Mr. Chairman, what different considerations are there, again for the 1985-86 budget, than there have been for all the budgets leading up to this point in time?

**HON. R. PENNER:** The same considerations. To go back, the Town of Emerson has, in a sense, been off the hook on the one hand, and off the dole on the other, since the 1st day of April, 1980 - Order-in-Council bearing the signature of the Member for St. Norbert.

The considerations in this current year are the same as in the previous year other than when the matter came to my attention and I entered into some discussions with representatives from the Town of

Emerson about a year and a half ago, approximately. I was concerned by the situation that was brought to my attention and took time to look into it and to discuss it with my colleagues to see whether some way of dealing with that problem might be elaborated, might be developed, and came to the conclusion, as I announced in the House, that there was no sound reason and public policy for acceding to the request that a different statistical base should be used.

Now, once that decision was made - and I will defend that decision, I think it's right - then under the provisions of The Municipal Act, there are certain requirements that towns or villages exceeding a population of 750 must follow. That's the ultimate decision that was made.

**MR. G. MERCIER:** Mr. Chairman, would it not make greater common sense that where you have a situation like this that has existed since 1980, that you simply wait another one or two years until the next census is done and resolve it on the basis of the next census?

**HON. R. PENNER:** Well, I suppose we might be able to deal if the Town of Emerson entered into a firm commitment to pay retrospectively for four or five years if the 1986 census produces a different figure than the one they've been using.

I should say that we have Mr. Hill and Mr. Loepky from Municipal Affairs who went down to Emerson about three weeks ago and had a discussion with council and mayor. That was not conclusive, regrettably, and we're looking at the situation since that time.

**MR. G. MERCIER:** Mr. Chairman, on another matter, the budget highlights refer to the development of an investigative capability created for The Law Enforcement Review Act and special assignments.

I take it this will be the so-called independent investigation of complaints against police, rather than using the city's internal investigative unit. I wonder if the Attorney-General could advise what type of investigative capability will be created for The Law Enforcement Act under this section.

**HON. R. PENNER:** Well, certainly under the act, the act does not, as the member knows, permit the old method of dealing with citizens' complaints alleging the abuse of power and the complaints, if they cannot be resolved informally - and so far, the record I think has been good there - then there would have to be an investigation. We feel that, at the moment, rather than going outside on a contract basis, that we have people within the department who have some expertise and experience here who might be used but if we get to a situation - I hope we don't - but if we get to a situation where the people we have within the department, either because of conflict of interest, that is some previous connection with the particular police department from which the complaint comes, or because they're too busy, can't deal with it, then we may have to, in fact, use an outside person. But we're trying to avoid that and so we want to, by some internal reorganization, develop an internal investigative capability.

**MR. G. MERCIER:** This would be located within this Law Enforcement Administration?

**HON. R. PENNER:** No, this will be independently of the Law Enforcement Review Agency itself. We think it should be independent. It will be located within the department.

**MR. G. MERCIER:** That's what I mean.

**HON. R. PENNER:** Yes.

**MR. G. MERCIER:** It's not there now.

**HON. R. PENNER:** It is, in part. We have Del Hanson, for example, who is now sort of with the department. He used to be with the Manitoba Police Commission but he's now with the department.

**MR. G. MERCIER:** In this area of Law Enforcement Administration?

**HON. R. PENNER:** Yes.

**MR. G. MERCIER:** Is that the only capability that exists within the department?

**HON. R. PENNER:** There is other capability within the department which, if pressed, we could use.

**MR. G. MERCIER:** There are other people? Who are they?

**HON. R. PENNER:** People within the department. Do you want their names?

**MR. G. MERCIER:** Yes.

**HON. R. PENNER:** Jack Hunter, ex-police officer. So the capability that we have at the moment are Del Hanson and Jack Hunter.

**MR. G. MERCIER:** If you had to go outside the department to have someone do this investigation, do you have any idea of whom and where you would go?

**HON. R. PENNER:** There is a very substantial list of fairly recent retirees from various departments that we have, people who have from time to time applied for jobs within the department, some of whom are exceptionally capable with excellent records. This is not to make a decision in advance, but I would think that the sensible thing to do would be to look at that list in the first instance, rather than to go to some private investigative firm.

**MR. G. MERCIER:** Has there been any need yet, to date, for this independent review?

**HON. R. PENNER:** No.

**MR. G. MERCIER:** The Attorney-General, I think, in developing this type of procedure, did it on the basis that, if the City of Winnipeg's internal investigative unit did this type of investigation, they almost had some type of conflict of interest within their own group. Is there not a concern here that if the Attorney-General's Department is doing it at the same time that they are

responsible for the prosecution of any criminal offences, the Attorney-General's Department itself might have some sort of conflict of interest?

**HON. R. PENNER:** No, the scheme of the act is such that where, in fact, a matter is being investigated by a police force as a possible criminal offence, then the Law Enforcement Review Agency does not get into the picture and indeed, where charges are laid, that ends the matter as far as the Law Enforcement Review Agency is concerned. It can have no involvement, so that the Law Enforcement Review Agency is excluded ab initio where there's a suggestion that the act complained of amounts to a criminal offence and is being investigated as such.

It might be that the police then investigate it as a criminal offence and do not proceed with charges, in which case it might be the subject of the third party application to the Law Enforcement Review Agency.

**MR. CHAIRMAN:** 4.(b)(1)—pass; 4.(b)(2)—pass.

**MR. G. MERCIER:** I would just say, if the Attorney-General does have the privilege of presenting another set of Estimates to the Legislature next year, perhaps there could be at that time an updated report of what . . . not dealing with the facts of the cases, specifically, but the number of investigations carried out by the department or people retained by them on the outside?

**HON. R. PENNER:** Certainly.

**MR. CHAIRMAN:** Item No. 4.(c)(1) Canada-Manitoba Gun Control, Salaries, 4.(c)(2) Other Expenditures - the Member for St. Norbert.

**MR. G. MERCIER:** I don't think there are any outstanding issues or any difficulties particularly related to this area unless the Attorney-General would advise the Committee, and if there aren't, we'll simply pass the item.

**HON. R. PENNER:** There are no outstanding issues there.

**MR. CHAIRMAN:** 4.(c)(1)—pass; 4.(c)(2)—pass.

4.(d)(1) Manitoba Police Commission, Salaries, 4.(d)(2) Other Expenditures - the Member for St. Norbert.

**MR. G. MERCIER:** The discussion on this Item could go on for a little while. If the Attorney-General wishes the committee to rise, that's fine.

**MR. CHAIRMAN:** What's the pleasure of the committee?

**HON. R. PENNER:** Committee rise.

**MR. CHAIRMAN:** Committee rise.

## SUPPLY - HEALTH

**MR. CHAIRMAN, P. EYLER:** Committee come to order. We are considering the Estimates of the Department

of Health, Item 7. Manitoba Health Services Commission, The Hospital Program.

The Member for Pembina.

**MR. D. ORCHARD:** Thank you, Mr. Chairman.

Mr. Chairman, before the Committee rose for Private Members' Hour, we were discussing some of the viable options and some of the problems, some of the statistics that are part of our health care system. It appears as if in terms of national comparisons, we have some anomalies in Manitoba which are leaving us with a higher cost per patient day. That's particularly evident in our teaching hospitals and evident to some degree in the general hospital structure of Manitoba as well.

The Minister expressed some confidence that the hospitals could operate basically within the supply increase guideline that has been announced this year, the 2 percent as a basic increase, and another 2 percent if they can justify it. Given some of the anticipated price increases in the supply sector, it would appear as if they may well have an opportunity to go back and successfully plead for that additional 2 percent.

Mr. Chairman, over the course of these Estimates from time to time we have indicated to the Minister and had discussion with the Minister about the level of service in the hospital system in Manitoba and some interesting facts have come out over the past few weeks.

We have from time to time a problem in the intensive care unit beds in our teaching hospitals, Health Sciences Centre in particular. I haven't got the article with me tonight, but there was an indication that we are below a national average in terms of intensive care unit beds. — (Interjection) — Below the national average on that, yes.

We discussed last night about CAT Scanners and we are below what is a recommended national guideline for provision of CAT Scanning facilities for our population. We've seen over the past three years, certainly, an increase in the waiting time for elective surgery and some of those problems probably showed up as recently as ten days ago with the problem that Misericordia faced with some dozen patients in the Emergency Ward and in the halls, because there was a shortage of beds in the hospital.

Mr. Chairman, the Minister indicated in the discussion this afternoon that we've got - if I can find the figures in my notes - in the province, in the entire province, rural and the City of Winnipeg, that we've got roughly 1,066 patients who are either panelled or who are extended care, chronic care patients in our hospitals, and obviously are taking up beds that were designed for acute care.

One could argue and we discussed this this afternoon that if we build more personal care home beds, we could eliminate some of that backlog of panelled patients that are in our hospitals, but, Mr. Chairman, it is cheaper to care for those seniors in a personal care home setting, but the difficulty that the Minister faces, but more importantly that the institutions face, is that if those beds that are currently occupied by panelled patients that are panelled for personal care home placement or the chronic care and extended care patients, that probably those beds will be filled by people who are in the elective surgery lineup, so that those beds will be occupied.

The problem to the Minister and to the Budget that we're discussing tonight in the hospital service, but more importantly the problem to the hospitals is that if all of a sudden they were able to clear those chronic care patients, those panelled patients, they would probably be faced with severe budget problems, because as I say the elective surgery lineup would immediately fill those beds and we would have patients in the hospitals that would require more care, more nursing care, which of course translates into higher costs and higher budgetary costs, so that represents a challenge.

I was going back through the newspaper clippings and over the past I recall vividly the kinds of debates we had during the four years that we were government where our cutbacks were causing extreme problems in the hospitals, and that was a case that was alleged by members of the opposition. The Minister even, from time to time, got in on that, but it was primarily some of his colleagues that were particularly vocal on that aspect, but nevertheless the case was laid out that in 1981 the hospital system was in a disarray, it was severely underfunded, and it was almost into a situation of crisis.

I presume that's what stimulated the New Democratic Party in 1981 to give Manitobans "A Clear Choice for Manitobans" in the election and develop policies of the Manitoba New Democratic Party, which of course solemnly slimed, signed - I almost said it the way it really was - solemnly signed by the then Leader, the now Premier, in which he gave us a promise in terms of health care that I've referred to before, and the Minister will pardon me if I refer to it again, it said, "Health Care Not Cut-backs."

One of the promises that was made by the now Premier as Leader of the Opposition was the desperately needed personal care home beds that would be built by an NDP Government. Basically, they had focused on an issue of a problem in the health care system. They successfully sold that to the people of Manitoba. As I said in my introductory remarks, that promise was probably one that the people of Manitoba believed. Probably that helped a number of the members in the government to successfully contest the election.

Now, Mr. Chairman, the promise was to restore the health care system. It wasn't to maintain its status quo, it was to restore it to some targeted increased level of service. That was kind of an interesting promise, particularly, when as I've used this document before - it's a series of press clippings that were done by the Free Press back in December of '83 and the series was entitled "Hospitals In Crisis." It talked about a number of different things; unequal distribution of doctors, the line-ups for elective surgery, the list goes on. It laid out in rather extensive detail how nurseries were understaffed and the newborn babies were losing their lives. The articles were quite severe, quite devastating to the government.

Now, Mr. Chairman, this one headlined, "Bed Shortages Cited In Deaths Of Four Patients", under the article of "Hospitals in Crisis." Mr. Chairman, that was the situation in 1983 and, as I indicated to the Minister in my openings remarks, basically, it hasn't changed. Mr. Chairman, that puts us into a situation of asking, today, of the Minister of Health whether the

funding for the hospital system has been adequate over the last three years and will be adequate in the Estimates we're approving here this evening to allow that restoration of the health care system that the New Democratic Party promised back in 1981 and whether, in fact, the system is sufficiently funded to allow Manitobans access to the health care that they believe they rightfully deserve and, indeed, which it's fair to say the New Democrats promised to them in 1981.

Mr. Chairman, the question that I'm posing to the Minister of Health is whether he believes that the system has been sufficiently funded to accomplish that? I base that question on the basis of a, once again, newspaper article. The nature of my question is as to whether hospitals have had to undertake any unique budgetary adjustment measures or costly-cutting measures, efforts to stay within the Budget, efforts to plan their activities in the hospital around the available budget dollars and not the needs of Manitobans. In other words, had the hospitals had to structure their operations in such a way that they accommodate, not medical needs, but financial restrictions?

I pose that question, Mr. Chairman, as a result of an October 15th, 1984 article in the Winnipeg Sun; and I just want to read to the Minister the opening statement on this article, it says - this article, incidentally, was written on October 15, 1984. It indicates that 10 months ago, a senior administrator of a major Winnipeg hospital sent a 20-page personal and confidential memo to his department heads which said, in part, "The hospital can no longer accept the faster patient through-put as a financially viable option," indicating — (Interjection) — Pardon? The first part of the article for the Minister - he missed it - was that this article indicates that 10 months ago a senior administrator of a major Winnipeg hospital sent a 20-page personal and confidential memo to his department heads which said in part, "The hospital can no longer accept a faster patient through-put as a financially viable option." Basically, what we were talking about this afternoon, that we have - if I find my figures and I'm not sure I can, because I've got them scribbled all over the place, but I believe the Minister indicated that roughly 2 percent of the patient admissions were taking up 30 percent of the hospital days. The Minister and I also discussed this afternoon that indeed, in terms of staying within budget, the panelled patient, the chronic-care patient is an economic patient to have in the hospital.

Now this newspaper article would indicate that indeed, because of financial constraints on this hospital, this major Winnipeg hospital, that they were considering ways of delaying patient through-put in order to stay within budget. "The hospital can no longer accept a faster patient through-put as a financially viable option."

That would seem to indicate that this hospital is encouraging longer stays and the Minister of Health this afternoon also indicated that in the Winnipeg hospitals the average length of stay is somewhat higher than in, for instance, Brandon; and it would seem as if this directive has possibly been followed. It indicates further in the article - there's a number of things it indicates further in the article - but basically, quoting from this memo.

My question to the Minister is whether he's aware of that sort of an administrative plan which would tailor the patient through-put of the hospital and the patient

complement of the hospital, not necessarily to the medical needs of patients, but rather to the budgetary guidelines that are set; in other words, hospital care is set by budget, rather than by medical needs of patients in Manitoba?

**HON. L. DESJARDINS:** Mr. Chairman, first of all, it's not the administrator or the administration that decides who will be admitted in the hospital; it is the medical committee or the medical staff at the hospital and it is definitely against their own interest to keep people that'll be there too long.

I think it's - no matter how many years - always easy to pick one thing and say this is the cause, but it is a number of things, a number of reasons.

There is no doubt - I'll be very candid, a moment of candid, not usually officially, but confidentially - I think that every administrator and every Minister of Health in this country of ours will admit, and might even at times suggest that they keep certain long-stay people. I'll very candidly admit it. It's been admitted by members on the other side when they were in office.

The economists will tell you that there's too many beds. The news media will tell you there's not enough. I think that you've got to find the solution somewhere in the middle and that's why it's not so easy. Probably the statement that I quoted somebody making last week, that there's probably enough beds for the patients but not enough for the doctors, is very true.

You have 56 percent - I stand to be corrected on that, I haven't got the report in front of me - more GPs in Winnipeg than you had ten years ago and practically the same population; and you have 25 percent more GPs in Brandon than you have with practically the same population, and these people need beds.

Now, you'll take any serious doctor - I would say any expert - will tell you that there has to be waiting lists. Having said that, it doesn't absolve you of everything and say you can stretch the waiting list for ever and a day, that's not what I'm suggesting, but that acts as a balance and also is a precaution, because if not, if you had the beds there'd be more and more operations. You read even in any medical journals and you see that they're very much worried about that.

I can point out articles in the newspaper, too, that have been saying let's go easy on this bypass, there's too many of them and it's dangerous. My own doctor told me the same thing. You've heard rumours that I was slated to go into hospital; it's not that I'm waiting for a bed; it's not that I refuse a bed; but I'm treated in a way that is probably better, at this time anyway. You can't just go by the waiting list.

I think there's some awfully good writers in the media people, but there is some also - and I don't blame the media as much as those that set up the policies for the media - that are only interested in one thing, is to try to find a scandal or something that is wrong.

I think the best example I had of that was last week when I announced my five-year program. This is something, which in the past, was always of a lot of interest to the media and the people of Manitoba. I'm sure you read it - nobody has quoted it to try to ridicule me or to feel that this would be harmful to me - after that with including the 250 beds that we said we would build in a hurry, well then there was an article saying

that I didn't care and that we didn't care at all. The reporter was all disturbed because he had had heard there was 1,800 people on the waiting list and he felt that every single one of them should have a bed.

So, you'll excuse me if I don't just take everything that's said in the media as the gospel or as the true way to go. There is no doubt that they have a role to play, but there's also a little more than that at times when you see that there's not serious reporting at all, not even the reporting is serious.

Mr. Chairman, you can't rectify everything in one day. I say that we have lived up - I'm not going to talk about the past, the accusations. I've covered that a million times and people will speak one way when they're sitting there and I'm not immune to that in a different way when they're . . . I guess that's the democratic way. I don't think anybody should lie purposely. I don't think anybody should mislead. The situation when you're in government, you have many more responsibilities and you've got to make the things work and you're responsible for the funds. It's easy to be in opposition and on everything say you're short of this, you're short of that, you should do this. It doesn't matter what. We hear it every day - more money to help the sugar farmers, more money for this and, then, when it comes to the deficit, look at the big deficit that you have, you shouldn't have these deficits. When the tax comes in, well you're increasing the taxes. If you change a program, well then you're saying that you've cut. We haven't cut.

I think we've done very well under probably, in the years that I've been here, the most difficult years of all. I don't think anybody can accuse us at this time that we're doing things to get ready for an election. The facts are different.

For instance, in the four years that the previous government was in power, they started the first year right after an election. You remember they had the restraint. They had an average of 4.7 increase. I'm talking about the total cost now. The second year 10.7. The third year 16.2, and just before the election 22.2. Then, it was all the things that they had said we weren't going to do, they're panicked.

I remember the day that the then leader was saying that the best news he had was the Crosbie Budget, but Crosbie hadn't gone far enough. Shortly after that the Conservatives were defeated. I'm not saying this to start an argument. My friend keeps on referring to that paper.

I admit it that it must have been and there were a lot of exaggerations. I'm saying that we've lived up to what we're saying and we're continuing to live up.

If living up to something means that you're just going to throw money away, that you're not going to advise the people, and if it's not my duty to say that in 10 years if nothing else is done but what we're doing now, that the Budget instead of being a little less for the Manitoba Health Services Commission, than being a little less than \$1 billion will be \$3.44 billion, and to say that we must do something because we won't be able to pay for that and we're going to lose the whole program, well then we didn't live up to what we said.

It takes awhile. It is true and I'm not criticizing the past government. I'm telling you facts, that the government, the first thing they did - the previous government, was freeze for a couple of years. You talked

about the Misericordia Hospital. If there had been no change in the Misericordia, it would be built now. I can't accomplish miracles. It was frozen, then there were an architectural drawings approved; I approved the construction of it and because of the facilities, the set-up, it's going to take a long time and there's nothing holding them back. We're not told, go easy - as fast as they can go and it'll take another five years or so. That certainly wouldn't answer all the call, but that building would be there now; so at least share some of the blame with me if you're going to talk about the Misericordia Hospital and the conditions, the situations that are there.

Now, as I said, at that time - we always hit it wrong when we change governments. In 1977, up to '77, we had cost-sharing formula. At that time the Federal Government announced another formula which was bad in the long run, but for the first few years brought in a lot more money. Again, I've never made the point that they should have spent it on Health. It was their responsibility to spend it the way they want and I don't even question them; but the facts are there that they, in 1977-78, for hospital and Medicare, the share of Manitoba was \$152.7 million, while the Feds was 198 and then in the following year, Manitoba reduced by \$20 million their contribution. Not the total contribution. I'm talking about the contribution after taking out what came from the Federal Government.

The following year they added a bit, but they was still less than the '77-78. In '77-78, the first year that they had the responsibility, hospital and medical was \$152.7 million; the following year was 132.7 and then 133.058, so you know these are factors. At the time also, if you remember, we had too many civil servants and there was a clean sweep of all the civil servants. There weren't that many people that were panelled because the people weren't being handled as fast.

I know that my friend doesn't like that, but it is a known fact. It's a fact that if you've got people that are waiting to be panelled and if you can't service them they're not on the waiting list until they're officially panelled. That was another one and, as I said, the Misericordia Hospital.

The Seven Oaks Hospital, you didn't want it at all, but it was too far gone so it had to be built and we're moving at the Health Sciences Centre also. Then, as I say, the Planning and Research Division of the department was completely depleted. There was nothing at all; we had to start from scratch. On the personal care homes - because that's going to come, it might as well come right now - from July '73 to November '77, in the Schreyer years, the personal care home beds that were first approved, there were 1,480.

I'm comparing apples and apples and oranges and oranges.

From November, '77 to October '81, the Lyon government, there were 156 approvals. That's in the four years they were there. They approved 156, and from October '81 to March '85, we've approved 729.

Now you might say, what's an approval? It doesn't mean a thing. You can approve anything before an election. Well, let's look at the construction starts then. From July '73 to November '77, the construction starts were 1,208 and in November '77-81, 364, many of them started under the former government. it's obvious.

Then October '81 to March '85, 239 and the projected for this year are 605. Now you can look at the opening

date also, available of those beds. July '73-77, there were 719 and November '76-81 there were 635. It couldn't have been only those 156. They weren't all ready.

Mr. Chairman, I don't fault the government at the time. They felt that there should be a restraint, but instead of looking forward, instead of saying, let's get together, and that offer was made to them quite often; and my honourable friend today had some pretty valid points and now I know that he understands the situation. It's obvious that he understands the problem. I didn't think so last week, but I do now after listening to him. He's done his homework very well and he understands the situation a lot better than I thought he would, especially with his first year as a critic on Health.

But the situation is that these things take a lot longer time than that. There is no doubt that it's the balance. You can listen to everybody and they all have their pet ideas. My friend tried to find something to say we would cut. That's the biggest challenge he gave himself today and he can't find definitely - what did he hit that we cut? There was one person that he said, instead of spending \$35,000 a year, we spent \$70,000 a year, but he said we cut hours. When we've talked about not cutting, it would be a very irresponsible government who would keep on programs that are obsolete or programs that could be replaced by others, by better ones, and my honourable friend said that.

My honourable friend said that there are certain things that maybe we should quit as we get new equipment and so on. A few years ago nobody heard about a CAT scan. There wasn't very much talk about that and the CAT scan costs about a million and a half right now and the operating cost is quite heavy. We could make this a battle between two levels of government. I know my friends do not like the idea of that commitment that was made on Health, but wouldn't they be well advised to think of the future? That past election is three, three and a half years ago and another election should be within a year.

I think we've should start thinking of the future and let the past take care of itself on this thing, because whoever forms the next government will have a real challenge in Health and those problems won't go away. If you should be sitting on this side, I don't think those challenges will go away, and you will have . . . you know, I have a pretty good record. From the days I was Health critic for the Liberal Party I kept pretty good records and I could show you every year there was something, people in the hall or people not being able to get in the hospital or hospitals phoning the ambulance services and telling them, don't bring any patients here - and that's going to happen again.

Right now you have a certain group of doctors who will not be satisfied and it's their right. They are fighting the question of no extra billing and they are trying to do everything possible to discredit the government; and that is to be accepted. Now you didn't have the problems on psychiatry in those days either because not too many people knew anything about it and no two people agreed of what should be done.

I think that in the three years that we've been there, in setting up a good Planning and Research group, in working very closely with the different groups that are delivering the services, in trying to tell it the way it is - and I certainly will not try to embellish things just

because an election might be coming, and I hope that nobody else will, but I still say that with all the problems that we have, all the reports in the media and so on that we still have, if not the best, one of the very best health services in Canada and in the world.

You can compare - and we're talking about universality in Manitoba and in Canada. Sure you can compare certain facilities in the United States and so on, but how many people are taken care of, and they're spending an awful lot more money.

Now it is a very expensive service and should the people that are trying to get value for their dollars and trying to do away with the waste, should they be faulted for that? I don't think so.

My honourable friend talked about the intensive care services; I know there's problems there. There is more and more problems, they're used more and more. I announced that we had \$400,000 additional funding on an annual basis to open more adult intensive care beds at the Health Sciences Centre and the first step in this process is for the Centre to open those intensive care beds for which they're being already being fully funded. At present less than of the adult medical intensive care beds at the Centre are staffed and in operation, and this has placed an undue demand on other Winnipeg hospitals.

Now with the current, the new funding, the Centre should be able to staff and maintain 11 or 12 adult medical intensive care beds in operation. Additional funding of approximately \$275,000 every year is also being made available for the Misericordia General Hospital to reopen six beds in its intensive care unit. These measures should greatly relieve the pressure on adult intensive care beds throughout Winnipeg. It won't solve all the problems.

Then there's a further \$300,000 annually in additional funding will be provided for expansion of pediatric and newborn intensive care nurse training programs to enhance the supply of nurses for the high-risk units at the Health Sciences Centre and St. Boniface General Hospital. This is part of the current ongoing commitment of this government to maternal and child health programs. What was done in maternal and child health programs in the past?

Neonatal intensive care was recently expanded, which increased the capacity for high-risk newborns' ventilators to nine at the Children's Hospital and 15 at the St. Boniface General Hospital. These services will be further enhanced when a new 18-bed neonatal intensive care unit comes into operation at the Children's Hospital in approximately one year.

Mr. Chairman, those are some of the methods that we're trying to do, some of what we're trying to do, to rectify. As I say, I'm not that naive to think that everything is perfect or that it'll ever be perfect, or that there'll never be waiting lists. In fact, I think it would be a sad day if the day comes when there's no waiting list at all, well, then our plan is in danger if it's not all ready gone out the window. I think that's an impossibility.

That is why I'm suggesting that the rules and the planning and all that should not be done only by the politicians. They certainly have a role to play, because they are in charge of the purse strings. I think the administrators, who certainly have experience about the medical profession, the nursing profession and in other areas also, and I'm not going to panic if somebody

points out that on this one person you've spent less, or they've had 12 hours less, because we are - especially in an area where we have bent over backwards to do something - and I'm not going to panic if somebody said, well, you corrected an anomaly. In dealing with the chiropractors, instead of treating people all as equal, if some happened to be married and their wife and child was not using the system, you could go ahead and use it three times as much as your neighbor, and when we have expanded that by 50 percent.

So if we save money, fine. It means that in general the people are not going that much, and it might be that someday - I said and I was on the record that I favoured that it should be fully funded, fully insured, and that's a possibility, but I don't think, and I wouldn't want it to be right now, because I hope that we can put some safeguards and learn from the way that we established Medicare, so there will not be this constant bickering between the two and they'll be able to have safeguards and do away with some of the abuse that we have.

Now, also other programs that we've done, if my honourable friend wants to hear about some programs; in 1982-3 we spent over \$1 million on the Health Sciences Centre, Women's Hospital, regeneration; 1983-84 was Phase II at \$230,000; the Lennox Bell House, hostel facilities, it was \$95,000; the Ultrasound Obstetrical Outreach Screening Program at St. Boniface Hospital, \$170,000; Diagnostic Ultrasound Program development in Dauphin, Health Sciences Centre, St. Boniface, Grace Hospital, \$175,000; Dialysis, Chronic and Acute, Renal Failure Program, there was a total of \$278,000; Victoria Hospital Emergency and Physiotherapy, \$350,000; the Seven Oaks Hospital, the program, the expansion there, over \$4 million; the Mount Carmel Clinic - some of these were announced, well they were approved - Mount Carmel Clinic was approved in the days of Schreyer. That was another that was frozen and then it was released. I must give everybody their due. It was started and practically all built under the former government, but we had to pay some of the costs. The new Mount Carmel Clinic was constructed at a cost of \$2,250,000 and then we added on at least \$603,000.

The Central Dialysis expansion at the Health Sciences Centre, \$380,000; the Health Sciences Centre Cardiac Surgery, over \$1 million; St. Boniface Hospital Diagnostic and Oncology Services, \$1,150,000; St. Boniface Hospital Obstetrics expansion, \$215,000; St. Boniface Hospital Neonatal Intensive Care, \$290,000; the Grace Hospital Psychiatry Extended Treatment Service, \$700,000; Community Health Centre development, \$1,400; and there was what was added at Seven Oaks, another \$2,830,000; the Adolescent Psychiatry Unit at \$2,860,000; Health Sciences Centre Intensive Care Nursing Program, \$135,000; Children's Hospital Intensive Care Nursery, \$498,000. I could go on and on; I'm not going to take the time of the committee.

The point I'm trying to make is fine, I think that this afternoon we were on the way to look at the problems the way they exist, and I think there was a lot of constructive criticism that I don't mind at all. In fact, I invited the member to assist me in this, and any members of this House, but the situation is that if we're going to start talking about the past government and

this government not delivering, well, of course, I'll have to stand up and give you the facts, because we have. My honourable friend hasn't found too places, he's talked about three things. He's talked about saving money with the chiropractors, saving money with one individual on home care, and saving money, I think that he mentioned the closure of obstetric beds at Concordia, which was approved by the former Minister and accepted during the life of this government just in the first year that it was announced, that it was accepted at the time.

I'm ready to look at the future and take constructive criticism, but if my friend wants to insist that we're going to compare the two governments, the two departments, I don't think that that is going to be too meaningful an exercise, but I can put it on the record also.

**MR. D. ORCHARD:** Mr. Chairman, the Minister dealt at great length, but he didn't deal with the issue I raised with him a few minutes ago, in that newspaper reports quote directly from an administrator's memo, which indicates that the hospital was undertaking certain steps back in late 1983 in response to the 3 percent budget increase that was announced for that '84-85 fiscal year.

Now, Mr. Chairman, the Minister is an astute politician. He does not have articles like that come up in the paper in which they are indicating that memos for meeting budgets and the directives to departments for meeting budgets are set and include options which restrict patient flow through the hospital, or reduce patient flow through the hospital. The Minister is an astute enough politician that I know that he would have checked that out and would have determined whether, in fact, that memo was circulated and whether, in fact, that memo was given direction to the medical staff, etc. etc. and the administrators in the hospital as a method of matching their patient flow to their budget. Now, the Minister has said he's answered that.

**HON. L. DESJARDINS:** Yes, I did answer that. If it's the article that my honourable friend is talking about, that was refuted by the administration. It was a certain doctor who said that he saw a memo. It was misquoted. There was a letter appearing from the chairman of the hospital on that and it was refuted.

I repeat, I said I answered that. The administrator doesn't admit or discharge patients. It is the medical profession. If ever there was a decision like made, or if there would be a decision, it's certainly not in the direction of the department or myself, I can assure you of that. If it's the one that I'm talking about, this was refuted by the administrator of the hospital.

**MR. D. ORCHARD:** Is the Minister indicating that it was St. Boniface Hospital that was considered in the article?

**HON. L. DESJARDINS:** Yes.

**MR. D. ORCHARD:** And the memo that was theoretically to exist didn't exist, that's what the Minister is saying?

**HON. L. DESJARDINS:** My honourable friend - and it's public. Apparently, we're talking about the same

thing - was reading a letter put out by a Dr. Krahn at St. Boniface Hospital. — (Interjection) — Well, that's the one. Dr. Krahn quoted a memo that he said he saw. That memo was supposedly written by Mr. Quaglia, the Administrator of St. Boniface Hospital.

Then this was refuted, that it was a memo that was a working memo and then that the Chairman, Dr. Doyle, refuted and said that it was out of context. That's all I can say. When we saw that, we were nervous about that also and we got in touch with St. Boniface Hospital. That's the explanation we had and I'm told that Dr. Krahn had apologized to the hospital for what it's worth.

**MR. D. ORCHARD:** Mr. Chairman, is the Minister, I'm not sure what he's establishing here. We're talking about the same newspaper article, obviously, and the same memo. Is the Minister saying that the memo had never been written?

**HON. L. DESJARDINS:** First of all, I'm not responsible for the memo. I've never seen the memo. I saw the letter of Dr. Krahn like anybody else. I saw the reply from Dr. Doyle. I had an explanation from St. Boniface Hospital, both Dr. Doyle and Mr. Quaglia. It was a working document that was never sent. It was for discussion and then that it was misrepresented. I was told that it was brought to the attention of Dr. Krahn who apologized and there was an article in the paper subsequent to that. That's all I know.

The thing I want to emphasize is that it certainly was not and is not the policy of the government.

**MR. D. ORCHARD:** Mr. Chairman, I have no argument with the Minister in terms of him saying that that memo wouldn't be policy of the government. That's correct, but the point that, I think, was being made by the line that's quoted out of the memo in the newspaper article in the Winnipeg Sun, I think, reflects on the budgetary policy that the hospital had to work under.

Now, the Minister is correct in that he says that it is not his government's policy. — (Interjection) — The chairman denied what?

**HON. L. DESJARDINS:** The validation of the document.

**MR. D. ORCHARD:** Well now, Mr. Chairman, is the Minister saying that St. Boniface did not undertake an overview of patient through-put in the hospital in a means to attempt to stay within their budget? The Minister will recall that at that time the St. Boniface was running at a fairly sizable deficit and in late 1983, the government gave the indication to the various hospitals, St. Boniface included, that they were going to be faced with a 3 percent budgetary increase next year.

Some of the recollection I have about the deficit situation at St. Boniface - I think I can find it - would indicate that they were - I could find it in the clippings - but at any rate, they were somewhere near a 10 percent budgetary overrun mid-year and faced with a 3 percent increase the following year, they could foresee very stringent financial problems on the institution.

Now, Mr. Chairman, the Minister indicates that the administrator indicated that report - I'm not sure whether it didn't exist - but is the Minister saying that

the options of tailoring patient admittance and patient through-put in the hospital - the option, for instance, of retaining geriatric patients, and those kinds of options - in his discussions with the administrator were not ones, that the administrator made him aware of, that they may have to undertake in order to stay within their budgetary allotment?

**HON. L. DESJARDINS:** No, Mr. Chairman, not to my recollection.

In fact, every single hospital that I can think of that discussed that with me always reminded me that many of their beds were occupied by people that should be in personal care homes, many of them, so that was never suggested to me by St. Boniface Hospital or any other hospital.

What I said earlier that all Ministers at that kind of a time would say, yes, it's not as bad as that if we have a few patients there, it cuts and it helps the standards, because they take less care, that's true. Then, it has kept a kind of a check on the waiting list, so there's not that much surgery going on. I also said that now and that's one of the reasons in my five-year program that I announced something should be done, but I do recognize now that it is getting to be serious. That is only one thing. The beds will help.

I think my honourable friend has brought in a very important point and I'm glad he did. It's not because it's easy, because the answer will be very difficult, but as we clear these beds, it's going to be a lot more costly. That is why - and I think that everybody should realize it - I don't want to panic and start building any more acute beds at this time. There are probably more personal care beds than that. That is one factor. That is why also, I'm talking about more services that are now presently done in hospital that could be done in a not-for-admitting condition. That is why, with that, we'll probably be able to have at least a thousand eye operations that we couldn't have. That is why we're talking about improving the home care, because home care is not just for older people, home care is for people who might not need the hospital, but might need some follow-up, some help in the community; the early discharge program also which is going up at St. Boniface Hospital.

There is no getting away from it that St. Boniface was in a difficult position, but I'll give you - and I think it might be helpful - the increase that St. Boniface has had since the base of 1977. 1977-78, they had a 5.9 increase - I hope my friend won't miss that, okay? In 1979-80, they had an increase of 9 percent; in 1980-81 - and that's all approved - they had 15.4 percent; in 1981-82, they had 23.6 percent; in 1982-83, 18.1 percent; in 1983-84, 17.3 percent; and the approved '84-85 is 11.4 percent.

Again I say that the admitting and discharge of patients is not up to the administrator anyway. There is no doubt that the Administration have responsibility and we're squeezing them quite a bit because of the way the situation is going, and it had some advantage to it because they come out with some pretty good ideas. You know how we work in there; there are a lot of things they can't control and during the year they'll have certain emergencies or something that they'll come for approval for; we'll approve it and then we'll go to

the Treasury for extra funds. You know also, that every single one of those city hospitals, I think, has, because they can't control, they have some deficit and much of that is approved later on.

So the situation is that it might be - and it wouldn't be the end of the world if somebody would prepare a memo like that, but it's certainly not government policy. As soon as we find out, or I'm sure as soon as the board heard something like that, they would veto that. At times, let's face it, some of these things have been brought in by administrators to try to convince us or to panic us to loosen the purse strings a bit. There are all kinds of ways to do that, but in this instance, I'm telling you that it was brought to my attention and it was not accepted by the chairman; it was denied by the chairman and I'm told that he had a talk with the person who wrote the article and that person apologized and was to write a letter to somebody - I don't know.

**MR. D. ORCHARD:** So then the Minister is saying that to his knowledge, options to effect a turnaround in budgets such as reducing patient activities and not patient days so that expenditures would match revenues, and attempts to plan for extended care patients staying in the hospital for an extended period of time - those sorts of directives may have been discussed, may have been considered as an effort to meet the budgetary problems at this hospital, but the Minister is saying that he received the assurance that those kinds of efforts to tailor the patient activity to the budget rather than, say, elective surgery needs, etc., etc., did not end up being implemented in order to stay within the government's mandated budget guidelines.

**HON. L. DESJARDINS:** Mr. Chairman, I want to make sure that I understand what is said. I thought the statement that was made, and that I had been asked was if they could keep more people that have been panelled, to cut down, to stay within the budget, and I denied that.

Now if my honourable friend says they'll introduce certain guidelines or something, or put a maximum on certain things in their own hospital, or try to do that, I've been told by at least two or three different hospitals, here are the keys, you run the hospital - when they couldn't get everything they wanted. Then they calmed down a bit. For instance, if we say, you've got to cut down - and I'm not going to name the hospital - they would say, all right, we're cutting down on this program; programs that we know and they know that they are the only ones delivering it, it is actually the Manitoba program, and we wouldn't allow it.

That's why all these things then would have to be discussed with the commission; that's the safeguard that we have - the commission wouldn't allow that. They would come back to us and say, we need more money. But I'm not going to hide that; there has been a real effort to try to stay within the budget and I must congratulate all the hospitals. It hasn't been that easy. At times, I, personally, think we are asking them certain things that are impossible. I say impossible, because there are so many things that nobody has control over and then they come back, they have a deficit, but it's an accepted deficit and we pay it later on.

It is the guideline and it has been working quite well in the very, very difficult years that we've been going through. I think it's a miracle that we've done so well and that our hospitals have done so well. It's certainly not perfect.

**MR. D. ORCHARD:** Mr. Chairman, although the Minister doesn't like to get into the discussion along these sorts of lines, it is possibly true that the administrators have worked wonders in staying within their budgetary guidelines. But, Mr. Chairman, I think some things have become evident and they are there, which is a problem that this government has, the next government is going to have as well.

I think it's clear - and the Minister will accuse me of trying to make political points, which is true, in part - but I don't think there's any question that in our hospitals today, there is a larger number of beds that are tied up with panelled patients and chronic care patients. There is no question that the line-ups or waiting times for elective surgical processes are longer today than they were three years ago, five years ago, seven years ago - I'm trying to make it not political because I don't want to get into a hair-pull with the Minister tonight - and that for some diagnostic procedures, the waiting times there are longer.

I don't think there's any question that when we've got our major hospitals in Winnipeg, the Health Sciences Centre, St. Boniface, who are doing a lot of the major surgery by referral from rural Manitoba, that you have circumstances that are happening on a regular basis where patients get a phone call from Boissevain or from Swan River, to be in within a few short hours because the bed's available - it's very short notice.

You have the converse of that situation where surgery is planned; the bed is theoretically to be open and they come in a day ahead of time and find that they have to stay a day or two or three or four because the bed that was to open up, didn't open up. Those sorts of things have piled up and one of the major problems, I submit to the Minister is the phenomenon, if you will, I don't know whether it's unique in Manitoba, it doesn't appear to be, given the statistics that are available in terms of our per day cost, where it's higher than the national average, it should mean that we have fewer chronic care patients in our hospitals, because they're the ones that are the least expensive to have in there. But I think in the Manitoba hospitals, one of the problems we've got is that there are more panelled and chronic care patients there that are tying up the active treatment beds, and that can take and back your whole hospital bed allocation system from extended care to medical treatment beds into surgical beds. That's where you end up with your problem in longer lines for elective surgery and cancellations in elective surgery in the hospitals.

Mr. Chairman, the point I'm making, and it would appear as if the administrators are forced to assure that they stay reasonably close to their hospital budget, to the budget that's struck by the Commission each year, because I'm positive that a hospital like St. Boniface or Health Sciences Centre, without some brakes put on the departments by the administration, could probably come in this year with a 20 percent deficit, 20 percent of their budget in deficit. I'm quite

sure they could do it if they simply were able to move patients through and knew they could have that deficit picked up.

The point that I'm making to the Minister is that it would appear that because this government - and I'm not saying this government is unique in it - I'm sure the next government is going to have the same problem for a year or two until it can get at some of the structural problems that appear to be in the Manitoba hospital system - is going to undertake the same kind of administrative practices within the hospitals, which are going to have us with emergency wards filled, with elective surgery lineups that are longer, with cancellation of elective surgery because the bed doesn't free up.

But, Mr. Chairman, it seems to stem back to an administrative practice which is effective in allowing the hospital to stay within its budget by having beds allocated to panelled and chronic care patients and with that as a basic starting point, all the other beds back up, and the overall effect on the budget is positive for the budget, because it allows them to stay close to or within or only slightly above the budget, 3 or 4 percent above the budget. It allows them to cope with emergencies, but nevertheless, it doesn't permit as fast a through-put of acute care patients necessarily, although that's not necessarily a good example but the classic example, I think, is the elective surgery people who are waiting longer periods of time and some diagnostic processes are waiting longer periods of time because of that backup in the beds.

Mr. Chairman, as we discussed this afternoon, clearing those beds doesn't help the budget problem. It exacerbates it, because you're going to fill it with a patient who requires more care and is hence more costly to the budget.

But the global picture, as the Minister indicated today and as statistics appear to indicate, is that the Manitoba hospital system right now is already costing us above the national average, and it would be interesting to see, in terms of comparison with other hospitals on average across Canada, where their costs are some 12.5 percent lower than ours for the fiscal year '82-83 is the year that's used - it would be interesting to see if they have some 30 percent of their patient days allocated to patients over 60 years old, and some of those patients certainly are there for acute medical treatment, but a lot of them are within the 1,066 panelled and chronic care patients that the Minister identified this afternoon.

Mr. Chairman, the other thing that points to the scenario that I'm developing is the fact that the Winnipeg hospitals do have a longer average length of stay than either the rural hospitals, or for instance, Brandon General Hospital. That difference in average length of stay is even more dramatic when you compare it to the hospitals within the Kaiser permanent plan that the Minister referenced this afternoon. I think if there is one feature in the Kaiser permanent plan, it's basically they do not have - well I don't know - but I would venture to say that those hospitals in the Kaiser plan in the United States are simply acute treatment hospitals, with elective surgery and needed surgery and medically ill people in them. I would venture to say that within the Kaiser plan hospitals where their average length of stay is about half, roughly, what it is in Manitoba, or two-thirds, that you don't have the chronic

care patient, and those hospitals are operating as active treatment hospitals, which our two teaching hospitals were originally designed for, were originally planned for.

It's a problem that is multi-pronged. Its budget, because the cost of operating the full beds in Health Sciences Centre or St. Boniface as active treatment hospitals would be maybe 20 percent higher than what is budgeted this year, and it is caused because we've got the, as I say, the backup of the chronic care and the panelled patient in the hospital.

I'm repeating myself for the third time, but it makes the situation in Manitoba even more worthy of investigation to compare it to the national average when we know we've got some 30 percent of our patient days, with 60 and over patients, and yet our costs are still 12.5 percent higher than the national average in 1982-83. So that we've got more or less a double problem to concern ourselves with in Manitoba, a double problem in that our costs per bed are higher and our allocation of beds for chronic care may well be higher than the national average. Those two should take the budget in opposite directions, but the budget has ended up higher.

**HON. L. DESJARDINS:** Mr. Chairman, to his surprise, I will certainly not accuse the honourable member of bringing this up for political purposes. That's the kind of discussion that I like and that's the kind of discussion that I need. I think that much of what has been said is true, but it's not as simple as that.

First of all, the hospitals - trying to get away from that - it is the medical profession that admit and discharge people, nobody else, not the administrators, and that's money lost in their pocket because many of them want elective beds.

Another point: If tomorrow we would open a personal care home and take all the people that have been panelled, that are in a hospital now and put them in a personal care home, I dare say that within a year, year-and-a-half, you'd have the same situation. So it's not as simple as that. I don't think you could look at only one area. That is where my gift or talent of communication is not coming through very good, because I can't express exactly what I'm trying to say. I'm trying to say it's a mixture of things, it's not just one.

For instance, if the doctors did not say to their patient, go to Emergency, there would be way less there, and the Emergency could cope. There would probably be less people in the hall and then these people would not find their way in acute beds and then challenge, well get me out, and therefore they have to find a bed before they come in. I'm not blaming it all on the doctors. I'm saying it's a combination of things. It is a thing that there are too many doctors. That's another point; they want more beds for more operations and I'm not knocking anybody when I say that. These are some of the situations that we have.

I've always said, let's not panic and start building acute beds - you've heard me say that many times - let's start to unload the people that have no business there. Of course, it's going to be costly, but the thing is you would not build any more. You're not going to save, for instance, at St. Boniface Hospital, it's going

to cost you more; you're right, but you will not need another acute bed hospital as the population grows. That's where the saving is.

You and I won't see it and it will never be on paper, but you will not retard the time that you need new acute beds. In fact, that is where the saving is. You might even end up closing acute beds, because that's what the expert tells you, not the medical profession; and then you might cut down, but those are all things that you have to do, the economists will tell you that.

Then I want to say to my honourable friend - and I'm sure he'll understand that - let's go one step down. Let's say we've got all the people, all the acute beds being used only for people that need acute help. Then you've got the personal care beds. Well, it's the same thing in personal care beds. You've got people in personal care beds that should be maybe in better homes, that should be in a senior citizen home setting, but with extra services.

You know, you get your father and mother in a new personal care home and you're all happy and they have the visiting day and they show you the place and it's dandy, but they are growing. They are getting older and after a while they forget to make their meals, they forget to take their medicine. Everything would be terrific if Dad or Mom, we were only sure that they had decent meals, so you start bringing meals and so on. If you had a facility, some facility, it would be a helluva lot cheaper to keep them in their homes, keep them in personal care homes, but maybe have some kind of a cafeteria, or at least one hot meal a day that they could get, get a nurse that has the responsibility of certain personal care homes to make sure that they take their medicine. That would help.

And then Home Care, Home Care for the people that need a little bit of help, their families are ready and are willing to take care of them, but there's just a little too much so you give them Home Care. You have a person staying at home with Home Care instead of being in a personal care home. That's another bed you've saved.

Now you bring in these services for people that are discharged early, but you can't just send them home. You either have a team, a doctor that does like the old days and do some house calls, or you have people in personal care homes or staff that will take care of them; and some people want to keep their father or mother at home, but they'd like to take a holiday once in a while, so you've got a few beds set aside for respite care. You've got these people, two weeks a year, their parents are admitted in this respite care. They go on holidays, they come back, they know that they're going to bring their parents back and they're happy. They're not pushed to the limit.

You have these people - it might be a woman alone with her father. He's all right, but she's got to do shopping. She's got to go grocery shopping at least once a week and run a few errands. You've got another form of respite care by day care for the elderly. Those are programs that keep the people together, keep them out of these homes. Then you have guest homes and that is something we've got to look at. The guest homes are people that are looking that don't need exactly the same help, and I think we've got to look at that even if it means some kind of financial assistance, because the lower we get on the program, the less costly it is

and the better it is for these people because the longer they stay in their homes, the better it is.

I think it's the aim of every member of this committee to keep people in their homes instead of in institutions. That's when there's no other limit. Work with the well elderly also and that is being done. There's all kinds of programs. I don't think there's a province with more programs like that. That's coming along, but there's still an awful lot to do.

I think I remember a little bit more about St. Boniface Hospital. I remember the day that we had to call them on the carpet because they had quite a deficit. There's one thing that probably the Commission - I won't say probably - the Commission admitted that they had to have another look at it. St. Boniface Hospital would take any patient. That's the mandate they have from their founder, Mother Youville, they won't refuse anybody. They bring anybody in, and they would keep the - maybe another hospital, maybe to balance their budget, I don't know, would not take those in need because that's more costly.

Then they also tried to have an early discharge program. Let's say that normally you would be in the hospital for 10 days and they had an early discharge, let's say six days, the four days were not the most expensive days. There was less care and that has to be adjusted. We're looking at that now. But what I'm trying to say is the patient, the doctor, the providers of services, the government and the taxpayer, it's everything, and I think we're doing a disservice if we just point at one. This is not a way to get away and to try to blame somebody else, because there's enough blame for all of us. There's enough problems for all of us. Those are the things, I think, that we have to get together. Most of what my honourable said is absolutely true, and that is what is so sobering and should get us to get together and say, gosh, we've got to do something.

Some provinces, some of that information seems to be so hard to get. We've tried many times to exchange between provinces; they don't seem to have this information, but some of the provinces have all ready given up. Some of the provinces are saying, we cannot afford this program, and it's costly, but you know that it's less costly than in the States. What have they got in the States? I'm talking about universally. When I say costly, I mean every dollar or penny that is spent on health. I'm not talking only what the government does. The government, if there's any extra billing and that's another thing.

Another thing I think that seems to make Manitoba look bad, we were the first province that insured the personal care beds and that added a lot all at once; and I think we made a big mistake when we insured all the four levels or the hostels. If we had never insured hostels, it wouldn't be that bad, and of course if people feel it's a universal program, I'm entitled to a bed, well then they're going to stay in acute bed hospitals. They didn't stay before because they had to pay for the hospital, if they were discharged. But now, the hospital figured, well, what can you do, or if they were discharged they had to pay. Now they're saying, find me a bed, so therefore they're considered . . . That is a problem and then again, something that is not popular, but I'll repeat it. It's bad, but it's not all that bad. It's keeping a check on these operations and so on. I still say there's

too many of those things and the medical profession will tell you that too.

But a person who is looking and, as I say, with so many doctors, if we cut down on the doctors, if maybe the doctors - and now I'm playing with danger when I suggest that as a layman, but if doctors would make the odd house call, some of them, and if they were less - what did you call it - doctor sharing, I think, this afternoon - there's more of that going on; you'll see in that report that I'm going to table, that it's going up, that it might have been two doctors, now it's three and maybe four. It's not only specialists, it's between GPs.

So I take what you say very, very seriously and it's a concern. I think the discussion is at a good level now. The point is that because there's more problems, that doesn't mean that you've cut down on health. We're spending more; we're doing an awful lot more, but the problems are coming fast. That is what I say, that in 10 years, even if you do nothing more, nothing less than now, that wouldn't be cutting down, that the price will go so high and it's starting to come and there's all kinds of things we haven't even talked about. It's not funny, but it's unusual at this time that that thought is in the minds of so many people that we talked about Health and hospitals and Medicare without talking about the moral problems that are coming also. This is what I was trying to say when I talked about shouldn't we have an open heart surgery on somebody 95. I wasn't suggesting that they weren't. Those are questions that I haven't got the answers to; those are other questions coming in. Then, we have an aging population that's living a lot longer. They're living in person care homes longer also or in institutions. So, it's a real challenge.

I accept what was said. As I said, it's not quite as simple as my honourable friend might believe. I think that he's done his homework. I don't know if he knows enough about the other provinces yet and so on, but this is something that is challenging.

The point that I was defending is no, we haven't cut down, quite the other way around. We're trying to be ready to look very seriously without playing politics, and telling the people the facts of life and the true things that somewhere, sometime, you're going to reach the limit, you're going to lose the whole ball game. It might be that the standards might even go down. It might be, I don't know.

It might be that we have a choice when we're talking about universality and they don't want to have nurse practitioners in the North, because then they're playing doctors, and you can't get a doctor, it might be that second best might be a nurse practitioner. That is where we're talking about the community clinics that we're working very hard at defining; they might relieve some of those hospitals also.

I thank the member for his remarks and I don't disagree with him.

**MR. D. ORCHARD:** Mr. Chairman, maybe just a few brief comments. — (Interjection) —

**HON. L. DESJARDINS:** . . . announcements that I've heard — (Interjection) — I don't know if anybody at Montreal and Quebec are tied 2-all and that the Liberals and the Conservatives are tied at 50 all. I don't know if that's true; 50-50 and — (Interjection) —

**MR. D. ORCHARD:** You'll probably be calling an election soon. Yes, that's right, they're on the increase. He sort of likes to be on the winning side. Don't count on it, though.

Mr. Chairman, there's only one thing that I take issue with the Minister in what he just said, in that the hospitals primarily may not be the strength in which he indicated it, but he's indicating that the hospitals are primarily doctor-driven in terms of the demand for surgical process and acute care — (Interjection) —

**HON. L. DESJARDINS:** No, I said admitting in — (Interjection) —

**MR. D. ORCHARD:** Yes, admitting, but admitting for surgery, admitting for elective surgery - they'd like to admit a lot more.

Mr. Chairman, I think the Minister is understating the role - or maybe inadvertently understating the role of the administrator in the hospital - because the administrators, when they lay the law down, the medical profession doesn't have the open access they'd want to the operating theatres, etc.

Mr. Chairman, I guess what is almost frustrating in what we're looking at here is that the early discharge of surgical patients, the early discharge in the obstetric wards, all of those programs are geared in the best interests of the patient. We discussed the new kidney stone process which is definitely in the benefit of the patient and, in many cases, early discharge is to the benefit of the patient. It used to be, even in my lifetime, I can remember an appendix operation, you were in hospital for two weeks; you didn't move.

My son had his appendix out when he was, I guess, seven or eight years old. I think he was in hospital for about four days and he was in there an extra day because it wasn't appendicitis, it was a virus of some sort that was really the aggravating problem. They had to get that under control. — (Interjection) —

Yes, childbirth is one. They're cutting down the length of stay in the hospitals; no question. All of those things under our present funding structure of the hospital are really counterproductive. When you empty the bed, you fill it again and then your first two or three days after surgery, you end up with a higher cost patient and more service. It's sort of like being on a merry-go-round. — (Interjection) — No, I realize you don't build more beds. As a matter of fact, I would say that the Minister in his emergency building plan of \$17.5 million doesn't have to consider any more acute care beds. I think if we had our acute care beds in this city free and available for acute care, we'd have enough acute care beds. I don't think there's any question of that.

What I'm saying is that faster discharge, newer techniques and all these sorts of things are benefits to the patient, are benefits to the citizen. They are probably benefits to the administrators of the hospitals in terms of not having a patient around to keep tabs on them for that extra length of time, but under the system with the demands that are on the system, you turn over and you increase your costs. It's a merry-go-round and it's a treadmill.

Mr. Chairman, the Minister makes reference to the fact that Manitoba has been one of the leaders in the national scene in terms of provision of personal care

homes. The observation has been made that increase in personal care home funding has not reduced the funding pressures on the acute hospital system and, in reality, that the expansion of the Personal Care Home Program in Manitoba has left us with a system which is considerably more costly than compared with other provinces. Indeed, the comparison has been made that other provinces with their Personal Care Home Programs deliver both hospital and personal care homes for the costs we do in our hospitals. — (Interjection) — Well, I mean it's information that's available. The observation is being made that our Personal Care Home Program in Manitoba is a pure add-on.

The solutions are very interesting and, once again, it's going to be very, very important to find out what causes our hospitals in Manitoba to be that 12.5 percent higher, 8 percent of which, roughly, is increased cost per patient day, than the national average. That's going to be where the Minister has his ability to determine some flexibility in the next Minister.

I'll go through the example again. You take the roughly \$600 million that we've got in our Hospital Program this year and if you were to achieve only the patient day cost that is the national average across Canada, which would mean 8 percent reduction in our costs in Manitoba, 8 percent on that \$600 million budget is almost \$50 million and that is one heck of a pile of money to the system. That's going to be the challenge the Minister's going to have - depending on whether his Government House Leader is right or he's right - to resolve within a month or within a year, because then the next the government's going to have to take a look at that and determine what is making those costs 8 percent higher per patient day, 12.5 higher when you consider additional patient use or admittance.

Mr. Chairman, I agree with the Minister that there are some very sobering things around. I've read a document which theoretically was going to outline how a hospital could handle the tighter budgetary problem. Some of the suggestions in there, I know they didn't happen; a lot of them didn't happen, some of them did. But, by golly, the options that are identified in there for cost control are really, really sobering thoughts that we are down to this circumstance within our hospital system, and require some very serious thought and some very serious discussion as to how we get a grip on the problem. Some of these things are — (Interjection) — Mr. Chairman, I'm just getting to that. I have a greater appreciation now for some of the problems I never did, because quite frankly, when the Member for Fort Garry was the Health critic, I have to be quite honest with this committee, I never paid any attention to the Health system because the Member for Fort Garry was very capable in that regard, and our caucus left it in his hands to develop the kinds of policies in the direction that we were going to go.

To see some of the options that administrators have indicated are methods of meeting the budgetary limitations that they face are very sobering indeed. Mr. Chairman, I guess that's why we harken back from time to time to the kinds of election promises that were made in '81. The Minister of Health, I don't think, had too much to do with the input of the promises that were made in 1981, because I think he understood the system better than that and understood the system

was in need in those years that we were government of certain paring of costs where costs needed to be pared.

I think the Minister would admit that even today there obviously must be some areas in there that need to be looked at in terms of cost saving; the 8 percent per patient day increase in cost over the national average, the indication that our paid hours per patient day in '82-'83 were 23.6 percent greater than the Canadian experience, another observation that's been made. Those are the kinds of areas that we're going to look at.

So, Mr. Chairman, when we hit the election campaign, which we inevitably will whether it's in a month or in a year, I hope that neither one of us, and I don't think we're going to be able to control it, are going to accuse each other of drastic cutbacks, in closing personal care home beds and getting a whisper campaign going and trying to frighten people.

Mr. Chairman, I make this accusation that we have had that happen to us in certain areas by New Democratic Party candidates, where our candidate has gone through a personal care home and the next day the hit squad comes through with the NDP candidate and tells them, well, you know we really like the member that's running, but it's that terrible Mr. Lyon, if he gets another term he's going to close this place down. Those kinds of things aren't productive because they're not true. No government is going to close and throw people out on the street and governments need to co-operate and work together in terms of resolving some of the very large problems that are there.

Mr. Chairman, I want to close by saying that this Minister has tried the best he can in terms of arranging and trying to structure and fund the health care system as well as his government will allow him to do. Even with that kind of effort, there is every indication that there are areas that are underfunded that need more funding. The elective surgery line-ups are longer and we can go through the ones that I've pointed out over the last few days.

I don't think that this Minister can go on the campaign trail in this next election, whenever it is, and I don't believe I can go on the campaign trail and say that we're going to solve that immediately; just elect us and we're going to solve all the problems. This Minister and this party can't do it because they've had four years to work at it. I don't intend to recommend to my party that they put out basically a scurrilous document like was put out in 1981 promising things that aren't going to be delivered.

I think that we've identified some of the serious problems that are there, some of the serious problems that need more information, more comparison with our national averages and, indeed, comparison with south of the border, even though their medical system is held up as being one that is not one that we would want to see, there are some pretty valid things they're doing down there. The diagnostic related groups are a pretty interesting concept in terms of attempting to bring some fiscal control to the budgets in health care; the health organizations that were studied offer some probably quite interesting sorts of things. The last thing we need to do is to have - the Minister from time to time does it and, certainly, some of his colleagues do it - I don't think we get on a medical profession bashing campaign.

— (Interjection) — Okay, the Minister is saying where does he do that. I won't argue with him tonight, but the last thing we need to do is try to find a scapegoat in the health care system. I don't think there is a scapegoat in the health care system.

There are a lot of players. I've talked to an individual who was just recently in one of the major hospitals in Winnipeg and he said he had problems in terms of getting his procedure done. He was rolled down several times to have it done and rolled back because he couldn't get it done. He said it was frustrating, but he said the staff that were looking after him were just superlative. I mean they offered him the best of support and the best of care and the best of support for the procedure he's going to go through. We can't find scapegoats in people and bogeymen in the system to blame.

Mr. Chairman, the problems are there. I think it's fair to say the problems have not been resolved in the last three and a half years that were perceived to be there in 1981. I don't think they're going to be resolved in the next year.

I do think the Minister has developed some fairly interesting beginning information to identify the kinds of problems we're faced with. It needs fleshing out; it needs expansion; it needs clarification to give us a direction that we could go, in which we can probably find ourselves the dollars we need to maintain the system as it is and to better it in certain areas. That's going to require a fair little bit of co-operation and a great deal of political wisdom and political skill to explain it to the people.

What it doesn't need is a campaign of scare tactics as often happens in opposition situations. That doesn't help. I'm going to point out problems to the Minister as they come to my attention; I won't hesitate to do that. Some of them are going to be with the intent of pointing out that they failed in their election promise.

I tell you I'm still a little angry about making those kinds of promises. I'm still angry that the Premier, as late as April of 1985, is still saying that they haven't cut back different things. They haven't done this, they haven't done that. Mr. Chairman, I think we've established a few areas in the course of these Estimates where that has happened. It's a fact of the system. — (Interjection) — Yes, there are both sides of every argument, but the basic facts are there.

So, Mr. Chairman, I think we've had probably a reasonable discussion here tonight and unless the Minister wants to offer some comments, I'd like to swing into another area if I could with the Minister.

Mr. Chairman, the Minister - I don't know, I guess it's going back six or eight months ago - indicated that there was an expansion of hospitals offering a therapeutic abortion service. Could the Minister indicate which hospitals are performing therapeutic abortions and have a therapeutic abortion committee?

**HON. L. DESJARDINS:** Therapeutic abortions are performed at the Health Sciences Centre, Victoria and Seven Oaks Hospitals in Winnipeg; at Brandon General Hospital; Dauphin and Portage la Prairie; Hamiota and Pinawa have therapeutic abortion committees but have not performed any abortions.

The facilities for this purpose have been expanded at the Health Sciences Centre and discussions with

hospitals in other parts of Manitoba are going on. These discussions are identifying and resolving any problems that exist in the delivery of this service.

Counselling services for the Therapeutic Abortion Program also have been developed by the Health Sciences Centre in consultation with the Manitoba Health Services Commission.

**MR. D. ORCHARD:** Mr. Chairman, it was a couple of weeks back, maybe three weeks back that the Minister responded to a question in the question period and I believe the question was as to whether any woman had been refused a therapeutic abortion by one of the committees; and I believe the Minister indicated that, to his knowledge, none had, as long as it was first trimester.

Mr. Chairman, could I ask the Minister if he has any idea or has knowledge of how long it takes for the approval process of a woman who wishes to obtain a therapeutic abortion, to have basically her physician recommend that, yes, that's a recommended course of action and then from there, presumably, to the Therapeutic Abortion Committee at the various hospitals and from there to the actual surgical procedure?

**HON. L. DESJARDINS:** From the time the therapeutic abortion has been made aware, it's from two to seven days, with the average being four days.

Now if it would be an emergency - what I mean by that, there might be somebody that had been refused and I've mentioned that, but the only reason that I know they've been refused is because they've waited too long and it's over 12 weeks and the medical profession will not do it.

Let's say, if it's 10 weeks or something and somebody is aware of it, the director out there would make sure that patient is admitted, the same as an emergency operation. I still don't know of any person that would refuse that request for a therapeutic abortion.

**MR. D. ORCHARD:** Mr. Chairman, I don't want to get into the political issue of Morgentaler, but given the scenario or the circumstance that the Minister has given us tonight where there are three hospitals in Winnipeg, one in Brandon and then two in other parts of rural Manitoba; namely, Dauphin and Portage; and given the time required, two to seven days from going before the committee to having the procedure done, an average of four days, and presumably a physician so recommending that appearance before the committee would only take another two or three days in addition to that prior to going to the committee, Mr. Chairman, I fail to see the need in Manitoba for Mr. Morgentaler and his clinic.

If you wish to be terribly blunt about the need for a Morgentaler in Manitoba, the only justification you might be able to find is that you'll save taxpayer dollars, because under this system it is a Medicare-covered procedure, whereas with Morgentaler it isn't and you might save some of your medical budget, but that's not a reason in my estimation, that's not a reason at all.

With the Minister indicating that the committee offers counselling, the hospital committees offer counselling

to the individual, presumably discuss the options of, not only the abortion, but other options with the individual - well, the Minister can explain the whole process - I think the system is much better within the hospital system than I believe can be offered for the patient and for the community than with Morgentaler. I just don't see the need in Manitoba today to have him in this province.

**HON. L. DESJARDINS:** Mr. Chairman, that has been the government's policy and it's certainly my policy. It is felt that there's no need. Those that want to apply, and I don't know of any therapeutic abortion committee that's ever turned anybody down. I'm not saying that hasn't happened, but I don't know of anybody. That is why we felt that it should be done in the hospital. We've improved the facilities. There's more abortions performed in Manitoba now, but I should say that, all in all, not necessarily more abortions on Manitobans. I think that many of the people that were going to the States now can have an abortion here. There's still some; there's still some that will always go into the United States.

I'm not a lawyer, but I feel that the defence of Morgentaler in Ontario and Alberta, that's one of the reasons that we did this here. We provided in a province like ours, where there's different beliefs and so on, that we've gone ahead and improved the situation and made it possible to have the abortions, and I can't see - I'm not a lawyer - where he could plead that it was needed at all and we feel that it is better in the hospital also. There's different fallbacks if there's something.

It wouldn't be any saving. If his clinic was declared a hospital, then it would be covered, so there would be no saving at all. That was one thing that we did in a pluralistic society and another thing that we set out to try to prevent as many unwanted pregnancies, instead of waiting till there's a pregnancy, and that's when the counselling starts before that on how to handle birth control and to keep healthy, not get any venereal disease, whatever, and that also we've tried, to have counselling to meet the needs of all the people of Manitoba; that is, different faiths and different beliefs.

Some people will try to give you all the options, including an abortion. For some people, abortion is not an option, so therefore they can't use it and there are a few clinics like that who are giving this service. I dare say that is the position of the government as was enunciated that we don't need that Morgentaler Clinic here.

I think there are many people that are supporting Morgentaler and I think it's just a question of the principle of it, a free choice. I don't think that they either can point out too many areas where they can't get the abortion that they want. They might not like the idea; they might think it is demeaning to go through a committee. Those things have been said, but actually, to get an abortion I think they should have it here; but it's more than that to them. It's the same as I would fight for another principle. They're fighting for the principle of free choice and they won't rest until - and that's a federal act - until that's changed, but as far as providing the service in Manitoba, I'm satisfied that we are.

**MR. D. ORCHARD:** Mr. Chairman, the department has had Deer Lodge Hospital as part of its responsibility, I believe, since April 1, 1983.

Mr. Chairman, can the Minister indicate how many beds are at Deer Lodge and what the current patient count is; what kind of patient is in Deer Lodge right now; what the annual budget for the Deer Lodge Hospital is in this fiscal year; what the staffing levels are at Deer Lodge; and who is on the Board of Directors of Deer Lodge; and also, what are the plans for Deer Lodge in the government's long-range planning; i.e., is the facility going to be ever brought back into any kind of acute care treatment or will it be designated to extended care or personal care? Could the Minister provide me with that kind of information please?

**MR. DEPUTY CHAIRMAN, D. Scott:** The Minister of Health.

**HON. L. DESJARDINS:** Yes, let's say that for a number of years there have been discussions between the two levels of government. I think that Manitoba was probably the last one under Veteran Affairs that became property of a province. There were two at one time, I don't recall the other one. I don't know if that's gone.

There was an agreement signed on April 1, 1983 and part of the transfer agreement was that Canada agreed to provide up to \$30 million toward the physical redevelopment of the building.

The design, architects and engineer have been retained in planning for the redevelopment is well under way. The function of the program has been completed in details of the redevelopment have been finalized. The first major construction project, a new service loop, will be tendered in the latter part of March with constructions to start in May, 1985.

After protracted meetings with local residents in the City of Winnipeg and community committees, the necessary zoning variance have been obtained. The design of the first elements of new building is well under way with construction on the dietary wing scheduled to start during July and August, 1985. Design for renovation to the clinic wing to allow for the . . . of prosthetic services are virtually complete. The constructing schedule will start in June or July of 1985.

Trace particles of asbestos have been discovered in certain portions of the service tunnels. While this will be fully corrected during construction, certain interim measures will be undertaken to ensure Workplace, Health and Safety standards are met, pending the replacement of the problem insulation.

It appears the construction schedule is still several months behind the earliest projections, however, it is still expected that all construction can be under way within the five-year period. That is an important thing because that \$30 million is subject to construction starting within the five-year period.

The latest cost estimates shows that the project is still within the budget of \$30 million of 1983.

The wards currently opened - the location will vary over the next four years due to . . . requirements, but totals will remain generally the same.

Extended Treatment; 2 East, 30 intensive long term care; 3 East, 27 intensive long term care, 6 concentrated care infirmary; 3 West, 24 assessment and rehabilitation and 6 intermittent admission; 2 West, 16 intermittent admissions. This will close in June of this month. Total, there's 109 ETUs, that's extended treatment.

Now, personal care; (a) veterans beds; 2 South, 32 personal care; 3 South, 30 personal care; 4 West, 30 personal care; 5 East, 31 personal care; 4 East, 32 personal care; for a total of 155.

(b) the community; 5 West, there is 30 personal care; for a total of 185 personal care beds. A grand total beds open of 294.

There should be 430 beds when it's finished. You know, the agreement that we made re the veterans, they are building and funding 155 personal care beds and they have the first option in acute beds - that's part of the 155.

Now, the original agreement that I made with the veterans is that we would want them to serve on the board. We've had some of them but we also had mostly staff from the Commission while the work was being done. Now, we're getting away from that. Mr. Frank DeCock who was chairing the board for the last two years has been replaced by Mary Jane McIntyre representing the community as the chairperson. There's Bill McNeil from the Veterans Association; Shirley Lord from the the MFL; Frank DeCock, Manitoba Health Services Commission; Mr. D. Hayes, Veterans Organization, and we intend to name one from the University of Manitoba. The University of Manitoba will be providing a nominee for the Minister's consideration in the near future.

In '84-85, the Budget is \$8.4 million for '84-85.

**MR. D. ORCHARD:** '84-85 is how much?

**HON. L. DESJARDINS:** That's Commission cost of \$8.4 million.

**MR. D. ORCHARD:** So, Mr. Chairman, there was a lot of figures there.

How many beds are currently - is not the facility over 600 beds right now?

**HON. L. DESJARDINS:** I gave you the total beds, approximately 294. We'll need room for . . . also.

**MR. D. ORCHARD:** Okay, you've got 294 beds right now, and are they all occupied?

**HON. L. DESJARDINS:** Those are the occupied beds.

**MR. D. ORCHARD:** 294 occupied beds.

Now, can the Minister indicate what the staffing level is at Deer Lodge?

**HON. L. DESJARDINS:** We'll have to give that to the members of the Committee later on. We haven't got it here.

**MR. D. ORCHARD:** Okay.

Mr. Chairman, at one time, it was my understanding that Deer Lodge, and that was one of the things that I sat in one night when there was discussions of Estimates - the Member for Fort Garry was the Health critic. It seemed to me that there was the planning which is obviously still going on, that Deer Lodge would become an extended care facility or personal care extended care facility.

**HON. L. DESJARDINS:** And personal care geriatric centre.

**MR. D. ORCHARD:** And the geriatric centre, that's the most important thing.

Now, I missed all of the nominees to the new board, but at one time the interim board, I think was Frank DeCock, and I think Al Getz was on it. I'm not sure whether one other was on it.

**HON. L. DESJARDINS:** Dave Pascoe.

**MR. D. ORCHARD:** David Pascoe.

One of the criticisms that I had brought to my attention by people at home who were members of senior citizens housing projects and had a great deal of interest, when they were originally in the planning stages for the geriatric centre, the criticism came up that we had two Commission people or, basically, all departmental staff people on the board, and if they were going to develop a policy and a plan for a geriatric centre, why wasn't someone from rural Manitoba - because geriatric needs in rural Manitoba differ, but could be complemented and melded into the Deer Lodge and that is obviously the objective of the government - criticism was why there was no rural representation on the initial board? I would ask the Minister in the new board structure whether there's any rural representation on that board to bring to the board and to the Deer Lodge sort of a policy direction, the input of a rural Manitoba's perspectives?

**HON. L. DESJARDINS:** Mr. Chairman, this is a suggestion that I could be open to. I think that it makes sense. I certainly don't apologize for having the staff there at that time. There were a lot of meetings. It would have been quite difficult until we straightened everything out with the Feds and so on. There were negotiations still going on, and we had made a commitment to the Veterans organizations. We'll see if we could add somebody from rural Manitoba.

**MR. DEPUTY CHAIRMAN:** The hour of 10 o'clock has arrived and passed. Is it the will of the Committee to rise or to continue?

**HON. L. DESJARDINS:** Let's finish Deer Lodge anyway.

**MR. DEPUTY CHAIRMAN:** Can we finish Deer Lodge and will we be finishing the Hospital Programs tonight as well? No?

The Member for Pembina.

**MR. D. ORCHARD:** Mr. Chairman, in the 294 beds, when you finish your redevelopment there, you're going to be at a 430 bed total of personal care home, extended care and geriatric type beds.

A commitment is there of utilizing 155 of those beds for veterans according to the agreement of the changeover. When Deer Lodge — (Interjection) —

**HON. L. DESJARDINS:** That's if they're needed, they will be kept open.

**MR. D. ORCHARD:** Mr. Chairman, that's my question. The Minister indicates if they're needed, that's how many beds will be made available, but what happened to the people that were in Deer Lodge at the time of

the takeover and the reduction of beds? Was anybody moved out? Everybody stayed there. Okay.

Mr. Chairman, who's the project co-ordinator? Is he a member of staff or is he on contract for the development of Deer Lodge?

**HON. L. DESJARDINS:** It's a former staff member, but he's on contract. He's not working for the Commission. It's Mr. Claire Bell.

**MR. D. ORCHARD:** Mr. Chairman, can the Minister indicate - presumably he's been on staff since April 1, 1983 or thereabouts.

**HON. L. DESJARDINS:** On staff?

**MR. D. ORCHARD:** On contract with Deer Lodge. Could the Minister indicate what his services have cost? What are the terms of his contract?

**HON. L. DESJARDINS:** He's on 60 percent time and he's getting paid around \$30,000-\$35,000 - and he can't charge his cigarettes either.

**MR. D. ORCHARD:** 60 percent time. He's a contract employee then, is what the Minister is saying and presumably is he going to be on staff until the final brick is laid and the final carpets laid, or are his planning functions finished and his contract soon to expire?

**HON. L. DESJARDINS:** He won't stay to the end, but he would stay until the contract is well under way, the construction is well under way.

**MR. DEPUTY CHAIRMAN:** The Member for Sturgeon Creek.

**MR. F. JOHNSTON:** Mr. Chairman, who is the architectural firm or the consortium that was put together by two architectural companies that will be handling this program or this construction? If Mr. Bell is leaving, who is going to be responsible for the inspection?

Mr. Chairman, I'd like to briefly bring the Minister up-to-date on some happenings in my constituency where Deer Lodge is located. First of all, there was a model of the new hospital presented to the people of the area and the present structure, as it's planned, is not very close to what that model was. The people expected one thing and there were changes to it. There was, after the consortium of architects were put together under the direction of Mr. Bell, who is a hospital consultant not an architect, there were again changes made to what was presented to the people that live in the district.

I attended a meeting myself and I must say the hospital group did contact the neighbourhood on a couple of occasions to discuss with them what has happened, but on three occasions after the discussions there have been changes to the plans and the people of the area are starting to get just a little bit fed up with what is happening.

Secondly, the traffic situation around the hospital has been discussed and naturally the City of Winnipeg which, as you mentioned, have gone to the Community

Committee, have to have approval as to the inlets and outlets from the hospital on to the Portage Avenue, Woodlawn or Moorgate Street; and again they protested. The Minister announces that the approval of the Community Committee was there, but there was a large group of citizens of the community protested very much as to the traffic patterns that were going to happen around the hospital. I believe the Community Committee has held up one item on the parking which will have to be approved later.

Then, Mr. Chairman, I say to the Minister that after they had everything sort of settled, they are not happy with the outlet that goes on to Lodge Avenue which will have a lot of traffic automatically go up Guildford Street, up through the area, the direction of that outlet and they're not happy with that outlet; and they have been trying to convince the people of the hospital to change that particular outlet, but they're informed that that is where all of the deliveries will be made to the storage of the hospital.

Mr. Chairman, after they were pretty well settled about the number of trucks there would be each day, after they had that all settled and they were sort of satisfied that the traffic wouldn't be as great as they anticipated, the Minister announces that now we are going to have the new drug situation for senior citizens or care homes done in Deer Lodge Hospital, which will mean a delivery of product to have them produced within the hospital and then a delivery from the hospital to all nursing homes within the city. There again, that was brought in and announced after the City of St. James or the Community Committee had approved the traffic pattern.

Mr. Minister, I would like to say there is an unhappy group of people within that area. Although the hospital have met with these people very often, they are still not a satisfied group. It is very easy to say it's the city's responsibility as to what the traffic pattern would be but the people are still not happy and I can say to the Minister that they do feel that they have been let down because every time they feel that everything is all set, this is the last plan, there is some other plan presented to them.

I would ask the Minister to consider, because I have had a request from the people within the area, if it would be possible that one of the citizens of the area, approved by the Minister, could be on that board so they would know what's happening at all times as to what is being planned by the hospital which may disrupt the citizens of that area.

**HON. L. DESJARDINS:** First of all, let me say that the plan, the model was made by a student and it was never claimed to be the final plan. Mr. Bell is not the architect, so all they could do is give you an idea what they thought. It won't be final until the final architectural drawings are accepted.

The architects are Scouten Mitchell Sigurdson. That's for the mechanic, and there's Smith Carter for the . . . There's three different contracts or tenders, and there's Gaboury Associates. The chairperson is from that area. There has been no major change since the community committee meeting and I understand there's a liaison committee between the people in the area and they're trying to keep them posted as much as they can. Nobody is trying to fool the people in the area. Things

that have changed as we've gone along. The architects weren't on the job and the first one was a project by a student. So they'll get all the information; nobody is going to try to hide anything from them. There would be no purpose in doing that at all.

**MR. F. JOHNSTON:** Mr. Chairman, I would like to inform the Ministe. that I, personally, have seen the different plans, and I have them in my office downstairs, and they have changed a couple of times. If the model that was made up was made up by a student and was not intended to be the original, why were the people of the district then invited over to see that model and see what was happening with the Deer Lodge Hospital? They were basically satisfied, I believe, with that model.

I don't believe that the people of that area are opposed to having more care beds in this province and certainly are quite happy that they're going to be at the Deer Lodge Hospital. I would say that they're sure that the liaison committee is set up, but they have not been able to satisfy the citizens of the area regarding the outlet which goes onto Lodge Avenue from the hospital, which is the outlet which services the hospital with all of the deliveries to and from the hospital.

Since the Minister's announcement about the drugs going to be there, they feel it's going to be more. They have had some answers given to them on the basis that it would be exceptionally costly to change the overall plan and move that entrance to another part of the structure. They have accepted that to some degree, but they certainly feel that they want to be closer to what is happening. They feel that they haven't been completely kept up-to-date, regardless of the information the Minister may have, and they have asked, and I would ask the Minister, if he would consider one of the citizens of the community to be on the board of the hospital.

**HON. L. DESJARDINS:** Mr. Chairman, that model that my honourable friend was talking about, that model was made even before there was an agreement between the Federal Government and the Provincial Government. There has been no major change since the community meeting, which was sometime in the winter. As I say they will be kept informed.

Now, the board followed procedures, they went through the committee; there was an appeal made, so there was nothing that wasn't above board. I think whenever there's a large construction like that, it always causes some problems. Some people are more concerned until it's built and they realize it's not that bad. We have co-operated with them as much as we can and we'll make it as nice and as best we can, but we have also a pretty large construction to make and we must make it practical also.

As I say, the chairperson is from that area and that liaison committee will continue to go and if there's any criticism, I'd like it to be brought to my attention and make sure that that liaison committee does indeed give all the information. I can make that commitment.

**MR. F. JOHNSTON:** Mr. Chairman, I can assure you that I know where the chairperson is from, I probably know her better than most people in this room, but I would ask the Minister again if he would consider one

of the citizens of the immediate area - and there are some very responsible citizens in that area - that he would have the opportunity to approve the list of names to be on the board so that the people that are close and living around the hospital would be assured that they would know what's happening at all times.

**HON. L. DESJARDINS:** Mr. Chairman, that's what the liaison committee is all about, to look after the affairs of the people in the area, and a board is to run a hospital or the facilities. They certainly won't be kept away purposely, but it's not my intention to designate somebody from the area as a member of this board. If they qualify and everything else, fine, they should be taken into consideration, but the problem that my honourable friend is talking about today with the liaison, we'll have to just make that liaison committee work as well as possible.

**MR. F. JOHNSTON:** Mr. Chairman, I would say to the Minister there's was no liaison with the people before there was your announcement to say that that would have all of the deliveries and all of the production of the drugs for the care homes in the province.

Mr. Chairman, that particular announcement probably will increase the traffic in and out of Lodge Avenue considerably. There was no discussion with them that there would be increased traffic. They had been sort of satisfied as that point, that there might not be as much traffic, and then announcements come that there's going to be a situation within the hospital that is going to create more.

So I would ask the Minister to — (Interjection) — I heard the Minister say that hasn't been finalized, and I would certainly hope not. The people there want to be kept up-to-date and I would ask the Minister to instruct his personnel and the people of the hospital to have very regular meetings with the people of the area.

**HON. L. DESJARDINS:** I certainly will make that commitment.

Mr. Chairman, I move that committee rise.

**MR. DEPUTY CHAIRMAN:** Committee rise. Call in the Speaker.

## IN SESSION

The Committee of Supply has adopted certain Resolutions, directs me to report the same and asks leave to sit again.

**MR. DEPUTY SPEAKER, P. Eylor:** The Member for Inkster.

**MR. D. SCOTT:** Mr. Speaker, I move, seconded by the Honourable Member for Radisson, that the report of the Committee be received.

**MR. DEPUTY SPEAKER:** Is that agreed? (Agreed) Agreed and so ordered.

The Honourable Government House Leader.

**HON. A. ANSTETT:** I move, seconded by the Honourable Member for Gladstone, that the House do not adjourn.

Thursday, 2 May, 1985

---

**MOTION presented and carried** and the House accordingly adjourned and stands adjourned until 10:00 a.m. tomorrow (Friday).