

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, November 27, 1989.

The House met at 8 p.m.

CONCURRENT COMMITTEES OF SUPPLY SUPPLY—HEALTH

Mr. Chairman (Harold Gillehammer): This section of the Committee of Supply shall come to order to resume consideration of the Estimates of the Department of Health.

Prior to breaking for Private Members' Hour, the committee had been considering item 6., the Manitoba Health Services Commission, Administration \$19,990,800—the Member for Kildonan.

Mr. Gulzar Cheema (Kildonan): Mr. Chairperson, can the Minister of Health (Mr. Orchard) give us an update? I heard his comments while he was replying to the question from the Member for Thompson (Mr. Ashton) on the issue of pay equity, and since there has been a perception out there that this administration is not moving in the right direction, I would like him to clarify.

Hon. Donald Orchard (Minister of Health): I am not aware of any impression, other than that attempted to be created by the third Party in the House, that we are doing anything but implementing the pay equity as mandated. So I am not aware of any impression as my honourable friend indicates.

Mr. Chairman: Shall the item pass—pass.

Pharmacare Program \$50,383,800—the Member for Kildonan.

Mr. Cheema: Mr. Chairperson, can the Minister of Health tell us, since the cost for the medication has gone up, and last year with the announcement there was an extra burden on the seniors and the other people who are using the health care system, especially the prescription medication and the added effects from the Bill C-32, what efforts are being made to make sure that the seniors and the poor Manitobans or the people with the less income in Manitoba are not hurt? Has any study been done and can the Minister give us an update on that?

Mr. Orchard: Mr. Chairman, there has not been any study done to my knowledge in terms of the impact of the increase in deductible. Let me indicate to my honourable friend, the increase in deductible was \$3.50 annually, and of that \$3.50, one-fifth or 70 cents was benefits they would have paid on the next \$3.50. So what we are talking about is \$2.80 additional cost annually to a senior citizen, and that is not a penny a day. We did not want to use scarce resources to study the impact of less than a penny a day on the Pharmacare Program.

* (2005)

Mr. Cheema: Mr. Chairperson, can the Minister give us a breakdown, the amount of the prescription drugs that were bought in the different age groups, like the seniors and the other population? Have they done any study at all?

Mr. Orchard: I am sorry, I missed my honourable friend's question.

Mr. Cheema: Mr. Chairperson, in terms of the prescription drugs and the Pharmacare, can they give us a breakdown of which age group is using the maximum prescription drugs in Manitoba?

Mr. Orchard: Seniors are accessing the program to a greater degree than any other age group of Manitobans.

Mr. Cheema: Mr. Chairperson, as in the earlier discussion, the Minister pointed out a very real problem in terms of use of prescription drugs among the elderly, and there is a problem in terms of polypharmacy and the seniors' time on a number of drugs; sometimes they may not need them because of the various doctors involved, various institutions involved.

What is being done to make sure that there is an education process for the health care professional as well as the seniors' groups to make sure that the seniors are not on unwarranted drugs as there seems to be in some cases?

Mr. Orchard: Mr. Chairman, the most major initiative in that regard which we will be communicating in—and I will apologize to my critics who will say that we are reannouncing an initiative, but we are going to reannounce this initiative because it is a good initiative. That is the Duplicate Prescription Program which will take effect January 1, 1990, a program brought together in co-operation with the College of Physicians and Surgeons, a program whereby we are providing some resource to the College of Physicians and Surgeons for them to maintain duplicate prescription information on a list of "restricted," I guess is the terminology, pharmaceuticals.

This program is not new. The concept is not new. It has been triplicate prescription in other provinces in discussions with the Pharmaceutical Association and College, we have proceeded with a duplicate prescription program. Where it has been implemented in other provinces, it has led to some fairly significant decline in the use of those types of pharmaceutical products, and they are generally the more addictive pharmaceuticals.

That is one initiative that has taken a year to get up and running and I think will be most beneficial. We are also updating the prescribing guide for elderly, so that professionals will have a newly updated guide for prescribing to elderly.

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Mr. Cheema: The program that the Minister is talking about, the duplication program which is being implemented as of January 1, that deals with only the specific drugs and mostly the narcotic ones. What I am talking about is the total use of the prescription drugs which are more than the list of 40 drugs, and that is also a real problem.

Some of the patients are on multiple sedatives and that is not uncommon, but something more solid has to be done in terms of teaching professionals as well as the patients, the families and pharmacists also, because these individuals sometimes just go to a pharmacy and pick up some of the non-prescription drugs and then go to a doctor and see them. You can find now a large number of drugs in their cupboards. As the Minister last year also pointed out, and we were concerned, there is a major problem with substance abuse along with all these drugs and other non-prescription drugs used by the elderly people. That may explain some of the repeat visits to emergency units and repeat visits to the hospitals and the private clinics.

I think that more must be done than what the Minister has indicated just to deal with the narcotic drugs. That will be certainly helpful not only for the seniors but other potential abusers of the drugs as well. Can the Minister indicate if there is any plan to look into the matter more carefully, rather than having a narrow pathway for the narcotic drugs only?

* (2010)

Mr. Orchard: I realize that some of the initiatives that we have taken in the first 18 months are not all the initiatives we are going to take, but clearly the signal is there that—as I said, the duplicate-triplicate prescription program is not a new concept. We did not pioneer the concept, but we are implementing it as a signal to prescribers and to people in the pharmaceutical industry that we are serious about abuse of prescription pharmaceuticals.

That is a very significant first step, and I think we will offer some tempering in the system in general. The prescribing guide update for the elderly is a significant effort and will help significantly. Ultimately the benefit of the properly implemented plastic card technology can identify and flag those patients who are double or triple doctoring, and double or triple or quadruple pharmaciaing if that is an appropriate terminology.

Until we have the ease of tracing of a properly designed and operational plastic card technology, we have to go on the prescribing guide and its suggestions and work with professional associations. I have to tell you that in this regard the pharmacy profession has been actually leading Government in terms of initiatives and have been for a number of years. We can take a lot of pride in some of the initiatives that the Manitoba pharmaceutical association and the professional association have initiated, which have become leadership across Canada. They introduced the No Drugs Program and some unique labelling aspects that are emulated across Canada.

I recognize my honourable friend wants to do everything all at once, and that is a laudable goal. It

is not always achievable, but at the same time I think a lot of credit has to be given to those professionals who are working very diligently to avoid the kind of abuse that we see elsewhere in the system. Let me tell my honourable friend, again I harken back to indications from other provinces where, for instance, the pharmaceuticals are available totally free to the senior population. They regret having those kinds of programs, but it is a political hot potato.

Once everything is free in any democracy, where you have an open debate in Legislature, the Government that proposes taking that away is subject to the howls of the Opposition. It is pretty easy to make a case that you do not like seniors because you are taking away this free benefit to them, when in reality you are taking a very important measure to attempt to give them an improved health status. The pharmacy professionals in Manitoba in my estimation have been very responsible in terms of their work and involvement in preventing citizen abuse of prescription drugs.

Mr. Cheema: Can the Minister of Health tell us what is the maximum time it takes to access a Pharmacare claim, because when they took over the office it was more than 8 to 12 weeks, and can the Minister of Health indicate what is the time now?

Mr. Orchard: Right today, we are under three weeks.

* (2015)

Mr. Cheema: That is certainly very positive, and I think it will be helpful especially to those seniors we have talked about and people with a low income.

Can the Minister of Health tell us the concept of pharmacard and how far we have gone with this card concept, and especially when we are looking at the seniors population, how this pharmacard can solve even—

Mr. Orchard: We discussed the issue this afternoon, and basically we have initiated some discussions out-of-province with jurisdictions that have implemented the pharmacard programs, Saskatchewan in particular, to draw upon their strengths and to avoid some of the implementation weaknesses that always come out of a program.

We are investigating the options; there are a number. It is a quite rapidly changing field with several proponent companies who would like to do an all-up sister for us. There are some opening opportunities there.

We are sponsoring in Manitoba early next year a Health Card Technology Conference wherein all the best will be in the province to show, and we will find that to be a most valuable exercise in guiding us to making a decision.

I just want to tell my honourable friend that I am very watchful of the implementation costs, and I want to assure that any program that we go into has some benefit to the health care system, because the competing demands for resource are extreme in the health care system. Any decision we make in the plastic

card technology will be justified on the basis of what I would hope to be some significant outcomes in terms of appropriate use of pharmaceuticals, as an example, in the system. Also, hopefully in terms of development of information systems, that will build upon the kind of statistical base that the commission has developed over some 25 years. This is currently allowing us to possibly undertake some pretty unique initiatives in Canada and maybe in the western world by marrying the kind of statistics we have and doing population health statistics or health outcome studies over a period of time on a population of a million people.

It is potentially one of the most unique million-person laboratories in North America for study of outcomes in health care and the effectiveness of initiatives and programs and events that have occurred over the last number of years to demonstrate efficacy in the health care system. Any decision we make on plastic card technology will have to build on those strengths.

Mr. Cheema: Can the Minister of Health indicate to us how much the cost of Pharmacare has gone up for the last five years as compared to the other provinces in Canada?

Mr. Orchard: Yes, we can give you I think a five-year track on that. Yes, I had it right in front of me. Last year the cost was just slightly over \$40 million in actual costs. We budgeted 39 I believe. Do I have the right—the problem is: here is calendar year, here is fiscal year. Forty million, 39 million for 1988-89; 37.4 million '87-88; big jump, 29.1 million '86-87; 27.6 million '85-86; 25.5 million '84-85. If you want to go back six years, it has gone from \$25 million to \$40 million in rough figures.

Mr. Cheema: My reason for asking that question is this is the one area where there has been a significant increase. If we look at the people of Manitoba it may be comparatively healthy, but the drugs are not the answer for everything. This is the one area where most of the provincial jurisdictions are looking at how to control the prescribing habits of the physicians and be careful with dispensing drugs and how the money can be saved. This is the one area where the instant results can be seen.

I would like the Minister to look into this situation in a careful way so that if any changes or any careful evaluations can be done for the prescribing habits or the—I do not want to offend my professional colleagues, but I think it is a concern that many people have that the prescribing habits are costing us maybe more than what we need.

That has to be looked at from a taxpayer's point of view, No. 1, and I think No. 2 from a health point of view, but that can be only done in co-operation with the Department of Health and of course both the professional associations, the Pharmaceutical Association as well as the Manitoba Medical Association.

This is one area where at least the control, if it is put in place to make sure that we only prescribe drugs which are required and medications are only given when

they are needed, the instant results of tax dollars can be saved. That is only one area probably right now, and I would like the Minister to maybe look into that, first of all to make sure to save tax dollars, and second to make sure that the unwanted drugs of course are not prescribed.

What is being done other than the duplication of prescription plan that is in place? Certainly that will go back to my previous question that I think there is a broader evaluation needed to be done at the present time. I think it is overdue now.

* (2020)

Mr. Orchard: My honourable friend makes a pretty good case, because practically any dissertation on the health care system leads us to the conclusion that prescribing habits of my honourable friend's colleagues can be a cause for concern, and in saying that we are not picking a fight with physicians.

It often can be described in part as consumer-driven, because if a mother comes in with a child who has a sore throat, I think you would have to say that probably 99 percent of the time they would be very disappointed if they did not go away with a prescription to fix the child's sore throat, and in some cases with strep throat and serious infections that is a very economic use of pharmaceuticals. It is one of these circumstances where I think we will achieve the larger goal of a more appropriate use of pharmaceuticals through some of the measured steps that we are taking.

The duplicate prescription I think will be most beneficial in terms of a given class of pharmaceuticals. I think that the revised prescribing guides will be very beneficial. Work is being done to develop a national prescribing guide which may well be a subject of discussion at future ministerial meetings and deputy ministerial meetings to see whether that is an achievable national goal to give some uniformity across Canada.

Always though, one has to temper one's policy development with a recognition that pharmaceuticals are probably one of the miracles in medicine of late, because it was not too long before I was born, and that is not that long ago—

An Honourable Member: Not too long before you were born.

Mr. Orchard: Well, yes, I think you have it, John. At any rate, pneumonia was a very, very serious illness, and often before penicillin you did not make it.

The pharmaceutical industry has given us the ability to almost routinely handle illnesses that were sometimes fatal in the past, so there is an appropriate enhancement of health status that can result from pharmaceuticals and prescription drugs. The issue is whether from time to time they are not optimistically prescribed, if you will. Of course we are taking some very deliberate steps to try and assure that does not happen, because if and when that happens it is one thing to be wasteful on the budget, but it is probably a worse sin to be wasteful on health status if you are not assisting in increasing health status with the excessive use of pharmaceuticals.

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Mr. Cheema: As is very clearly evident from all the studies and any programs which the Minister is putting right now into place for prevention and promotion, all of those are going to have an end result, probably in five or 10 years time, and we do not know which administration is going to enjoy the fruits of that.

An Honourable Member: We are.

Mr. Chéema: Well, I am not sure about that, but some administration will definitely enjoy that. This is one area, the Pharmacare, which can give us instant saving, and that is what I am trying to make my point here, that I think it is extremely important and should be looked at in terms of only prescribing and only providing medication when it are needed so that tax dollars are used in the right direction.

Can the Minister of Health tell us whether the walk-in clinics, the phenomenal walk-in clinics in Winnipeg have to do with costing us more prescription drugs?

* (2025)

Mr. Orchard: We cannot really determine that, but I am intrigued with my honourable friend's suggestion here, particularly when my honourable friend is a physician. I do not have the ability to make the judgment call as to whether a physician is right or wrong in terms of prescribing pharmaceuticals to a patient. As a professional, how do we do that? How do we stop these physicians from improperly prescribing pharmaceuticals because my honourable friend has mentioned some instant savings? I would very much appreciate his advice on that because if it could be made to work there is, as my honourable friend says, some potential instant gains. I am intrigued with the concept and particularly his professional opinion if he would want to share it.

Mr. Cheema: Mr. Chairperson, I know it is a difficult area, but I think my first responsibility here is to make sure the interests of Manitobans are first protected, not the interests of any special group. This is one area where we have seen the rise has gone from 5 percent, 10 percent, 20 percent, 30 percent for the last five years, a significant amount and still continues to rise, and the population still remains the same.

People are still going to the hospital, still we are having those problems so there has to be something which is not right in the system. I am just asking the Minister to look into this matter maybe with a closer association, with the organizations who are directly involved in this and make sure that the prescribing habits are taken into account so that the tax dollars are properly used. I am no more the expert on this than how to bring about the solution to this problem, I do not have a staff, I am just working as one solo Member from Kildonan so I do not have the right answer for that. This is one suggestion and the Minister should probably look into that.

The Minister has not answered my question in terms of walk-in clinics. Do the walk-in clinics have anything to do with the increase in the price for the Pharmacare Program in Manitoba?

Mr. Orchard: We cannot identify any impact in terms of the information we have. I thank my honourable friend for providing me now, encouragement to see whether we can come to grips with the prescribing habits.

Mr. Cheema: The other area of concern under this section are the patients who are on long-term medication, a person with debilitating disease such as arthritis, a person with a disease such as diabetes and who use drugs in some cases for lifelong treatments that are required.

Can the Minister of Health tell us, what studies they have done or have they made any decisions in terms of—I understand that some concerned groups such as the diabetes association have expressed concern in terms of having the insulin pumps or some of the—for some of those patients even cotton pads are very expensive, even the syringes are very expensive. For a person who is a diabetic it may cost them sometimes a hundred dollars a month to look at most of their basic needs. If they can get those services at home and they do not have to visit the emergency rooms and occupy acute care beds they are doing us a favour.

I think there is a major concern that there is some direction in terms of glucometres and some of the sticks just for a simple test should be provided. I would rather give him a chance to make good on their commitment and probably be very popular with this group, because I think they would definitely appreciate the Minister's help in this respect. Ultimately, I think they are saving tax dollars if we provide them all the resources that they need.

Mr. Orchard: Mr. Chairman, I guess that is why the Pharmacare Program has a deductible and a co-insurance with individual Manitobans because the financial impact of someone who per chance were to spend \$1,200 a year on pharmaceuticals and/or supplies, and diabetics—let us use a diabetic as a case. The syringes plus the insulin are claimable under Pharmacare Programs so that a \$1,200 bill to an individual, if he was a family member, comes down to somewhere in the neighbourhood of, I am guessing, about \$330, \$350.00.

So there is a significant contribution by the taxpayers under the Pharmacare Program to individuals who have an unfortunate disease like diabetes where they require constant medication to maintain life and lifestyle. That has been sort of the genesis behind the Pharmacare Program across the country, to assist those individuals.

In areas where there are financial constraints, my colleague has a program under the social assistance whereby the pharmaceutical program is picked up entirely by Government. We have a lifesaving drug program that does similar in some circumstances within the department as well.

* (2030)

Mr. Cheema: Can the Minister inquire from his staff, are the glucometres covered under this program or not?

Mr. Orchard: No.

Mr. Cheema: I think that is one of the areas where I know it will cost between \$300 and \$400, but in some individual cases this may be the lifesaving term, plus also cost saving for the tax dollars. If they can look after their sugar, if they can control their sugars at home then they do not have to visit offices and hospitals, and that would save tax dollars.

I will share with the Minister one of the people—I met with this person, unfortunately, he is blind, he is deaf and he is also diabetic. For his case, even a reading glucometre will not suffice and this person unfortunately does not have all the other resources to pull on. He is trying very hard, he lives in a single apartment building and it is very difficult for him to—even if he has a glucometre which one can read, he cannot just run to other people and say, what is my sugar?

I think this is one area we should look at. First of all, looking at providing glucometres; and secondly, to people who especially are at a disadvantage, in addition to the diabetes, they are blind or they are deaf, and they cannot read and hear so the voice glucometre is the only answer, not the simple answer. It is expensive, it will cost a few hundred dollars, but I think providing that kind of instrument which I am sure there are maybe only a few cases who will need such an instrument.

Can the Minister let me know if they would look into this situation and assess how many people would require it and what will be the cost, and ultimately I think they will save tax dollars.

Mr. Orchard: In terms of the glucometres, we provide as one of the Pharmacare benefits the strips are included and they become part of the Pharmacare reimbursement program. The glucometres are—apparently technology, as often happens, is bringing down the cost to maybe around the \$100 mark I am informed. In terms of the insulin pump—we have not given consideration to the glucometres—which is a little more expensive, a machine that is not for every diabetic either, we are currently in discussion with the diabetic association on this issue and no decisions have been made and of course cannot be made until we go through the budget procedures to see whether we could possibly make those part of the insured services benefits under the Pharmacare Program for instance. Any decision in that regard would be subject to available new resourced and duly announced.

Mr. Cheema: This has not answered my question about the glucometres. The glucometres cost about \$100 or so, and if by providing glucometres, the visits to the hospitals and the clinics can be saved. If one visit costs \$15 and if they are visiting, say, four times a month, that is \$60.00. If I multiply it by 12, \$720 is just a minimal amount those patients are costing by providing \$100 glucometres. I think it will make more sense than letting them carry on with what they are doing at present.

Secondly, the situation where the person who is blind and deaf, for him the only answer is to have a Weiss glucometre. It is a little expensive, but a person like him, there are not many cases, maybe not more than five or 10. I think we should look at those situations

in a more compassionate manner rather than having strict guidelines for each and every individual because this person is still trying to make his living. He is working and definitely he has tried through the department many times as he has told me. I have no way of confirming it, but I believe him, he was explaining. I think we should look at expanding the use of glucometres and especially the Weiss glucometres for people who are blind and deaf.

Mr. Orchard: I thank my honourable friend for his advice.

Mr. John Plohman (Dauphin): I just have a few questions to the Minister with regard to the Capital Program. I wonder whether—are we being flexible on this program at the present time?

Mr. Orchard: John, for you we will be flexible.

Mr. Chairman: Perhaps we could just pass a couple of lines before you start.

An Honourable Member: Well, the Pharmacare Program—

Mr. Orchard: Yes, that—

An Honourable Member: I do not know if my colleagues will—

Mr. Chairman: Pass? Ambulance Program \$5,416,400—shall the item pass?

Mr. Orchard: Well, we do not want to pass that, I want to talk about that.

Mr. Plohman: It was a good trade off, I guess, to get Pharmacare for a couple of questions on the Capital Program.

I wanted to ask the Minister, I do not want to cover ground that has already been covered by my colleague, the critic, the Member for Thompson (Mr. Ashton), some general questions on the program but I will narrow right in to some specific program questions and these dealing with the Parkland Region.

First of all, the Minister has approved the 25 new personal care beds for the Dauphin Hospital which puts us back where we were a couple of years ago. I am very pleased about that. As well, I see that the public health building is back on for architectural planning and I just wanted to ask the Minister to perhaps clarify exactly what planning has to be done with the public health building, and are we starting over from scratch and architectural planning there? Is it a redesigned facility, a different program envisioned here or is it a smaller facility that is being planned now or is it changed in any way that it has to go back now for architectural planning? Could the Minister clarify that?

* (2040)

I would like to ask him also perhaps at the same time, just to save time, he might want to comment on

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the chemotherapy unit for the Dauphin Hospital. There was an oversight during construction of the hospital, a major construction project, of course, as the Minister knows, over a \$20 million project, but it was recognized during the process. I understand from speaking to the board that the chemotherapy services would be inadequate and there were some changes made to try to adapt, but it was not sufficient and it is very crowded and there is not sufficient facility there for patients and their support family and so on, while they are receiving treatment, so they are looking at a major, well, it is not really a major but a relatively major increase in space an addition, I believe 1,500 square feet for chemotherapy services, and I notice that it is not in the functional programming at all.

I would therefore ask the Minister if he has put it back a year, or is it under a different program because it was a rather minor Capital Program or what is the status of that project?

Mr. Orchard: I think there are three questions my honourable friend is asking and part of the first question on the personal care home, yes, we are committing to construct 25 personal care home beds, but my honourable friend would have a great deal of difficulty saying that is putting it to the same stage it was a couple of years ago.

My honourable friend must know a couple of years ago the capital budget was frozen, exclusive of personal care home beds for Dauphin because they were not in the capital budget, so that putting it back to the stage where it was two years ago is—how do I put genteelly and parliamentary—is not exactly an accurate statement.

Two years ago when my honourable friend was a Minister in Government, he was busy building that bridge to nowhere, north of Selkirk, instead of looking after people in Dauphin.

Mr. Plohman: I should have asked him if he could answer the question without mentioning the bridge.

Mr. Orchard: Oh, no, I cannot, because the bridge to nowhere, north of Selkirk cost the taxpayers \$30 million that could have gone to hospitals, personal care homes, any number of initiatives that would be benefiting Manitobans but my honourable friend made his priorities known. It was a massive bridge to nowhere, built over the tops of houses in the indecent haste that he did to build it, while he did not build personal care home beds for his citizenry in Dauphin.

I met with the board in Dauphin because last year when the Capital Program came out the public health building was not moved to construction. My honourable friend last year about this time was fussing and bothering about this and so I met with the board of Dauphin General Hospital to ask them what is their sense of community priorities and clearly they have told me that they were very interested in caring for some of the senior citizens and 25 additional beds would be appropriate. So on the basis of advice from the board and the citizens of Dauphin I made the choice that we would commit to construction the personal care home beds and not the public health building.

I realize, the MLA from the area chose the other priority inclusive of the bridge. He chose the public health building and not the personal care home beds but he still manages to get elected somehow. I find that shocking and disgraceful when he puts office buildings before personal care homes but he must be one smooth MLA.

What was the other question? Oh, yes, the chemotherapy. We are working with the Dauphin Hospital administration and we believe we can achieve a very effective program with some internal changes, and not necessarily a substantial or a minor, however my honourable friend mentioned capital renovations.

Mr. Plohman: In the interest of time again, I always like to get into these discussions. We can take an hour or so but I know the critic for the Liberal Party has indicated to me that I have five minutes and I would appreciate this courtesy for this five minutes.

I do not want to cover all of the things except to say that the Minister has a very long nose when he talks about the bridge. It was \$20 million, not \$30 million, and he puts it on his record and his partner, his colleague, has actually tabled the information at committee, so it is too bad the Minister does not read his colleague's information.

I hope he is not that inaccurate and loose with facts in the Health Services Commission when he is dealing with the budgets and so on. Ten million dollars is a lot of money as we know and I hope the staff will try to get to him, at some time, and impress on him the difference between 20 and 30.

In any event, insofar as the program is concerned, the nursing home, the 25-bed addition was ready to go to construction with very short notice two years ago. As a matter of fact, it could have been ready two years ago. We are talking two and a half years now or one and a half, yes, one year ago it was ready to go. The other one, the public health building, I asked the Member whether there was a change now in the planning. He ignored that question because it was completed for planning.

The Minister accurately points out that we were concerned last year when it was not put through into construction as it was scheduled for in June of '88. There was a hold put on a lot of construction at the time by the previous Minister. However, the public health building was not one of those that was in any way frozen. It was going forward and the Member might want to check that out a little bit because while some of the projects were under review by the new Minister, the Member for Transcona, at that time, the public health building was deemed to be a priority because of the need for preventative health in that global term of course encompassing that kind of facility.

I wonder if the Minister could just very quickly tell us whether there is new plans for that building, whether he is looking at different functional programming for that building as to why it is going back into architectural planning when in fact it had been completed very briefly; and secondly, if he could explain just further whether he is saying with the chemotherapy unit that it is possible

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for that to be included within the existing facility by changing some of the departments around? Is that now the preferred direction with regard to chemotherapy treatment, realizing the inadequacy of the present facility?

* (2050)

Mr. Orchard: That is the advice I am receiving on the last question, and on the first question, you know my honourable friend in his public health building makes an interesting case. Three or four minutes before he mentioned the personal care homes that had been ready to go for two and a half years. They were frozen and the public health building was not.

I guess I have to really question how the priorities got to his colleague, the former Member for Transcona, to have the public health building go ahead and not the personal care home beds, when in fact a subsequent meeting I had with the board of the Dauphin General Hospital indicated their priority was personal care home beds and not the public health building. I would hope that my honourable friend, as the MLA for the area, was not advising his colleague, the Minister of Health, the Member for Transcona, to build an office building instead of personal care home beds in his community.

Mr. Plohman: Mr. Chairman, I had advised my colleague clearly that both were very high priority and they still are and they would have been constructed by this time had Jim Walding not voted the way he did. However, that is the way it goes. They would have been constructed clearly.

The Minister has put things back a couple of years, but what he should be dealing with, and my question is simple and straightforward: does he anticipate a different program that he has put the architectural planning back in for the public health building? Can he please answer that question?

Mr. Orchard: Yes, I can.

Mr. Plohman: What is the Minister's plan?

Mr. Orchard: We have put the building in architectural design so that my honourable friend would not be offended that the plans were cancelled, because when architectural plans that existed in previous facilities in through just simply an oversight in including them in the Capital Program, accusations flew and ran rampant that things were cancelled. The architectural plans are completed and would be ready to commit to construction should the financial resources be made available.

Mr. Plohman: Mr. Chairman, I appreciate the Minister's forthrightness, that what he is simply doing is for political reasons, including it in there, but he does not intend to do anything with it right now.

Mr. Orchard: Mr. Chairman, I realize that was the NDP health policy. It is not ours and has not been ours. We have succeeded in bringing balance, vision, futuristic goals to the Health Ministry, inclusive of the Capital

Program, where we have met the wide-ranging needs, some of them 10 to 15 years old, promised and promised and promised by that other Government in the Province of Manitoba. We have begun to deliver those needed health care facilities for Manitobans, not promises, but action.

Mr. Plohman: Mr. Chairman, I would like to thank the Minister for his vision and indicate to him that, while we were building highways and bridges, we were building over a \$20 million facility in Dauphin, which also indicated vision and a commitment to the community, which the previous Conservative Governments have not seen fit to do. So the Minister should not conveniently forget about that expenditure while he talks about us not having priorities on nursing homes and public health buildings at that time.

Mr. Orchard: Mr. Chairman, maybe my honourable friend, the Member for Dauphin (Mr. Plohman), could clarify whether one of those paving projects, was that one that was paved past your cottage?

Mr. Plohman: Just for the record, Highway 276 leads to the Waterhen, Meadow Portage, Skownan area and Mallard area, and the Minister should ask the people up there whether they appreciate having roads like they have in southern Manitoba in the Minister's constituency and have had for some 30 or 40 years.

Mr. Orchard: Mr. Chairman, I am sure they appreciate it and they get to wave at the Member for Dauphin when he goes to his cottage.

Mr. Chairman: We are on the line dealing with the Ambulance Program, \$5,416,400—the Member for Kildonan.

Mr. Cheema: Mr. Chairperson, this is one area, I think the Minister is very excited to put some of his comments on the record because a significant improvement was made last year. I have no hesitation in saying that and I think this is one of the very positive steps which was overdue.

Can the Minister of Health tell us: after the increase in the budget, what is the ratio as compared to the other jurisdictions in Canada?

Mr. Orchard: We are still among the lowest because the funding was an immediate injection of \$1.9 million, which almost doubled the funding last year, an injection of \$950,000 this year, and then next year in the third year of the program, an additional \$950,000.00. That is anticipated with the 3 percent increase on the basic to bring us up to the average of funding across Canada, of non-insured services across Canada.

Mr. Cheema: Mr. Chairperson, can the Minister of Health tell us what is the response time for the ambulance services in rural Manitoba?

Mr. Orchard: Usually quite good, but it does vary. From 15 to 20 minutes is considered to be an average across the services in rural Manitoba.

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Mr. Cheema: Mr. Chairperson, can the Minister of Health tell us whether they have a uniform program to deal with that training as well as the certification process of the drivers and attendants of the ambulance services in Manitoba?

Mr. Orchard: Yes, that is a uniform system that is there for training.

Mr. Cheema: Mr. Chairperson, can the Minister of Health tell us that out of this \$5,416,400, how much money is being spent directly for the salary benefits and how much money is spent on the service part for the patient care?

Mr. Cheema: Mr. Chairman, very little of the \$5.4 million will pay salaries within the volunteer ambulance system. It is to maintain the system through operating costs, et cetera, et cetera. There is still in most jurisdictions in rural Manitoba a recoverable charge from the patient of the ambulance service as well. So this does not operate completely the ambulance service; it provides substantial assistance toward it, but it does not cover the entire costs. The patient pays a portion as well as quite often municipalities involved within the ambulance service jurisdiction will contribute some funding through property tax levy as well.

(Mr. Helwer, Acting Chairman, in the Chair)

Mr. Cheema: Mr. Acting Chairperson, in the City of Winnipeg, it is about \$100 per trip from the patient's house to the hospital and at times the same amount is being charged from one hospital to another hospital.

Can the Minister of Health tell us how much it costs for one person to be transported from his or her home from the rural community to the hospitals?

* (2100)

Mr. Orchard: That was one of the strengths of the ambulance funding formula. Before we made the decision to inject nearly double the funding, we surveyed the voluntary ambulance services across the province and identified some fairly common concerns that they had across the board, inclusive of training, inclusive of costs for extra distance and overall cost considerations and a couple of others.

From the basis of the returns of those surveys, we implemented some funding guidelines in five basic areas, one of which developed a formula whereby basically we established those circumferences as guidelines so that people living greater than 100 miles would be able to access additional funds so that the patient would not have to pay the entire cost of a 120-mile ambulance trip, and over 200 miles, over 300 miles, an increased contribution towards that individual's ambulance trip cost.

For example, Swan River goes from, and I am going to have to go by memory because this does not have the call before, but I think it was \$615 for an ambulance trip from Swan River Valley to Winnipeg and it is now down to a cost of just over \$200, I believe, or \$180.00. That is a rough figure.

Basically what we do is we have provided per-call grants of \$126 if the person is between 100 and 200 miles; \$252 if they are between 200 and 300 miles from their hospital destination; and in excess of 300 miles, a \$380 reimbursement for that trip.

So what it has done is it has significantly reduced for long-distance ambulance transportation the cost borne by the individual.

Mr. Cheema: Mr. Acting Chairperson, can the Minister confirm that even with all that increase of last year, still the rural Manitobans have to pay more for ambulance services as compared with the City of Winnipeg?

Mr. Orchard: No. That I cannot confirm because that is not the case. In some instances of a distance trip to Winnipeg, yes, but the Winnipeg ambulance call is approximately \$160. There are very few ambulance services in rural Manitoba that assign that high a charge for an ambulance service to their local hospital. There are exceptions as I have indicated in terms of the longer-distance ambulance trips wherein, let us face it, if you are travelling over a 125 miles or 225 miles, there are significant costs.

One portion of the formula, which was roughly 15 percent of the \$1.9 million, was dedicated towards putting that cost down to the consumer for the long distance, but in terms of trips to the hospital from within the hospital service area, the average cost to rural Manitoba is approximately \$75; Winnipeg is \$160 for a comparable service.

Mr. Cheema: Mr. Acting Chairperson, in certain circumstances in the City of Winnipeg, if the patients are being transferred from one hospital to another because of lack of beds, why are the patients still being charged for the ambulance services?

Mr. Orchard: It is not an insured service. As I have indicated, the reason why we so generously increased the ambulance funding in the province is we do not want to make it an insured service, because an insured service would drive our cost from—by the time we finish our funding increases with next year's budget, we will be putting in approximately \$6.6 million or thereabouts. Fully insured ambulance service would be roughly 4 to 5 times that cost.

So when it is not an insured service all Manitobans know that it is not an insured service and are encouraged and in fact do carry other alternate insurance coverage, private insurance coverage to defray the cost.

Mr. Cheema: Mr. Acting Chairperson, I am quite aware that the services are not insured services, but my question was very specific. If the patient is in an observation unit or in an acute care facility or simply in a cardiac care unit, if that person is being transferred from one hospital to another, why should that person be paying twice?

First they pay to come to that hospital, second they are going to pay for a transfer, and at times when they

are transferred back to the original hospital, they have to pay again. There was a circumstance where an individual had to pay three times after a fall. There was no fault of that individual because of the lack of availability of beds.

I think under those circumstances, there have to be some guidelines to put in place that if a person comes to a certain hospital first and then if he or she is being transferred, not because of their own reason but because of the hospital situation, then they should not be penalized.

Mr. Orchard: Mr. Acting Chairman, that is an interesting suggestion, but I am sure you can understand that would soon get to be used beyond the narrow circumstances my honourable friend describes to coverage of all inter-facility transfers in the City of Winnipeg, and that cost is estimated that if it was done within 24 hours of admission from one facility, a transfer to a second facility, that would be at a cost of \$1 million.

There are private, Blue Cross and other insurers, who cover the cost of the ambulance service in a rather inexpensive way, in a package of Blue Cross coverage, which not only is ambulance, but it is private bed and a number of other options that can be bought in.

It is like any other issue; it would be delightful to do it, but it is a decision made by myself that there are other priorities in which we must place new resources and my honourable friend has from time to time hit upon the right ones when he has questioned them in the House.

Mr. Cheema: Mr. Acting Chairperson, I am asking for very special guidelines for very special cases, only in case of when the life threatening situations are faced. In most of these cases, the patients are not being transferred, but if the-(interjection)-Mr. Acting Chairperson, I listened to the Minister very carefully, and I think he should probably listen to me also now.

This situation does not happen from day to day, but they are still not uncommon, that the patient who is admitted, after that patient is stabilized for, let us say, a heart attack, and then if he or she is transferred to a different hospital, why should they be paying or why is that patient being penalized? These are very special cases and they do not occur almost on a daily basis. I still think that is an unfair practice and must be stopped.

Mr. Orchard: Again I appreciate my honourable friend's position and his advice. I would take from it that he would implement that kind of program and having that is part of the policy of his Party. I simply say to him, you are looking at a million dollars of cost. It is not as if I am less caring than the previous administration was when they did not do this. It is just simply easy to advocate when you do not have to tax and raise the funds to bring in this program that my honourable friend talks about.

* (2110)

The other thing that I just simply say to my honourable friend, there are other areas in the system that I believe

even he would decide, given the responsibility of making the decisions, where you would place that million dollars to enhance services in a more needed fashion and in a more equitable fashion, because there is insurance available. It is not as if the insurance is a prohibitively expensive one, the cost simply is not in that category. I accept my honourable friend's advice, I accept that he is urging Government to do that. If that is a policy that his Party commits to the next election campaign, he is going to have to answer the question as to where the million dollars comes from, and whether that is the most effective use of the next million dollars you add to the health care system. Without too many areas of difficulty, I can tell my honourable friend I can win that argument in the public opinion with him.

The Acting Chairman (Mr. Helwer): Member for Kildonan—finished? Ambulance Program, \$5,416,400—pass.

Air Ambulance Program, \$2,719,400—the Member for Kildonan.

Mr. Cheema: Mr. Acting Chairperson, the Member for Thompson (Mr. Ashton) did cover most of the Air Ambulance services and Northern Transport services, and I do not see that there is reason for duplication of those questions. I will certainly let this and the two items pass.

The Acting Chairman (Mr. Helwer): The Air Ambulance Program—pass; Northern Patient Transportation Program, \$2,983,500—pass.

Hospital Program, \$815,861,300—the Member for Kildonan.

Mr. Cheema: Mr. Acting Chairperson, last year during the Question Period and later on in the Estimates process, we asked the Minister of Health to provide us information, and later on he did that. On the radiation treatment program which was quite delayed at the Health Sciences Centre, the delay was more than three to four months and we were given the understanding the radiation equipment will be there and it was supposed to start sometime in February and later on the early part of May, can the Minister give us an update on that waiting period for radiation patients?

Mr. Orchard: The new linear accelerator at the Manitoba Cancer Treatment Research Foundation, I was pleased and proud to cut the ribbon on that new installation—not cut the ribbon, officiate at the opening ceremonies and be present at the opening ceremonies a month ago. That machine is operational.

I want to tell my honourable friend that is a significant achievement in cancer treatment, because that machine is one of eight in service in the world. It is the only one of those eight, it is the newest and the only one of those eight, which has a patient verify and record system as part of its operational base wherein records of dosage and timing, et cetera, et cetera are automatically kept and verified with the new technology attached to that machine. It is the only one in the world. I think that is something that Manitobans simply do

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not understand, because there was very little coverage mediawise of that event. It seems as if you do not get coverage when it is a good news story for Manitobans, and that is unfortunate because that machine was long overdue in its replacement.

Certainly I believe it was worth the wait because the technology is incredible. Former radiation treatment focused the treatment beams on a tumour through one area of the body; in other words, if it was on your brain it would be focused on your temple or whatever. This new machine has the ability in that it has a 360-degree moving gantry that it can rotate and target the tumour in a 360-degree radiation treatment. This means that the concentration of radiation is still there for killing the cancerous tumour, but it is entering the body through a whole 360-degree turn of the body, hence a very minimal potential damage to healthy cells surrounding the tumour, a tremendous advance in technology.

I have to indicate to my honourable friend that the machine that is to be installed with the announcement in this year's Capital Program of the St. Boniface Hospital addition involves the same technology, the same machine. Having two of those in service in Manitoba I believe will make Manitoba and Winnipeg probably the best in terms of radiotherapy treatment for cancer, certainly in Canada. We will have two of the most advanced radiotherapy machines, linear accelerators they are called, in this city to treat Manitobans, and indeed we do provide treatment to some from Saskatchewan and Northern Ontario as well. It is a significant improvement in the level of service.

Mr. Cheema: Mr. Acting Chairperson, I kept my promise because the Minister said, well, we are going to do it so do not bring in the Question Period these kinds of questions. Certainly we are pleased, and I am sure that a lot of patients are pleased with that as long as the waiting period will be reduced from three months to the minimum possible. It is never going to be an instant type of program but at least it has been given a high priority and I think this is a positive step.

Can the Minister of Health tell us—I have several questions for the Health Sciences Centre now. In terms of the budget for the Health Sciences Centre and last year's, what is the increase in the budget for this year for the Health Sciences Centre? What percentage?

The Acting Chairman (Mr. Helwer): The Honourable Minister—okay, the Member for Kildonan.

Mr. Cheema: Mr. Acting Chairperson, the reason for that question is that often the surgeons do complain that there are not adequate resources available to have the required O/R time to have surgical procedures done in time. There was once a couple of sad incidents, and one of them was given a high publicity. The Minister was sort of embarrassed in the House when he found that there were 90 patients who were waiting for cardiac care surgery. At that time the Minister pointed out that there will be a committee that is going to look at that situation.

Can the Minister tell us now the results from that committee, No. 1? Number two, have they given extra

resources for the surgical unit at the Health Sciences Centre to meet the needs, not only in cardiac care, but also in other specialities as it was requested?

(Mr. Chairman in the Chair)

Mr. Orchard: The cardiac care committee has not reported to the Government, or to my office yet. That has been a very active committee. As one of their more recent initiatives, the chairman of the committee and a member of the commission staff attended in Toronto a conference sponsored by the Ontario Ministry, I believe it was, bringing professionals together to talk about this very issue.

Although we naturally hit the headlines any time an issue like that comes up and waiting lists and accusations that were surfacing about this time last year, well, almost this time last year, it was naturally very newsworthy. Our circumstances in Manitoba are probably better than a lot of other of our neighbouring jurisdictions. Certainly Ontario has a significantly more protracted problem in that regard. They sponsored a conference to talk about the procedure of open heart surgery, by-pass surgery, where technology is taking it as a medical intervention. Both the chairman and a member of the staff from Health Sciences Centre were down to that conference to glean sort of a Canadian perspective on the issue of open heart surgery. Some of the surgeons have been very direct with me who are involved in the heart surgery program in terms of discussing the ethics of the program.

I know this is always a controversial issue, but clearly some of the people on the waiting list are individuals who are in their 80s. One of the issues to be discussed, although I do not know to what extent it was discussed at the Ontario conference, was the ethics of resource dedication of open heart surgery to an individual in his 80s. I do not know what conclusions they came to or what recommendations were made, but that is where the profession is attempting to find some guidance, if you will, because those are very difficult ethical issues to come to grips with.

I am expecting a report in the near future on that to guide us, but just having the committee function and operate has, I believe, assisted in smoothing out the program between the two hospitals. There is a larger degree of co-operation between them, and waiting lists to my knowledge are down somewhat from what they were a while ago, maybe down by 20 percent or so.

* (2120)

Mr. Cheema: Mr. Chairperson, can the Minister confirm or if he does not have the information today, can he provide me tomorrow or at a later date what is the exact number of patients now waiting in both the hospitals, and what is the minimum time it takes for the person who is in need of cardiac surgery? If he does not have the information today, I can certainly wait for the information.

Mr. Orchard: I will attempt to get that information for tomorrow. Mr. Chairman, the waiting time can vary significantly depending on the urgency placed on the

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patient's need, with urgent cases and emergency cases being done in relatively short order—and I say relatively short order for lack of a better terminology—part of this year's budget at Health Sciences Centre is a specific increase in the budget for operating theatre time. I believe in terms of days that will provide, is it a half day a week additional operating room time? That funding was provided to the Health Sciences Centre with the understanding that they would seek further resource within their global budget to equate our increased funding so that they could increase the operating time by a similar amount via reallocation of budget of the Health Sciences Centre.

Mr. Cheema: Mr. Chairperson, can the Minister of Health tell us how many CT scanners are operating now in Manitoba, and what is the waiting period for a person who needs diagnostic evaluation by the CT scanner?

Mr. Orchard: Okay, six are in operation, and I'm told two to four weeks for an elective imaging. Emergency imaging, you know, is almost immediate.

Mr. Cheema: Mr. Chairperson, can the Minister tell us if the CT scanner at Victoria is functioning now?

Mr. Orchard: Yes, it is.

Mr. Cheema: Mr. Chairperson, the Minister is saying that it takes two to four weeks for an elective procedure and for the emergency procedures, I know that it does not take more than a few hours, and people do get the services. Can the Minister indicate, I was told by one of the persons who is involved with a CT scanner that at St. Boniface Hospital, do they have enough people trained to deal with six CT scanners and to deal with the workload right now?

Mr Orchard: St. Boniface only has two, Health Sciences Centre has two, Brandon General Hospital, one; and then Victoria has their CT scanner installed, the first one in the community hospital system of Winnipeg. It is there through a special arrangement, meeting primarily three criteria that were established for community hospitals to avail themselves of the CT scanning technology.

Mr. Cheema: Mr. Chairperson, I just have twenty, thirty-five minutes left so I will be very specific. I am given a direction from the Member that I have to finish by ten o'clock, so I will proceed.

Mr. Orchard: Mr. Chairman, as an Honourable Member of this House, my honourable friend, the Member from Kildonan, can go past ten o'clock because I will agree to that. His colleagues will agree to that and my colleagues will agree to that. It does not matter if Members of the New Democrats do not agree, because they do not have a majority on the committee.

An Honourable Member: We do not need to.

Mr. Orchard: Oh, yes, you do.

Mr. Cheema: Mr. Chairperson, can the Minister of Health give us the update on the sleep lab at St. Boniface Hospital?

Mr. Orchard: We have been having a significant amount of wrestling with that issue. I have been lobbied both in Opposition and in Government, and when we come to making the decision that it would be economic to bring the program into the insured service side, we always run into a knot or two in the rope, i.e., that the out-of-province referrals simply are not there in the kind of numbers that from time to time are presented to us as justification for putting in the services and insured service.

I just want to tell my honourable friend that I have a great deal of interest in that program because I think it is beneficial and I think it is professionally run. Dr. Kryger is very probably one of the best, is certainly reputed to be one of the best, researchers and clinical investigators in sleep disorders. We are in rather frequent discussion, I will put it that way, with St. Boniface to see how we might be able to bring that program into the funding budget of the centre.

Mr. Cheema: I will come to a couple of other questions later on. I do not want to forget a very important issue I want to discuss with the Minister in terms of while we were discussing the administration part and other parts of the total health care system.

* (2130)

One section of the health care professionals has been ignored by this department. That is the Manitoba Association of Health Care Professionals, 1,300 members. The majority of them, 96 to 98 percent, are female. They have expressed a number of concerns. Because of the shortage of time I could probably later on address those questions in a letter, but a couple of them are of major concern.

This is an organization which represents a lot of technologists, technicians, physiotherapists, O/T therapists, EEG technologists, EKG technologists, and there are about 1,300 members all over Manitoba. They have five or six major areas of concern. Number one is of course, their salaries and benefits are not compatible with the rest of Canada. Number two, they have a major concern which is very reasonable, which is affordability of the benefits within the publicly funded sector. Their third major concern, which I have even come to notice during the discussion period, the lack of their participation in terms of the boards, commissions, and especially the Health Advisory Network and I do not think there is even one member from their organization which is on any of the steering committees or any of those other committees which the Minister has formed.

I think this is 1,300 members and some of them even joining the association, but I do not think the system, by ignoring one section, whether it is an oversight or a matter of not being considered they are important, but in my view and in our view, they are as important as anyone else. Even though they are not the front runner in terms of the first patient and family contact, they are definitely playing a very significant role and I would like the Minister of Health to look into some of their immediate concerns so that in the future they can be given some consideration.

Mr. Orchard: We have just recently concluded negotiations I believe approximately three or four months ago with that association and struck with them I believe a four-year agreement. Mr. Chairman, the whole system is never without some other problems that my honourable friend from time to time will identify and what we attempt to do is within the confines of collective agreements and the confines of the management systems that are in place. We try to resolve those problems.

Now not always do we achieve that objective, but certainly it is not for without trying, because let us be blunt, we value the input that organizations such as the Association of Health Care Professionals and their dedication to health care provide to the system.

Now the association is no different than any other of the bargaining units, because when I set up the Health Advisory Network, and that has been the one that everyone constantly refers to, it was very deliberate in that it did not bring any active organization or any member of an active organization in as a member of the advisory network steering committee. We did not have an active member on the executive of any union. We did not have an active member on the executive of any professional association. Certainly from time to time some of these people have been past presidents of physician and nursing associations, yes, but no active membership, and that was very deliberate, because if you are going to have a committee which has the ability to function and do analysis and provide government with advice, you have one of two choices: small and effective, and large and unwieldy. The moment you start including one professional organization, you have to thereby include every one, which is an impossibility in terms of effective committee structure.

The decision was very deliberate. It was not meant to be offensive. It was meant to expedite the work of the committee and professional organizations, professional disciplines, have the ability to make their case known to government directly, and if they choose to, some of the organizations that we have investigating various circumstances within the health care system, inclusive of the Health Advisory Network.

Mr. Cheema: I apologize for going sidetracked at the issue. I did not want to forget this issue, which is very important for at least 1,300 workers and many more of them who will be joining this association, and I will certainly send the Minister a copy of their correspondence with me so that he is aware of their problems.

Can the Minister of Health tell us, even though we have discussed in the Research and Planning and also in the expenditures for this year, that the programs for the development of not-for-admission surgeries and for the ambulatory care facilities and also some of the initiatives in terms of prevention of diseases, the Minister has put some of the comments on the record in the past, but can he just tell us, what is the planning for next year in terms of expanding the ambulatory care services in the community hospitals?

Mr. Orchard: There are no "formal major large announcement, grandiose capital construction oriented

ribbon cutting multi announcement" initiatives. However, there is an ongoing program of development that all of the hospitals are involved with and that is inclusive of Victoria, Grace, Concordia, Misericordia, Seven Oaks, and the two teaching hospitals, because that is the wave of the future, if you will, in terms of, particularly, surgical intervention.

You are not going to see people admitted to hospital for procedures that used to be as short as three to four years ago requiring hospital admission. The most obvious example that we can give to my honourable friend I would think would be ophthalmology, where we have gone from I suppose in a decade or less than a decade, from by and large a completely in-patient operation to one which is almost completely out-patient and not for admission. That is just the way the system is going.

Here is the challenge. Whilst those procedures have come into being and reduced the demand for acute care beds, what do we hear? We hear that we need more acute care beds, but yet every time we bring in a new process, I will almost guarantee you that procedure requires fewer and often no requirement for acute care beds. Yet we seem to have the system driven around the need for beds and more beds.

The system cannot continue to appear to be at odds with itself in terms of resourcing outpatient services and still maintaining a very substantial inpatient capacity which has significant costs attached thereto. That is one of the reasons for, in part, the 178 percent increase in health care spending over a 10-year period where population grew by 6 percent. But on ambulatory and not-for-admission procedures, we are very much proactively working with the administrations, the medical community and the health care community to assure that as many of those pre-procedures are brought on as is possible through resource allocation, through assurance of quality care and assurance of safety to the patient for that procedure in an ambulatory or not-for-admission delivery system.

Mr. Cheema: We certainly will support the Minister in this action. I think it is extremely important and we have pointed out a number of times that this is the one way to go and definitely problems are going to be there. How do you translate the institutional care to the outpatient care but still maintain the same dollars? There will be difficulties but the people of Manitoba are ready to face some of the challenges, and I am sure they will understand. As I pointed out to the Minister, and I have given him a copy of the research done by Prairie Research about how many people are concerned, 46 percent of Manitobans want to know how the health care dollars are being spent and they are concerned by the increasing cost of our health care system.

Like any other MLA, I want to advocate for my own constituency right now. I do not want to miss this opportunity. In the initial days of Estimates, we had a discussion with the Minister of Health in terms of Seven Oaks Hospital, in terms of expanding the outpatient services which are presently being done, and also to look at Seven Oaks Hospital for the re-establishment

of the ophthalmology program which is being considered right now, and the teaching part to be partially implemented at Seven Oaks Hospital and partially through the Health Sciences Centre.

The Minister has given me assurance and I will definitely may have to remind him from time to time that I have taken his words for granted and certainly will be very pleased and the people of Kiidonan will appreciate that the hospital will be given due credit now because, as I pointed out a number of times, that was abandoned by the previous administration. It needs attention and certainly I would like the Minister to consider that proposal for the re-establishment of the ophthalmology program. When it is done, the Seven Oaks should be a major part of that program.

Mr. Orchard: I accept my honourable friend's observations and those are part of the considerations.

Mr. Cheema: Mr. Chairperson, I thank the Minister for that answer. Can the Minister of Health tell us in terms of community health centres—now that Klinik has the new building, I do not know whether it is because of the pressure from the Opposition or the Minister's own willingness, or maybe it is election time and so many things are happening, who knows, but certainly that was a positive step, can the Minister of Health tell us, what is their further plan for the community care in Manitoba through the community health clinics? Does he support their concept? If he supports their concept, how are they going to implement and expand the program in Manitoba?

Mr. Orchard: Mr. Chairman, I have enjoyed probably as much discussion with some of the community clinic people as I have with anybody else in the so-called formal health care system. I say that because there are about six or seven formal community clinics in the City of Winnipeg, and I probably have met with several of them on three or four occasions which is substantially more than I have met with many other facilities.

I do that because I attempt to do two things: to understand what their potentials are in terms of their role in the reform of the health care system; and secondly, to learn better what they are doing and whether it is a very effective dedication of resource in the health care system. You have to remember, a Minister is buffeted by almost uncountable requests for program for resourcing, for financing, for funding. If we could all have a little bit of Daddy Warbucks in us so that we did not have to worry about the budget, the taxpayers and the deficit, Ministers' of Health could be extremely popular people, because I am sure no other Minister receives the number of requests on an annualized basis that a Minister of Health does in terms of facility, program, staffing, procedure, new program requests.

* (2140)

I talked to the people in the community health centres because I find that in most cases they have their feet on the ground pretty solidly, and they can provide us with some insight into some directions in terms of

innovation of the health care system and reform of the health care system that may well guide us to programs that save tax dollars down the road. They are not inexpensive organizations. Their budgets are pretty significant in their own right. We ask of them the same kind of accountability that we ask of hospitals or personal care homes in the system, and that they expect. They have no objection with that because they firmly believe they can prove prudent and wise use of resource.

So contrary to some of the maybe folklore out there, I have no particular aversion to the community health centre. If communities throughout the province decide that is where they want to go and they want to consider salaried physicians and other innovations that they believe might be appropriate, so be it. If the community wants and believes that that is the way to go, I do not have a philosophical hang-up that that ought not to happen. The community has to be part of making those decisions.

Mr. Cheema: That was a very critical answer. If the consensus is there that people want to have the same health care and even improve it but do not want to spend too much money on that, it is one of the ways to control the cost, through the community clinic concept. It may be unpopular with some of my peer groups, but I think that may not be the right thing for all of Manitoba. The community clinic concept has to be looked at and it should be. I think when the health care is going through so many reforms and some of them very positive and this one, why should we not take initiative on this aspect too because it has been proven?

I am not aware of any study in Manitoba, but definitely Saskatchewan, Saskatoon Community Centre has proven that this is a very, very effective way of dealing with the health care system even without compromising the so-called fee-for-service complement which is always considered to be an injustice. That is not very true. I think many health care providers also feel very strongly that this could be the ultimate answer to providing primary health care.

Certainly everything cannot be done in 19 months or two years, but planning has to be put in place. I think the evaluation, or in terms of consultation, process must start, people who are involved with this, the health care givers as well as the public at large.

I am sure the ultimate ways of providing health care, some of them, even the nurse practitioners can play a very valuable role and they are doing it very well in some of the northern areas. If they can provide in the northern communities why can they not be a major complement in urban settings too?

We have no hesitation of recommending that kind of program as long as it can continue to provide quality health care and continue to save tax dollars.

Mr. Orchard: Mr. Chairman, as I indicated to my honourable friend, we have attempted to bring a degree of flexibility in terms of planning for community needs and really to bring the communities in on part of building

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the initiatives themselves. I guess maybe I have been around the system too long. I know if somebody from the Government comes out and says, hey, I am from the Government, I am here to help you, most people will say, yes, I have heard that before, and do not give you the second listen.

We have put a significant amount of emphasis on listening to the communities and trying to work with them in developing the program and the delivery method they think will work best, given the circumstances of the community. It is not an either/or, fee-for-service and salaried physician.

I was quite intrigued to find out in discussions with some of the Winnipeg community health centres that yes, they have salaried physicians on staff. I was at Mount Carmel Clinic and I made the automatic assumption. In talking to the physician I asked her, how long have you been on staff, and she had been there for quite a while. I said, you are a salaried physician, making the assumption, because this is a community clinic and that is the way all community clinics are, are they not? She said, no, I am on fee-for-service, and has been ever since Mount Carmel has been there.

The system varies. What works in one area may not work in another. That is why I say, we do not have any particular magic bullet that is going to make the system work in all areas with one given solution. We are open to the kind of suggestions that work. We rely significantly on community input to guide us and to fit within policy and capabilities of Government and financial resource of Government. We do not have a blank cheque, but we certainly have an open mind.

Mr. Chairman: Shall the item pass—pass.

Personal Care Home Program, \$195,505,400—the Member for Kildonan.

Mr. Cheema: Mr. Chairperson, I just want to add a few comments, because I think we have discussed this area more than anything else, that is about the Personal Care Home Program in Manitoba.

We have dealt with the issues of bed supply and how the services are being provided. I was pleased to see in the reports that the Minister did take our advice or in terms of reporting the debts from all the personal care homes to make the system more efficient. There has been a more aggressive campaign this year for an influenza vaccine to deal with personal care home residents. Certainly the Pharmacare Program is also a complement of the Personal Care Home Program that we have discussed. I certainly think that things are moving in the right direction even though from time to time deficiencies are there.

There was one very practical problem I was not aware of as of this morning. There is one question I want to ask the Minister of Health, which is a very serious one. When a person is in the hospital and is panelled, or even if that person is not panelled, and if that person will be going for home care, say within a week, and if that individual is given a leave of absence from hospital and he requires a few hours of service, the home care does not provide the service.

The argument the home care services are giving are very valid because this person still practically occupies the hospital beds. So that hinders the speedy process of discharge of a patient. Have I confused the patient—the Minister of Health?

Mr. Orchard: You have confused the patient, you have confused and confounded all my staff, because we do not know that is anything that happens.

Mr. Cheema: Yes, that is very true.

Mr. Orchard: I will tell you what, I would like to get the details from my honourable friend, because that has befuddled all my staff.

Mr. Cheema: Mr. Chairperson, let me just try to explain it within two minutes, it will not take more than that.

Mr. Chairperson, the problem I was explaining that if the person is supposed to go home within a week or 10 days, and he or she may need home care services. Before they are sent home, sometimes they require O/T and the home care people have to go and do an assessment. If they feel this person will be going home within a week or 10 days, and if that individual needs a leave of absence from the hospital and may need a few hours of services before they are discharged, home care does not cover that period. That is a fact. That does hinder in many cases the discharge from the hospital. This is a serious problem. For hospital purposes that patient is still occupying a bed in the hospital, so the home care has a valid argument that when the patient is still in the hospital why should they provide home care services. I think we should look at that aspect.

* (2150)

Mr. Orchard: Okay, we will certainly investigate that circumstance. I thank my honourable friend for bringing it to my attention.

Mr. Cheema: We can pass that.

Mr. Chairman: Pass. Medical Program, \$268,240,700—the Member for Kildonan.

Mr. Cheema: Mr. Chairperson, this issue, which the Minister always says to me is very dear to my heart, this issue is dear to a lot of peoples' hearts. I will ask him one basic question. What is this Government's policy for negotiations with MMA?

Mr. Orchard: To strike the best agreement possible.

Mr. Cheema: Mr. Chairperson, is this administration's policy for binding arbitration or not?

Mr. Orchard: I only know of one Party in this House that has that as a policy for negotiations.

Mr. Cheema: Mr. Chairperson, the Minister is saying that is not their policy. Is that true?

Mr. Orchard: That is a fair assumption.

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Mr. Cheema: Mr. Chairperson, can the Minister of Health tell us, what is their policy then?

Mr. Orchard: Fair and honest negotiations.

Mr. Cheema: Mr. Chairperson, can the Minister of Health tell us—if that is going to hinder any negotiations then the Minister does not have to answer that question—what process they are following for negotiations with MMA, because there are a lot of concerns MMA has right now, because unfortunately—if I am given more chance to explain a few things, we probably may go past ten o'clock.— (interjection)—

If, with the permission of the Member for - (interjection)- Mr. Chairperson, this is silly, I do not understand. The time we are still going to use tomorrow is not going to be a day from heaven, still the day is going to be the same.

An Honourable Member: If you want me to explain it to you, I will explain it to you.

Mr. Orchard: The NDP are simply being obstructionists, Mr. Chairman. What—

Mr. Chairman: On a point of order, the Member for Flin Flon.

Mr. Jerrie Storie (Second Opposition House Leader): Well, the Minister of Health, as is normal, is being a bit hypocritical on this issue. A few moments ago he was saying privately that he had been in Health Estimates long enough. It has certainly been long enough. Our Liberal Health Critic gave the floor to my colleague, it has been two hours basically, besides an hour this afternoon, in which to conclude the Estimates.

There are many other departments waiting and for this Member to have his hour in the sun is all fine and good, but there are many other departments, and many other Members who also have responsibilities and want to carry them out.

If the Member does not want to finish the Estimates tonight, we can certainly adjourn and commence again tomorrow, but sooner or later some of the other critics want to get to their departments.

Mr. Chairman: The Member does not have a point of order. The Member for Kildonan.

Mr. Cheema: This is not my personal agenda, we are talking about people from the Manitoba Health Services Commission who are present here today and the commitment was given to them. If we are never going to follow that commitment, I would rather follow the commitment with the Health Services Commission than somebody who is going to change their mind every five minutes.

Mr. Chairman: Shall the item pass—the Member for Kildonan.

Mr. Cheema: Can the Minister of Health tell us where the negotiations are in terms for them?

Mr. Orchard: The MMA Agreement is in effect until March 31, 1990. We are in discussions with the executive and the Board of the MMA—it is too bad we cannot, we could go another half an hour.

Mr. Chairman: Order, please. The Member for Kildonan. The Honourable Minister.

Mr. Orchard: I indicated that the contract does not expire until March 31, 1990, and we have been in discussions with the executive and the Board of the MMA re the next round of negotiations.

Mr. Cheema: Mr. Chairperson, the number of times the question has been asked by both Opposition Parties in the House, and now when we have a chance to discuss this \$268 million and \$240 thousand, I am not going to pass within five minutes. We have a serious question, and if they do not want to co-operate then I will apologize to the members on the Health Services Commission.

I had no prior knowledge that these people were going to change their minds at the eleventh hour, but certainly I will need some more time to discuss the issue. This is an important issue for health care delivery because we have a number of shortages, we have a number of policies, and we just cannot get it within five minutes.

Mr. Orchard: With all due respect, we could take another half an hour this evening and run until 10:30, we have done that on one other occasion with the cooperation of Members in the official Opposition.

I would be fully prepared and so would staff be prepared to spend another half to three-quarters of an hour, or an hour if necessary to complete the debate. I would simply make the suggestion to the committee that we can carry on past the ten o'clock hour. There is nothing magical about ten o'clock. We can with leave of the committee go, and while we have the staff here complete discussions.

Mr. Chairman: The hour being 10 p.m., what is the will of the committee? The Member for Flin Flon.

Mr. Storie: Mr. Chairman, with all due respect to my colleague, the Liberal Health Critic, this department is not the only department. Every critic has a department with important issues to discuss. This Member gave his undertaking to my colleague that they would wind it up tonight. He asked permission because he had another engagement to have the first hour or hour and for his information while it may be convenient for him to discuss this matter ad nauseam, the fact of the matter is he is eating into the time of other Members.

He is eating into the time of Members of his own caucus and our caucus on other issues that are also very important. I am not belittling the consequences—well, the Members on the opposite side cannot have it both ways. The fact is there are many other issues

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to discuss and I move, seconded by my colleague from St. Johns (Ms. Wasylcia-Leis), that the committee rise.

Mr. Chairman: What is the will of the committee?

* (2200)

An Honourable Member: The motion is out of order.

Mr. Chairman: I am informed that we need the motion in writing. On a point of order, the Member for Inkster.

Mr. Kevin Lamoureux (Inkster): Yes, Mr. Chairperson, to the same point of order that the Member from—

Mr. Chairman: There is not a point of order on the floor. On a point of order?

Mr. Lamoureux: Can I speak to the motion?

Mr. Chairman: Speak to the motion, the Member for Inkster.

Mr. Lamoureux: The Member for Flin Flon put on the record something that I feel somewhat offensive to, and that is the fact he has made reference to the fact we may have been asking maybe too many questions, spending too much time in the Department of Health. The Department of Health is the greatest expenditure this Government will make, some one-third of this Government's budget.

If we take a look at the Estimates of last year, you will find that we put in more time in Community Services, and Health has not approached that certain amount of hours we put into Community Services. It is unfortunate, I find, that the Member for Flin Flon did not have these same type of feelings that last Session. Now when the Member for Kildonan is putting forward some questions and trying to wind up the department, I find it unfortunate that he is trying to limit this Opposition's, the official Opposition's, line of questioning.

Mr. Chairman: We have a motion on the floor, moved—the Member for Flin Flon.

Mr. Storie: I do not deny the Liberal Opposition their right to continue this line of questioning, however, there was an undertaking to conclude this committee by ten o'clock, not to eat further into the time allocated for other considerations.

All I am suggesting is if the Member is not prepared to live up to that undertaking, then the committee rise, and we come back when our Health Critic is here, prepared perhaps to ask additional questions and use the time to ask other serious questions.

No one is denying there are not hundreds of other questions that could be asked. The point I am making is there was an undertaking to conclude the Estimates of the Department of Health tonight.

Mr. Chairman: The Member for Kildonan, speaking to the motion?

Mr. Cheema: Yes, Mr. Chairperson, on a point of order.

Mr. Chairman: Speaking to the motion.

Mr. Cheema: Yes, Mr. Chairperson. The Member for Flin Flon has put something on the record which is incorrect and untrue.

I did say to the Member for Thompson (Mr. Ashton) that he wanted to go somewhere, I gave him the opportunity to ask a question, he did ask the question and I asked him, well, why not tonight. That is why we are doing it. I would rather keep my voice to the people who are there to stay for a longer time than all of us, and I will keep that commitment. I let it go like this rather than letting these individuals come back tomorrow. I think this is complete dishonesty and I think that is why people do not trust politicians. Well, I—

Mr. Chairman: Order, please; order, please. On the motion for the Member for Flin Flon (Mr. Storie), seconded by the Member for St. Johns (Ms. Wasylcia), that the committee adjourn, those in favour say aye? Opposed?

In my opinion, the Nays have it.

An Honourable Member: The committee is not sitting over there, we have to do it tomorrow, so we carry on tonight. Oh, yes.

Mr. Chairman: I am told we require two Members to request a formal vote: Rule 65.9(b) where two Members demand that a formal vote be taken, the Chairman or Deputy Chairman of the Committee shall defer the vote on the motion until the next sitting of the Committee of Supply in the Chamber.

Where the Committee of Supply—this is 65.9—or section of the Committee of Supply is sitting after ten o'clock p.m. on any day, the vote will be deferred until tomorrow.

An Honourable Member: Carry on, Mr. Chairman.

Mr. Chairman: I am instructed that we carry on at this time. What is the will of the committee, to continue?

Mr. Storie: Mr. Chairperson, if there was a motion to delete part of the Estimates or change a line in the Estimates and there was a formal vote requested we could continue, but we cannot continue on a motion to adjourn. The motion has to be dealt with. It is a debatable motion but the motion has to be dealt with. The committee cannot continue in the face of this motion and two Members requesting a formal vote—it has never been done.

Mr. Chairman: Rule 65.(8) Where the Committee of Supply, or a section of the Committee of Supply, is sitting at 10:00 o'clock p.m. on any day, the Chairman, or the Deputy Chairman of the Committee shall not leave the Chair at that time but, subject to sub-rule (9), the Committee shall continue to sit and shall rise at its own discretion. The Member for Flin Flon.

Mr. Storie: There is also a rule which refers to the fact that a motion to adjourn takes precedent, it has to be dealt with just as it does in the House.

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An Honourable Member: Vote on it tomorrow.

Mr. Storie: We may vote on it tomorrow but it becomes redundant.

An Honourable Member: No, it does not.

Mr. Storie: Yes, it does.

Mr. Chairman: We cannot deal with the vote tonight, it is deferred until tomorrow.

* (2210)

Mr. Storie: You had an agreement to finish tonight at ten o'clock, not on your timetable. Not on your timetable, this is not fair, it is not right.

Mr. Chairman: On item 6. Medical Program, \$268,240,700—pass. The Member for Kildonan. I have recognized the Member for Kildonan.

Mr. Cheema: Mr. Chairperson, can the Minister of Health tell us, as he did during Question Period, about the shortage of anesthetists, the shortage of dermatologists, and the shortage of psychiatrists? How are they dealing with the shortage of those physicians in terms of the negotiations right now?

Mr. Orchard: In my files—but it would take too long to locate at the time—there are two things that play, and I am going by memory, and I will provide my honourable friend with a more detailed explanation tomorrow.

The issue with anesthesiologists is that there are retirements coming up over the next number of years which will presumably take a number of anesthesiologists out of service in the province, but over the last three years there has been some pretty successful recruitment of anesthesiologists to practise in Manitoba. Although the situation can at any time, if several decide to leave, or change careers, or change locations, it could affect our ability to deliver service. We do not anticipate that happening.

In terms of dermatologists, yes, we have a less than adequate supply in the Province of Manitoba, and we will be working with pro-active recruitment in that regard.

Psychiatry, as I indicated to my honourable friend some time ago when we debated the Mental Health Estimates—we have had a fairly successful recruiting effort and retention effort of our Manitoba graduates over the past number of years so we have increased the number of psychiatrists who are practising in the Province of Manitoba from the low of 88 in September '87, to an excess of 100, I believe 103 to be exact. So some of the professional disciplines, the recruitment efforts are moving the numbers in the right direction.

Mr. Cheema: There was a question asked to the Minister of Health when we were dealing with the

research and planning in terms of their policy for the incentives and grants to the physicians who are working in the underserved area. I did express my concern that this practice was unfair because it does support the physicians who are from special, privileged countries and it does not give incentives for those who are already present. The Minister has tried in his own way to explain the situation, but I still disagree with the process. It is unfair and should be looked at giving grants to those individuals, and incentives to those who have a current . . . in Manitoba for at least five years or so.

Mr. Orchard: The incentives to practise are available to any qualified physician who can practise medicine in the Province of Manitoba if they decide to practise in an underserved area. Those supports to locate an underserved area are available to anyone who can practice medicine so there is no discrimination, no select few. If they are qualified to practise they can also qualify for assistance through the Standing Committee on Medical Manpower.

Mr. Cheema: Maybe the Minister can give me the breakdown, not today but maybe later on how much money has been given to the physicians, and who has already left Manitoba? What was their maximum stay, six months to one year, and how many tax dollars have they drained from Manitoba?

Mr. Orchard: Is my honourable friend referring to foreign-trained doctors who have been recruited, because some only come over for a six month period of time—this is locum tenens—and leave? I think I understand my honourable friend's question and we will attempt to put together, as close as we can, the information he seeks.

Mr. Cheema: Can the Minister of Health tell us what is the present status of the negotiations with the chiropractors' association of Manitoba?

Mr. Orchard: Again I think we are in negotiations with the chiropractic association. For '89-90, we are finished negotiations.

Mr. Cheema: Can the Minister tell us that last year the announcement was made to limit the number of visits per person, per year, to see a chiropractor, has there been any change of policy at the present time?

Mr. Orchard: First of all, that policy was not new to last year, that was a policy that had been in place for approximately four or five years and is still in place.

Mr. Cheema: Mr. Chairperson, can the Minister—I think I missed a part of the answer by the rheumatology services in Manitoba. As the Minister is well aware of the shortage in terms of the number of specialists, there are about three to four, maybe five at the maximum, and the teaching program is also in danger because of the shortage, and we all know that their fee schedules are a lot lower than the other parts of Canada. What is being done to attract those individuals, is there any possibility of giving special consideration?

Most of the time, the Minister's answers are this and that, and not his primary responsibility. It is up to MMA

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to negotiate and come up with a fee schedule, because if you are giving them a set number of dollars, they have to fight among themselves. When the shortage is there for special groups I think we should look at that as a separate issue and not lump the whole group together.

Mr. Orchard: I accept my honourable friend's advice in that regard because we clearly do not have a sufficient number of rheumatologists practising in the Province of Manitoba. My understanding of their professional training is that it is a significant speciality in that they require quite significant additional training.

My honourable friend has identified one of the impediments to recruitment, that being the compensation issue. Secondly, there is a pretty significant, healthy demand for rheumatologists across Canada. You may well see almost unlimited professional opportunities in Manitoba because you are going to move into a specialist area in which there is certainly not a surplus of specialists. I think addressing the fee schedule would be a part of the solution and one that we are willing to pursue.

* (2220)

Mr. Cheema: Mr. Chairperson, I certainly thank the Minister for the answers. I promised the Member for Flin Flon (Mr. Storie) that I will be finished by 10:20 and I will keep my promise again. There are a few questions that I can ask during the concurrent motion to the Minister of Health.

I certainly thank the members from the Manitoba Health Services Commission for being here and giving their valuable contribution to the people of Manitoba. It is greatly appreciated because they are the ones who are going to carry all the programs. I think they are doing a great job and I thank them.

Mr. Chairman: Shall the item pass—the Honourable Minister.

Mr. Orchard: Mr. Chairman, I want to thank my honourable friend for his comments and again, I think I neglected at the start of Commission Estimates to introduce Mr. Frank DeCock, the Executive Director; Mr. Fred Anderson, Fred is in the administration side; Bob Siemens, on the hospitals side; Jack McKenzie, on the insured benefits side; Mr. Bob Harvey, with the insured benefits side in the medical program; and Mr. Marcel Painchaud, with the Standing Committee on Medical Manpower; and in the back, we have Mrs. Kay Thomson, and Gary Neill; and just leaving our ambulance guru, Ken Knaggs. I thank my honourable friend for his comments this evening.

Mr. Chairman: We have a couple of more lines to pass here. Item 6. Medical Program, shall the item pass—pass; Gross Program Costs \$1,361,101,300—pass. Less: Recoveries \$5,237,700—pass; Net Program Costs \$1,355,863,600—pass.

Resolution 70: RESOLVED that there be granted to Her Majesty, a sum not exceeding \$1,355,863,600 for

Health, Manitoba Health Services Commission, for the fiscal year ending the 31st day of March, 1990. Shall the item pass—pass.

Item 7. Expenditures Related to Capital \$44,250,900—pass. 7.(a) Acquisition/Construction of Physical Assets \$2,419,000—pass; 7.(b) Capital Grants \$41,831,900—pass.

Resolution 71: RESOLVED that there be granted to Her Majesty, a sum not exceeding \$44,250,900 for Health, Expenditures Related to Capital, Manitoba Health Services Commission, for the fiscal year ending the 31st day of March, 1990—pass.

What is the will of the committee?

The hour being 10:22 p.m., committee rise.

* (2000)

SUPPLY—ENVIRONMENT

Mr. Chairman (William Chornopyski): This section of the Committee of Supply has been dealing with the Estimates of the Department of Environment and we are on item 1.(b)(1) Administration and Finance, Executive Support: Salaries—the Honourable Member for Wolseley.

Mr. Harold Taylor (Wolseley): This afternoon we were dealing with matters related to sustainable development, the sustainable development centre, and the provincial participation therein. The Minister agreed to bring forward, as soon as possible, as much information along the lines of that which was questioned.

This evening I would like to get into the commitment of the federal side to the centre as the Minister understands it. There seems to be a significant information gap and not much follow-on from the initial announcements about this much touted and highly desirable centre.

I wonder if the Minister at this point can give us an update of what it is federal officials are doing, or not doing, as the last briefing I had on the matter was that there was not even a comparable group, maybe not named the same, but a comparable group to the sustainable development secretariat that exists here in the province.

Hon. Glen Cummings (Minister of Environment): I do not think, first of all, that the Member is making the right comparison about whether or not there should be a corresponding sustainable development secretariat, if that is what he wished to think of it as, at the federal level.

I would indicate that the negotiations with the federal Government have taken a rather better turn recently, well, some number of months actually, as a result of some changes of responsibility at the federal level and with a different person within the Department of Environment being responsible for the discussions regarding the centre.

Following on that I would have to advise the Member—however, tonight I would be unable to answer

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specific questions about what the federal Government, or what the provincial Government may have on the table in terms of negotiations, because those discussions while I believe they are pretty well completed are still just between ourselves and the federal Government until the federal Government makes a concluding announcement, or accepts the concluding position. Mr. Bouchard has a member within his staff who is working as a negotiator, or certainly a contact person, to spearhead the responsibilities regarding the finalization of what the sustainable development centre package would be. Beyond that I would have to simply ask the Member to be patient and I would expect there will be, as I said before, an announcement before too long.

Mr. Taylor: Can the Minister edify us on what sort of working group the federal Government has struck to deal with the creation of this centre and to liaise and communicate with comparable officials on the provincial side?

Mr. Cummings: Beyond what I have just said with regard to a particular person who has been made responsible as the entry point, if you will, into the federal Civil Service on this, I can tell you there are several people who are involved. I cannot tell you their positions, but certainly it is not just one person. There are a number of people at the federal level who are involved and who are working with us to get the agreement finalized. Basically, it is being done through the federal Department of Environment.

Mr. Taylor: Maybe it would help the Minister if I indicated the *raison d'être* for my line of questioning here.

My concern, quite frankly, is the degree to which we have a commitment on the federal side in real terms with something to happen in the short order as opposed to something that can be promised again in the next federal election. I do not expect the Minister to have every federal officials' names or their levels or anything like that, but maybe he could give me an indication of the sort of working group that was struck. What is the nature of the organization? Is there a multidepartmental working group to get this facility established? Is it something relatively small and still pretty new within Environment Canada only? Is it sanctioned at higher levels for example as an offshoot in the sense of a committee or a secretariat of the Privy Council office? I am just trying to get an idea of what is going on and then we can talk about the communication links and I will get into some other aspects of commitment later.

If the Minister could outline for us what he understands, and if he is not able to give it in a succinct form tonight because it is too much detail, I would request his undertaking to provide that. I am sure his officials know it and can put it in a fairly concise fashion.

Mr. Cummings: I think the Member is still drawing a comparison between our sustainable development unit and whether or not there should be a comparable and offsetting unit on the federal side. All the federal departments would have, because of their massive size,

sustainable development units as I understand it within the various departments. The Province of Manitoba has—well, it is still large by some comparisons—we have the ability to put something together in the manner we have in order that we do not duplicate responsibilities in a number of departments.

I think the best way to help the Member understand this is that the contacts working on the establishment of this centre are centred through Mr. Bouchard's office—the ones that I am aware of—and have a network of resource people they would be working with on that end. Frankly, I think the important thing to remember is that by appointing a specific person who is responsible for getting on with these negotiations things have come together much more quickly of late, in fact I referenced that, I believe in Question Period a while ago about the time this person was appointed at the federal level.

Mr. Taylor: I do not mean to belabour a point but the significance of the federal structure indicates one commitment and two speeds. What sort of action will there be? In recognizing the differences in the scale of the two organizations, and they are noticeably different, there is also a pattern at the federal level. When there is a restructuring of a department and the creation of new branches—if there is a development of new programs or there is the institution like a sustainable development centre to be put forward and developed and have a physical presence brought to bear and staffed and all those other things that go along with such an initiative, it is not normally left just within the existing structure of the organization.

* (2010)

There is some sort of a working group struck whether those people work 100 percent of their time on it, or 25 percent, or something in between, there is a recognizable entity and that is a normal pattern within the federal Government. All I ask is, in that there are communications between the federal Government and some of the officials of this Minister's department and some of the others that are not from his department that are in the secretariat, can he tell us what it is they are linking to? How is it set out? What is its name? Where is the focal point of the contact within the federal Government, and would he undertake, please, to provide that back to the departmental Estimates before we complete the Environment Department?

Mr. Cummings: Largely I think I have covered the manner in which it is being handled and I would assume, whether the Member thinks I should fill in names and positions or not, basically I have outlined the fact that it is being handled through one department largely and that is where the contact point is.

I do not think he should assume there is a great deal of change in the attitude towards it because of it being done that way. I think he should understand that a centre of this nature—the one thing that would probably flow first of all is to get international connections in place for a management control that would ultimately be appropriate to an international centre. I do not think

attaching large numbers of people would necessarily enhance what is already happening.

Mr. Taylor: Mr. Chairperson, I hope we are not going to get into the situation of the Minister defending the federal Government on this because I do not think that is what is needed at this point. To illustrate for the Minister: May 6, at the Manitoba Environmental Network, one of the key speakers was a chap from the secretariat and at that time we got a briefing. It indicated how the provincial Government was getting started on the matter. One of the grave concerns I had was that on the federal side they had no regular contacts at that time. They could not say this is the unit we deal with, whether it is part of the regular public service in Ottawa or whether it is a special unit set up for this purpose. They did not have the same individuals to deal with on an ongoing basis, and this question came up from myself and others who were at the annual meeting of the Manitoba Environmental Network.

Given that information, knowing how the federal Government works as well, that causes me some anxiety. At this point, six and a half months later, I am not getting anything more from the Minister and that just makes that anxiety increase. All I am asking is not that the Minister provide it here tonight because he probably has not got it and I do not think it is reasonable to expect that he would, but I do not think that it is unreasonable to expect that he will say who is the main focal point or contact point, that person's name and title—one person—in the federal Government, and where the heck is the mailing?

Where is the contact point? What is the organization that the correspondence is being mailed to? Which reports are being shared? Were discussions of the two sets of officials about consultants' reports done on the private sector to feed them information and ideas? That is all we are looking for and I would respectfully request that the Minister undertake to provide that in short order.

Mr. Cummings: I am having a little trouble remembering the correct name. I would give it to you right now but I think it is Mr. Campeau. He was newly brought into Mr. Bouchard's office specifically to deal with this issue. I cannot tell you the first name but it is Campeau.

Mr. Taylor: Hopefully, Mr. Chairperson, we will have the rest of the name, title and address in short order and I am sure the Minister will co-operate on that as he agreed earlier to co-operate on the earlier requested information of Manitoba's participation on this.

I did wish to ask the Minister in regard to the Round Table coming up Thursday this week in Brandon, which of those sessions would be open to the public or will there only be some sort of a summary/statement press release at the end of the session?

Mr. Cummings: I do not recall the agenda in the manner in which it is laid out. One should remember that Round Tables—one of the main strengths of having a Round Table is so they can advise Governments and

that advice can be given freely. You have a mixture of industrialists and environmentalists and business people, many of whom have a very high profile public position, and I say "position" in terms of how they deal with issues.

Certainly one of the reasons for having closed sessions is to make sure they have the opportunity to be able to speak out freely and clearly without having to worry about whether someone is going to attack them on some variance from what they have said on particular issues previously. I think of people who may have taken very strong positions on certain issues within lobby organizations and that sort of thing.

I can tell the Member that you run into the same sort of debate with the federal Round Table, inasmuch as one of the real strengths of a Round Table is for the people who sit there is to be able to sit down eyeball to eyeball with the Ministers of the Crown at that particular time and give them free and clear advice.

I have just returned from a national Round Table meeting where none of it was in the public venue. The previous one had in part some public participation to it, and I have to tell you that if I were to compare the two, more meaningful work was probably done at the second one. It may have been part of an evolutionary process. It also may have been attributed to the fact that we sat down in camera, not only with ourselves and in working groups but also with the Ontario Round Table, to exchange views on how things were best handled under certain circumstances and how to deal with the issues and how to best get the information flowing both ways from within Government and from the public perspective.

So in a roundabout way I would have to tell the Member that I cannot recall what the schedule is for Brandon, but I do not believe a great deal of it is a public session.

* (2020)

Mr. Taylor: Mr. Chairperson, will there be any reporting to the House by the Minister on the outcomes of the discussions? I am not suggesting that there be a repeat and reporting of what goes on, but will there be any status reporting that the Minister contemplates making to the Chamber as a result of those discussions?

Mr. Cummings: Beyond what is communicated to the general public, I would not think that there would be a necessity for any kind of a formal report to the House. However, the Premier (Mr. Filmon) may well want to make some comments to the House. I cannot speak for him at this time.

Mr. Taylor: It is interesting how the interest in the environment and the concern for the environment has grown over the last few years. It used to be that in very recent times disparaging remarks were made about those concerned about the environment, and it would be just those "blankety blank tree huggers are at it again" sort of thing. I personally find it very heartening to see the change and having been labelled a tree hugger over the years, and unashamedly so, I am glad

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to see that it is a subject of discussion that people do not handle in whispers anymore and are not shy or ashamed of.

The whole matter of sustainable development though, while sounding fine when brought forward in the form of whether it is political rhetoric or small discussions over coffee or whatever, it is all very well and good. But I guess the point of the matter is, what does it count in real terms? What is really happening? I would like to get an indication from the Minister as to what way his department is changing the way of thinking within other Government departments and other agencies of the provincial Government toward sustainable development. How is he changing the very nature of the way that those people operate? Can he give us an indication of any initiatives that have been taken in that area?

Mr. Cummings: He asks the question in terms of what my department is doing. He might ask the terms more generally in what is the Government doing. The Department of Environment is one of several departments that are involved in sustainable development. It is not solely a matter of the Environment Department changing the way it deals with other departments, rather how the departments deal with it, but how Government as a whole works together to recognize environmental concerns and how that interchanges with the economic decisions that are being made as well.

I think the first and probably most obvious change that has occurred in our Government is that a lot of proposals, certainly all of the significant ones, are vetted through—I say proposals, ones that have significant environmental or developmental consequences—Sustainable Development Committee of Cabinet and PLUC. Virtually the two committees are very similar although from time to time have different mandates inasmuch as PLUC, Provincial Land Use Committee, very often deals appeals to Provincial Land Use policies, and the sustainable development committee has a broader mandate to deal with the issues that the Government is dealing with as relate to the environment and the economy.

That in itself is much more than symbolism because the very fact that departments, such as Mines and Energy, would sit down together with Environment and Agriculture and IT and T and Rural Development and discuss matters that relate to the environmental impacts of what is being done. The interdepartmental work is done prior to the Ministers sitting down. We meet after the departments have had an opportunity to vet it in the same way as they would through interdepartmental planning committees. It makes a considerable difference to see departments working together in this manner towards a decision, working together and throwing in their comments and their concerns prior to a decision being made so that when ultimately the Government, through recommendations of the Ministers to Cabinet, has to make a decision, that the project has been considered in the light of what are our sustainable development principles.

I think that you would have to agree, however, that this is not as much an evolutionary process as it is

revolutionary. In fact we need to recognize in this country that we can have development without destruction. We can have development. We can have progress, we need to protect the standard of living in this province and in this country to the greatest extent that we can without creating a polluting situation. In other words, we can have progress without pollution, if you want to coin the phrases.

I think the interesting part that flows from this as well is that we have some departments that are starting to bring in people that they refer to as environmental staff to deal with concerns that they normally would not have worked with within their departments. The example I guess is if you look through some of the departmental job offers that are out there, you will find there are openings for people to come into departments, such as Highways, to be prepared to deal with the environmental issues.

So, as I have said before, it is not something that is all of a sudden black from white one day to the next, but I believe that you are seeing a gradual and progressive change from the way Government does business. When that change is achieved to the point where it is so much part of the decision-making process of this province, that it is not necessarily something that is obvious anymore, then we will have attained the goals that we are headed towards.

Mr. Taylor: I was pleased to hear some of the comments from the Minister on sustainable development and the actions that the Governments and certain other departments he referenced. I think what I heard him saying is that notwithstanding the comments from his colleague, the Minister of Natural Resources (Mr. Enns), to the effect, well, we do not think that we will do much damage up there. Maybe we do not need an EIS for the new Conawapa Dam that is proposed. I am glad to hear the Minister say otherwise so that we will not have a repeat of something of the nature of Limestone being built without an EIS, and he can clarify my understanding if I am wrong on that in response to this.

The Minister made reference to the Highways Department and that was one of the ones that I wanted to hear about, because this department in other jurisdictions is often one that has the least propensity to do EISs and maybe it is because it is one of the oldest departments in any Government. - (interjection)- Pardon me? Well, he is right here and he is listening. - (interjection)- I did not know that the Minister for Workers Compensation was also the Minister of Highways, but in any case I will continue.

In the past, for example, we had a bridge recently built north of Selkirk without an EIS. I would like to hear a statement - (interjection)- I was not making comments on it. How functional it was and what it served, the Minister probably knows better than I, but the fact is that we have a bridge built without an EIS. This same Minister of Highways (Mr. Albert Driedger) is also responsible for certain aviation activities, i.e., the small northern airports. This Minister also keeps up Highways, but occasionally could possibly advocate the building of totally new routes through virgin countryside that has never had a highway through.

* (2030)

The question I have is: will there be an expectation—and we will use this department only as an example? Will there be EISs required for new provincial bridges, brand new highways, a new northern airport where there has never been one before?

Mr. Cummings: The Minister of Highways (Mr. Albert Driedger) reported to me as we were listening to the question that he is doing it on new highways now. I think where there is perhaps some confusion in the mind of the public about whether assessments are done is where they do not end up in public hearings.

We recently had a situation in the Douglas Marsh, east of Brandon, where there was a public hearing and ultimately a recommendation by the commission that a certain route not be chosen. At the same time however Highways probably does an awful lot of construction on the basis of assessments—ultimately do not lead to hearings, however, but the work is being done and increasingly so and will of course be done on new routes.

Where there are improvements and twinning being done on some highways, I am informed that the Highways Department in fact redoes its environmental assessment in order to comply with regulatory procedures so they are not out of step with the other things that should be considered when they are building a road.

Mr. Taylor: Possibly the Minister could just expand a little bit. I think I understand what he is saying, but are you then referring to initial environmental impact assessments within the departments? It would be the first look at whether there would be a likely impact, say, from a new bridge or a new highway, or are you talking some other mechanism of which I am not aware, something by your department or something by the Clean Environment Commission? If the Minister could just elaborate a little bit, I would very much appreciate that.

Mr. Cummings: The process is difficult enough that I have to admit I have to keep rechecking to make sure that I have all of the square pegs in the square holes myself. The Department of Environment would lay down the guidelines by which the Department of Highways would then be required to do their environmental assessment.

Mr. Taylor: The guidelines that the Minister refers to, is this a common approach that the Environment Department takes to all the other Government departments in general, and to other Government agencies? If so, can that approach, whatever form it is in, whether that be regulations, whether it is an Order-in-Council out of Cabinet, whatever the authorization is behind it, whatever form that takes, can that document be tabled so we might see how sustainable development actually has a real life to it? It is enshrined in whatever form of initiation, means certain things, and has to be responded to in certain ways.

Mr. Cummings: In terms of tabling, something I think the best way to answer is that in fact it is by the

requirements of the Act that this work is done. That is the operating guideline that the Act requires the Crown—the Crown is bound by the Act to carry out environmental assessments where there would be implications of impacts on the environment. Therefore highways, mining operations where there is some—largely that would be private industry initiated obviously, Natural Resources.

Interestingly enough this is where the concern sometimes arises even within Government where a water conservation district, for example, may want to build weirs on rivers. Weirs can be anything from a very low level retaining wall to something a little bit more substantial. I have to admit I ran into some consternation in my own constituency where there was an urgency to get on with some low level weirs in order to try and conserve what water was going down a certain river. They were expressing some frustration that they had to have Environment approval before they could go ahead with the construction. That demonstrates the fact that even those departments that are dealing with environment regularly are striving to make sure they put the process correctly in place and justify what they are doing.

The fact that Environment was once in Natural Resources, is now separated out—it has been separated twice now—but the fact it is a separate department is probably very important given the regulatory responsibilities we have not only with the public but with other departments of Government. What I indicated earlier is that we want to go beyond the regulatory responsibility into the decision-making process in the first place.

Again I would reference those same conservation districts which rest partly with Natural Resources and partly with Rural Development the fact is many people who sit on the conservation districts have two different views of what they should be. Many people who support it through their local tax levies have thought of them as watersheds and drainage ditches. The fact is the thinking in these districts is probably slowly changing. It is changing as a result of some thoughts Ministers of the Crown have been putting forward along with the people who are the leaders in their communities and who are looking at the long-term impacts of how they have had to deal with the local environment and are beginning to realize that ad hoc action is not necessarily the best long-term solution for the problems they have.

There is no doubt we are in very specific times right now in terms of moisture and drainage and so on, but it has driven home to all of us that we need to be very careful what we consider in terms of mandates for these conservation districts.

Mr. Taylor: The Minister said the new Environment Act is the document by which all the different departments and agencies of the provincial Government must operate. I have to admit to being a little bit askance if the Minister is suggesting that Act is in place without any policy directives coming out of Cabinet, without any specific sustainable development directives coming out of the Minister's own office, or in any other way setting a level of expectation as to how performance

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will be done given the new Act has been in place over the last year.

Can the Minister confirm that there are no other directives or policy statements from the highest levels which would suggest this is the way the various departments and agencies should operate to be fully in compliance with both the letter and the spirit of the new Act?

Mr. Cummings: I guess one of the problems I have in answering the questions is, as I referenced earlier, there is an awful lot of work that the sustainable development unit is doing that is coming to fruition now and in the near future. One of those jobs has been to develop a sustainable development document, a draft document, on implementation of sustainable development within the public sector and that is going forward to the Round Table for consultation.

* (2040)

This is one place where the Round Table can have a very significant interaction with the Government of the Day between people who clearly call themselves committed from a private perspective, as environmentalist people who have to make decisions in business and industry, and people from other walks of life and endeavour who have, at the request of the Premier (Mr. Filmon), agreed to spend a voluntary time on the Round Table advising Government on sustainable development and the implementation of it among other things.

In fact, when I referenced before supper the fact that there is a lot of heavy work being done within the sustainable development unit, this I think demonstrates without talking about the whole ball of wax some of the reasons why they certainly are up to their neck in work responsibilities. I cannot give you all of the projects that they have on the go right now until they have been properly presented through the appropriate channels including the Round Table.

Mr. Taylor: Yes, I wonder if the Minister could explain to us how he would see or how he would expect to see a certain consistency of approach between various departments and other provincial Government agencies if at this time, a year-and-a-half after the implementation of the Act, there are no directives from either Cabinet or his own department to ensure that there is some sort of an expectation as to how these units will perform.

It might be, I would suggest, that a particular department, maybe the newly-named Rural Development Department is a great adherent of the Act and follows it completely and in every way and is scrupulous, and department X and department Y to lesser and lesser degrees, comply. They sort of go along with, but they quite frankly under scrutiny do not meet the mark. How is the Minister going to be dealing with these types of things?

Mr. Cummings: Mr. Chairman, I think I can answer that question this way. While sustainable development is working on the flushing out and the completion of appropriate policies that can be applied broadly across

the Government, certainly through the wishes of Cabinet and the establishment of the Sustainable Development Committee of Cabinet and by working within The Environment Act as it is presently structured, we have been striving, as we go, to achieve what we hope to put into full and complete policy as we develop it. Because we are working on the development of how this is to be fully implemented does not mean that we are not proceeding on our own volition to deal with an awful lot of the concerns in a uniform manner.

The Sustainable Development Committee of Cabinet is a very good example of how we vet those concerns. The fact that soil and water policies brought forward in co-operation between Natural Resources, Agriculture, and Energy, Mines, working together on that type, of course obviously with Environment as well, but working on that type of a water strategy for the province and a soil conservation strategy for the province, working together as we are to bring forward the forestry policy that we have indicated, we are prepared to bring out for discussion given the attention that forestry is receiving these days.

(Mr. Gaudry, Acting Chairman, in the Chair)

There is a myriad of initiatives out there that need to be dealt with. We do not for one minute indicate that we have begun to deal with all of the issues that are there, but we have made a beginning. I think a pretty reasonable beginning given that we were able to pick up on some things that were within departments and some other things we were able to start developing from scratch. I do not for one minute want to indicate that the departments have not been working quite diligently and have undergone a fair degree of change in the way they approach the problems that face them. It is not my job to comment on my fellow Ministers' departments.

Without naming departments specifically, I would have to say however that we have had a very good degree of intergovernmental co-operation. The ones that I just mentioned on the soil and water strategy, I think, are good examples of how departments can work together when they have a common resource that falls under their jurisdiction.

Mr. Taylor: Mr. Acting Chairperson, could the Minister possibly illustrate to us what role he sees his department playing vis-a-vis the other departments and agencies of this Government to ensure that the Manitoba Environment Act is part of the daily life of those departments in the way that they operate, and that they do comply with the Act and any other environmental directives that might come out from time to time?

Mr. Cummings: Well, I think to ask whether or not we make sure that each department complies within the parameters of the Act, that can be easily enough answered inasmuch as we are the enforcement organization and where they have projects that need to be considered for assessment. More than that, I think we have been talking about the principles of sustainable development, and the integration of the environmental concerns with the fiscal initiatives that

departments are taking is critical in terms of that co-operation that we talked about earlier. We need to be somewhat apart in terms of being the controlling department, if you will. It is certainly our approach to work through the various departments and committees of Government to make sure that we have the departmental co-operation on the issues that relate to the environment.

I think that the processes that we put in place within Government as well where projects are screened at the interdepartmental level to make sure that they concur with The Environment Act and their initiatives are reviewed early on in the budgeting process when departments put forward initiatives earlier. That is when we can be apprised of what is going forward and begin consultation process.

Crown lands, dealing with them, the environment is always in fact considered. In land use, the year that I spent in Municipal Affairs certainly indicated to me that land use and planning, a lot of which ends up being referred to the Provincial Land Use Committee of Cabinet, Environment has always had an input there. In fact provincial planners and those who are working on land use within that department are acutely aware. There is a person, I should indicate, from planning that is working with the sustainable development unit as well. I am not sure if it is half or full time.

Mr. Taylor: I think I got some of the information I was looking for there. The Minister mentioned the reviewing, and I assume he means by his department, of capital initiatives of other departments. If I am not quite correct on that then maybe he could clarify it for me, but I am also interested in seeing how this department ensures the, if you will, environmental orientation of the other departments. How do they have environment as a watch word? For example, a project, whatever the project could be in whatever department, but that there is a series of options.

* (2050)

One of the tools used in early stages to look at one option versus the other, to see the overall merits, obviously you look at the consumptive aspects of how much land, how many dollars, how disruptive, and all this sort of thing. When looking at cost benefit analysis, there have been in the past approaches on the social side, the social impacts that can be plugged in, so can the environmental impacts be plugged in. The question I would have is, using that only as by way of example, can the Minister say how his department is ensuring the environmental orientation of the departments alongside his?

Mr. Cummings: I have talked earlier about the work that we are doing to completely assure ourselves that the sustainable development concepts are included in the thought decision-making processes of Government. The Member also, I think, is specifically asking about how are environmental impacts clearly indicated in one department's interrelationship to others, and how do the various departments interact with the Department of Environment to make sure that environmental concerns are addressed?

Largely, a system that works rather well is the interdepartmental planning committee and the Provincial Land Use Committee. First of all, committee of deputies where various projects are vetted, Environment is represented on that committee and certainly has an opportunity to make sure that the departments are putting forward the concerns that are requiring further examination of what they are doing.

Also, we have involved staff of other departments in the inspection and enforcement of The Environment Act. An example of that is where we have officials of other departments who are sworn in as environment officers and can enforce parts of The Environment Act. That is part of an ongoing process whereby if you co-opt other departments or organizations to work with you, it is certainly very easy to convince them that ultimately their own department needs to be sure that it is addressing the concerns that they are in fact dealing with as part of their responsibilities.

Mr. Taylor: Can the Minister tell us whether serious consideration has been given for periodic reviews of other agencies and departments to ensure the necessary degree of compliance to the existing Environment Acts and regulations?

Mr. Cummings: The Government has undertaken an ongoing regulatory reform examination of all departments. That is being co-ordinated centrally to make sure that all departments are complying, including our own. That leads to an examination of the regulations and practices within each department. I think it is obvious, however, that I need to remind the Member that we have indicated that through the Round Table and the sustainable development secretariat, we believe that there are ways that we can improve on that, and that is the vehicle that we have chosen to do that. There are processes in place that deal with that to a fair degree. It can be improved and expanded through some concepts that we are working on.

Mr. Taylor: I am a little surprised that the Round Table is referenced as one of the means to deal with the internal compliance within the -(interjection)- all right, so the Minister is suggesting using the Round Table as a vetting mechanism to get the benefit of that expertise. I think that is what he is saying from his seat. I think that is a very good way to use the Round Table, quite frankly. The other way around too, because things it brings up can be brought in and bounced off other Government managers and other Ministers, well, this is what is going on in non-government organizations or this is what is going on in private business, is it applicable for us? Maybe it is.

The issue of the necessary internal adherents to the thrust of Government, I think there has to be a way of measuring that. When I brought this up a year ago to the then Environment Minister, I got the feeling he thought I was speaking Greek to him. He did not understand, I do not think, what I was saying, and I do not think at that point there had been—at least that is not what came out of the table—internal departmental discussions in this regard.

I would suggest to the Minister that unless there is some form of actual review, notwithstanding the efforts

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of the sustainable development secretariat, and it is at a beginning stage, that is admittedly, but even now or in later years the secretariat itself, I would be very surprised if it would be the review mechanism. Given where it is placed as a committee or secretariat reporting to the Premier himself or maybe in some future year to the Minister of Environment, it does not sound like the actual body, the structure to actually carry out the reviews that I am suggesting.

I wonder how, when there is going to be a requirement down the road under the new Act for a reporting on the state of the environment, the Minister in good conscience in a year's time will be preparing that report, if he has not got a mechanism in place to do the review.

Mr. Cummings: First of all, the state of the environment report is slated to be finished by early 1991, and then we will have the baselines that would be needed for comparison from one report period to the next. However, I would not want the Member to leave on the record the thought that the sustainable development unit would somehow be the unit that would pass judgment on whether or not compliance with The Environment Act was being followed up by all departments.

* (2100)

What I referenced the sustainable development unit as was the work that they are doing and will be forwarding to the Round Table for advice, on how we will be implementing just the type of procedures that the Member is talking about. I did not say that the SD unit would be the vetting or the compliance aspect between the various departments. I said that the work that they are doing would lead us to a mechanism to be able to deal with that.

I might point out that the department does a fair bit of work in terms of reviewing and changing how we deal with various industries and regulatory problems under The Environment Act on a regular basis. In fact, the manner in which we are going to be dealing with forestry and Abitibi-Price, in terms of when they bring forward their next forestry management plan for the province, that is going to be a regulatory change that we are putting in place right there inasmuch as it will be required to go to the public hearing process. It is a little different than how they have received their forestry licences in the past. Not something that they need to fear, but something that the public I think expects the opportunity to have it discussed publicly so that they can have their input, and so they can see what it is that is being proposed. That I believe is where we have to stop talking about just environment and The Environment Act and the regulatory side of what we are doing, but where the broader discussion of sustainable development and how we deal with environmental issues in the long term sustainability of the industries that we are dealing with and the society that we have.

We have to strike a balance between those who would use The Environment Act to stop all development to those who believe The Environment Act is irrelevant. We have to strike a balance between those two sides

and make sure that balance does not have to be in the middle, but one that is in agreement with the principles of sustainable development so that we can maintain the lifestyle that we have and maintain the environment in a renewable state.

Mr. Taylor: Mr. Acting Chairman, such common sense and rationality and even wearing a red tie, we could welcome the Minister over on this side anytime.

In all seriousness, we have talked about the internal aspects of the provincial Government and the need to comply by those organizations within the provincial Government. I would like to ask the Minister a question about other levels of Government. There has been much ballyhoo by the Member for Concordia (Mr. Doer) about the fact that in no way is the City of Winnipeg complying with The Environment Act when I think that is not quite the reality, but I think something else did need to be done, and in the fashion the Minister has said on the Charleswood Bridge you are going to have to do an EIS.

The Minister also put out the position that there would have to be compliance with The Environment Act by the City of Winnipeg as it relates to the quality of water in the Red and Assiniboine Rivers. I do not think anybody is going to argue with that, at least I would hope not in this day and age.

The question I have for the Minister relates to other smaller municipalities, for example, villages and towns across the province, LGDs in the north, water conservation districts, school boards, all other forms of government in some fashion. Can the Minister indicate how those other levels of government, governments that in some way are directly influenced by the provincial Government or under the direct control of the provincial Government, can the Minister illustrate for us how he sees compliance there and how he ties in therefore with the Minister of Rural Development (Mr. Penner), the Minister of Northern Affairs (Mr. Downey), the Minister of Education (Mr. Derkach)—I think that covers most of the other ones—and could he just elaborate on how he sees this dissemination, if you will, of the approach from this Government?

Mr. Cummings: First of all, dealing with the City of Winnipeg and whether or not they were exempt from The Environment Act was not the case of them being exempt. There was a case of some of their operations not being licensed and we are moving to bring them within licence, but they have never been exempt in any way, and to the credit of the Member for Wolsley (Mr. Taylor), he has never suggested they were exempt, although he has asked some questions in that area.

(Mr. Chairman in the Chair)

The relationship between the province and the other levels of government—I had a discussion earlier this afternoon about relationship between the province and the City of Winnipeg, and the City of Winnipeg being as large as it is creates some problems of its own but, quite frankly, the rural areas of the province have been under very strict regulation under The Environment Act and under previous environmental legislation for quite

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some time. The fact is that some of the rural centres have been given licences, orders in some cases, to comply with standards that were set which were far more stringent in relative terms than to some of the regulation that had been historically applied to the city, I would suggest. The City of Portage has had a very large problem with sewage treatment, the City of Brandon, my own town, in terms of infrastructure for sewer and water management. I think we now have a fairly uniform treatment of municipalities across the province.

The difference will come, I suppose—to finish that first thought. What I am really referring to is that all communities across the province have been disinfecting their sewage effluent in order to comply with the licences that they needed to operate. The City of Winnipeg had never been forced to meet that requirement until a couple of weeks ago when we made that directive for them to bring forward plans. That means, however, still we have a lag time of several years until they get that in position, but at least we believe that will now finalize that responsibility.

The problem that we have, if we are going to have a philosophical discussion here tonight we might as well get into this one as well, and that is that in rural Manitoba, I was asked earlier about would I pass a law that we will not cement over a runway in the City of Winnipeg, that Omands Creek for example could never be cemented over through development and so on, waterways. At one time there were regulations in this province prior to our coming to Government that talked about licensing of every small bit of drainage or improvement that might be put forward on farm land. That proved to be rather impractical and unenforceable, frankly.

So, by and large, you could say that there are large parts of the rural part of the province that are not as closely monitored as urban centres are, but then there are no discharges there. We are talking about conservation and water and soil management rather than impacts to the environment from discharges and so on.

In reading a book not very long ago—the Minister of Agriculture (Mr. Findlay) is not here to grab me by the collar but I know he and I have had discussions on this—that there are people who feel that the prairie land mass has been one of the most vastly altered environments in the world. The Prairies have been one of the most significantly altered environments in the western world, or in all of the world for that matter, but it has sustained and will continue to sustain, in my opinion, one of the most viable and vibrant, profitable, productive agricultural industries in the world if we manage it correctly. I think those management abilities are there and with the co-operation of the population and the Governments of the Day that we need not feel that we have put ourselves in an irreversible or impossible situation.

So in terms of The Environment Act across the rest of the province, the populated environmental concerns have all probably been as strict or more strictly controlled than what has been done in the urban setting by the provincial regulation, and I believe that part of

that is due to the Provincial Land Use Policies and Planning Branch of this Government and previous Governments. Provincial Land Use Planning is quite strict and in fact it is my opinion that as the ad zone around the City of Winnipeg falls away and the provincial land planning takes over, there will be more control and more careful designation of the land for use surrounding the City of Winnipeg from what there has been for a number of years.

* (2110)

That has an environmental significance too in the urban sense where these areas have become somewhat urbanized or where there is a conflict between agriculture and the expanding rural development setting. So I think that it has come as a bit of a shock to me to come into Environment and find that the issues are so very heavily weighted on the urban side. Yet primarily when a lot of people think of environmental issues, they think of the resources that we have to deal with far away from the urban centres.

Mr. Taylor: I find it interesting to note that the Minister is quite optimistic about what could happen if there are provincial planning areas surrounding the city. I certainly hope that his optimism bears fruit.

It was as a city councillor that I was askant at the allowing to the frittering away if you will of the additional zone on a piecemeal basis without the replacement of some other mechanism to carry out the function. I just could not believe that it was happening. It was just like sand slipping through our fingers. There were great gaps in the additional zone, all of a sudden, developing to the point now, I think the Minister would agree, that we have about 40 percent, maybe at the most of the additional zone, maybe less remaining, probably less.

There were real problems with the additional zone. I do not think there is any question about it. I think there was far too much decision-making authority resting with the city. Something still needed to be done. That is not saying that was the right mechanism, but just to let it disappear without a proper replacement mechanism was, as far as I am concerned, gross irresponsibility by the previous administration.

The Minister brings with him to this position an interesting experience and I refer to the fact that this Environment Minister not so long ago was what we were then calling the Municipal Affairs Department. He has the experience of both ministries under his belt and given that I think it gives him an interesting insight. It gives him an interesting insight -(interjection)- Well, the Minister of Agriculture (Mr. Findlay) says, an experience that I will never have. We will see the wisdom of the people. I think we have been doing very well here, we have been doing very well here, Mr. Chairperson, without that sort of rhetoric, without that sort of arrogance, and I would suggest with all due respect that the Minister button up and let us get on with the meat of the matter.- (interjection)-

Mr. Chairman: Order, please.

Mr. Taylor: Now we have the Minister for stonewalling referring to other Parties' arrogance. I would like to get on with my question if I could, Mr. Chairperson.

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The question I was leading to is that given the Minister has been in what I would call an operating department, Municipal Affairs, now renamed Rural Development, he is now in the position of heading a department that is setting a certain level of expectation, and I think requires or should have with it a role of compliance adherent to it as how he feels about the relationship between his new department, his old department, the Department of Education in particular, and the Department of Urban Affairs.

What does he see given that experience in the necessity to ensure that those—and I will use those three examples because those are the ones related to my earlier question about other levels of Government. What does he see as the necessary mechanism to ensure that there is something other than just a direct Government department involved? There is a lower level of Government beneath those departments of which they have a direct role. How does he see the need for compliance and what mechanisms would he see put in place to ensure we do have environmental compliance in this province?

Mr. Cummings: This could take an extremely long time to answer, although I will try and keep it concise, fairly concise. One of the things that happens to a great degree on the environment side is the enforcement is more a matter of compliance rather than enforcement unless we have something that is of flagrant nature.

The Member I know may have a pre-disposition towards enforcement rather than compliance, and I have used the word enforcement many times here myself. To a large degree the manner in which our department has worked and ends up working with Municipal Affairs, because of the combined interest in sewage disposal for example and in planning, is a matter of compliance at the front-end of the process and where there is abuse then we have to lead to prosecution or enforcement.

The very same is true in Northern Affairs where Environment, if they are brought in early enough in the process—and in this is really one of the changes I think that is important and different in terms of the way Governments today, this Government no different than others, have to operate as opposed to the way they did five years ago or 10 years ago, even three years ago is that environmental concerns need to be brought in early in the process. Conawapa Development would be a good example, whereby Hydro has been quietly going proceeding, getting their work prepared in conjunction with the Department of Environment to the point where there is a good example of where the process is being put in place and does not have to have the impetus of a particular Minister to get it going.

They know it has to be done. If they do not want the process held up unnecessarily as it approaches fruition—and nobody knows for sure when a project of that size may become a go. There are lots of times when you could forecast it, but we have often criticized the previous Government because we felt their timing was wrong on major projects that they timed them for reasons other than real demand and price reasons.

You have to appreciate the fact that if environmental concerns are brought in early in the process then they

are considered and dealt with and it does two things. It makes sure that they are properly considered and it makes sure that there is not a smoldering resentment out there among those who are on the development side of issues, as one to get on with doing something. They are willing to provide mitigation. They are willing to look at alternatives, but they have to have some direction to do that and get the environmental process brought in early enough. For them to be able to do that makes an entire difference on whether or not you are talking compliance, or whether or not you are talking enforcement.

Quite frankly if you want to have enough environment officers in the field to do really stringent enforcement on everything, it is going to probably be beyond the ability of this department and a number of other departments to fund them. Compliance has worked quite well, as much as we do not have a high level of people who will flagrantly step outside the bounds of the licences that they have for example, or the discharges that they are allowed.

By using Natural Resources, the Department of Health, those are the two main departments we co-operate with in terms of environmental officers, Highways Department would be another one, where employees of the departments are licensed as environment officers or are trained in environmental assessment in order to make sure that the work is done within the departmental responsibilities—Agriculture obviously has always had an ongoing relationship with natural impacts of this country. People in municipal planners as I said before many of them are trained in the requirements of environmental assessment.

* (2020)

By working with the compliance mode rather than prosecution or enforcement, we do get by with a more efficient operation. I would suggest, however, that is slowly changing. Dangerous goods and dangerous goods handling transportation is an example of where more enforcement may ultimately be required, but again with co-operation of the pertinent departments I think it can be handled without a massive increase in staff.

Mr. Taylor: Bearing in mind the preference for a compliance approach, is the Minister convinced that those other departments that have other levels of Government beneath them and under their control are ensuring compliance by those lower levels of Government? We can talk the LGD and Northern Affairs. We can talk the water conservation districts. In Rural Development we can talk the City of Winnipeg for Urban Affairs and we can talk of the school boards for the Education Minister because I have heard the philosophical approach, and I appreciate the Minister's putting that on the record. I think that is important. I have not heard how he would expect that compliance to be assured, and it does not necessarily mean heavy-handed enforcement.

We have the recent—and I will use it as an example. We had the unfortunate mishandling of the storage drums of PCBs at the Transcona School Division. That was really one of those incidents that did not need to

happen. I felt that the school board did not handle it well, but it -(interjection)- I hear some piping up from the gallery from the former Minister of Environment. I guess he recalls a certain boxcar of PCBs in north Transcona.

Seriously the incident this summer was one of those that I think could have been avoided if there had been sufficient, first of all, direction down to the school board level and secondly sufficient advice back to the school board earlier, I guess some year, year and a half before it made a request and really did not get the information and support it required. So given that example, and I do not think maybe that would be an exceptional example, but given that example, how comfortable does the Minister feel with the situation in those other four referenced departments?

Mr. Cummings: I think, I will agree with the Member for Wolseley (Mr. Taylor), the Transcona-Springfield issue is not one that need never have happened. However, there is a serious disagreement not related to environment at all; that is probably the root of the problem in terms of Transcona themselves and that is that they do not necessarily accept the principle that they are responsible for the material.

Their argument was that they were taking educational dollars to do something that the provincial Government should have done for them. I do not accept that argument. I do not think maybe the Member for Wolseley (Mr. Taylor) does either. They have a responsibility as an operating authority, unless it is something that is very unusual and outside of their ability, to deal with it.

This one was certainly within their ability to deal with it and certainly they had moved interestingly enough very hard in order to try and comply with the law in providing storage and so on. When it became a local political issue where the material was stored, it was my suggestion to them, and I believe it is still my suggestion, that they should move quite quickly to have moved the material. There were a lot of options that were available to them.

One of which we made available to them was—recognizing their problem, then they chose not to use and that was to have the corporation come in and move the material. Ultimately it would have ended up in a storage site where it would not have been our desire to have ballasts stored because the storage site was set aside for more concentrated PCBs, but at least to relieve the concern of the local people we were prepared to help them move, but then they balked at the idea of having to pay a predisposition fee to ultimately dispose of the ballasts when capability was there.

So I have not heard from them recently. I know that they want to have a meeting with myself and the Minister of Education (Mr. Derkach). We just simply have not had the time to formally get the two of us together and have that meeting with them. We certainly do not want to avoid them. Frankly I have some personal friends and acquaintances that are associated with that school division, and I am disappointed that they are

disappointed with our actions, but I believe that we kept our actions within the realm of reality in how we attempted to deal with it.

They could have moved that storage site to other sites that would be more appropriate; that would have not had to have been under a roof if they were in an appropriately fenced storage area could have also been licensed. If they simply had nothing else left at that point, then I believe the alternative that we offered to move the bulk of it very quickly was the right thing to do.

I was trying to think what the Member was referring to when he was talking about agreement with school divisions or education authorities. The other aspect of that, however, that came down the line first rather than the handling of hazardous goods was the fact that the Minister of Education (Mr. Derkach) is working on sustainable development concepts and how those can be a part of curriculum changes and implemented into the thinking of our school system. That is an area that as an ex-trustee myself I feel very good about.

I sit on the Education Committee of the National Round Table and we are going to be working with the provincial Minister of Education (Mr. Derkach) to try and get the sustainable development as part of the agenda at the next meeting of National Education Ministers and begin to work with them on a uniform approach to sustainable development where possible across the country in order to make sure that we make available to the various jurisdictions all the information that they might need to try if they wish to implement curriculum changes.

In terms of compliance and other things that education is doing, education, health and food service industries, I stated earlier this year and we are as a department continuing to attempt to follow through on this is to make it easier for them to deal with any PCBs that they would have on hand.

Mr. Chairman: The Honourable Member for Wolseley, on a point of order.

Mr. Taylor: Mr. Chairperson, on a point of order. I wonder if you could call . . . benches behind the Honourable Minister? Thank you.

Mr. Cummings: This cerebral discussion that we are having could get a little boring for some of our compatriots, I can understand that. We are moving to try and make it easier for those types of facilities to get rid of any stored PCBs that they would have. That does not mean that it will be done for free. As I said a few minutes ago, they would still be held responsible for the eventual costs of disposition.

For example the University of Manitoba very quickly I believe—and I do not have the details, but I did have a call from someone on campus. I believe they have very quickly moved to deal with the fact that they had a storage site that was not in compliance and they have now got that straightened up. I do not think that they have a problem with how they are storing theirs. Some hospital facilities and/or school facilities if they

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are in a bad location could have some problems. Food facilities could have a problem if they have large electrical equipment that for whatever reason they have to take out of service and we are prepared to work with them.

Obviously there is one thing that we have to all appreciate and that is that the number of PCBs that were put into service in this country, let alone in Manitoba, but Manitoba specifically, I do not think that we can honestly say that we know—we know where the storage sites are, but we do not know where all the PCBs are. As they come out of service, that is when we will have to identify them and deal with them. It is an all pervasive problem in terms of that they are scattered all across the province in all sorts of facilities in all sorts of locations, and simply we just have to deal with it in an ongoing process, not on a panic basis, but on a logical and ongoing manner.

The problem can be eliminated without having to strike terror into the hearts of the public if we just simply proceed with the work under the guidelines that are in place and eventually get all this material out of circulation as it is phased out.

* (2130)

Mr. Taylor: I just have a couple more questions along this line, and I do not intend to get into the whole PCB issue at this point. I would just like to sum up in the next question or two, if we could, this whole issue of the role of the department.

I appreciated the comment of the Minister about this aspect of curriculum. I was not aware of that but I am very pleased to hear about that in the education department. I think it is one of the answers to the future. The point the Minister agreed with is part of the, I guess if you will, lack of operational orientation to environmental concerns as was evidenced by this example that I gave of the Transcona-Springfield School Division's response to the PCB storage problem.

How does the Minister see disseminating the approach, the directives, whatever, and the ensuring of compliance down to these other levels of Government? We have had the recent example—and I do not think it is that unusual an example. You do not want to drag them through the tar, but the fact that sort of thing could happen in the very community where we found some PCBs improperly stored just a year before shows that somehow the message is not getting through. If the Minister has some wisdom on how he sees, as the Environment Minister, to ensure that there is a dissemination of information, and educational process if you will, getting right down to these lower levels of Government, I would very much appreciate hearing what his approach will be.

Mr. Cummings: The department indicates to me that they have been doing some additional work with MAST and that would be through the safety director, he is not director of safety but MAST has a provincial director responsible for dealing with insurance liabilities. I saw him as a matter of fact at a hazardous goods management seminar about a week ago that I was at—

Thompson is his name. That is the manner in which we have been trying to get information out to the school divisions.

The problem I think that we may have had up until now on this one, and probably is not going to go away, is the fact that—I think I was on school board when the first directives went out regarding getting PCBs out of service. It was probably an enforcement mode that was used at that time to get the information out as how to deal with this material. So we started off, probably on the wrong foot with the other jurisdictions, in an enforcement mode rather than compliance, very badly misunderstood by the majority of people.

The educational level is better now in terms of this particular topic, but it was exceptionally low at that time as you sat underneath the fluorescent lights reading these letters, looked up and said, well, you know, we have been under these things for 10 years now, why are they all of a sudden dangerous to us? I think we started off with a problem early on that has not gone away and probably contributes to a lot of the concerns that we have.

The other thing that has happened I think in relationship to this is that we could perhaps do more and should do more and will do more if we can design direct information to the boards; do not just do the job. That is why we have worked through MAST where they have direct seminars for maintenance people, or custodial management people, within the division. The same thing holds true at municipal seminars, but I think we are off to a better start on an initiative that we have out there right now, which is redesigning the regulations regarding landfill and waste disposal grounds at the municipal level.

I attended two of the original meetings of MAUM where presentations were made by the department; presentation was made at the UMM—made at the other MAUM meeting. We will be probably attending further UMM meetings on a consultation basis as to the regulations that are being considered, and fully expect to get a lot of feedback on that before regulations are structured and thereby, hopefully, get into the compliance mode rather than the regulatory mode even though it will ultimately mean that regulations will be imposed on these jurisdictions on how they handle their waste disposal grounds.

Mr. Taylor: Mr. Chairperson, I appreciate the Minister's full answers on these, and I am still left with much concern particularly that we appear to have a long way to go on education and a long way to go on compliance as well. It is a big job out there. I am not sure we are moving nearly fast enough. I wanted to ask the Minister a question as it relates to Government going the other direction.

We are all well aware that the federal Government does not have to comply with statutes and regulations, et cetera, of other Governments. It is also interesting to note that the federal Government, however, has an overt policy that almost exclusively leads its branch heads, regional department heads, et cetera, to comply wherever possible with the regulations, whether it is a

by-law for example of a town or city, and the same thing goes for the provincial statutes and regulations.

I ask the Minister, given that situation, are there things that come under the purview of his department, Acts and regulations, in which he is hoping for at this time a federal co-operation, if you will, with the legislation of this House and which has not yet come about?

Mr. Cummings: I do not think the Member is correct to say that the federal Government does not have to comply with provincial laws particularly dealing with environmental laws. We have the understanding of the Attorney General's department that any regulation of general applicability would apply to the federal Government equally with any other operations within the province. The virology lab could be one example.—(interjection)— No, the Member says from his seat, that is because they choose to agree to be regulated by it. That is not my understanding that is true.

I suppose that is something that may eventually have to be tested, but I do not think we have any examples at the moment of where they have refused, or wish to challenge our regulation. The opinion as I stated earlier is that any law of general applicability, they would be constrained by. Now you might say there are specifics or there is something that does not fall within that, but I cannot think of any examples.

Mr. Taylor: Just on a clarification, Mr. Chairperson, the federal Government does not have to comply with any legislation by any level of Government junior to itself. What you are hearing from Ottawa, from the Minister, is saying, we are taking a positive response to work together with and, to go further, comply with.

There was a case in recent times of one federal department in the city refusing to go along with the request that they submit their plans of construction to the Rivers and Streams Committee which is, as you are aware, a civic committee carrying out the work of a provincial statute. That was a recent case, about three years ago, as recent as that, and that was one of the very few exceptions that I have seen. The Minister is saying he is not aware of any other areas where he expects the federal Government would have to come onside that they are not now and I am pleased to hear that. I have no further questions for the moment.

* (2140)

Mr. Cummings: Prior to the critic for the third Party, the Member for The Pas (Mr. Harapiak), asking questions, that is, I have to restate that it is contrary to the legal opinion that we have regarding the relationship of the federal Government in our regulatory process. I wonder if the critics have made any determination on when they might want to get by the first line of the first page.

Mr. Kevin Lamoureux (Inkster): I just have a couple of very brief questions. They are for the Minister. Regarding the biomedical waste, I was concerned in terms of what is currently being done with what I believe is a hazardous waste, and I believe it is regulated as

hazardous waste. From what I understand, some hospitals incinerate it, other hospitals transport it to different types of facilities. I am wondering if the Minister can tell me if, at present, it is being stored by any private enterprise or by the Government, or where the waste is destined to at this point in time.

Mr. Cummings: I had a note on biomedical waste in my other book, but I do not have it with me. The department informs me that the vast majority of it is incinerated, some of it within the province and a considerable amount of it at facilities outside of the province.

Mr. Lamoureux: One of the concerns that I had, Mr. Chairperson, and to the Minister, was that during an incident that had happened in my riding there was some rumour that some of this biomedical waste was ending up in our landfill sites. Now, I cannot substantiate or prove that particular allegation, but I am wondering if the Minister or any members of his staff are aware of something of that nature possibly taking place.

Mr. Cummings: It would be under fairly exceptional circumstances if that were to happen because the requirements for handling of this waste is—and I cannot remember the particular terminology that refers to different types of biomedical waste—but the vast majority of it is required to be incinerated. Anything that would end up in landfill sites would be the exception rather than the rule, and I am not sure that I could indicate what would normally even fall into that category. I would suspect that what we are looking at here is a question of a particular type that might be allowed for landfill, but I do not have that information with me. I am assured that it would be quite exceptional for very much to go into the landfill site. It would have to be of a particular type as well.

Mr. Lamoureux: Mr. Chairperson, on two points, in the previous answer the Minister had said that in some cases it is transported outside of the province. Is it stored within the province for transportation purposes? Following that, the Minister—and I am not really 100 percent clear in terms of if he says that there is some biomedical waste that he might be aware of that is at landfill sites. He is not aware of any biomedical waste by the indication of his head. Maybe he can answer then the previous question.

Mr. Cummings: There is no official transfer station per se to deal with this particular type of waste, but it would be collected to truckload lots under refrigerated conditions and then shipped for disposal to incineration facilities. The facilities that it is shipped to out of the province are ones that are predetermined to be acceptable to handle that type of waste and regulated obviously by the local authorities. It is not unusual to have this type of material trucked, however, to appropriate disposal sites.

There was considerable consternation raised in Ontario last summer or last spring where there was a holdup at the crossing. I believe it was at the time of the contaminated fuel issue. Maybe it was in the summertime last year where it also was discovered that

there were truckloads of biomedical waste that were waiting to cross to go for incineration purposes.

Mr. Lamoureux: Again, this is to the Minister. Maybe if he can just indicate if there are actually storage regulations that are currently in place to facilitate the storage of biomedical waste. Also, getting back to the potential need for strong regulations regarding biomedical waste, I am somewhat concerned that the fact that this one particular allegation about some of it going out to the landfill sites, if there is, or if the Minister sees sometime in the near future or in long-term planning from his Government's viewpoint, in having an incinerating complex at one of our landfill sites, or what in particular his department is doing to address this particular type of hazardous waste.

Mr. Cummings: On the first point, the bulking and storage prior to shipment and putting it into shipment would be controlled under Health regulations primarily. If there were to be a transfer station established in the province, it would be controlled under our department, under The Dangerous Goods Handling and Transportation Act in conjunction with Health.

Yes, it would be my anticipation, while I am not sure with a landfill site or wherever that ultimately the Province of Manitoba should have and will have incineration facilities of its own that can be used to get rid of this material because the broader principle is that if you are not part of the cure, you are going to end up being part of the problem.

I think that the province, whether it is handling this type of material or other goods that are what—more likely the first thing that you think of in terms of handling hazardous goods, that we have to develop some facilities to be able to handle a portion of our own production in a capable manner, or other jurisdictions are going to start shutting down their borders. We would not be able to enter into reciprocal agreements or co-operative agreements if we had no capacity of our own to deal with any of these types of materials, so obviously it would be very much to the advantage of this province to have a facility.

Mr. Harry Harapiak (The Pas): Mr. Chairman, the Minister was a little concerned about us passing the first line and I hope it is the intention of the committee that we could have the discussions now, and then once we come we will pass the lines very quickly, because I think we are covering most of the waterfront in the discussions that have been taking place so far. So I think the discussion will take place and then when we come to the line by line that they will be passing them very quickly.

I had some questions in the whole area of the Manitoba Hazardous Wastes Corporation and just following up on some of the questions that the Member for Inkster (Mr. Lamoureux) raised. I was under the impression that most major hospitals in the City of Winnipeg had incinerators to dispose of the medical wastes that are necessary to dispose of in each location. Is that not a fact?

Mr. Cummings: That is correct. I do not believe the capacity is entirely there for the province however, but we do have capabilities in the city.

Mr. Harapiak: In the new medical research centre that is presently being discussed as far as location is concerned, there seems to have been a decision made to locate it in the downtown area by the newly elected council. Will that facility have the same ability to dispose of all of the necessary by-products that are going to be coming from the research centre or are we looking at, because of the development of Manitoba Hazardous Waste Corporation, disposing of it via that process?

Mr. Cummings: It is my understanding it would have its own capacity to deal with anything that went on within the lab and that would make it a totally self-contained unit.

Mr. Harapiak: Mr. Chairman, I was wondering if the Minister has made any more progress as to where the hazardous waste facility may be located, and how many communities are still left that are interested in the facility? Has there been any approach at all by the City of Winnipeg to have the facility located in a vicinity close to the City of Winnipeg?

Mr. Cummings: Yes, there are the sites that are being actively explored at the present time and have expressed a fair bit of interest in, or considerable interest, having the facility located in or near their jurisdictions. There are a large number that have come forward since that initial phase, it seems to me it is about a dozen or so. At the same time, and something which is equally important although not quite as high profile, the City of Winnipeg apparently has expressed some interest in the possibility of having a transfer site located somewhere near or within its boundaries.

Mr. Harapiak: Mr. Chairman, it certainly makes sense that the City of Winnipeg would have a transfer site located within its boundaries, but I think it would also make sense to have the Hazardous Waste Corporation located within the City of Winnipeg as well, because when you take into consideration that there is half the population of this province living in the city, and most of the corporations that produce hazardous waste or create hazardous waste are located in this area as well, then it would make sense that it would locate in the city.

From what I have read on it there is technical information available which tells us that it is as safe to dispose of these materials within the City of Winnipeg as it is in any other location in the Province of Manitoba. So it would make sense that because of the costs of transporting to a different location when most of the hazardous waste is created here within the perimeter that we should also have the responsibility of disposing it.

I think that the Minister should become a little bit aggressive and make the approach to the City of Winnipeg. I know you are trying to do this on a co-operative basis and I agree with that. That is the process that was put in place when we were Government. When

the city is not coming forward and making any presentations or not expressing any interest in locating it here, I think that the Minister should take the initiative and see if we can discuss that with the city and have the Hazardous Waste Corporation located here. Have there been any discussions or any initiative taken by the Minister to try and convince the city that they should have it in the City of Winnipeg?

Mr. Cummings: Yes, actually all of the work in terms of siting has been turned over to the corporation. The NDP task force recommended, it seems to me that what the Member just talked about flows from that recommendation, but the city has not come forward requesting the facility.

We are continuing to use the concept that if a community is interested they may come forward and make application or make contact with the corporation for the siting of the facility. Up to this point we have no reason to abandon that concept. I have no reason to abandon certain rural areas that have considered the possibility of siting the facility in their boundaries. They have come a long way in dealing with the facility.

It is interesting enough that there are a large number of people who have still expressed reservations in all parts of the province despite the assurances of the corporation about the safety of what it chooses to or hopes to put in the disposal facility, but to get it sited in conjunction with an agreeable community, whether that community is within the city boundaries or within the boundaries of an adjacent municipality around the city, is still going to require the same process.

I would be quite happy to see the city come forward with a request but up till now the City Council has not chosen to do that, and perhaps the time has come for them to push if they are convinced that this is where they want the facility.

Mr. Harapiak: I wonder if the Minister could share his views on the transportation of hazardous waste. I recognize that the dangerous goods also create as much hazard on the highways as the hazardous wastes do, but I am wondering if the Minister has any concerns about putting on our transportation routes more trucks hauling goods that could create accidents and be dangerous to the travelling public rather than having it disposed of right here in the City of Winnipeg.

Mr. Cummings: I am trying to remember the figure that the corporation puts forward as a percentage. Is it a percentage or a number out of the total that would be impacted by transportation of whatever dangerous goods might be generated or hazardous goods might be generated? I am trying to remember if it is two truck loads a day, it seems to me would be the maximum that would be transported within the province if the facility were sited somewhere. It is going to have to be trucked somewhere, the issue is whether or not by

trucking it a greater or a lesser distance reduces the opportunity for accident. That can be mitigated by very specialized transportation equipment. Frankly the type of hazardous goods that we see on the highway today are probably a lot more likely to cause concern in the future as opposed to the impact that transportation to a waste disposal facility would have. I believe the number is two truck loads or less per day.

Mr. Harapiak: I wonder if the hazardous waste that created quite a bit of controversy—was it last year or the year before?—was the disposal of waste gasoline. I think that is the material that was dumped into the sewers at the Maples and caused that explosion. In discussion with the previous Minister of the Environment, in discussing with people who handle liquid waste, there was one corporation who told me that they would, Imperial Oil, be interested in helping to dispose of this gasoline that cannot be used for consumption because of the bottom of the tank or whatever.

I am wondering if the department has ever followed up with Imperial Oil or Shell Oil to see if they would be willing to be a gathering source and then have that fuel sent back to the refinery to be refined and salvage whatever they can. Has that discussion taken place with Imperial Oil and Shell Oil to see if they are willing to participate in that process?

Mr. Cummings: It is my understanding that Shell Canada is involved in assisting in the reclaiming of waste and sludge now. Certainly what the Member is talking about is the further involvement of industry in dealing with its own waste. As we further regulate and restrict the way in which these industries operate they are going to be faced with a choice. They are going to have to go to facilities which may be publicly owned facilities or jointly owned facilities such as we are proposing with the Hazardous Waste Corporation, or they may very well be private facilities that have the ability to deal with the material, or they are going to have to do it themselves.

Frankly it will be quite easy to foresee the day when they will by economic pressure be more than willing to deal with this issue, industry by industry, but that will not eliminate the need for a general ability of a specific facility to deal with some of the other types of products that are not generated or cannot be reclaimed by the industry that is producing them in the first place.

Mr. Chairman: The hour being 10 p.m., committee rise and call in the Speaker.

IN SESSION

Mr. Deputy Speaker (William Chornopyski): The hour being after 10 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow (Tuesday).