



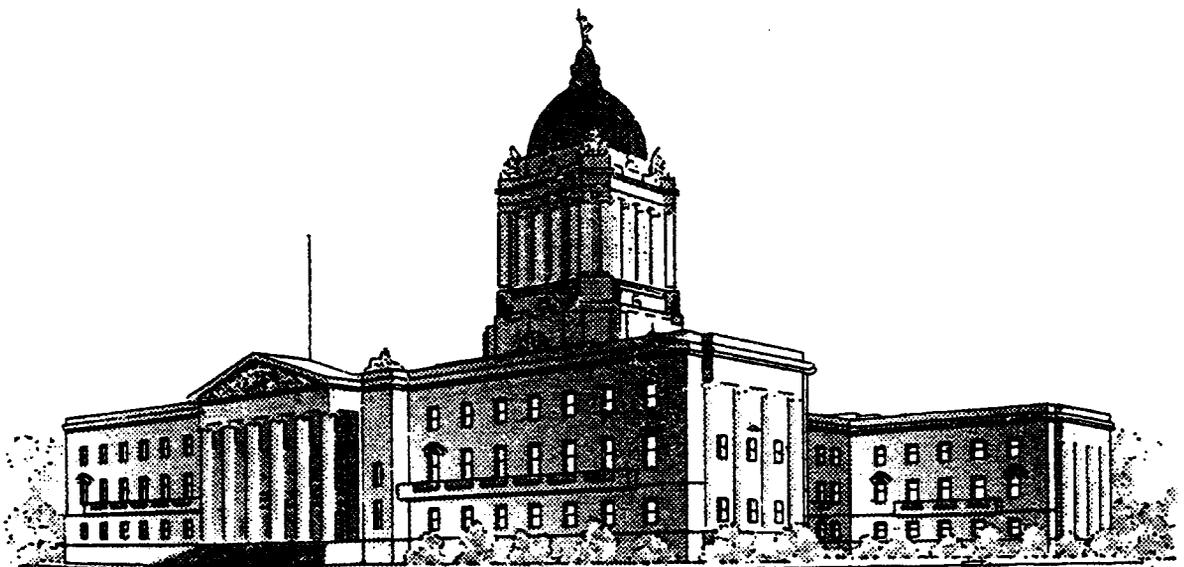
**Second Session - Thirty-Sixth Legislature**

**of the**

**Legislative Assembly of Manitoba**

**DEBATES  
and  
PROCEEDINGS  
(Hansard)**

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Sixth Legislature**

**Members, Constituencies and Political Affiliation**

<u>Name</u>	<u>Constituency</u>	<u>Party</u>
ASHTON, Steve	Thompson	N.D.P.
BARRETT, Becky	Wellington	N.D.P.
CERILLI, Marianne	Radisson	N.D.P.
CHOMIAK, Dave	Kildonan	N.D.P.
CUMMINGS, Glen, Hon.	Ste. Rose	P.C.
DACQUAY, Louise, Hon.	Seine River	P.C.
DERKACH, Leonard, Hon.	Roblin-Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary	Concordia	N.D.P.
DOWNEY, James, Hon.	Arthur-Virden	P.C.
DRIEDGER, Albert, Hon.	Steinbach	P.C.
DYCK, Peter	Pembina	P.C.
ENNS, Harry, Hon.	Lakeside	P.C.
ERNST, Jim, Hon.	Charleswood	P.C.
EVANS, Clif	Interlake	N.D.P.
EVANS, Leonard S.	Brandon East	N.D.P.
FILMON, Gary, Hon.	Tuxedo	P.C.
FINDLAY, Glen, Hon.	Springfield	P.C.
FRIESEN, Jean	Wolseley	N.D.P.
GAUDRY, Neil	St. Boniface	Lib.
GILLESHAMMER, Harold, Hon.	Minnedosa	P.C.
HELWER, Edward	Gimli	P.C.
HICKES, George	Point Douglas	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
KOWALSKI, Gary	The Maples	Lib.
LAMOUREUX, Kevin	Inkster	Lib.
LATHLIN, Oscar	The Pas	N.D.P.
LAURENDEAU, Marcel	St. Norbert	P.C.
MACKINTOSH, Gord	St. Johns	N.D.P.
MALOWAY, Jim	Elmwood	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McALPINE, Gerry	Surgeon Creek	P.C.
McCRAE, James, Hon.	Brandon West	P.C.
McGIFFORD, Diane	Osborne	N.D.P.
McINTOSH, Linda, Hon.	Assiniboia	P.C.
MIHYCHUK, MaryAnn	St. James	N.D.P.
MITCHELSON, Bonnie, Hon.	River East	P.C.
NEWMAN, David	Riel	P.C.
PALLISTER, Brian, Hon.	Portage la Prairie	P.C.
PENNER, Jack	Emerson	P.C.
PITURA, Frank	Morris	P.C.
PRAZNIK, Darren, Hon.	Lac du Bonnet	P.C.
RADCLIFFE, Mike	River Heights	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack, Hon.	Niakwa	P.C.
RENDER, Shirley	St. Vital	P.C.
ROBINSON, Eric	Rupertsland	N.D.P.
ROCAN, Denis	Gladstone	P.C.
SALE, Tim	Crescentwood	N.D.P.
SANTOS, Conrad	Broadway	N.D.P.
STEFANSON, Eric, Hon.	Kirkfield Park	P.C.
STRUTHERS, Stan	Dauphin	N.D.P.
SVEINSON, Ben	La Verendrye	P.C.
TOEWS, Vic, Hon.	Rossmere	P.C.
TWEED, Mervin	Turtle Mountain	P.C.
VODREY, Rosemary, Hon.	Fort Garry	P.C.
WOWCHUK, Rosann	Swan River	N.D.P.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Friday, December 8, 1995**

**The House met at 10 a.m.**

**PRAYERS**

**ROUTINE PROCEEDINGS**

**PRESENTING PETITIONS**

**Retention of Hogs Single-Desk Selling**

**Ms. Rosann Wowchuk (Swan River):** Madam Speaker, I beg to present the petition of Lionel Henderson, Bryan Ferriss, Bruce A. Henderson and others praying that the Legislative Assembly of Manitoba request the Minister of Agriculture (Mr. Enns) reverse his decision and retain single-desk selling for hogs in Manitoba under Manitoba Pork.

**Emergency Health Care Services—  
Community Hospitals**

**Mr. Doug Martindale (Burrows):** Madam Speaker, I beg to present the petition of Marilyn Waterman, Jerry Morlock, Marcy Day and others praying that the Legislative Assembly of Manitoba go on record requesting the Premier (Mr. Filmon) to consider maintaining 24-hour access to emergency health care at community hospitals, as was promised in the 1995 general election.

**Emergency Health Care Services—  
Grace General Hospital**

**Ms. MaryAnn Mihychuk (St. James):** Madam Speaker, I beg to present the petition of Ken Emberley, Al Holtslag, Ellen Waldie and others praying that the Legislative Assembly of Manitoba go on record requesting the Premier (Mr. Filmon) to consider maintaining 24-hour access to emergency health care at the Grace Hospital, as was promised in the 1995 general election.

**Emergency Health Care Services—  
Community Hospitals**

**Ms. Diane McGifford (Osborne):** Madam Speaker, I beg to present the petition of Randy Harder, B.

McLeod, John Bredin and others praying that the Legislative Assembly of Manitoba go on record requesting the Premier (Mr. Filmon) to consider maintaining 24-hour access to emergency health care at community hospitals, as was promised in the 1995 general election.

**Ms. Jean Friesen (Wolseley):** Madam Speaker, I beg to present the petition of Marion Yaromy, Betty Puloski, Shirley Raike and others praying that the Legislative Assembly of Manitoba go on record requesting the Premier (Mr. Filmon) to consider maintaining 24-hour access to emergency health care at community hospitals, as was promised in the 1995 general election.

**READING AND RECEIVING PETITIONS**

**Emergency Health Care Services—  
Community Hospitals**

**Madam Speaker:** I have reviewed the petition of the honourable member for Inkster (Mr. Lamoureux) and it complies with the rules and practices of the House. Is it the will of the House to have the petition read?

**An Honourable Member:** Yes.

**Madam Speaker:** Yes. The Clerk will read.

**Mr. Clerk (William Remnant):** The petition of the undersigned residents of the province of Manitoba humbly sheweth:

THAT emergency health care services are the core of Manitoba's health care system.

THAT Manitobans deserve the greatest possible access to this care.

WHEREFORE your petitioners humbly pray that the Legislative Assembly urge the Minister responsible for Health consider making a commitment to the people of Manitoba that emergency health care services in Winnipeg's five community hospitals will remain open seven days a week, 24 hours a day.

\* (1005)

### ORAL QUESTION PERIOD

#### Manitoba Telephone System Privatization

**Mr. Gary Doer (Leader of the Opposition):** Madam Speaker, we have asked a number of questions dealing with the Manitoba Telephone System at the committee meetings just held about 10 weeks ago.

We would like to ask the Premier whether the provincial government or the Manitoba Telephone System acting under the authority of the provincial government, have they engaged or entered into any arrangements with brokers in the province of Manitoba to privatize whole or part of the Manitoba Telephone System?

**Hon. Gary Filmon (Premier):** Madam Speaker, I can tell the member that the Manitoba Telephone System has not entered into agreements to privatize the Telephone System, nor have we.

**Mr. Doer:** Madam Speaker, the Premier did not answer the question. I asked the Premier whether the provincial government or the Manitoba Telephone System acting under the authority of the provincial government, have they engaged or entered into arrangements with brokers to deal with the shares of a whole or part of the Manitoba Telephone System?

**Mr. Filmon:** Madam Speaker, I have said before and I will say again that we have not entered into agreements with brokers to privatize, not we nor the Telephone System.

**Mr. Doer:** Madam Speaker, have the companies—Richardson Greenshields, Wood Gundy and Dominion Securities, could the government inform the people of Manitoba what function they will have in terms of the shares or assets of the Manitoba Telephone System, either the parts of the Telephone System that were established by the government in their announcement in July or in the whole company?

**Mr. Filmon:** Madam Speaker, it is my understanding, and I spoke about it yesterday at the Chamber of

Commerce luncheon, that we have an obligation to review the operations of all our Crown corporations, particularly those that operate in fields in which a significant part of their revenue is now open to competition, to evaluate their operations and to decide the best way in which their operations ought to continue in the future in order that they can meet the tests of their market needs, the tests of their customers, and the tests of ownership that will obviously do the best job on behalf of the people of Manitoba.

**Mr. Doer:** Madam Speaker, I just simply want to know from the Premier, given the fact that in the Manitoba Telephone System he talks about privatization and other roles of monitoring that are going on—we would note that the Saskatchewan telephone system, which did not enter into the CRTC arrangements, made \$80 million in the last reported year compared to the most recent report from this Telephone System.

I just want to know, what is the role of the three brokerage firms I listed? What is the role they have with the provincial government and the Manitoba Telephone System in terms of the assets that are presently owned by the public through the Crown corporation?

**Mr. Filmon:** The evaluation that I spoke about in response to the last question is one in which we are going to evaluate the new and changing circumstances in which our Crown corporations now operate, which is that some of them, particularly the Telephone System, gain a significant part of their revenue in a field that is open to competition.

I think it is very much within the mandate and the responsibility of this government to be able to operate in a way that continues to examine those and see what is in the best interests of the people of Manitoba in the way in which ownership may restrict, confine or in any way alter or evaluate their operations. So the firms that have been referenced are part of the evaluation process.

\* (1010)

**Mr. Doer:** The firms that the government has listed or we have noted, which the Premier has now confirmed

have been engaged to analyze the situation, are firms that make their money selling shares from one corporation or one operation to other operations. They are brokerage firms. They are not independent, analytical organizations. So I would like the Premier, in light of this new honesty and openness and this new removing of the veil of secrecy from everything, to let Manitobans know what is going on.

His minister, 10 weeks ago, said in the committee that they have no intention of privatizing any part of the corporation and we will not change the ownership; there is nothing in front of me, 10 weeks ago, to change the ownership of a whole or part of the organization.

What is the role of brokerage firms, Madam Speaker, and why are they hired by the government to analyze this decision when in fact it is their job to sell shares?

**Mr. Filmon:** Their role is to be part of the process that evaluates whether or not the Telephone System ownership is appropriate as it is today or whether there are alternatives that would be more appropriate for the people of Manitoba.

**Mr. Doer:** The minister, 10 weeks ago, stated that privatization was not on the table as the result of this new organization, not at all. The only person raising the issue of privatization, dare I say it, was the opposition in questions we were raising.

I would just like to know from the Premier whether the brokerage firms have been hired to sell shares of the Manitoba Telephone System, whole or part? Why would he hire firms to analyze whether we should be selling part of the corporation? Why would we hire firms whose job it is and whose profits are made by, in fact, selling shares? Is this not in a conflict of interest?

Is it not really the job that they have been hired to do to sell whole or part of the shares of the Manitoba Telephone System? I would ask the Premier, just tell the public what is going on behind those closed doors.

**Mr. Filmon:** Among other things, brokerage firms do evaluations of assets, evaluations of values and alternatives. That is precisely part and parcel of the evaluation that they will be engaged in.

### **Manitoba Telephone System Privatization**

**Mr. Steve Ashton (Thompson):** Madam Speaker, we have been trying to get some straight answers from this government on MTS for quite some time.

In July of 1995 they restructured MTS into four new divisions. They said at the time it had nothing to do with privatization. On September 26, in committee, I repeatedly asked the Minister responsible for MTS if the government had any consideration whatsoever, either in regard to the restructuring or any other consideration for privatization. He repeated in committee on numerous occasions they had no consideration of privatization. The only persons raising the issue of privatization are the NDP opposition. I am not involved in that in any fashion. I have not discussed the issue of privatization with anybody.

What I would like to ask, since we now have this new structure, four new COs, since these brokerage firms have been put in place, will the Minister responsible for MTS finally indicate to Manitobans, is he and this government looking at privatizing any part of MTS?

\* (1015)

**Hon. Glen Findlay (Minister responsible for the administration of The Manitoba Telephone Act):** Madam Speaker, these are challenging and changing times, particularly the telecom industry.

The member references a reorganization over at Manitoba Telephone System. Clearly, we are under a new regulator, and it is important that we respond to what that regulator wants. It wants the monopoly component separated from the competitive divisions of the company. The reorganization process has done that, and four very, very capable individuals have been hired to lead that corporation with regard to those four companies in the upcoming future of the telecom industry in Manitoba and in Canada.

**Mr. Ashton:** Perhaps I will state it very simply for the minister and perhaps the Premier (Mr. Filmon) would like to answer it. I asked back in September about

privatization and the minister said no. Is this government looking at privatizing any part of MTS?

**Mr. Findlay:** Madam Speaker, we have done the reorganization. We are now going through an evaluation process, as the Premier has indicated, to determine how we can be sure that MTS is the strongest possible telecommunication delivery network in the province of Manitoba.

**Mr. Ashton:** Madam Speaker, as a final supplementary then, will the minister finally admit in clear words that what he said in September to the committee of this Legislature was not true, that one of the main reasons the government reorganized MTS was to sell it off and they are now in the process of privatizing MTS, something that has been a Manitoba institution for 75 years, that is owned by the people of Manitoba, with no consultation whatsoever with the public of Manitoba? Will he come clean?

**Mr. Findlay:** Madam Speaker, my answer to the second question stands. We want to be sure that the Manitoba Telephone System is structured and operating in the most cost-effective, strong way to deliver telecom services to Manitobans in competition with many, many suppliers.

#### **Health Care System Emergency Services**

**Mr. Dave Chomiak (Kildonan):** Madam Speaker, yesterday in the hallway, the Minister of Health said he would be making an announcement on the emergency room closures or reopenings today.

Now the Minister of Health has been wrong so often in regard to the emergency wards that I would like to ask the Premier (Mr. Filmon), will he table the recommendations of his emergency task force report so the public of Manitoba will know the reasons as to why the government is doing what it is doing?

**Hon. James McCrae (Minister of Health):** Madam Speaker, yesterday in the hallway, in an exchange with my friend a reporter with one of the television companies here in the city, the word "tomorrow" slipped out, and when pressed on the matter, I said,

well, I wish it could be yesterday. Actually, I would expect early next week to make an announcement.

**Mr. Chomiak:** Madam Speaker, again, my question to the Premier (Mr. Filmon).

Will the Premier release the recommendations and the studies so Manitobans will know why the government is making this decision, and will he override his Minister of Health and ensure the five emergency wards are reopened as the public of Manitoba has been demanding for the past two months?

**Mr. McCrae:** Madam Speaker, the honourable member has been asked to participate in discussions many, many times and only on a few occasions has he actually taken us up on that offer. We certainly appreciate each and every time that he has, but it has not been very many times, I am sorry to say.

If he has some data that he would like to share with us and with those with whom we have been consulting, we would be happy to have data that points to good health outcomes for Manitobans as we move toward integrating our emergency services system, as well as other clinical programs in the city of Winnipeg.

\* (1020)

#### **Public Consultations**

**Mr. Dave Chomiak (Kildonan):** My final supplementary is again to the Premier (Mr. Filmon).

Will the Premier, who is prepared to travel the globe on all kinds of missions all the time, is the Premier prepared to attend public meetings, nonpartisan public meetings that we will set up in the vicinity of Misericordia Hospital and Seven Oaks Hospital, two hospitals—[interjection]

**Madam Speaker:** Order, please.

**Mr. Chomiak:** Madam Speaker, will the Premier, who is prepared to travel the globe, be prepared to attend nonpartisan public meetings that we will set up around Misericordia Hospital and Seven Oaks Hospital—

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

**Madam Speaker:** Order, please. The honourable member for Kildonan, to complete his question.

**Mr. Chomiak:** Madam Speaker, will the Premier, who is prepared to travel the globe and attend all kinds of meetings, be prepared to set up meetings, even if Barb Biggar sets them up, even if Barb Biggar sets them up for him around Misericordia Hospital and Seven Oaks Hospital to explain to residents of those communities the rationale why those two hospitals are on the chopping block under this Minister of Health?

**Hon. Gary Filmon (Premier):** Madam Speaker, it has been well documented that when New Democrats are in office, as they have been in Ontario, Saskatchewan and British Columbia, they there make decisions as they did in Saskatchewan to close 52 rural hospitals, in Ontario as they did to close 10,000 beds, as they did in British Columbia to close a major downtown hospital in Vancouver, and all of those things. So what you have here, of course, is the member for Kildonan doing what he does best, his only preoccupation, which is to play politics with every issue. When he says he will set up nonpartisan meetings, he gets exactly the same credibility as he does with everything else he does.

#### Point of Order

**Mr. Chomiak:** Madam Speaker, I believe I said the Premier could attend meetings set up by Barb Biggar, who has been hired by the Department of Health to do advertising. The Premier could attend those meetings. We do not have to set them up.

**Madam Speaker:** On the point of order, the honourable member for Kildonan does not have a point of order. It is clearly a dispute over the facts.

#### Health Care System Emergency Services

**Mr. Kevin Lamoureux (Inkster):** Madam Speaker, my question is for the Minister of Health.

We in the Liberal Party will acknowledge right up front that there is a need for change in health care. In

fact, this is something which we believe is important for us to provide constructive criticism. But ultimately we would argue, the core to health care is community-based hospitals. In fact, community-based hospitals have to offer emergency services, absolutely essential along with intensive care units.

My question to the Minister of Health is, is he prepared, given the changes that he is looking at, to at the very least make the commitment to the Misericordia and Seven Oaks Hospitals that those two very important components will be incorporated in the Seven Oaks and Misericordia Hospitals?

**Hon. James McCrae (Minister of Health):** Madam Speaker, I do appreciate the honourable member's assertion that he believes change is necessary, and that is fortunate because with his colleagues in Ottawa removing \$147 million from health and social service budgets next year and \$220 million the year after that, I think change is in the wind. The honourable member, if he is going to support that, then we are going to appreciate that, although the honourable member is preoccupied with acute care.

Acute care is a very important part of our health care system, but we would like the honourable member to talk also about community health, community health centres, home care, long-term care, public health nursing, disease prevention, health promotion, those sorts of things as well, rather than have a single-minded sort of preoccupation simply with acute care.

We are advised that we have sufficient acute care. If we used it appropriately, then we would have a lot more acute care capacity than we need. That means we need to make adjustments, as the honourable member has said.

\* (1025)

**Mr. Lamoureux:** Madam Speaker, what I am asking the minister is, is he not prepared to give the assurances to the residents that live in the communities around the Seven Oaks Hospital and Misericordia Hospital that in fact there will be emergency health care services provided through those hospitals? Can he not make that commitment today?

**Mr. McCrae:** The honourable member, I think, agrees with all the other people with whom we consult, Madam Speaker, that we have a greater level of supply of emergency services than we have demand, so, that being the case, it is not appropriate for the honourable member just to insist that everything go back to the way it was where we had an excess of supply. We cannot afford to do that in a health system that we need to see integrated throughout the city.

So the discussion about the question the honourable member raises is ongoing, and it is not the kind of thing that I think would be appropriate for him or for me to jump ahead of all of those discussions and consultations and say, well, here is the bottom line. I do not think that is appropriate, Madam Speaker.

**Mr. Lamoureux:** Madam Speaker, when the Minister of Health makes his announcement next week in terms of what his government's intentions are, is he prepared to provide this Chamber and all members the facts that he used in order to determine which hospitals were in fact going to be closed or reconverted or have certain components shut down?

**Mr. McCrae:** Well, Madam Speaker, I think it is fair to say that there are a lot of facts and data out there. A lot of it has existed for a long time, and to some extent, we are really just going over the same territory that we have been over. I invite the honourable member to take an active part himself. I invite him to be in touch with the KPMG consulting people who can bring him up to date on the discussions that have been undertaken, and I will share as much information as I possibly can with the honourable member.

### **Misericordia General Hospital Emergency Services**

**Ms. Jean Friesen (Wolseley):** Madam Speaker, my questions are for the Minister of Health.

In August of this year the minister received a report on the Emergency Department of the Misericordia Hospital. This report gives clear evidence that the Misericordia has the highest percentage of patients who are most seriously ill on arrival. This hospital is situated next to one of the areas of the deepest poverty

in Manitoba. A high proportion of those patients are seniors. Many of them do not have their nutrition needs adequately met as it is. They do not have cars. Increasingly, they do not have telephones.

I want to ask the Minister of Health, with all of that evidence, why did the minister choose to close the emergency room for this community?

**Hon. James McCrae (Minister of Health):** Madam Speaker, I know the honourable member has been listening to the debate and discussions about emergency services in the city of Winnipeg.

Really, it is repetitive for me to do this, but I refer to the fact that we have a population here in the city that has been and remains well served by emergency services, and the plan that we put into place for the longer-term future will take into account the needs of the people who have used in the past all of the different hospitals in the city.

But I do encourage the honourable member to take a look at the system and agree with me that what we need is something that is integrated city-wide.

**Ms. Friesen:** Madam Speaker, what I want the minister to do is to make a commitment to the people of this community to reopen the 24-hour emergency room service at their hospital. It serves the poorest members of our community. It saw an increase of 32 percent in its patients over the last four years, and the government in fact has been forced to reopen the Misericordia on an ad hoc basis, acknowledging the fact that it needs that emergency room service. Please, reopen that emergency room.

\* (1030)

**Mr. McCrae:** Madam Speaker, the role and contribution of the people at Misericordia General Hospital for many, many years is certainly acknowledged by me and by, I think, all Manitobans who are aware of the contribution it has made. We also appreciate the present role of the Misericordia Hospital and the people who work there in helping us plan for the appropriate future for Misericordia Hospital and for all the facilities that are under discussion.

Women's health is something that is somewhat of a specialty at Misericordia General Hospital. We are very proud of the Eye Care Centre that exists there. We are doing hundreds and hundreds of additional procedures because of the consolidation of eye care services at Misericordia Hospital.

I ask, where were honourable members opposite when those changes were happening? Were they there assisting in helping and promoting the Eye Care Centre at Misericordia Hospital or were they complaining about changes elsewhere in the city to make that possible? The point is we have to look at Misericordia's role in an integrated health care system.

#### **AIDS Prevention Government Strategy**

**Ms. Diane McGifford (Osborne):** Madam Speaker, my questions, too, are for the Minister of Health.

The 1992 Quality Health for Manitobans: The Action Plan promised health care consumers and providers heaven on earth when it came to participation and consultation, yet Manitoba Health appears to have celebrated December 1, International AIDS Day, by deciding to shelve the much touted and long-awaited AIDS strategy, to close the Village Clinic and remove all HIV-AIDS services to Misericordia Hospital. In other words, to act arbitrarily and with disregard for the AIDS community.

Will the minister alleviate fears in the AIDS community and confirm that the planned Manitoba strategy has not been shelved, that the Village Clinic will remain open and continue to provide services for persons living with HIV-AIDS?

**Hon. James McCrae (Minister of Health):** Madam Speaker, I know full well the honourable member's concern in this area, and I respect that.

There was some disappointment about the level of consultations, but I will certainly take the honourable member's questions seriously and work towards the best services that we can provide here in the province of Manitoba for people affected with this terrible disease.

**Ms. McGifford:** I would like to ask the minister to explain why, after a year of community time and consultations, Manitoba Health has broken faith to claim that they do not have enough community support to proceed with the strategy. That is absolutely insulting to the people who have participated and given their time, their energy and, in some cases, their lives.

**Mr. McCrae:** Certainly nothing like that is intended. We want to develop the best services we can, and we would like as much input as we can get. Honourable members opposite are always the first ones to tell us that we have not done enough consultation on one day. The next day they tell us that just a little bit of consultation would be all right. Well, let them tell us which way they really want it.

**Ms. McGifford:** Since the minister has evaded the question, I want to ask him to explain to this House and to the people of Manitoba how he plans to provide lifesaving HIV-AIDS education and prevention, treatments and support for people living with HIV-AIDS.

**Mr. McCrae:** We will look at the input that we have had and also address the opportunity to see if there is an opportunity for more input as well. It is not a question of the quality of the input, Madam Speaker, it is a question of the quantity. We need to see more participation in this regard.

#### **Manitoba Telephone System Privatization**

**Mr. Tim Sale (Crescentwood):** Madam Speaker, the First Minister has indicated clearly that the government is on track in using three different brokerage houses to prepare for the privatization of all or part of the Manitoba Telephone System.

I would like to ask the First Minister why, if this is not the case, independent brokers have confirmed that it is intended to privatize all or part of MTS. They have confirmed that in conversation.

Madam Speaker, if that is not the case, why will the minister continue to give the answers that he has given to this House?

**Hon. Gary Filmon (Premier):** Madam Speaker, you know the members opposite always bring rumours and unsubstantiated statements—

**An Honourable Member:** It has been confirmed.

**Mr. Filmon:** No, the comment was made.

We have openly told you, and I referred to it in my speech yesterday to the Chamber of Commerce, that we are going to be evaluating the operations of all of our Crown corporations to see whether or not they are appropriate under today's circumstances and whether or not, with the competition that occurs, particularly in the telephone company where a very large part of their revenues are in fields in which they have open competition with other private sector operators, this is the best way in which we ought to continue to operate in those Crown areas.

The fact of the matter is that there are three brokerage firms that are part of the review and evaluation process and decisions will come after that review and evaluation process. Madam Speaker, none of those decisions have been made.

**Mr. Sale:** Can the First Minister explain why it takes three different brokerage firms to assess the value of something when brokerage firms typically alone assess the values of corporations far larger than the Manitoba Telephone System? Will he not simply use the word which they are using, "privatization," Madam Speaker?

**Mr. Filmon:** Madam Speaker, we are dealing with a corporation that has an exposure to the taxpayers of \$800 million. We want to get the best advice possible and we want to avoid the advice being driven, as the member says, only on the basis of a decision to sell shares that obviously would be in the interests of a brokerage firm. We are trying to evaluate information from other brokerage firms so that we do not just get one opinion on the issue, and I think that is appropriate.

#### **Dauphin Regional Health Centre Renovations—Funding**

**Mr. Stan Struthers (Dauphin):** Madam Speaker, my question is for the Minister of Health.

The Dauphin Regional Health Centre took seriously this government's election promise concerning increases to capital funding and has been renovating its fourth floor in preparation for mental health services to patients in the Parkland. These preparations have cost money and have caused hardship for the former patients of this floor, and staff has spent much time on this project.

Given this minister's freeze on capital funding, can he assure the Dauphin hospital that their efforts have not been in vain and that there will be funds from his department available to complete the renovations on the fourth floor for mental health patients?

**Hon. James McCrae (Minister of Health):** I thank the honourable member for raising the questions related to mental health service delivery. As we review our capital program, the points the honourable member makes will certainly be taken into account.

I remember meeting, Madam Speaker, with some nursing professionals in the Dauphin area and discussing the issues related to mental health. I also would be urging the unions involved in our hospitals, as well as the MGEU which represents staff at Brandon Mental Health Centre, to work out whatever other problems need to be worked out as well in the spirit of co-operation so that we can put the patients first and get on with the proper delivery of mental health services.

**Mr. Struthers:** Madam Speaker, that answer does not help the folks back at the Dauphin hospital one bit.

Can the minister tell this House where the mental health patients from the Parkland area will receive the services they require if the hospital does not receive the funds it needs to complete its renovations?

**Mr. McCrae:** Well, I guess the problem that I see is that when the honourable member frames his question like that, he is just like his Leader and the member for Kildonan (Mr. Chomiak). It is always to scare people. Madam Speaker, he says, if it does not happen, what are you going to do?

Well, we have not said it will not happen. We said, we are reviewing our capital budget. We are very

proud of the progress we have made in the area of mental health reform, as well as other health reforms, but certainly that area is very key.

The downwinding or the unwinding of the Brandon Mental Health Centre is dependent on other services being available, and that includes services like psychiatric care at the Dauphin centre or Portage or Brandon. So those are things that we are indeed looking at very carefully.

**Mr. Struthers:** Well, in that case, Madam Speaker, can the minister indicate what percent decrease in funding the Dauphin Regional Health Centre will receive from his department in the upcoming year, so that the hospital staff can make some plans to cope with this government's cuts?

\* (1040)

**Mr. McCrae:** Madam Speaker, I have discussed this matter with the Minister of Finance (Mr. Stefanson) and I am advised that he is going to do his best to announce as early as possible what allocation there will be for next fiscal year for the hospital, personal care home sector.

You will recall last year, Madam Speaker, he was nice and early and everybody really appreciated that, so this is the nature of my discussions with him for this year.

But I have to again remind the honourable member and others in this House that our poor old Minister of Finance is going to be dealing with \$147 million less next year from the government in Ottawa and the year after that \$220 million less, so, you know, I feel sorry for him, but I think he probably feels sorry for me too because we have very, very difficult decisions to make.

#### **Winnipeg Jets Purchase Offer**

**Mr. Tim Sale (Crescentwood):** Madam Speaker, many times during the fall sitting the Minister of Finance assured this House that the sale of the Winnipeg Jets to Mr. Burke and Mr. Gluckstern was a done deal, but clearly it was not. Now it appears that

the Phoenix deal is exactly the same, a tentative arrangement at best—if, as and when. It may go, it may fail.

Can the Minister of Finance tell the House whether the government has received a bona fide current offer to purchase the Winnipeg Jets?

**Hon. Eric Stefanson (Minister of Finance):** As has been confirmed by the current majority owners, by the prospective buyers, there is an agreed offer to purchase that has been signed by both parties. There are various conditions relating around that offer to purchase in terms of one of the most significant being NHL approval.

I believe the prospective buyers will be going before the NHL board this month. All indications are, from the discussions we have had with the prospective buyers, with the current majority owners and with all parties to that agreement that this deal will be concluded and the Winnipeg Jets will be sold and relocated by July of next year.

It is also interesting to note that discussions are taking place now in our city with a different group that is looking to buy a different professional team to bring it here next year, Madam Speaker, also tying into that relocation of the Winnipeg Jets.

**Mr. Sale:** Will the minister tell the House what the closing date on the deal is and what the schedule of payments to the province and to the Winnipeg Enterprises Corporation for their share in the deal is? Will the minister tell us that information today?

**Mr. Stefanson:** I believe, as was discussed before, the closing date is the earliest date that can be agreed to by both parties subject to the conditions that have to be met. As I have indicated, the current prospective buyers, I believe, will be going before the NHL this month. All indications are that this deal will conclude. It appears that it will be the city of Phoenix that the Winnipeg Jets will be locating to.

Certainly all of the information that we have is that there is no reason that the deal will not conclude. As a result of that sale, the two levels of government will be

receiving their share of the proceeds, some 36 percent, which will be approximately \$30 million to the City of Winnipeg and the Province of Manitoba, of which we will receive 50 percent.

### **Rural Development Institute Hog Marketing Study**

**Ms. Rosann Wowchuk (Swan River):** Madam Speaker, farmers are very concerned with this government's decision to move to dual marketing of hogs, but they are not the only ones.

Dr. Richard Rounds of the Rural Development Institute is very concerned about the impact of this change on small farms but also the impact on small communities. The institute is so concerned that they have asked for three years now to have funding to do a study on the vertical integration of farming.

I want to ask the Minister of Rural Development why for the last three years he has chosen to deny funding for a study on vertical integration, an issue that will have such an impact on rural Manitoba. Why has he denied funding for this study?

**Hon. Leonard Derkach (Minister of Rural Development):** Madam Speaker, each year the Rural Development Institute along with the Department of Rural Development go through a series of topics that they would like to research, and each year there is a joint group that works on these initiatives and they come forward with a list of their priorities. Those then are the priorities that are researched.

There is not an unlimited amount of money to research each and every topic that comes forward, so therefore priorities have to be chosen. Those priorities are based on the decisions made at the Rural Development Institute along with people from the Department of Rural Development.

**Ms. Wowchuk:** I want to ask the Premier (Mr. Filmon) if he will intervene and delay the plan to move to dual marketing of hogs until such time as a study of this issue is done through the Rural Development Institute, recognizing that people, Dr. Richard Rounds, who is very concerned about this—will he insist that a

study be done before any changes are made to dual marketing of hogs?

**Hon. Gary Filmon (Premier):** When we brought the throne speech in this week, members opposite criticized us because they said, all these places, we are doing studies. We are doing studies and consultations. Why are they doing all these studies and consultations? Why do they not do something? Well, Madam Speaker, we are doing something on an issue, and we believe that we have more than adequate grounds for the decision we have made and the policy that we are pursuing.

**Ms. Wowchuk:** Madam Speaker, this move by the government to move to dual marketing has not been researched.

Will the government put money into a study into the Rural Development Institute to have a look at the impacts? We see the impacts here in the United States where the family farm is being destroyed by vertical integration. Why will they not put the money into the study to see what is going to happen in Manitoba?

**Mr. Filmon:** Madam Speaker, the decision was based on evaluation by probably the foremost agricultural economist in Manitoba, Dr. Clay Gilson, along with the assistant deputy minister, Dave Donaghy, from the Department of Agriculture, along with Mr. Gerry Moore who has a career in the agriculture industry of Manitoba in the value-added sector, and so on. That kind of extensive analysis was done, was the product then of a year's discussion and that is how we arrived at the decision.

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

### **Speaker's Ruling**

**Madam Speaker:** I have a ruling for the House.

On Wednesday, November 1, the opposition House leader raised a point of order requesting that the Speaker add time to Question Period when disruptions by government members take away from time for members of the opposition to ask questions.

I have inquired as to past practice about Question Period because all that our rules provide is that Question Period shall be 40 minutes in duration. It has been the practice of Speakers in Manitoba, I understand, since the mid-1980s to only add to the 40 minutes, time which is used for points of order. In the past, other matters related to Question Period have been resolved by consultation with House leaders and the Speaker.

I think that rather than have a Speaker rule on the matter that the opposition House leader raises, it would be more in accordance with the past practice of this House to have the House leaders discuss this matter and try to come to some resolution. If it is the will of the House, your Speaker will then implement agreed-to changes for Question Period. This approach is in keeping with a 1983 ruling of Speaker Walding on a similar kind of matter relating to Question Period.

## ORDERS OF THE DAY

### THRONE SPEECH DEBATE (Third Day of Debate)

**Madam Speaker:** To resume debate on the proposed motion of the honourable member for River Heights (Mr. Radcliffe) for an address to His Honour the Lieutenant Governor in answer to his speech at the opening of session, and the proposed motion of the honourable Leader of the official opposition (Mr. Doer) in amendment thereto as follows, and on the proposed motion of the honourable member for Inkster (Mr. Lamoureux) in further amendment thereto.

**Mr. Dave Chomiak (Kildonan):** Madam Speaker, I welcome the opportunity of addressing this Chamber and dealing with the Speech from the Throne and some of the aspects of governance and government that has been brought forward by members opposite, not just over the last six or seven months since the last provincial election, but a pattern that has developed of government and of a style from members opposite since they were first elected as government in 1988.

It is interesting that in this Speech from the Throne the Premier (Mr. Filmon) talks about a new openness and talks about consultations and talks about providing

information to members of the public, Madam Speaker. This is so typical of the pattern and the style of government in this province since 1988 and is a perpetuation of a pattern and is a perpetuation of a style that is reminiscent of styles adopted by federal Liberal governments decade after decade, that is, a style of announcements and symbolism and gimmicks over actual substance of governing.

\* (1050)

I know the member for Inkster (Mr. Lamoureux) has difficulty every time a Liberal government is mentioned, but I hope he would listen to the balance of my remarks and perhaps reflect upon some of the comments I am making so perhaps the member for Inkster will not fall on the same pattern that his federal cousins have fallen into in the way that they have totally reneged on their election commitment promises and are delivering a kind of government that is diametrically opposed to that upon which they were elected.

The Speech from the Throne talks about openness and it talks about providing information to the public. I have been a member of this Chamber going on to six years, and if there is one thing that has been consistent about reactions from members opposite, it has been a reluctance to provide information, it has been a reluctance to be open, and it has been a reluctance to discuss with the public in advance decisions and directions that are made by this government. We see it over and over again, not only in health, which I will be discussing in length during the course of my remarks, but in the areas of education, in the areas of public finance and in the areas of the economy.

What this province needs is a sense of vision. What this province needs is a sense of direction. What this province needs is a way to reach out and help all of those Manitobans to pull together to deal with what is obviously significantly changed economic times. That is where this government has failed and has failed since 1988, and it has failed in this throne speech to deal with.

The government talks about some small initiatives in health care, some small initiatives in education, some

symbolism in terms of labour legislation, some symbolism in terms of openness, but nowhere do we see a vision of how this province will be taken into the next century.

We have seen in our communities devastation, and I choose that word deliberately, Madam Speaker, in terms of people's view of their own security, be it personal or be it health care or be it dealing with the future.

People are concerned about whether or not their children will have jobs in this province, not just today, but a decade from now.

People are concerned the quality of the health care that is being provided since this government started its massive downsizing of the health care system in 1988. People are concerned about their own personal safety and their own sense of community.

I had occasion to attend a discussion, something that I would invite all members opposite to do, and it was a discussion that was set up by the Kildonan Youth Activity Centre. The Kildonan Youth Activity Centre, which is a community-based program that set up a drop-in centre for youth in our region of the city, brought together youth and said, what do you feel you need, what do you feel is lacking, and how do you think we should respond to this? I was struck by the fact that the children were as concerned, if not more, about the very same issues that we often talk about in this Chamber.

They were concerned about their future and whether or not they would be able to stay in this province and have jobs. They were concerned about the quality of education. [interjection] If the member for Pembina (Mr. Dyck) would listen to the balance of my comments, perhaps he would listen, too, and he would learn something from what the children have to say. If he will not listen to me, then perhaps he ought to listen to what the children have to say. I was struck by the fact that these children were also concerned about their own personal security. [interjection]

The member for Pembina says this is doom and gloom. Well, the member for Pembina and members of

this government have failed to offer any vision or any hope to the people of Manitoba as they go on providing cuts and downsizing and going hand in hand with their corporate brethren, and they have prevailed.

The member for Pembina can complain and complain, but it is they who have been at the helm since 1988. [interjection] The member for Springfield (Mr. Findlay), too, is also—

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

**Madam Speaker:** Order, please. I wonder if I might ask for co-operation between the honourable member for Wolseley (Ms. Friesen) and the honourable Minister of Highways and Transportation (Mr. Findlay), if they wish to have a very heated debate that they do so outside the Chamber because they are impinging on a private member's rights by consuming the time that has been allocated to the honourable member for Kildonan.

#### Point of Order

**Mr. Jack Penner (Emerson):** On a point of order, Madam Speaker, I think it is important that we recognize in this House that the opposition members have constantly preached gloom and doom throughout this session and the previous session and that our kids are picking this up, and they are having a great deal of concern about their future. The member has just verified that.

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

\* \* \*

**Mr. Chomiak:** Madam Speaker, I am sorry to say that the truth hurts and members opposite fail, by having their blinders on, to hear the truth. If they do not want to listen to my speech, then perhaps they ought to listen to what the children say.

As I was saying, I was struck by the fact that these children were concerned about their own personal safety. That was one of the most striking things that I found about this discourse, that they, too, were

concerned about their own personal safety and the deterioration of systems and the deterioration of community.

So the members opposite who have been at the helm now since 1988 have failed to grasp the need amongst the population to develop a vision and a future for this province and, in doing so, in wreaking their havoc in terms of cuts in the education community, in the health care community, in the social services field, and their lack of direction in the economic field, have only added—and I am not saying it is totally members opposite's fault. I am simply saying that they have failed to grasp one of the major fundamental needs and reasons for a government to exist, and that is to assist the population, to work with the population, to help the population.

After all, government is no more than a reflection of the population. We represent that population. We are given the ability on behalf of the population to do something collectively as government that they fail to grasp and, in failing to do so, have put us in a very precarious position as we face fundamental, massive structural and otherwise changes as we proceed into the next century.

The Speech from the Throne, which is bereft of any kind of charting of an economic or social vision, has failed Manitobans miserably in terms of charting out a course of action and has only served to further supplement the feeling and the sense out in the community that not only is the government unwilling to listen but is incapable of articulating any kind of a vision.

This province at one time had generally developed a consensus that the government ought to help develop a course of economic activity that would benefit all Manitobans and that we as a province and as a community would provide public health care and public education in order not just to further those economic goals but to better enhance the lives of all Manitobans.

This consensus has broken down because of the failure of the government to understand the essence of that consensus and by a failure of the government of

Manitoba to take forward the initiatives and the needs of Manitobans. This is one of the reasons why members on this side of the House constantly point out to members of the government that the public are concerned and that the public are hurting in so many ways.

\* (1100)

No one can deny that the sense of community and consensus has broken down, and in no small part it is as a result of a failure on the part of the Premier (Mr. Filmon) and members of the cabinet to forge together a viewpoint and a consensus as to where Manitobans ought to be going into the next century. Members opposite and the government have undertaken some specific initiatives that have contributed dramatically to this concern and to this breakdown of the consensus of where Manitoba ought to be in the future, and I want to cite a few examples.

With regard to public education, there is no doubt that this government has done probably more harm to the public education system than any other government probably since, I would say, World War II. They have done it not through the somewhat at least open way of a Mike Harris of Ontario. They have done it through stealth and through undermining of institutions and through that horrible, horrible tactic of this government of setting up straw people, setting up the teachers, setting up the trustees and setting up others as the bad characters and holding them out to be greedy and holding them out to be not interested in the future.

By doing that, they have done a severe injustice to the public of Manitoba. By holding out teachers and trustees as greedy and calculating they have managed to inject into the whole debate a cynicism and a failure to talk about goals and a failure to talk about goals and a failure to talk about the future and a failure to talk about what education is all about and what it ought to be doing. Instead, they focus on groups and individuals and blame them. This has done a severe disservice to the public of Manitoba.

Madam Speaker, I have been contacted by members of my constituency who are very concerned, for example, about class sizes in our school division, are

very concerned about how the classrooms are filling up. They are very concerned about the downsizing of special needs assistance to students. There was at one time a belief that perhaps class sizes ought not to be that large because it would allow teachers to devote individual time to students and to help those students. There once was a belief that if we provided resources, we could help those special needs students, those exceptional students who require the assistance in the classroom to go forward.

That has broken down, not just because of funding cuts but because of the government, I think, belief that some people are expendable in our society, that you cannot do things. It has been characterized as throw-away kids, that they have basically given up, not only have they given up on the public education system, but they have given up on a lot of kids. They have given up on them, Madam Speaker. This is not only dangerous and tragic, but we will pay the consequences in the future for this government giving up on children. I think that the legacy of this government in education will be a very, very negative one.

When we turn to the area of health, we see it in spades. This government has so badly managed health care and health care change that I do not think, in the next four years, they could do anything that would provide confidence to the public of Manitoba that this government or a government is capable of adequately looking after the health care needs of Manitoba.

Madam Speaker, for this, I am very sad. I am very sad that the public, when they look to the government in the area of health care, say they do not believe them, they do not trust them, and they do not have faith in them any longer. That goes back to my earlier comments of the breakdown in consensus of what the role of government should be. Insofar as they have no confidence and the ability of this government to deliver proper health care, it makes it very, very difficult to bring in the changes that are going to be necessary in our health care field in the years to come.

(Mr. Sveinson, Acting Speaker, in the Chair)

Now, Mr. Acting Speaker, in this area as well, the tactic that has been adopted by this government,

ironically, in light of this throne speech where they say they want to be open, has been to attack and blame whom? First, they blame the nurses. Then they blame the doctors. They are now blaming the patients for their health care difficulties and the health care needs. Again, instead of saying to Manitobans, how can we work together with you Manitobans to improve our health care system, we are open, you tell us how we should work together, instead of doing that, they have said it is the doctors, it is the nurses, it is the patients, it is the nurses aides.

This does not further the argument, Mr. Acting Speaker. This does not assist in arriving at a solution. All this succeeds in doing is alienating those who are supposed to be working with you to improve the system, and it precludes any meaningful discussion and any meaningful debate to improve the situation. [interjection]

I heard the member for Emerson (Mr. Penner) say this is a la-di-da speech, and I am sorry that the member for Emerson does not have the intellectual honesty to at least listen to these comments and try to appreciate what is being said and perhaps listen, but that is symptomatic again of a characteristic of this government. It is to attack the messenger and not to deal with the message, so when we propose changes, they say, oh, it is only NDP, when we propose changes, say, oh, it is only the doctors or it is only the nurses and it is only the public.

Mr. Acting Speaker, 60,000 names, 10 percent of the population in Manitoba, means nothing. My tabling in the House yesterday of 2,107 letters from my constituents saying keep Seven Oaks Hospital open means nothing. We held public meetings with regard to the closure of the emergency wards. Not one member opposite had the intestinal fortitude to show up or attend at those meetings. Not one member opposite, and we invited them, dared to attend those meetings to hear what the public had to say.

Now, the member for Rossmere (Mr. Toews), who has lots of comments to say, has said not a word publicly about the closure of his emergency hospital. He had a lot to say before the election, he had a lot to say on the doorstep, but when they closed his hospital,

he said nothing and members of his community recognized that at the public meetings. Perhaps if he had attended those public meetings, if the Minister of Health (Mr. McCrae) had attended those public meetings, they would have heard it.

Now they can reject what I say, and they always do, and they can reject what we say in the opposition, but they cannot reject what 60,000 Manitobans have said when they have signed those petitions. They cannot reject what 2,107 said. They cannot reject what the 160 said at the public meeting at Concordia Hospital, and they may fail to recognize the messenger, but they ought not to fail to recognize what the message is, and that is symptomatic of a government that I have said has no vision and is out of touch with the public.

Now, members opposite will come back and say, we won a mandate in April and, Mr. Acting Speaker, yes, they won the election in April. They won it in April by an ad that the Premier (Mr. Filmon) acknowledged this morning of the Premier walking down the riverbank with his wife saying, we will preserve your health care. They won it by saying, we will not close your hospitals, we will not close your emergency wards. They won it by manipulation of the books, by a tactic to say they were going to have a balanced budget, by symbolism.

\* (1110)

Yes, they won the election and they have misinterpreted their mandate, and they have taken that misinterpreted mandate and said, this has given us a mandate to slash public health and this has given us a mandate to slash education and this has given us a mandate to virtually do whatever we want. I think that speaks volumes. It takes us back to what is missing from this throne speech, a sense of vision and a sense of direction.

You would think that following a mandate, a throne speech would outline where this province ought to be going to deal with the major problems facing us going into the next century, but the throne speech totally lacked any comprehension of the difficulties that we are facing. Now, Mr. Acting Speaker, I do not know if they are incapable of dealing with the problems facing

us and are simply shirking from that responsibility or whether it is by design that they feel that government ought to be so downsized and so marginalized that it virtually amounts to nothing more than a debating society that we hold and we meet for several months every year.

My suspicion is that the legacy of the Gary Filmon government will be a government that in so many ways achieved the same negative goals as a Ralph Klein or a Mike Harris but did so with a nice face. That is the face of the Premier (Mr. Filmon) walking along the riverbank, holding his wife's hand and saying that we are going to do better for all of you.

But instead, what has been that legacy? That legacy has been since 1992 the closure of 500 acute care beds, and the members opposite are planning to close an additional 1,000-plus acute care beds. It is in their own reports. It has been told, it has been stated publicly. They are moving—[interjection] Oh, the member for Rossmere (Mr. Toews) better get on the bandwagon. He says, it is not his initiative. His hospital has been told 2.5—

### Point of Order

**Hon. Vic Toews (Minister of Labour):** I never indicated what the member indicated that I said.

**The Acting Speaker (Mr. Sveinsson):** Order, please. The honourable member for Rossmere does not have a point of order.

\* \* \*

**Mr. Chomiak:** That is part of the difficulty, I am afraid. If the member for Rossmere were to check with his hospital he would find out that they have been targeted for 2.5 acute care beds per 1,000, which is downsizing approximately 50 percent.

It causes great concern to members on this side of the House, because the track record on this government for putting in place alternative resources is zero, zilch, none. Last year in Estimates we pointed out that there is less home care being provided to members of the public today than there was three years ago before the

government's massive cuts started. And that is on the record. Members cannot deny it.

Members opposite could not even stand up and name one community-based program that has been put in place to deal with the cuts, and that speaks volumes about the commitment of this government to the future and the obvious reluctance we have on this side of the House to trust any initiatives being undertaken by this government with respect to health care.

The government likes to trot out the fact in terms of what is happening in education and health care, that there are massive cuts taking place by the federal Liberal government with respect to transfer payments dealing with education, to post-secondary education, the EPF transfers. There is no doubt that that is in fact the case, that the federal Liberals are massively offloading, like the Filmon government did to municipal governments and school boards, expenditures onto the next form of government.

But let us have a little bit of intellectual honesty in this debate. Where do they talk about the fact that last year equalization payments to this province increased by over \$100 million? When will they start talking about the increased lottery revenues of \$220 million?

Now, I tell you, Mr. Acting Speaker, and the members opposite can reject what I am saying, these are what constituents have told us in public meetings. They have said to us, what about that extra money that is coming in on equalization? Where are the government's priorities in those regards? Why do they not speak about that? What about all that additional money coming in in terms of lottery revenues?

There is a huge debate that ought to be made, there is a huge debate that ought to be taking place, and it has not taken place in this province, because the government again by stealth brought in its gambling policy. The debate has not taken place with regard to these revenues but members opposite have not told the public what is happening to the lottery revenues.

Most people assume, and I can tell you this, at public meetings I attend and perhaps if members ever attend public meetings or talk to their constituents, that all of

this money from lottery revenues is going to health. That is the assumption, and that is the assumption I think that members opposite want the public to believe but, in fact, a very, very small percentage goes to health.

Now, a debate should take place as to whether and how much and the extent that it should go in. I agree. But, of course, we will not have that debate in this Legislature because the government does not deal with substantive issues. They think it is going in. And they do not deal with extra hundreds of millions coming in in terms of equalization.

So let us have a little intellectual honesty in the debate. I agree with members opposite when they talk about the horrendous unilateral cuts by the federal Liberals, and I find it hard to believe that the member for Inkster (Mr. Lamoureux) could stand up and criticize the government. The member for Inkster could do a lot better if he were to go to his federal counterparts and say where is the commitment you made to us in the federal election, but we will leave that aside. We will let Liberals wriggle on that particular inconsistency.

Mr. Acting Speaker, I would have thought that members opposite would have had some intellectual honesty in talking about the additional funds coming in and how those funds ought to be used and how they ought to be allocated in terms of priorities of this government. We ought to have a debate about where we should be going on health care expenditures, and we ought to have a debate where we should be going on education expenditures. We ought to throw into the debate the fact that there is over \$100 million in additional equalization revenue coming in and that we are taking in \$220 million in terms of lottery and gambling revenue in this province but that has not taken place.

All we hear is one side of the ledger over and over again every single day in this Chamber about the cuts by the federal Liberal government. In fact, in terms of intellectual honesty, the Minister of Health (Mr. McCrae) has agreed and has been quoted as saying that he understands the cuts and he knows the cuts. In fact, I think he probably believes that those cuts ought to

take place even though he uses them again to counterattack any initiatives that are made by anyone in this Chamber concerning the health care policy. So one would have thought, Mr. Acting Speaker—

**The Acting Speaker (Mr. Sveinson):** Order, please.

### Point of Order

**Mr. Kevin Lamoureux (Inkster):** Mr. Acting Speaker, I am just wondering if the member for Kildonan could enlighten us in terms of exactly how much of a cut that he is aware of that the federal government has offloaded onto the province, or does he in fact know?

**The Acting Speaker (Mr. Sveinson):** The honourable member for Inkster does not have a point of order. It is a dispute over the facts.

\* \* \*

**The Acting Speaker (Mr. Sveinson):** The honourable member for Kildonan, to finish his comments.

**Mr. Chomiak:** The member for Inkster, I do not know if he was here during the throne speech, but I think the government mentioned it at least five times, the government's calculation in terms of the offloading. He need only listen to the comments of the Minister of Health (Mr. McCrae), who uses that in almost every single response with regard to health care.

I understand how sensitive the member for Inkster is on the cuts by the federal Liberals with respect to the EAPF. I understand how bad he feels because the federal Liberals campaigned against the same cuts that they are now instituting in terms of budget cuts. I understand his sensitivity, and I know that he is feeling bad about it and I recognize that. I would only hope that he would use the same kind of enthusiasm he brings to this House to try to lobby his federal counterparts and the members that he supports to try to recognize the serious situation that this offloading is putting the province of Manitoba in.

Mr. Acting Speaker, to continue the debate, we heard initiatives in the last throne speech about a prostate

centre, for example, that came out of nowhere without consultations. We heard initiatives about health care initiatives, but they seem to be only in the minds of the Minister of Health and there has been virtually no public consultation.

\* (1120)

Now with regard to public consultation, I want to talk about another aspect of government policy. This morning in Question Period when questions came about public health, what did the minister say about public consultation? Did the Premier (Mr. Filmon) say he would attend public meetings? Did he say he would attend public meetings? No. Did the Minister of Health say he would attend public meetings? No. Did the Minister of Health attend any public meetings that we invited him to and asked him to attend? No. What did he say when he was asked questions about health care? He said talk to our consultants KPMG.

Now, does it not strike you as strange that a Minister of Health would say when you want to talk about health care do not talk to me, do not talk to the Premier? I will not listen to you. Talk to the consultant. Talk to a hired consultant who somehow is going to convey, I suppose, to the Department of Health and the minister what we should be doing in health care.

I only point that out because, again, it is indicative of the incredible contradiction and the incredible inability of this government to recognize that there is a public out there that has valid viewpoints and has valid comments that they wish to make with respect to health. On the one hand, they say they are going to open up the process; on the other hand, they say, when you want to talk to anybody, talk to our consultants and they will somehow tell us how we are going to develop our health care system. Mr. Acting Speaker, I do not understand how they can dismiss the comments and the advice of teachers. I do not understand how they can dismiss the comments and the advice from nurses. I do not see how they can dismiss the comments and advice from doctors, and I do not understand how they can dismiss the comments and the advice from members of the public who have talked to them on a variety of issues.

Part of the means by which you can develop and redevelop a consensus about where we are going in this province is to listen to those who are involved in the process and listen to those who are actually there. Part of the way of enhancing the credibility of government is to actually go out to the public and say, we are listening to what you are saying and we will try to reflect your comments and your viewpoints in our decisions.

You know, if the government would only do that, perhaps members on this side of the House would assist them in the process and perhaps we could be more co-operative. But instead, as I said earlier, they set up enemies, they set up straw men, they choose to blame the messenger and not listen to the message.

Now, I know the Minister of Health (Mr. McCrae) is just chortling in his seat there because he wants to respond to some of my comments. I look forward to those responses. Particularly I suspect he is going to try to draw up a list of the community health services and the community resources that have been put in place, which are negligible in terms of resources in the community. He will have a great deal of difficulty explaining the fact that the Department of Health's home care program is delivering even less service than it did several years ago. One only looks to Estimates to see that particular figure.

And now, what are they saying in terms of education and what are they saying in terms of health care? In education, what vision are they offering to the public of Manitoba? They are saying, testing; they are just saying, standardized testing. Somehow, that is a vision of public education? That is a vision of where we are going in terms of education, to offer up testing as the future of Manitobans? Does that somehow reflect what we need to do with special needs kids, what we need to do to teach them the curriculum, what we need to do to bring them into the 20th Century, what we need to do to deal with large classroom sizes? Does somehow testing answer that?

In terms of health care, where are they going in terms of health care? We know they are poised, we know they have said publicly that they are going to go down to 2.5 acute care beds per 1,000 in the city of

Winnipeg, the Alberta solution, the solution that has been adopted based on the Calgary model. And I know they have now put in their KPMG stuff they have put in other jurisdictions to try to get us away from the Alberta tag, because Heaven knows they do not want to be tagged with the Alberta tag even though they are cut from the same cloth.

They are proceeding on that, Mr. Acting Speaker. They are proceeding on it. They are failing to talk to us. They are failing to consult with the public about what they are going to do with our hospitals. They are failing to consult with the public in terms of community-based resources. We know that they are planning changes to the Pharmacare program. Will they bring them forward to have discussion in the public before they do it? No, they will not.

Will they bring forward their changes that they are proposing to the physicians resource allocation before this public and before the public for changes before they institute those changes? I am afraid not. Will they bring forward their changes based on the recommendations of the Medical Services Council to this Chamber? Now, that is a funny incident. We released a memo that said the Minister of Health (Mr. McCrae) has approved changes. It says, had approved changes to the examinations for adults in Manitoba. Now, when we bring it forward and say it is approved, all of a sudden it is not approved. When the minister sees that it is being met negatively by the public, it is now approved in principle, and it is not a final approval. They are so full of contradictions and they are so afraid to come forward with their own recommendations that they twist around the facts, they hide behind press releases, they play with the message, and they are not frank.

That is one of the reasons why we have lost confidence in this Minister of Health to deliver health care. Not only is it just the debacle that has occurred in the emergency rooms, the lack of information, the inaccurate information, the misleading of the public when it comes to that information, the constant contradictions, not only is it the complete inability of this minister to manage the emergency system, Mr. Acting Speaker, but it has to do with the inability of this government to be forthright in the changes. If they

are so committed to their changes, let them bring these changes forward, let the public have an opportunity to discuss them, let the public have an opportunity for input, and we gave examples. The members opposite say, oh, all you do is criticize.

We put forward in this House a bill, The Health Reform Accountability Act, that would only ask the Minister of Health (Mr. McCrae) to bring forward the kind of information that the Minister of Finance (Mr. Stefanson) brings forward: quarterly reports; public meetings; accountability. You know what, Mr. Acting Speaker, they have refused to implement or even listen to it, and they refused to put in place an ombudsperson that would deal with complaints on the health care system. That, too, was in our bill.

Now, perhaps, if members opposite would like co-operation from members of this side of the House, they would implement some of the changes that we brought forward, but they have not because they are afraid to be accountable to the public for their initiatives, which is why they said one thing before the election campaign; they managed to balance the budget. They said no cuts on our health care system before the—they said no cuts in emergency before the election. They said no closures of our hospital before the election.

Now, following the election campaign, they are going forward on their tact, which has no regard to that consensus that formerly was prevalent in this province, a consensus that the government and the public could work together to build a health care system that is accessible and accessible to all. That commitment has been, not only lost by this government, but that commitment between the government and the public has been broken by their constant inability to listen to what the public has to say and by their initiatives, which have done more probably to alienate the viewpoint of Manitobans and their attachment to their government, probably any government, I would dare say, certainly since World War II.

That is why we cannot support in any way this throne speech, this speech that is devoid of vision, that is devoid of goals, that is filled with symbolism and politics, and that is why we will continue to propose alternatives in this Chamber to the kind of government

that has been wrought upon us by members opposite, Mr. Acting Speaker. Thank you very much.

**Hon. James McCrae (Minister of Health):** Mr. Acting Speaker, I am very happy to have the opportunity to rise and participate in the discussion in this Chamber with respect to the Speech from the Throne delivered by our Lieutenant Governor.

I would like to offer my compliments to the Lieutenant Governor for the way in which he carries out his duties as our Lieutenant Governor for the province of Manitoba.

I would like also to compliment Madam Speaker for the continued work that she does, and we all know that this Chamber is not always a Chamber of sweet reason and co-operation, and sometimes the skills of a Speaker are put to the test. We appreciate the work that Madam Speaker does in this Chamber for all of us.

Mr. Acting Speaker, the throne speech this session very much gives a report of the status of our province, I suggest, and it casts our province in a rather favourable light. You may be tempted to say, well, that is what throne speeches try to do, and that is why they are crafted in the way that they are. The fact is, the financial and economic indicators indicate that that is a very correct description of our province today. We are in a very favourable position vis-à-vis the other provinces in this country, and, when we remember that we are in the best country in the world, as we are reminded by the United Nations, I think, three out of four years, and we are in one of the best provinces of that best country in the world, we are extremely fortunate people, because it appears we live in the best place in the world.

\* (1130)

So that is where we should start our discussions, and I guess the reason that we are blessed like that is that not only do we have resources, natural and human, that help make that a reality, but we also placed priorities in such a way that we have created for ourselves a country, when measured by any standard of quality of life, which comes out No. 1 or No. 2 in the world. Maybe it is because of administrations like the one we

have here in Manitoba, which places a very high emphasis on the human condition. In other words, the priorities of this government are today and have been, for some seven and a half years, the health of our population, the education of our people, and the services that we can provide to them through our Department of Family Services. Very consistently, that is where the emphasis has been in our budgets.

Mr. Acting Speaker, budgets are the best measurement, on an annual basis, of what a government is doing and how a government is doing, and I have to take off my hat to the previous Minister of Finance, the present Minister of Finance (Mr. Stefanson) and all my colleagues on this side of the House who have supported prudent management of the economic and fiscal affairs of our province.

The reason I have to take off my hat is because that prudence has resulted in an economic climate in our province which is probably second to none in this country in the sense that wealth generators, people who are interested in making things happen and putting people to work and helping to fuel our social service system as a province, are interested in our province. Others in this debate have set out how some of that half billion dollars in major investment in recent times in Manitoba has been invested or how it is proposed to be invested.

Indeed, coming from a place like Brandon, I think that we can count Brandon as a fortunate community in that we have dynamic leadership there. We have dynamic political leadership, leaving myself and the honourable member for Brandon East (Mr. Leonard Evans) out of that for the moment. It might be seen by me to be self-serving to include he and I in such a comment, but we do have, Mr. Acting Speaker, dynamic political and business leadership in the community of Brandon and, indeed, in many surrounding communities.

I believe it is very, very significant, sir, to remind honourable members of the huge investment the J.R. Simplot company is making in the city of Brandon, a \$200-million expansion project to ensure that J.R. Simplot continues to provide the farm community with products that help keep our economy going in

Manitoba. To assist in the work of J.R. Simplot and other companies in the city, our government is working in partnership with them.

Certainly through our Highways and Transportation department and our minister, we are trying to set down the infrastructure for the future because with that huge expansion going on in Simplot, which will allow them to have much more output of product, there is going to be more traffic in the Brandon area. We have known that and I think honourable members opposite have known that too for some time. So that is why the work on the Brandon eastern access is ongoing.

I had the pleasure recently to open the bridge on the east side of the city with my colleague the Minister of Highways and Transportation (Mr. Findlay) recently. So progress is happening there, progress as promised, I might add, Mr. Acting Speaker.

There has been very, very good progress in the city of Brandon also with respect to the operation and capital development of the Keystone Centre. The Keystone Centre is a hub of activity and brings many, many people to the city of Brandon for the fairs that are held there and many, many other activities throughout the course of the year, entertainment activities, marketing activities throughout the course of the year.

So we are very fortunate indeed to have that. We are fortunate we were able to have a partnership with the city and with the previous federal government to make the plans come together for a very, very significant expansion such that we can put on world-class events like the World Curling Championships and those sorts of things that Brandonites are very good at staging and very good at hosting.

In fact, we are working with the committee to plan for the 1997 Canada Games in the city of Brandon. We know from past experience that we know how to do that. We did it in 1979, I think it was, and again it is a tribute to the extremely committed people in Brandon and surrounding area who volunteer their service to their community for the betterment of everybody.

We are proud of Brandon in the sense that we have become a centre of excellence for convention activity,

a centre of excellence for sporting activity. Many of these things are possible because Brandon has worked closely and very co-operatively with the government of Manitoba and the other senior level of government as well.

Mr. Acting Speaker, a word, if I may, of congratulations to city councillors in the City of Brandon who have recently been elected or re-elected or acclaimed. Congratulations to Mayor Rick Borotsik on his successful defence of his administration in the recent elections and his very successful re-election. Congratulations to the new members of our school board at Brandon School Division No. 40 and, again, thanks to those who have offered their services in the past and decided to move on to other things or whatever. We appreciate very much the service that they have provided to our city and surrounding community.

Recently I am reminded by my colleague, the honourable Minister responsible for Seniors (Mr. Reimer), that a very distinguished Brandonite, Dr. Stuart Hampton, was recently appointed chairperson of the Manitoba Council on Aging. I cannot think of somebody more qualified to carry out that function. Anybody in Manitoba who knows the caring attitude of Dr. Hampton, and his spouse as well, knows that that was a very wise appointment to make and enjoys very popular support throughout the province of Manitoba.

A very fundamental part of government is to allow ourselves as legislators and as managers of a provincial government the need for leverage in carrying out a very complex job, that is, to run the affairs of government in a province. The leverage provided by a stable fiscal system is what is absolutely essential if you are going to preserve the best parts of our system. That is why I am proud to be part of this particular government because that leverage is made possible by attention to the concept of living within our means.

How many years, Mr. Acting Speaker, have you and others been mindful of that fact, and how many years have we waited to get to the point where we could actually talk about surplus budgets in the province of Manitoba? For me, I guess ever since I became conscious of public affairs, the leverage provided by

good solid budgeting has been missing up until recent years.

\* (1140)

In Manitoba we have worked very carefully, diligently and in a way that has respect for priorities over some seven and a half years to arrive at the point where this year we have been able to bring forward a balanced budget and enough confidence in our future as well to bring forward legislation, which passed at the last session by the way, to provide for balanced budgets each and every year from now on.

Now I know this gives some people in this Chamber and outside as well, but some people in this Chamber, discomfort. But I would like to put them at rest. The discomfort they feel is that someday they may be in government and have to balance the budget. But I want to put them at rest. They are not going to be in government. They are not going to have that problem.

I hope this gives honourable members some degree of comfort that they will not have to worry about balancing budgets because that duty will not fall to them because the people of Manitoba have recognized that they are not able to. And even if they were able to, they simply do not want to commit themselves to proper fiscal management because it does not fit with their political objectives to do that.

We are doing this at a time when our federal partners are imposing upon us very, very significant challenges. I do not say this to be unduly critical of a federal government which has problems of its own. I can argue, and do from time to time, that their priorities do not seem to be the same as ours, i.e., health, education and social services, but, be that as it may, they still have a budget problem. They still have a mountain of debt, not all their fault. A large part of it is their fault but not all of it. They have that mountain of debt that they have to deal with.

So it is hard to be critical on that score but, at the same time, it concerns me very much that a federal government is imposing without any consultation, without any appropriate planning, very, very significant cutbacks in contributions to our health system.

I speak as Health minister when I single out that, but I know my colleague the Minister of Family Services (Mrs. Mitchelson) and the Minister of Education and Training (Mrs. McIntosh) have problems in this regard and I know my dear friend the Minister of Finance (Mr. Stefanson) has significant problems trying to make the dollars available that we need to run all of these systems.

I am very pleased, even in the light of those difficult times and those difficult circumstances imposed on us by the federal Liberal government, Mr. Acting Speaker, that we remain committed to responsible financial management here in Manitoba. That is the one area where I believe that this government will be remembered for many, many generations because we took an important step, made an important decision and planned for it in such a way that it could be done without unduly negatively impacting our social service network, because there are many, many millions of Canadians who value our social service network and see that network as a defining characteristic of our country.

When I say a defining characteristic, I think all honourable members will know that if they or one of their constituents were asked what it is that is so special about being a Canadian, one of the first things that would come to mind would be that we have a national health care system. I mention that and I mention it in the context of a discussion about the federal cutbacks. I have to do that because the federal government says it is committed to a national health care system and gets us all a little bogged down in discussions of issues that really divert attention away from the fact that they are taking huge sums of money away from our health system and our other social service systems as well.

So we have to be concerned about the federal cutbacks. We cannot pretend they are not there. We cannot pretend they will go away either. I believe they are a reality. Regardless of perhaps misshapen federal priorities, that aside, this is a reality.

We have members in this House, even Liberal members, with all due respect, who tend to ignore the fact that this is a reality. Even though it is a reality imposed on us by their own federal counterparts, they

tend to ignore the reality that we deal with in fiscal terms. So they pretend that there is money that does not exist.

That is a difficult proposition if you happen to be in government because, when you are in government, Mr. Acting Speaker, it is your responsibility to make quality decisions for the people that you represent. When you are in opposition, by the admission of the honourable member for Kildonan (Mr. Chomiak), for example, his job is to be critical. He is paid to criticize. Well, he wants to earn his money. I respect that. So he winds himself up each day and sets himself up to criticize. That is what he does. And I appreciate criticism. I get it all the time, and I do appreciate it, but I do appreciate constructive criticism.

I get lots of constructive criticism, and I accept it for what it is. Sometimes I can use that constructive criticism to better hone policies in health, to create better-quality initiatives in health in Manitoba. But when I am faced with a barrage of criticism simply for the sake of criticism and not for the sake of actually doing something good for anybody, one has to learn to put things in their proper place.

While I think I approach my relationship with my honourable critics in a serious way, I would like to get more of the constructive kind of criticism than I am getting. So that is my criticism of my critics. This is a time of change in our country. The criticism that I get from honourable members opposite ignores that reality, and that is what I would simply ask them to do.

I know the honourable member for Inkster (Mr. Lamoureux) does make effort from time to time to remember the realities that are out there, but also sometimes he maybe conveniently, or whatever, leaves the reality outside the door and does his thing. Well, maybe we all do that sometimes.

\* (1150)

I guess I am not being unfairly critical, because I think, as one who had the job of being a critic for a couple of years in opposition, I might even have fallen prey to that temptation from time to time. It is not a matter of something I am particularly proud of, because

I do not know if I always achieved the kinds of results that I wanted because of the approach I took, but I learned some things in those two years in opposition and I suppose if I had an opportunity to do it again, which is a very unlikely event, I might make my criticism more constructive than I did the first time around, but like I said earlier, I do not see that coming.

Mr. Acting Speaker, the honourable members opposite, especially members in the New Democratic Party, have a tendency to be rather local in their thinking, and I would ask that they address that as a criticism from me and attempt to address health issues on a national basis.

The fundamental part of our health care system is the Canada Health Act, and that Canada Health Act is what is the legislative basis for a health care system that we have, which is an insurance scheme. It was set up as an insurance scheme some years back in order to protect Canadians from catastrophic events that can occur when unexpected health expenses arise.

So, under the Canada Health Act, we set up a system to help us with our doctor bills and to help the hospital bills when they come in. Well, over the years the expectations have grown very significantly and, in point of fact, the requirements have outstripped the confines of the Canada Health Act. So provinces which have been charged with the responsibility of the operation of health care systems have gone beyond pure health care and into long-term care and chronic care and home care and various aspects of the health care system and really expanded beyond what was initially decided on as a health care system.

Well, of course, because government was responsible for so much in terms of the Canada Health Act that the payment for the doctors' bills and the hospital bills, Mr. Acting Speaker, those are the parts that grew. They grew because governments were there to respond to demands that were reasonable or not, but demands nonetheless, political demands in health.

So we got this health and politics sort of tied up together and some people forgot what they were really supposed to be doing. Some people thought, well, you use health issues to get yourself elected or you use

health issues to get yourself re-elected or you use health issues to arm yourself to criticize or to scare people, if that is your approach, which is a unique approach used by New Democrats in the country.

(Madam Speaker in the Chair)

Because we built up this demand in our system, we end up today, in 1995, with supply that has responded to that demand which does not turn out to have been based on any particular health outcomes foundation. In any event, we now in many areas of our health care system have a surplus of supply to meet the demand that exists, thus we get into quite a discussion about emergency services.

You know I would like to give an example that is used by others as well to show the differences that are actually happening in the health system and to show why the shifts that we are talking about must occur. I am not arguing for the shift. I think everybody agrees that a shift in emphasis is required. It then becomes I think a debate about how we get from here to there. Of course, in politics, because we are partisan in nature, the partisans in the place will, or in the piece, use their opportunities to be critical of the methodology of getting from one system to a reformed system. I guess I need to remind some honourable members sometimes.

Let us use the example of eye care for an example. Prior to my becoming Minister of Health, there was work already underway to deal with eye care consolidation in the city of Winnipeg. The decision was that eye care services would be consolidated at the Misericordia Hospital. The result of that consolidation is that some 600 to 900 additional cataract surgeries are now being done on an annual basis. The result is also that about a million dollars has been saved in the system as a result of the consolidation. The result is that waiting lists have been reduced.

Technology has had a lot to do with this too. There was a time, I am told, that a person getting cataract surgery would remain in hospital for 10 days or more, would have bags of sand attached to their heads so they could not move, and they would lay very still for a long period of time—in any event, an average of 10 days stay. That is now done on an outpatient basis. An

interesting fact, but let us go into that just a bit more. If we do 6,000 cataract surgeries a year at our eye care centre—my arithmetic is always subject to check, so anybody got a calculator? Get it out, and make sure I am getting this right, but my arithmetic says that at 6,000 procedures at 10 days, under the old system, that should be 60,000.

**An Honourable Member:** Yes.

**Mr. McCrae:** The Minister responsible for Seniors (Mr. Reimer) is checking my arithmetic, and I know he can do it.

**An Honourable Member:** Yes, I concur.

**Mr. McCrae:** So then, that 60,000 bed-days of hospitalization time—now, remember, cataract surgery is an ambulatory program now, so my arithmetic tells me that in order to look after those 60,000 bed-days, we would need nearly 200 hospital beds in the city of Winnipeg on eye care alone. Those days are gone. We do not need those 200 beds for that particular purpose.

Are we supposed to just leave those beds there, lying there staffed with nobody in them and nothing to do and pay for that at the expense of other things like waiting lists for heart surgery or new capital programs and all the things that honourable members daily demand that we get on with? So that is eye care.

I would like to remind honourable members that that is one clinical discipline. There are all of the others in which technology has advanced to such an extent that today hospital stays are much, much different. I do not think my mom would mind if I made reference to the fact that she had a surgical procedure a year ago. For the type of procedure that she was getting, in the past one could expect possibly to stay in hospital for 10 or more days. My mom was a long-stay patient, maybe due to her age, but she was a two-day stay. I think most people are out in one day for the procedure that she got. By the way, it was a surgical procedure, and she was in her car driving to Alberta a week or so later.

So things are changing a lot, Madam Speaker, and honourable members, from their comfortable positions in the opposition, proceed with their arguments and

criticisms as if nothing had been changing in recent years. We have diagnostic services the likes of which we would never have dreamed of only 20 years ago, and when we know that technology is advancing to an extent that the last 50 years technologically our world has changed more than the whole history of civilization, then you know that the next 50 years is going to see pretty significant changes too. Members of the New Democratic Party want us to mold and design all policies as if we were still living 30 years ago.

This is why I get tempted to say that honourable members in the New Democratic Party are hidebound, that they are living in another age and those sorts of comments which maybe are not very kind, but they are true. I hear my colleagues all the time pretending that we are 30 years ago, pretending that there is no Ontario to the east, no Saskatchewan to the west, no other part of this country that matters a hoot. Well, they matter too. Friends, relatives of the honourable members opposite no doubt live in those other jurisdictions. Does it not matter to them that under the New Democrats in Ontario there were 10,000 hospital beds closed? Well, maybe they were closed because technology allowed for that to happen. Maybe there were reasons for it.

\* (1200)

But honourable members opposite do not want to talk about Ontario, even Bob Rae's Ontario. They do not mind talking about Mike Harris's Ontario, but they never wanted to talk about Bob Rae's Ontario. Is that not interesting how that works? They do not really want to hear about a Shaughnessy Hospital tertiary centre in Vancouver being closed down. They do not really want to engage in the debate about the 52 rural hospitals in Saskatchewan that have been shut down.

They do not want to talk about that, they do not want to have Manitoba compared with that. In fact, one day, in sheer frustration, one of the honourable members opposite said, talk to us about Manitoba. Well, Manitoba is part of a larger entity called Canada where we have a national health care system. It is not only my altruistic feelings about my compatriots in Newfoundland that I speak; I have to speak about my

compatriots right here in Manitoba. But there is a reality that in Newfoundland and other places, they are facing the same kinds of issues we are right here in Manitoba.

May I say thanks to my colleague the Minister of Finance (Mr. Stefanson) and his predecessor and my colleagues on this side of the House. We are in a better, stronger position to face the challenges than many, many of those other provinces, probably all of the other provinces. So honourable members forget that and they forget to mention that. When they say they want to be constructively critical, you kind of wonder if they really mean it sometimes but that is what they say.

Madam Speaker, the Speech from the Throne at this session does indeed set the tone for what I hope will be a very useful legislative session, a session in which Manitobans will continue to be well served by their government. It is my hope that honourable members in both of the political parties opposite will work constructively with us which reminds me about the issue of health care, the study that is underway right now respecting secondary and primary care in the city of Winnipeg. I have asked honourable members opposite to inform themselves.

I think they are doing that, but they are being very selective when they come to this House. Their questions often totally ignore everything that is going on around them except the matter that they want to raise on a given day. I must confess, I think sometimes their motivation is not always truly a health-outcomes-related motivation. [interjection] Well, it has been suggested that perhaps their motivations are political. This is a political place. I know that. So maybe we ought not to be surprised if that is true. However, to me, the health of our fellow citizens sometimes should override whatever political considerations we might want to import into the discussion. So on that basis, I ask my colleagues to be as constructive as they can.

Last evening I had the pleasure to attend with my colleague the Minister responsible for Seniors (Mr. Reimer)—he is also responsible for a bunch of other things. I know he takes his responsibility for Seniors extremely seriously. Well, back about 10 years ago the

New Democrats of that day set in motion some things that have really turned out to be good and we have very, very significantly added to those initiatives related to people living in elderly persons housing in our province. So last evening, the honourable Minister responsible for Seniors and I were invited to Bethel Place over on Stafford Avenue for dinner for their meals program.

Well, they are able to provide at Bethel Place five meals a week with relatively few dollars from the government. With those few dollars what they do is get the process going so that they can access the services of volunteers and paid staff, as well, but certainly volunteers and put together five meals, a very nutritious, and might I add enjoyable, week at the Bethel Place. Well, we also had an opportunity to hear from the senior citizens who live at Bethel Place about the Home Care program and how it has improved very, very significantly in recent years providing better more appropriate service for the people who live at Bethel Place.

We were actually invited to a couple of units there. I was very, very impressed by the living conditions that are there. The whole quality of life for the people there is very positive.

So you kind of wonder sometimes when you come into this Chamber and listen to honourable members opposite which world it is they are talking about out there, because it does not seem to be the one that the people of Bethel Place are living in. I have been to a lot of other places too, and I do not seem to sense that the world talked about by my colleagues opposite is the same world that everybody else is living in. So it can be confusing if you just hang around this Chamber all the time.

And you know, honourable members, I say to my colleagues, if you get invited to go to one of these meals programs or any kind of an event at a personal care home or an elderly persons housing unit, not only do you get refreshed and enjoy yourself, the people there like it when you come too. I know you try to cheer them up when you go and bring some pleasure into their lives, but they give you a lot of pleasure too. They make you smile. That is pretty good for your

health too when you think about it. That was something that we talked about last evening.

There were a lot of smiles in that room. There must have been 80 or so people out for dinner last night. The dinner was delicious, and the staff and volunteers involved in serving and cooking it are really to be commended, as well as the administration at the Bethel Place, because it really is the kind of program that the drafters of the initial parts of this idea must have had in mind. Certainly we do too, and we have added very, very significantly to the Support Services to Seniors program, which provides the meals programming as well.

I again, in closing, Madam Speaker, ask honourable members to participate in the next session in a way that will bring about the kinds of outcomes that I think all of us, no matter what our stripe, can agree is what we want to have. I know we often quarrel and bicker and fight about how we should arrive where we want to get, but, as one of my honourable colleagues has said, this is just for the television, which really says a lot about where the New Democrats are coming from but, nonetheless, that seems to be the way it has been. We will work together with New Democrats and Liberals and colleagues on this side of the House. We do want to see little signals now and again that we really mean what we are saying. If I saw that I would feel a lot better.

Madam Speaker, with those few comments, I would close today and thank you again for this opportunity and commit myself to work very hard at this session of the Legislature to continue to build a stronger Manitoba.

**Ms. Becky Barrett (Wellington):** Madam Speaker, I would like to put a few comments on the record today dealing with some of the issues that were dealt with and some of the issues that we feel were either not dealt with completely enough or were not dealt with at all in the Speech from the Throne.

I realize that this has not been a very long time since the last Speech from the Throne, which may be one of the reasons why this one was a bit light on content, but there were a number of interesting comments and ideas

put forward in this Speech from the Throne that I think do give a fairly good example and a fairly clear picture about where the government is planning to go. It is along the same road that they have travelled since they were first elected. I guess one can give them marks for consistency if not for competency or compassion.

\* (1210)

The picture given by the Speech from the Throne about Manitoba and about its past and its present and its future is not reality for many Manitobans, and, for more and more Manitobans, it is not reality. I would like to talk about it in just a few contexts.

In the health care system, the Speech from the Throne speaks about providing or maintaining a health care system that is affordable and accessible. I find it very interesting that the Speech from the Throne does not say universal, does not talk about portability and does not talk about accountability, the other pillars of the five pillars of the universal, accessible, portable, affordable and accountable health care system that we have known in Canada since Tommy Douglas began the noble experiment in Saskatchewan in the 1940s.

That is very, very concerning, Madam Speaker. It is important that the health care system be affordable and accessible, but it is also very important that it be universally accessible. Some of the things that the government has undertaken, in effect, or has talked about undertaking in the future put the lie to the concept of universality.

I would like to speak in terms of two things only, although there are a number of other areas that could be identified. One is the concept of annual examinations, and I understand that the government is perhaps rethinking its support for this idea, and we certainly hope that is the case. But it is frightening to think that the government or the physicians in this province would even consider a reduction or an elimination of annual physical examinations for people who are between the ages of 16 and 74.

The Minister of Health (Mr. McCrae) talked today about prevention and community health care. There are a lot of words that have been spoken by this

government over the past eight years about the concept of preventive health care, and we agree with that concept. But it is difficult, Madam Speaker, to take the government seriously when their actions belie their words time and time again. When the government states currently that they support in principle the elimination of the annual physical for men between the ages of 16 and 74 and major components of the annual physical for women between the ages of 16 and 74, this is very disturbing.

I would like to explain a little bit from my own personal viewpoint why this is disturbing, leaving aside the concept of universality and accessible, high-quality health care for a moment. Personally, I cannot understand how anyone can say that someone is a senior only when they hit the age of 75. This is ludicrous. It is ludicrous if you think about it.

Many of us in this House only have to look at our own personal situations. Many of us in this House are men and women who are at or near or in our 50s. Some of us are at or near or in our 60s. There is not a single person in this House who is eligible as far as I know, and I do not know the personal medical histories of everyone here but, generally speaking, not one single one of us in this House is currently eligible for an annual physical examination.

Where is preventive health care in this context? We know for women past the age of 40 it is essential that they have annual physical examinations. There will be allowed annual physical examinations for pap tests and mammograms. That is all well and good. But women past the age of 40 have many other potential and actual health problems that need to be identified early, the same thing for men, maybe not the same kinds of health concerns, but men, certainly over the age of 50, need to be very concerned about prostate problems. Now if you do not have an annual examination, how are you going to discover these kinds of things? There are 25 years between the age of 50 and the age of 75 for men that are very, very prone to a very preventable kind of cancer and treatable kind of cancer.

What about high blood pressure? High blood pressure has been called the silent killer, and it is a silent killer because you do not know, in the vast

majority of cases, if you have high blood pressure unless it is taken. Well, I am sorry folks, your blood pressure will not be taken annually between the ages of 16 and 74, nor blood tests for exploratory surgery.

What about the whole issue of sexually transmitted diseases? We are not talking just about HIV-AIDS; we are talking about a whole range of sexually transmitted diseases that often strike young men and young women between the ages of 16 and 25, for example.

**Mr. Mike Radcliffe (River Heights):** If they have symptomatology, they go.

**Ms. Barrett:** As the member for River Heights (Mr. Radcliffe) says, if they have symptomatology, they can go. Well, maybe the member for River Heights and the rest of his government benches need to understand and maybe they should talk particularly to the member for Osborne (Ms. McGifford) or any of the rest of us who know that many STDs are symptomatic just like high blood pressure is, just like early forms of skin cancer are, a huge range of health problems that are preventable if detected early will not be addressed effectively by this change in policy.

Now one could say, I suppose, theoretically that if you said, no one will have access to an annual physical exam between the ages of 16 and 74 unless they fit those criteria, then at least it would be a universally applied program, but, oh, no, people can have access to annual physicals between the ages of 16 and 74 if they can pay for it.

Whatever happened to the concept of universality? This is an unbelievable retrenchment from the concept of universality. We are not talking about cosmetic surgery here. We are not talking about processes that can easily and are understood by virtually everybody to be processes that are optional. We are talking about basic health care prevention of the most basic kind, and we are talking about not eliminating it or narrowing it for a small age range, we are talking about the vast majority of people's lives. This is unbelievable. What are the reasons given for this? It is not necessary.

We know, Madam Speaker, that the only reason, the bottom-line reason, for this potential policy being

implemented is the bottom line that it is theoretically going to save money. Well, it is also well known that the most cost-effective health care is the health care that is preventive. If you turn away men and women between the ages of 16 and 74, unless they can afford to pay, thereby instituting an enormous two-tiered health care system, then you are flying in the face of logic, you are flying in the face of good financial practices, good fiscal management and you are flying in the face of the single most important concept of the medicare system, that of universality. It is unconscionable that this government would even consider something like that.

Madam Speaker, one other area that was brought to my attention, I was at a meeting of the Manitoba Intercultural Council two Saturdays ago and, unfortunately, there were no elected government representatives there, but that is another issue. A gentleman came up to me and said, you know, this change from an annual physical, people being allowed to have an annual physical to their not being allowed if they are asymptomatic potentially on the surface or they can afford it.

He said, you know, if that had been in place for me, I am on a fixed income, I probably would not go every year. He said, I went to my doctor four years ago and on my upper back in a place where it is very hard for me to see, I live alone, I do not have someone who can regularly look at my upper back, she found a melanoma, an early form of skin cancer. It was very easily treated. There has been no recurrence. He was completely cured. The doctor told him that had he waited two or three years longer for that physical examination that melanoma could potentially have been a death sentence.

\* (1220)

Now this is a very good example. This gentleman is in his early '60s. He has no other symptoms that he knows of, so under this new program he would not have been eligible for five years for a physical examination. He has very limited resources. People with limited resources—and we all know that, that is why the health care system, why people are sicker longer, more expensively in the United States than they

are in any other developed country in the world because only the United States, and hopefully not Canada but we are working that way, but right now only the United States in the developed world or certainly the western developed world does not have a universal health care system. People do not access the health care system when they need to. They put it off and they put it off because they cannot afford it. Consequently you have people getting into the health care system further along the system than at the earlier stages.

It is an unbelievable retrenchment of our health care system. This from a government who said, starting with the Premier (Mr. Filmon) and going down through every other MLA and certainly the member for Rossmere (Mr. Toews) knows that this is the case, stated that there will be no cutbacks to our health care system. Our health care system will remain. This government did that knowing that if there is an issue that drives Manitobans, that drives Canadians, that underlines our definition of ourselves as Canadians, it is our health care system.

This government knew what they were doing. They were cynically manipulating the people of Manitoba. They knew that this was not going to be what they implemented after the election, they knew that if they were going to have a chance to get re-elected again they had to tell the people of Manitoba what they wanted to hear.

Well, the people of Manitoba now know that what they said in the election campaign, their promises on the health care system in the election campaign have been broken time and time again and will continue to be broken by this government. It is just one area, albeit potentially the most important area for Manitobans as a whole, where this government has broken its promises time and time again, broken its promises not just in its Speeches from the Throne where only a few people read the Speeches from the Throne or the debate on Speeches from the Throne, but people are very aware of what the government and the parties say in election campaigns.

They are not going to forget, Madam Speaker. They are not going to forget what this government said in the

election campaign of 1995 and what just a few short months later this government actually is prepared to do in only this one area.

There has been an enormous amount of discussion in this House on the whole issue of emergency rooms, the whole issue of community hospitals and this is another area of accessibility. If the government, which we understand is going to change the role of Misericordia Hospital and the role of Seven Oaks Hospital to, in effect, eliminate their ability to act as community health centres, then they have gone back on another promise. Yes, we need centres of excellence. Yes, we need to deal with the issues concerning seniors health. Yes, we need to have areas that deal with HIV AIDS and other sexually transmitted diseases, most particularly in light of the potential for an elimination of a major preventative service, that being annual physical examinations. But we need these services in conjunction with the services that can be provided by a series of community hospitals.

The people of Manitoba do not want us to follow in the line and along the way of Ralph Klein from Alberta and go to a 2.5 bed per 1,000 residents. Calgary is not the system of hospital care that the people of Manitoba want to have implemented and, frankly, it is not the system that this government said they were looking at in the election campaign. The people of Winnipeg and the people of Manitoba deserve and are going to demand and have every right to community-based hospitals and community-based health care systems. [interjection] The member for River Heights (Mr. Radcliffe) is absolutely incorrect when he says that is what we are giving them.

If you follow along what we anticipate the Minister of Health's (Mr. McCrae) announcement to be next week, there will be no community hospital in the southwest part of the city. The member for River Heights will have some answering to do in his own community because many of the people who live in his constituency use Misericordia as their hospital. It is not their hospital of choice, it is their hospital that geographically answers to their needs. The government as a whole is going to have to answer to the people of the northwestern part of this city, one of the fastest-growing areas in the province both inside the

city of Winnipeg and outside the city of Winnipeg that will no longer have a community hospital within legitimate guidelines of distance for them to access.

There was a comment made by a 15-year-old yesterday, who is approximately two to three minutes away from the Seven Oaks Hospital, and he suffers from asthma. Now, I do not know how many of the members of this House either suffer themselves or have members of their family who suffer from asthma, but anyone who does know knows how important seconds can be, particularly for young people. This young man, 15, makes regular trips to the emergency room of Seven Oaks Hospital because of his asthmatic condition. As he said yesterday, he said I feel safe from the hours of eight in the morning till 10 at night because I know I am within a legitimate distance of Seven Oaks. Right now, because Seven Oaks is closed, I do not feel safe from 10 at night to eight in the morning. If Seven Oaks does not have those emergency room and community hospital components to it after the Minister of Health's announcement next week, where is this young man going to go?

**Mr. Radcliffe:** He will have the ambulance at his doorstep.

**Ms. Barrett:** He will have the ambulance at his doorstep, yes, the member for River Heights says. What is this government doing to its support for the City of Winnipeg who provides those ambulance services? Cutting back. Let us not talk about the service that is going to be available for the ambulances of this city. That is ridiculous and the member knows it is not true. There will be a reduction in service that is going to lead to serious complications if not deaths for the people of this city to no avail. There is no medical and financial fiscal reason for the changes that this government is undertaking. It is an ideologically driven decision that this government is undertaking.

There will be no community clinics in place to take the place of the community health components of Misericordia. As the member for Wolseley (Ms. Friesen) said this morning, who is speaking up? Where is the Minister of Health (Mr. McCrae) when he talks about accessibility of service? The people that the member for Wolseley represents and that make use of

Misericordia Hospital do not have money for taxicabs. They do not have money to pay \$225 for an ambulance. They do not even have, in many cases, money to pay for a telephone. How are they going to access adequate health care? This government does not care. They just want to cut and slash. It does not matter how effective or efficient it is.

Madam Speaker, I will be speaking a little bit more about other areas of the Speech from the Throne, but I just did want to end today's comments by saying that the Speech from the Throne said that this government

will protect essential public services. I think in the health care system we have shown very clearly that that is not the case, and there are other areas in the Speech from the Throne and in this government's plans that also show that not to be the case.

**Madam Speaker:** Order, please. When this matter is again before the House, the honourable member for Wellington will have 19 minutes remaining.

The hour being 12:30 p.m., this House is adjourned and stands adjourned until 1:30 p.m. Monday next.

# LEGISLATIVE ASSEMBLY OF MANITOBA

Friday, December 8, 1995

## CONTENTS

<b>ROUTINE PROCEEDINGS</b>			
<b>Presenting Petitions</b>		<b>Health Care System</b>	
		Chomiak; McCrae; Filmon	118
		Lamoureux; McCrae	119
<b>Retention of Hogs Single-Desk Selling</b>		<b>Misericordia General Hospital</b>	
Wowchuk	115	Friesen; McCrae	120
<b>Emergency Health Care Services—</b>		<b>AIDS Prevention</b>	
<b>Community Hospitals</b>		McGifford; McCrae	121
Martindale	115	<b>Dauphin Regional Health Centre</b>	
McGifford	115	Struthers; McCrae	122
Friesen	115	<b>Winnipeg Jets</b>	
<b>Emergency Health Care Services—</b>		Sale; Stefanson	123
<b>Grace General Hospital</b>		<b>Rural Development Institute</b>	
Mihychuk	115	Wowchuk; Derkach; Filmon	124
<b>Reading and Receiving Petitions</b>		<b>Speaker's Ruling</b>	
<b>Emergency Health Care Services—</b>		Dacquay	124
<b>Community Hospitals</b>			
Lamoureux	115		
<b>Oral Questions</b>		<b>ORDERS OF THE DAY</b>	
<b>Manitoba Telephone System</b>		<b>Throne Speech Debate</b>	
Doer; Filmon	116	(Third Day of Debate)	
Ashton; Findlay	117	Chomiak	125
Sale; Filmon	121	McCrae	133
		Barrett	140