



Second Session - Thirty-Seventh Legislature
of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS

Official Report
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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Seventh Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 24, 2001

The House met at 10 a.m.

PRAYERS

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

SECOND READINGS—PUBLIC BILLS

Bill 200—The Electoral Divisions Amendment Act

Mr. Speaker: So are we proceeding with this bill today, or should we move on to resolutions?

An Honourable Member: Move on.

PROPOSED RESOLUTIONS

Res. 2—The Nursing Program

Ms. Bonnie Korzeniowski (St. James): Mr. Speaker, I move, seconded by the Member for Dauphin-Roblin (Mr. Struthers), that:

WHEREAS the exemplary work of nurses is valued by the provincial government; and

WHEREAS there is a long-term nursing shortage in Manitoba built by years of inaction from the previous government; and

WHEREAS this Government has introduced a comprehensive plan to deal with this shortage by helping Manitoba's health sector to reinvest in the nursing profession by attracting new students, recruiting more nurses and looking at the use of existing staff resources within the workforce; and

WHEREAS this plan will increase the number of qualified nurses by establishing a 23-month diploma registered nurse program by increasing enrolment in the licensed practical nurse program and by actively and aggressively recruiting nurses; and

WHEREAS this plan will improve access to staff development in the regional health authorities; and

WHEREAS this plan will improve the use of available nursing resources; and

WHEREAS this plan will improve working conditions; and

WHEREAS this plan will establish a nursing advisory council in order to advise the Health Minister on issues and concerns related to the role of nursing in the health care system;

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba commend the provincial government's actions.

Motion presented.

Ms. Korzeniowski: It actually gives me great pleasure to speak to this issue. It is one that is very near and dear to me. I worked shoulder to shoulder with the nurses prior to the election.

I must say I would just like to qualify the term "inaction" by our previous government. They did in fact take two very significant actions that have resulted in the system in the disarray that it is today. One of them was they hired Connie Curran, and, secondly, they fired 1000 nurses. Now, actually, it is kind of interesting, it is not only interesting, it is extremely timely that in the newspaper this morning there was a reference made to the nursing vacancy rate reaching 1000 jobs province-wide. Is that not a coincidence?

Point of Order

Mr. Peter Dyck (Pembina): On a point of order, I just heard the member opposite talk about the firing of a thousand nurses. In the last 19 months, the present government has fired 600 nurses. I believe it is inaccurate what the member is claiming. I just want to put that on the record.

Mr. Stan Struthers (Dauphin-Roblin): Mr. Speaker, I do not believe the Member for Pembina even referenced a point in *Beauchesne's* that was remotely close to being a point of order.

My own theory on this, Mr. Speaker, is that the Member for Pembina is simply trying to rationalize the action that his Government took in firing a thousand nurses through the course of the 1990s. I think what the member should do is forget about refighting the battle of the election of 1999 and get on with helping governing this province instead of wasting our time with frivolous disputes over the facts.

Mr. Speaker: On the point of order raised by the honourable Member for Pembina (Mr. Dyck), it is a dispute over the facts. It is not a point of order.

* * *

Ms. Korzeniowski: Well, I would still like to reiterate that, regardless of the firing of a thousand nurses, it just seems coincidental that the current shortage is 1000 nurses, so you can figure it out.

At any rate, as I said, I am really pleased because I did work shoulder to shoulder with these nurses, and I felt and heard their anger. I must say I must take my hat off to the Opposition. It must take incredible intestinal fortitude to stand up and speak against some of the actions that our Government is taking today. So, here is to you, and without, without, without an ounce of shame or remorse. Hey, good for you.

* (10:10)

Anyway, that same anger I felt and heard in my workplace, I also heard and felt at the door, so it was reinforced quite firmly how angry they were at the actions of the previous government. I think, you know, the thing that really impressed me when they were speaking—and, again, this was not heard by the previous government—was it was not anger about the money, about job conditions; the anger, the focus, the big picture was on the lack of respect. That covered everything, including the wages, and I think that is what our Government is addressing in their

new five-point plan with the shortage, is they are addressing a lot of the respect issues that I was hearing and feeling.

I had the opportunity of sitting at the negotiating table with the nurses, too, so I did hear this first-hand. It applied to most health care workers, health care professionals. The thing I like best about the five-point plan is that the thing that I also felt was the lack of being heard, the lack of being asked, included and addressed.

Our Government is working today with front-line nurses to look at the challenges and opportunities. They are looking at the value of the contribution of all nurses, and in that vein they are appointing an advisory council. They are establishing, I should say, a nursing advisory council in order to advise the Health Minister on what the real and current issues are.

I guess, the examples of lack of respect and the most blatant and rude lack of respect in consulting nurses was outlined in the Sinclair report. I have a neighbour who worked at the hospital and that anger is still just lurking under the skin whenever it is talked about.

Again, part of respect works into the whole quality of life that was ignored for nursing. I am so delighted now to see them looking at putting day care into the Grace, as the most recent development. You know that battle was being fought for 10 years when I was at Deer Lodge. I remember well one very hardworking nurse who worked extremely hard to try and get a day care established for the nursing staff then. Shirley Karlowsky, I would like to mention her name because she fought a hard battle, but she lost the battle for her life. I would just like to give her some recognition for the work she tried to do to make the quality of life for nurses easier and did not quite get to see that happen.

The other thing I really appreciate is the plan increasing the number of qualified nurses with the establishment of the diploma registered nurses. I think one of the things that also occurred to me when I was talking to people is that it is not just increasing the number of nurses to care for our people, it is offering people the opportunity for a career they would not otherwise have had. I have heard several young

women say they could not afford it, they were too intimidated by university. They now see a chance for themselves to get into a career that they otherwise might not have had. That is something I really commend our Government for.

Some of the initiatives for making it easier and quicker, the introduction of this program and the related initiatives is expected to double the number of graduates by 2002 and continue to increase. Let me go back a bit again to the quality of life. In addition to the spaces for day care children, the other interesting concept is the fitness facility, having a back rub, complimentary massage therapy and, on the horizon, introduction of on-site banking services, that also I remember being a major problem when I was in the field.

We are also aggressively recruiting nurses within Manitoba who are not currently employed in their field. Again, that is, as I said earlier, offering people who did not feel that they had the time, money or possibly confidence to get into the field.

The initiatives to graduating the nurses faster—and I think this is really an important aspect because it is like you burn down the forest and how do you make the trees grow faster, sort of what is happening in our—

An Honourable Member: They were pruning.

Ms. Korzeniowski: They were pruning, yes. They have an accelerated option that is going to give full academic term in summer that allows students to accelerate and complete the BN faster. The second degree option, completed in approximately two years, this option permits students with a previous degree to obtain advanced standing. In September, 2078 students were admitted by this option. And the advanced placement option for RPNs, recent RPN grads from ACC can obtain 21 credits toward a BN.

Forgivable loans. In 2001 the faculty, with monies received from the recruitment and retention fund, offered forgivable loans to students enrolled in nursing summer term. Students agree to remain in Manitoba for one year after graduation for each loan received or

repay the loan. That, Mr. Speaker, certainly from my experience, adds to encouraging nurses to come into the field.

I just want to reiterate some of the things our Minister of Health (Mr. Chomiak) has said, that his plan offers the first comprehensive approach to dealing with Manitoba's nursing shortage in the past 10 years. Our Government has worked with front line nurses to look at challenges and opportunities, including the issues of educating, hiring and keeping nurses in the workforce and how they work within the system. We believe our approach will be successful because it is not limited to a single initiative or action. The provincial government values the contribution of all nurses, and we will try to attract both students and staff for all three nursing professions, including diploma and degree-prepared registered nurses, registered psychiatric nurses and licensed practical nurses.

As part of the comprehensive recruitment and retention effort, the cost of relocation and refresher courses for nurses wanting to re-enter the workforce are available to all three groups. I am pleased about the overwhelming interest that has been shown in the diploma R.N. program, Chomiak said—is that allowed in the reading?

An Honourable Member: Minister of Health.

Ms. Korzeniowski: Minister of Health said. I am sorry. A large part of our nursing strategy focusses on raising the profile of nursing as a valuable and rewarding career, and it appears that the announcement of this program has had success in attracting people to the profession.

Eighty percent of nurses in Manitoba right now are diploma trained, and they have been doing an excellent job of meeting the demands in the system. There has been no lowering of standards. Nurses graduating from the diploma program will have to pass the same exam that all R.N.s have to pass in order to be licensed.

In conclusion, I would just like to say that the plan that our minister has come up with in recruiting and retaining nurses has reaffirmed my trust and confidence in our Government to rebuild this system that was so systematically destroyed in the previous years. Thank you for your attention.

Mrs. Myrna Driedger (Charleswood): It is certainly a pleasure for me to stand up and have an opportunity to put a few words on the record in support of the nursing profession, one I was extremely proud to be part of for 23 years and proud of what we as nurses accomplished in our profession.

It is interesting, Mr. Speaker, I just had an opportunity. I was asked to bring greetings to a group of nurses that were celebrating their 50th nursing reunion, and 41 of 47 of the nurses were in attendance last evening. I was so thrilled when they said to me that my greetings indeed captured the essence of nursing. It was something I took a lot of time to write, a two-minute speech or a five-minute speech, because nursing is really not about just what you do. It indeed defines you as a person and who you are.

* (10:20)

In nursing you certainly work through good times and bad times. You work through laughter and tears. It has always been a challenging and demanding job but one that has always led to personal growth and development. During my time as a nurse, I met many patients and families and became part of their experiences. In fact, I met somebody recently who said they remembered me because I had cared for their dad 20 years ago. This particular dad had had a brain tumour. It is funny, because I too had remembered the family, although not as well as they remembered me. It made me realize once again how much a nurse can impact a family and how much one leaves memories for a family as a nurse and how privileged a nurse is to share the most intimate moments of a family's crisis.

I remember the first time, Mr. Speaker, that I was thanked by a family in an obituary in the paper. While that may seem strange, as a nurse it was very impacting, because the words the families used to thank me are something I will not forget. It was a situation I will not forget. It was working as part of a team to save their mother's life. That is one of the most memorable occasions that I do have of my nursing career. I remember the camaraderie of my nursing colleagues and the close bonds that formed between many of us.

So, indeed, Mr. Speaker, for me it has been an incredible opportunity to have been a nurse. I am glad this morning that the Member for St. James (Ms. Korzeniowski) did recognize some of the value of the initiatives that our Government had put in. To me, those initiatives were important, and it was good to see the recognition of them come, because indeed nursing is a very creditable profession and one that deserves all of our support.

Mr. Speaker, because I do remember so much of my experience as a nurse I cannot support this resolution as it is written. I will be putting forward an amendment to this resolution after I put a few words on the record.

I want to start, Mr. Speaker, with the political mischief played by the Government in terms of the accusations of the Tories firing a thousand nurses. In fact, the nursing shortage has increased under the NDP from 600 to 1100. It looks like the minister has absolutely failed to do what he said he was going to do. They certainly take every opportunity to say that the Tories fired a thousand nurses but are squirming a little bit right now when in fact they fired 600 under their own watch.

It is interesting too that student nurses have recently phoned me and asked me why this Government is not telling the truth about the situation with the thousand nurses. Even student nurses are aware that in fact that is a very misleading statement by this Government. Now that they have fired 600 nurses they do not seem to be comfortable having to wear that same bit of information on them that they accuse us of.

The Minister of Health (Mr. Chomiak) knows full well that 830 of those nurses were immediately rehired, but in the minds of the NDP it is a good 10-second sound byte to be able to throw out and take advantage of what they saw as a tasty little morsel of information when in fact it is absolutely inaccurate. I think Manitobans are waking up to this issue and realize that the NDP are using this as a 10-second sound-byte, one that is actually political mischief and one where they are putting forward inaccurate information.

I was at a reception last evening, Mr. Speaker, honouring VONs. On the eve of their 100th anniversary this Government fired 350 VONs. It was a sad evening for the VONs at this reception. In fact, one of the nurses at this reception last evening said that this Government is the most disrespectful government to nurses since the 1980s. She has been in the nursing profession for many, many years, and feels absolutely that this NDP government is the most disrespectful to nursing than any government since the 1980s.

Mr. Speaker, the NDP said they introduced a comprehensive plan. Well, it is hardly comprehensive. They take credit for doubling enrolment in nursing education programs. What a ridiculous statement for them to make, and what an insulting statement for them to make to the University of Manitoba, who deserve full credit for all of the nursing students that are enrolled in the program. In fact, a large number of student nurses that will be graduating next year entered the program in 1998. It had absolutely nothing to do with this NDP government. I find it very deceitful of them to be putting forward the information that they are responsible for doubling enrolment. They had absolutely nothing to do with it. All this Government can take credit for is creating 90 more spaces in the diploma program.

This Government has also not dealt with adding more seats to the BN and LPN programs to the degree that it needs to happen. Instead, interested students that are waiting on waiting lists to enter programs are being turned away. This Government is also not dealing with a lot of innovative opportunities to hire student nurses for summer jobs as undergraduate nurses.

This Government is not dealing with a co-op nursing program. In fact, I understand that when it was presented to them, this Government turned it down. How could a government walk away from an innovation like introduction of a nursing co-operative program at the university that would enhance the nursing student skill levels? By the time she grads, she would be a much more functioning nurse much more quickly, and the clinical skills that that would allow the nurse would totally enhance the

program. I do not understand why this Government would have turned that down.

Maureen Hancharyk of the Manitoba Nurses' Union, on the radio this morning, was very uncomplimentary of this Government. In fact, she said their track record in terms of creating more full-time positions in Manitoba is deplorable, and those are her words. She said in 20 months, that is all the NDP did is they increased full-time positions by 1.5 percent. She said that is absolutely deplorable considering that they have appeared to listen good, she said, but there has been no action by this Government. She said, yes, we have had their ear for two years, but they listen, but they are not doing anything. In fact, the full-time nursing positions, according to her, have gone from 34 percent to 35.5 percent. In her word, she said, that is the lowest in Canada, the average in Canada is 52 percent, and she said that that is deplorable. So I do not think the support of the nursing union is that much behind this Government anymore, unless this Government is going to start to get their act together in a much more comprehensive way and work much harder to create full-time positions.

Mr. Speaker, this Government did not hire more full-time nurses into the system, despite the fact it was an election promise loudly claimed by this Government during the time of the election that they would create more full time. Obviously, they lacked understanding in how to make this happen because they still have not made it happen, but despite the fact they did not know how to happen, they still made the promise. Sounds a little bit like hallway medicine because they made a promise knowing they could not fulfill it, but they made the promise anyway.

The other thing that is of huge concern to me, Mr. Speaker, is that in the year 2000, under the NDP, only 40 percent of new grads got full-time work in Manitoba. Why? Next year, when we have a large cohort of students graduating, how many are going to want to stay in Manitoba if they cannot access full-time work?

* (10:30)

What this Government has done is bring in a two-year diploma program, did not give the college time to put it together, gave them a very short time frame to put it together, and forced them to actually throw it together. Now this particular program has been operating for a year and has not received approval. What an awful position to put student nurses in. They have gone through one year of a two-year diploma program, and they do not even know if they are going to have an approved, accredited program. What a horrible position for a government to put students into in this province. What was the minister thinking when he did that? One has to ask the question, what is going on here? You know, one year later, the program is not approved. Why not?

Why has the minister interfered with the self-regulating body's right to determine its own education standards? Does this minister intend to interfere in all other health care professionals' education programs? Does he have a hidden agenda, which it seems apparent from his assistant deputy minister's visit to the MALPN that, in fact, that is exactly what may be on the agenda, because the assistant deputy minister told the MALPN that his Minister of Health (Mr. Chomiak) had no intention of passing these acts as they are when it comes to the proclamation of the nursing acts.

So we have a minister that has interfered with a self-regulating body's education program. We have a minister that is not proclaiming nursing acts, and then the Member for St. James (Ms. Korzeniowski) talks about respect. Well, as I indicated to you last night, although the minister might be talking the talk, he is sure not walking it, and according to this one nurse last night, this Government is the most disrespectful of any government since she has been a nurse in the 1980s.

Mr. Speaker, this minister said his plan would improve the use of available resources and improve working conditions, and yet he is dragging his heels on implementing anything from the nursing advisory committee. I have to wonder why.

Mr. Speaker, we find that hundreds of nurses are on disability leave right now. Sick

time has soared. There are nurses out there who are saying this is the worst morale that there has ever, ever been in this province for the nursing profession. Nurses are feeling extremely frustrated and burnt out. Nurses are being forced to work double shifts and overtime. This Minister of Health (Mr. Chomiak) is dragging his heels on indeed putting forward a comprehensive plan for the nursing profession. It is far from aggressive. It is far from comprehensive.

Therefore, Mr. Speaker, I cannot support this particular resolution as it is, and I move an amendment, seconded by the Member for River East (Mrs. Mitchelson),

THAT the motion be amended by replacing the first WHEREAS with: WHEREAS during the provincial election campaign on August 27, 1999, the honourable Member for Concordia (Mr. Doer) stated that "we have a plan that will bring more nurses and doctors to rural Manitoba. . . . It's an achievable plan and it's a credible plan"; and

Striking the second WHEREAS and replace it with the following: WHEREAS the nursing shortage in Manitoba has grown from 600 in 1999 to more than 1100 in 2000 under this provincial government; and

Adding the word "not" to the third WHEREAS, following "this Government has"; and

Adding the word "not" to the fifth WHEREAS, following "this plan will"; and

Adding the word "not" to the sixth WHEREAS, following "this plan will"; and

Adding the word "not" to the seventh WHEREAS, following "this plan will"; and

Striking the THEREFORE BE IT RESOLVED clause; and

Adding THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to consider seeking solutions to Manitoba's nursing shortage that are achieved through co-operation and consensus

among nursing educators, nursing associations and the Department of Health; and

Adding BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to consider curtailing the growing shortage of nurses in Manitoba; and

Adding BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to apologize to Manitobans for misleading them during the 1999 provincial election campaign.

Motion presented.

Mr. Speaker: Prior to recognizing the honourable Minister of Transportation and Government Services (Mr. Ashton), I would just like to continue, following Manitoba practice, I am going to take this amendment under advisement.

Point of Order

Hon. Steve Ashton (Minister of Transportation and Government Services): On a point of order, actually, just by way of submission on your taking the amendment under advisement, I would point to various provisions of *Beauchesne's* 572 and 578, in particular. I believe the amendment essentially provides a conclusion and elements to the original resolution that are effectively a direct negative, that is, reference to 578 and 572. I point to 572, which indicates "an amendment to alter the main question, by substituting a proposition with the opposite conclusion, is not an expanded negative and may be moved," but, if you look to 578, I believe, in this particular case, the same end result could be achieved by members opposite, not by moving an amendment but by simply voting against the resolution.

The intent of an amendment is to provide expansion or perhaps a somewhat different approach to the main topic of the motion that has been moved, but I note, for example, that there were various references to amendments of the motion that would add "nots" to the WHEREASes, which essentially establish a direct opposite element to the original motion that was moved. So this is not something that

seeks a somewhat different conclusion or has a somewhat factual base; this is an attempt to come up with a motion that is in absolute contradiction to the original motion. That can be achieved, the end result, in this particular case, I would suggest, could be achieved, in this case, not by proposing what essentially is a direct negative of the original motion, but by simply voting against the motion. If the members opposite have difficulty with the original motion, they can debate it and vote against it. That would achieve the same results. I suggest that the amendment would be out of order.

Mr. Speaker: On the point of order raised by the honourable Minister of Transportation and Government Services, as I have taken the matter under advisement, we will be debating the resolution not the amendment, so, to continue, the honourable member does not have a point of order.

* * *

Mr. Struthers: Mr. Speaker, first of all, I want to commend the Member for St. James (Ms. Korzeniowski) for bringing forth this resolution. I think it is very much a recognition and a valuing of the work that is being done across this province by our nursing staff.

In terms of the comments of the Member for St. James, plus the comments of the Member for Charleswood (Mrs. Driedger), I want to say that, on the one hand, I do kind of feel a little bit inadequate speaking on this, following two people who have actually been in the profession and have a collection of memories and a collection of experiences and a knowledge base from which to draw upon in their nursing professions, and I think both of the members should be commended for bringing that experience forward here in the Legislature.

We all, though, have experience within the health care system, whether we are patients, whether we have friends and loved ones who have direct experience in our health care systems. From the perspective of my family, we have had some of our most rewarding experiences and some of our most depressing experiences in health care facilities across Manitoba. I am sure every member in this

building can think of those exhilarating moments. For our family, two years ago when my newest nephew was added to the Struthers family, I cannot think of an experience more happy. On the other hand, when my dad died in the St. Boniface Hospital, I could not have thought of an experience that was more sad. All Manitobans value health care. Manitobans, if they do not, should value the work that nurses do in our province.

On the one hand, I do kind of feel somewhat inadequate speaking following the Member for Charleswood and the Member for St. James, but at the same time I want everybody to understand that all of us as MLAs, all of us who speak in this Legislature, bring with us a certain amount of experience in dealing with nurses and dealing with the health care system.

I want to say that any of the experiences that I have had with the health care system, I have always acknowledged and always noticed the one thing that was absolutely consistent was the high quality, the excellent work of the nursing staff that we have had to deal with. Mr. Speaker, I could not imagine myself having to do some of the jobs that our nursing staff are required to do in this province. I think that is an acknowledgment that people on both sides of this aisle should acknowledge here today.

Speaking of acknowledging, I wish that the members opposite would acknowledge some of the facts that are pervasive in the debate that we have when it comes to talking about nurses and nursing programs. I wish the Opposition would acknowledge over the years they spent reigning over this province in the 1990s that the number of nursing graduates went from over 500 a year to under 200 a year. That is not something that is pulled out of midair somewhere; that is a real and it is an accurate description of what has been happening over the last 10 years.

* (10:40)

Now we have the spectacle of members opposite standing in this House beating their chests and waving their arms around righteously proclaiming that we have done nothing in terms of fixing up the mess that they made over 10 years. It is a little bit like trying to turn the

Queen Elizabeth II around on a dime in the middle of the Atlantic Ocean. You have a whole lot of inertia going in the wrong direction, which is what was happening with the Tories for 10 years. Now they expect us to simply turn around this big boat and send it back in the right direction.

My first question is: Why did they send that boat in the wrong direction in the first place, and who are they to stand in this House and proclaim that we should be doing it now and cleaning up their mess, which is exactly what they are asking us to do?

Mr. Speaker, let us take one of the little tidbits the Member for Charleswood threw out across this floor here today earlier. She thinks it is neat to take what Maureen Hancharyk has said on the radio and say that Maureen Hancharyk thinks we are doing a bad job because we have only increased full-time jobs by 1.5 percent; 1.5 percent from what? What are we comparing it to? We are comparing it to a trend that started when members on that side of the House were on this side of the House in which casual and part-time was the order of the day. We are not going from zero percent to 1.5. We are going from worse than zero percent on the other side of this House up to 1.5. You know what, Mr. Speaker? It is going in the right direction.

We are working with the RHAs in every part of this province to move from the old Tory way of doing things, from casual and part time. The Tories expected nurses to sit at home all week and wait for a phone call to come in for a couple of hours. That was their idea of treating nurses with respect. That was their idea of providing good health care for Manitobans. Part-time was considered a lot of work compared to casual. We want to move from that outdated, dinosaur view to one where we are valuing full-time nurses—

An Honourable Member: Do it.

Mr. Struthers: The member opposite said do it. That is exactly what we are doing. We have had two years where we have moved from way back in the old days, way back where casual and part-time was the order of the day to increasing the number of full-time positions in this province, increasing, which is the opposite of what

members were doing in their 10 years in this province.

You know, Mr. Speaker, we have heard the Opposition talk about a business plan, that we have to produce a business plan. That kind of reflects where the Conservatives are coming from these days. A business plan may be one thing if you are selling men's clothing and you can figure out how much profits you are going to make, or, that is right, jumping to the pump to serve people at a gas station.

But you know what? Health care is a little bit different than a business unless you are a Conservative who thinks that the main goal of health care is to produce profits and to privatize health care in this province, unless you are the Conservatives, who have decided that they are not here to represent the people of Manitoba who need a decent health care system. They are here to represent those who can make some money off the people of Manitoba and squeeze as much money out of them as they can. If that is your objective, then I guess you do need a business plan.

Mr. Conrad Santos, Deputy Speaker, in the Chair

What we have got is a nursing plan, a five-point plan that is producing results, a five-point plan that will attract nurses to the profession, a five-point plan that will recruit more nurses, a five-point plan that will use existing resources in a much smarter way than has been done in the past in order to make sure that the best patient care is provided and in order to make sure that nurses receive the kind of respect, the kind of support that they need to be able to do their jobs to the best of their abilities.

We did something that the members opposite did not really like much. We reintroduced the diploma R.N. course, the two-year diploma which most R.N.s are products of to begin with. We reintroduced that program. I think for a number of reasons the members opposite did not like the program. I think the first thing they did not like about it is that they understood that they made a mistake to begin with by canned that program. I think the other thing that they realized is that, gee, what if this

actually works? What if the new government actually reintroduces this plan and goes a long way to solving the shortage caused by the firing of a thousand nurses by the previous government?

You know, Mr. Deputy Speaker, I think the Opposition has a tough decision ahead of them. I think maybe they have made this decision and it is the wrong one, but they can always change their minds. This is a good move. This is a good program. It is a good program because, for one reason, within hours of introducing this two-year program we were flooded with calls from people interested in taking the program.

Manitobans wanted this program and we delivered. We said we would do it. We have done it. Do you know what is really going to stick in the craw of the Opposition members is that this program is working. The program is going to work. That will bug members opposite because they will not have the opportunity to stand in this Legislature and play politics with this issue. Maybe I should not have said that, because, even though they created the mess in the first place, even though they fired a thousand nurses and they closed 1400 beds, they still somehow sum up the courage, the nerve, the gall to stand in this place and criticize us for taking positive steps. Some days it is unbelievable what the Opposition members will stand and criticize for.

We want to also take a look at some of the long-term plans that we have as a government. I particularly want to talk a little bit about the kind of co-operation that we have been able to reinstate with the regional health authorities. In the bad old days of the Conservative administration, the approach was to take the unions, pit them against the RHAs and play a little mischief in-between for a political purpose.

Those days are over, Mr. Deputy Speaker. What our minister has done is he has reintroduced the word "co-operation" to RHAs, to the unions involved and from his perspective, from the Department of Health. We have been able to get the groups together to work towards the plan that we have put in place. We have included these groups in the development of these plans. We have drawn upon their expertise,

their experience, and we have come up with the five-point plan to ensure that the barriers that have been created are dealt with.

At the beginning of what I was saying, I had talked about some hard, fast numbers, that we have gone from more than 500 grads a year to less than 200. I just want to finish off what I have to say by looking at some more hard numbers that I think should interest members opposite. Because of the plans that we have put in place, because of the initiatives that we have undertaken as a government, we have seen a 37% growth in overall nursing enrolment over the last year, from 336 in 1999 to 547 in 2000. This is taking all the programs that we have initiated.

* (10:50)

Whether the members opposite like to agree to it or not, or whether they want to acknowledge it, if they want to recognize us at all, we have shown success. I think that bugs them across the way. Are we finished with this? Are we finished, Mr. Deputy Speaker? No, we are not finished. We are going to continue with the reintroduction of the diploma RN program. We are going to take these initiatives and we are going to move forward so that we can double the number of graduates by the year 2002 and then continue the increase through to 2004. We want to build on the successes that we have seen so far.

We have also committed to funding recommendations that will be presented by the Nursing Work Life Task Force. Again, we want to include nurses in taking on the problems that we have in nursing, so I would very much encourage all members to support this resolution before us this morning. Thank you, Mr. Deputy Speaker.

Mrs. Bonnie Mitchelson (River East): I know I have a few minutes to put a few comments on the record about this resolution but, first and foremost, to talk about the job that nurses do in the province of Manitoba.

Having been a registered nurse here in Manitoba for 18 years before I entered political life and working at several different hospitals in different areas, Mr. Deputy Speaker, I do know

the complexity of the profession. I do know, too, that in the 12, 15 years that I have been out of the nursing profession that things have changed, and they have changed dramatically. I cannot say that there have been as many positive changes within the nursing profession as I would have liked to have seen. It appears to be one of those professions today where young individuals, mostly women, do not appear to be as attracted as they were in the days when I trained and was very proud to become a registered nurse. There is much complexity within the system. Technology has changed the way nursing care is provided.

The aging population certainly has placed significant challenges and differences in the way the profession has had to adjust to the new and emerging issues that seniors present to the nursing profession. Also, I might say at the front end, when new technology is there and available now and many infants are living today that would not have lived in the past, as a result we are seeing significant challenges in our health care system, and very much so on our nursing profession. So I do have to commend those who are working today and struggling today.

I guess the biggest disappointment I have today though is standing here in this Chamber having to debate a resolution when there is a political party, the Government of today, that has brought in a resolution. Instead of lauding and applauding the actions and the lack of progress that has been made, they should be hanging their heads in shame, because back in the fall of 1999 when we went to the electorate during the last election campaign, we saw a political party, the Today's New Democratic Party, that indicated and, quite frankly, misled, and I would say, virtually used the nurses and the nursing profession. I do not think that is anything they should be proud of. They used nurses by saying just elect us; elect us and within six months with \$15 million we will solve all the problems in health care. We will get rid of hallway medicine.

I can remember the now-Premier (Mr. Doer) in ads and billboards and in brochures saying, you know, if it takes hiring more full-time nurses to make it happen, then we will just do it. We will have it all fixed. Things will be wonderful. Elect us, we have all the answers, we have the plan, and within six months you will see a health

care system that is smooth and running perfectly and there will be enough nurses in the system to fix all of the problems.

Well, Mr. Speaker, what do we see? Almost two years later and the situation has gotten worse. Under their watch, what has happened? There was a nursing shortage in 1999 of 600. Today, not even two years later, the nursing shortage has increased under their watch to 1100. So I am not sure we are moving in the right direction under this Government. I am not sure there are many nurses out there who would think we were moving in the right direction.

What else has happened, Mr. Deputy Speaker? They said and they waxed eloquently during the election campaign about just hiring more full-time nurses. Well what happened? In less than two years what have they done? They have fired 600 nurses in the province. I say shame on them. Shame on them for misleading Manitobans during the last election campaign, using nurses and giving them false hope that if they elected a New Democratic government they would fix the health care system.

Well, I think they are finding, Mr. Deputy Speaker, they are not able to accomplish those things. They have failed miserably in their election campaign promises, and nurses are starting to see, starting to understand that they were used.

Mr. Deputy Speaker, we heard Maureen Hancharyk on the radio this morning, and what did she say about this Government? Oh, yes, we have had their ear for the last almost two years. They have listened to us, but what have they done? They have done nothing. There has been no action. She indicated that the situation, as far as hiring of full-time nurses and the action that has been taken by this Government is deplorable. Those were her words, not my words, and it is fine, it is easy to talk the talk; it is not quite so easy to walk the walk. The nursing profession now is understanding that, no, the hope that they were given in 1999 has vanished. It has disappeared completely. What we are seeing in the health care system is the deterioration under this Government's watch, and I think that instead of standing up and applauding the resolution and the five-point

plan, the Member for St. James (Ms. Korzeniowski) should have stood up and apologized to the House and to the nurses in Manitoba.

Mr. Deputy Speaker: Order, please. When this matter is again before the House, the honourable member will have eight minutes remaining. The hour being 11 a.m., we are now moving on to consideration of the next resolution.

* (11:00)

Res. 3—Rural Health Issues

Mr. Leonard Derkach (Russell): Mr. Deputy Speaker, I move, seconded by the Member for Charleswood (Mrs. Driedger), THAT

WHEREAS during the 1999 provincial elections, the current provincial government promised "more doctors, more nurses and more services for rural Manitoba" which have not been provided; and

WHEREAS since their election in 1999 the provincial government has put numerous rural health care initiatives on hold which had been approved by the previous Progressive Conservative government; and

WHEREAS on August 22, 1999, the honourable Member for Concordia stated: "Patients in hallways deserve better than health care projects that are 'paused"'; and

WHEREAS almost one year later, on August 10, 2000, the same honourable member said of the planned new hospital building in Emerson: ". . . we are deferring this project pending a further examination . . ."; and

WHEREAS the former Progressive Conservative government, in keeping its commitment to make health care a priority, announced a 20-bed expansion to Tabor Home in Morden on April 16, 1999; and

WHEREAS the provincial government put plans for the 20-bed expansion at Tabor Home on hold in September, 2000; and

WHEREAS on October 12, 2000, the provincial government again shelved plans initiated by the former government, this time indefinitely delaying plans to provide a community health centre and assisted living facility in St. Laurent; and

WHEREAS the honourable Member for Kildonan in his capacity as Health Minister received the Regional Health Authority Template for the Determination of Minimal Standards for Acute Care Hospitals in January and has yet to respond to it, leaving rural hospitals to wonder whether or not they will be closed or converted to personal care homes,

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to consider keeping its 1999 campaign promises to rural Manitobans and to consider providing more services and health care professionals to rural areas of Manitoba; and

BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to consider keeping the commitments of the former Progressive Conservative government regarding rural health care initiatives.

Motion presented.

Mr. Derkach: Mr. Deputy Speaker, I would normally say that I am pleased to rise to speak to a particular situation in this province, but this is not a situation that one is proud to speak to because it signifies an abandonment of this Government's services to a very important part of Manitoba, a part of Manitoba that I represent and come from, and that is rural Manitoba. There are many members in this House, more of them on this side of the House, who represent the rural side of our province, indeed probably have a greater understanding than the present government has of the issues that are facing us as rural people.

Now I understand that the Member for Dauphin-Roblin (Mr. Struthers), who will probably be speaking to this resolution, is going to have some comments about the resolution, but

I am going to ask him to really think about what he is going to say with respect to where we are going in rural health care.

Mr. Deputy Speaker, the resolution outlines some of the reversals that have been made by this Government and some of the pauses this Government has enacted in terms of capital construction and providing services, and needed services, to rural Manitobans. These are projects that were announced by the former Progressive Conservative government over two years ago. Today, we still have no action on many of these facilities.

Now I note in my resolution that when this resolution was drafted we were also under the understanding that the St. Laurent facility was put on hold. However, because of the pressuring from my colleague the Member for Lakeside (Mr. Enns) and this side of the House, the Government did reverse its decision and did proceed with the facility in St. Laurent. To that, I say thank you to the Government, because indeed they realized the error of their ways and then proceeded to go ahead with the project.

If you look at the other projects in rural Manitoba that have been put on hold, it indeed speaks to the kind of neglect this Government is enacting on rural Manitobans. I represent a significant part of rural Manitoba on the west side of the province where indeed facilities that were identified to be proceeded with have not even been mentioned in any capital program. We wonder what the capital program is of this Government, because there is never an announced capital program. It is just kind of divvied out in piecemeal.

Mr. Deputy Speaker, one of those facilities happened to be in my own home town. It was a personal care home that was given approval for, a 40-bed personal care home that needs to be built in that community. The facility that is there is not only outdated but indeed it needs major upgrading, and the determination was to proceed with a new facility that would be attached to the current hospital. We have not seen anything of that project to date.

The resolution also speaks to the various projects across this province that have been put on hold by this Government. What is this

Government's commitment to health care? What is this Government's commitment to rural health? We see that when you match the promises that were made in the 1999 election to the actions that have been taken since then this Government fails miserably.

The now-Minister of Health (Mr. Chomiak), during the election campaign of 1999, along with his Leader, the now-Premier (Mr. Doer), stated on numerous occasions, whether it was an opportunity to be in front of a crowd or before a TV camera, the message you heard over and over again was that they would fix the health care system in Manitoba in six months. If we needed more nurses, the Premier said we would provide them. If we needed more facilities, we would make sure that that was provided. If we needed equipment, that would be done.

Mr. Deputy Speaker, where are we today? This is more than a year, a year and a half later, almost two years later, and many of those promises that were made have never come to fruition. Today we still have in the hallways of our hospitals as many and more patients than we had before the election of 1999. Those are not my words. All you have to do is check with the CEOs of the hospitals, and they will tell you that the waiting lists, that the people in the hallways are as many today and even more than they were prior to the 1999 election.

Now, Mr. Deputy Speaker, the Minister of Health tells us he has done a wonderful job. Well, again, he is hoodwinking the public of Manitoba, but the public are waking up. The public are recognizing that in fact the promises that were made were hollow, were without substance, and have indeed not been achieved in any measure at all to date.

I understand that our health care system is one that is complex. It is one that is difficult to manage. If we continue down the path that this Government is taking us, we are going to be in jeopardy of being able to afford what Manitobans really need in terms of health care. You simply cannot fix the problems in health care by shovelling more money at the problem. There are other issues that have to be addressed. You have to change the system. We started that process, Mr. Deputy Speaker, through the

regionalization process that was introduced by our government. Now, it was not complete when we were voted out of office. There was still much more that needed to be done.

* (11:10)

There has been some tinkering with the system to date, but what are we seeing out in the specifically rural parts of our province. The deficits of our regional health care authorities are staggering. Regional health authorities are asking the Government what they are to do with the deficits. The funding that was announced this year was not for what needs to be done this year, but some of that funding, a majority, a major part of that funding, had to go to look after the deficits of the past year, leaving a very small portion to try and implement services and programs for the current fiscal year, to the extent that the South Eastman Health Authority wrote to the Minister of Health indicating that they did not have enough money left in their budget to live up to the commitments that were made under the collective agreement for their staff.

This is not a problem just in South Eastman because, if you look at the other health authorities, the Brandon Health Authority, for example, has a deficit of \$3.5 million, the central area has something of \$2.8 million. If you look at South Westman, they have a deficit somewhere in the neighbourhood of \$1.5 million, the South Eastman area \$3.5 million, the Marquette region—which is my region, Mr. Deputy Speaker, along with Parkland—has a deficit of \$1.8 million. Now what are these people to do with the situation that they find themselves in?

The Minister of Health (Mr. Chomiak), the Premier (Mr. Doer) for that matter, said that you have to live with the budget that we are giving you. What we are providing is adequate to meet the needs of your health services. The regions are saying they are not. We do not even have enough money to pay for the collective agreement increases that we are negotiating. How are we to provide the added services?

So what options are we left with in rural Manitoba? The options are you either start closing facilities, you start discontinuing

services, or you start limiting access to services, and we are facing a very critical situation in the rural part of our province. Besides putting the facilities that were promised, that were announced on hold, and this Government brags about them putting all this money in health care and putting all of these capital programs in, Mr. Deputy Speaker, if you really look at the situation, they are pulling back on providing the services and providing the capital needs that are really required out there. Their response to us is, well, you want to spend more money, but that is not the issue. They are in control of the budget. They have a budget to spend. They have revenues in this province that have not been seen for numerous years, a level of income that governments do not see often, and what are they doing with it? What are the end results of all this money that they are receiving?

I will use the term "they are blowing it." Mr. Deputy Speaker, they are entering into all kinds of projects, but the real needs of Manitobans are not being met, specifically, rural Manitoba. I only have to mention the emergency services, where the entire system could collapse if something goes wrong, just a very little thing goes wrong. So we have to be cognizant of that.

What is their plan? We do not see a plan from the Minister of Health. We do not see a plan from this Government with regard to rural health care needs, with regard to health care as a whole. Their answer has been simply to try and patch things up by throwing some money here and there without a plan to where we are going in the future, where we are going to be down the road, without a long-term plan on how we change the system so that indeed the output that is coming out of the system is going to be much more effective than they have been in the past.

Mr. Deputy Speaker, I tell you that we did start a process of change. It was started under our administration. It was a difficult thing to do, and there were questions about whether or not we were moving in the right direction. As a matter of fact, the Opposition at that time, now the Government, criticized us for bringing in a consultant who gave us some ideas as to how we could proceed to change the system so that indeed it would be more effective and more efficient for the public of Manitoba.

The system did change. It was Connie Curran, and I have no regrets in bringing in this consultant because, indeed, you know, they talk about \$4 million; they just spent \$7.3 million to become a landlord in this province of a facility they did not have to buy. Nothing has been accomplished as a result of purchasing that facility. All they have become is a landlord who now has to pay the taxes, who now has to pay the innovations for technology, who now has to pay the renovation costs. They have become a landlord. They have entered into the real estate market, but for what benefit? Those same services, those very same services could have been provided by the system the way it was.

Mr. Speaker in the Chair

As a matter of fact, if they wanted to increase the surgeries, all they had to do was raise the cap. They could have increased the cap, but what did they decide? They decided to buy the facility for \$7.3 million. How many services, how many surgeries could have been done with \$7.3 million; 17 000 day surgeries could have been achieved with that same amount of money.

Mr. Speaker, is that talking about services to Manitobans? No. That is called a waste of money, and Manitobans are recognizing that. They are recognizing that every day. I spend a lot of time in my constituency, and indeed I get the comments from my constituents. They are disappointed in the direction this Government is taking with respect to health care.

Members opposite have been in my constituency, and indeed I welcome them back any time, especially the Member for Dauphin-Roblin (Mr. Struthers). He likes my constituency, and it is good to see him there once in a while. As a matter of fact, we expect that the Government should be in our constituency.

I recall when you were in Opposition. I remember the days when we used to have some good relationships with members in the Opposition, where we would go into their constituencies, invite the MLAs to be with us when we were there to indeed partake in some of the events.

As a matter of fact, Mr. Speaker, the Minister of Agriculture (Ms. Wowchuk) will recognize the fact that indeed when I was at an

event where she was at or when the Member for Dauphin-Roblin was there, we would ensure they were recognized and that they were indeed mentioned in at least our remarks so that people would understand that these are the individuals who represent them.

Mr. Speaker, we are MLAs elected by the people to serve the public, regardless of which party we are in. If we cannot even recognize each other, we have a problem.

But getting back to the situation in health care, this issue is one that is going to haunt this Government, because they cannot neglect serving rural Manitoba. They cannot neglect looking after the services and the health care needs of rural people. You cannot simply tell rural people they have to get on the highway to meet their health care needs. Services have to be provided to people where they live. This Government seems to be abandoning the entire rural side of our province.

If you take a look at the list of deficits here, Mr. Speaker, that speaks volumes, because it tells you that this Government has no commitment to make sure that the needs of these people are met in their communities. What are the regional health care authorities to do? Where is this Government going?

Mr. Stan Struthers (Dauphin-Roblin): It is indeed a privilege as a rural MLA to stand and speak on the accomplishments of this Government in providing rural Manitobans with first-class health care services.

I want to begin, as I follow my friend the Member for Russell (Mr. Derkach), I want him to cast his mind back to a number of events. I want him to think back.

My favourite political ad in the last campaign, the 1999 provincial election, was an ad where a reporter was heading out to a town called Oakbank. She was looking for a personal care home that had been advertised, that had had a news release sent out that had been promised by the previous government. I felt so bad for that reporter as she looked and she looked and she looked some more for this personal care home that was to be built in Oakbank, Manitoba.

It is very disappointing to report to you she did not find that personal care home in Oakbank. She found a sign that said: The future home of the personal care home in Oakbank. It was faded. The paint was peeling off. It had been there for quite some time.

I would caution my counterpart representing the constituents of Russell not to get a little too wound up over the lack of services provided by this new government. I think he needs to look even in his backyard. I wonder how many times the current Member for Russell announced the building of the Shoal Lake Hospital before it was ever built.

* (11:20)

Even before 1995 it was promised. What happened to the Shoal Lake Hospital after the election was over? The news releases went out and a big fanfare was made locally in the member's riding. After '95, out comes the announcement. The other shoe drops and they announce, oh, gee, we cannot after all fund this Shoal Lake Hospital. We got our political mileage out of it. We got the headlines in the *Russell Banner*. We got the headlines in the *Shoal Lake Star*, but we are not actually going to go ahead with the project.

The worst of that, Mr. Speaker, was that it was not the first time that happened to the good folks of Shoal Lake. It was 1989. It was promised for 1990, but then the election came along and they got their majority government, and, oops, the funding vanished for that one too. The people of Shoal Lake were disappointed. So I do not think the Member for Russell should go too far down that road of criticizing funding announcements.

Our policy is to actually put a little bit of money with the news releases when we send them out. I think that is a much more fair and honest way to do it with the people of Manitoba. I am sure that the Member for Russell would agree to that.

I want the Member for Russell to cast his memory back again. It was within a year, and if I can remember it, I am sure he can remember. He was a little bit critical a few minutes ago about

us not moving services out to people in rural Manitoba. Well, I want the Member for Russell to think back to a day when he and I together, the Member for Russell and I, as good Parkland MLAs, got together and we made some very significant announcements together. I think the Member for Russell actually got his picture in the paper on this, courtesy of an announcement that we made.

We decided it was a good idea, in conjunction with the Marquette Regional Health Authority, to establish chemotherapy units. Where did we do that? I would like the Member for Russell to remember the day when we were in Russell of all places, the town of Russell from where the Member for Russell hails. I want the Member for Russell to remember what we did that day. We cut the ribbon. We set up, we established for the people of Russell, Manitoba, a chemotherapy unit that provides services to the people of Russell. The member wanted us to bring services out closer to rural Manitoba, so we brought it right to his home town, Mr. Speaker, and he was there.

Did we stop there? No. The Member for Russell (Mr. Derkach) and I went down Highway 45 and we made a right turn, ended up in the town of Hamiota, and we cut another ribbon that day; same day, two in his riding, Russell and Hamiota, and in Hamiota, a beautiful health facility. The Member for Russell and myself, Doctor Hudson, local people were there to witness this event where we brought chemotherapy a lot closer to the Member for Russell's constituents, and the day before we had been in Neepawa and had made another good announcement there. We came through for his constituents.

Shoal Lake: I wonder what constituency Shoal Lake is in? There is another one that was opened. My colleague for Brandon West (Mr. Smith) was there that day, and again the Member for Russell got his picture in the local *Shoal Lake Star* helping out. Now he gets up in this Chamber and tells this Government that we are not moving on services not only to Manitobans but to his constituents.

Mr. Speaker, the Member for Russell also talked a little bit—

Point of Order

Mr. Derkach: Mr. Speaker, on a point of order, I would just like to know whether the member is going to thank the previous Conservative government for doing all these projects so that they could cut the ribbon.

Mr. Speaker: On the point of order raised by the honourable Member for Russell, he does not have a point of order.

* * *

Mr. Struthers: I will do better than that. I will assure the member that some of these programs that he talked about that they had started, I will assure the member that we have got enough common sense and enough commitment to rural health that we will actually reverse most of the things that that government had done, such as reducing the number of rural Manitobans who can enrol at university and take medicine.

When that government was in power, they decided to reduce from 85 to 70 the number of people going to university to take medicine. That was a bright move, Mr. Speaker. Does the Member for Russell (Mr. Derkach) actually think we should continue that short-sighted policy of the previous government?

He referred a number of times to the former Progressive Conservative government. I wonder if he means that they were formerly progressive or formerly conservative or formerly a government.

The one thing that we have done that I think the member should be standing and applauding us for is our five-point plan to increase the number of doctors in rural and northern Manitoba.

That is a plan that I think the Member for Russell needs to stand and applaud the Government on. I hope that he takes that opportunity. He has not so far, but I have confidence that he will see the wisdom in doing that.

The other point that I want to address that the Member for Russell brought up was this whole issue of hallway medicine. The member

talks about this number this year and that number the year before and this number this year. You know, it is an improvement that the member from Russell can even reference numbers. You know what? When they were in power nobody knew the numbers because they were not willing to share them with anyone. It was a big secret. It was a secret. They kept the numbers absolutely to themselves. If we wanted the numbers or if anybody else wanted the numbers, they were not available. If we did the same kind of a process as the former government, members opposite would not even know what the numbers are.

My advice to the members across is, since they do have access to these numbers, that they should reflect upon these numbers honestly. If they did that they would see in each of the last two years we have reduced dramatically the numbers of people who receive their medicine in a hallway. Is that just something that I am throwing out here as a political statement? No, Mr. Speaker. We have independent third-party organizations pointing to us saying we are the leader in the nation on this issue, the leader in the nation. No other jurisdiction has done as much to reduce the number of people receiving medicine in a hallway than we have. That is a fact.

* (11:30)

In the bad old days of Conservative rule, the numbers were not even available to people. So not only have we made those numbers public, we are also very proud to stand behind those numbers and say that the job is not done yet, that we are going to continue to work to bring those numbers down. I would suggest that the members opposite get over their jealousy of that and they quit trying to fight the battle of 1999, which they lost, they quit trying to rationalize for their poor performance in the area of health care and get on with being a responsible Opposition.

Another huge issue that the Member for Russell (Mr. Derkach) is aware of in rural Manitoba is the deplorable state of emergency medical services that we have inherited from their government. Have we sat back and done nothing? No. We have moved on this issue. In each of our last two budgets we have increased

to historic levels the amount of money that is going toward emergency medical services.

When the Progressive Conservatives ruled this province, there were cases where ambulances would drive in and out of dead zones because they did not have proper communication devices on board to connect them with the outside world. Part of what we have done is we have moved to rectify that situation. We believe it is important for people conveying patients from one part of rural Manitoba to another or from rural Manitoba into the city and back to have that kind of communication. I wonder where the Member for Russell was when that situation existed in his part of our province. We are moving on that.

Another initiative we have undertaken that I think is a huge step forward is in the area of equipment. The Member for Selkirk (Mr. Dewar) quite rightly asks about CT scanners. If I was the Member for Selkirk, I would be talking about this a lot, too. The Pas and Selkirk, and the Member for Steinbach (Mr. Jim Penner).

The Member for Steinbach voted against the Budget that provided money for a CT scanner in his own home town. The Member for Steinbach should be standing up and saying that is a good move. Thank you very much, Mr. Health Minister. What do we hear from the members opposite? All we hear is the doom and the gloom that we have heard all morning. What we hear from the members of the Opposition is a lack of recognition about what is really happening in health care in rural Manitoba.

I would like nothing more than to stand and support my friend from Russell, but he is going to have to do his homework a little better and present a resolution that makes a little bit more sense than what I see here this morning. Thank you very much, Mr. Speaker, for allowing me to put these few words on the record here today.

Mr. Jim Penner (Steinbach): Mr. Speaker, we often think in terms of somebody insulting our intelligence. We often hear that phrase, well, that guy insulted my intelligence. I have to think of a change to that phrase today. Do you know what I heard today? I heard the Member from Dauphin-Roblin insulting his own intelligence. This is just a wonderful opportunity to put a few words on the record. I could not believe what I

was hearing. The poor guy, the poor gentleman is certainly going to be losing a bit of sleep when he thinks of what he has said because he knows it is so inaccurate, and actually it is funny.

You know, he cannot believe the fact that not less than two years ago they were going to solve hallway medicine in six months for \$15 million. I do not want you to insult your own intelligence, but you have to understand that this is in the record. In fact we believe that was probably not quite correct because we were just starting to get back the funds the federal government had withdrawn. The \$600 million that you were the beneficiaries of, that money, if it had been carefully spent by a good business plan, would have gone a lot further than it will go under a razzle-dazzle, you know, headline-grabbing lack of a plan.

The thing I have heard most from the people in the health profession is there is no plan. I hear it day after day, except one thing. They have one plan. It is called blame game. That plan gets kicked around repeatedly: Oh yeah, you know, 10 years in government, you did not do this. You did not do that. Oh, my goodness. Well, you know what? We heard from members opposite that they would keep the good things that we did and try and change the things that were not working for us. Well, I thought that was a good plan. The only thing is it is not happening.

When I think about rural health, and the Member for Russell (Mr. Derkach) has put forward an opportunity here to establish a better relationship with rural health, I think of the hospitals in western Manitoba and eastern Manitoba that represent a good part of our population. Almost half of the residents of Manitoba live outside of the Capital Region, and almost all of those live south of the Trans-Canada Highway, about 80 percent. So when you think about it the opportunity is there to establish facilities that in fact would take some of the heat off of the Winnipeg hospitals. When we see that the Winnipeg hospitals are being juggled and forced to relinquish beds to the training hospitals, the faith-based hospitals are being attacked by the present government, we see the opportunity for doctors diminishing. We know that Concordia Hospital does a large percentage of the oncology work involving urologists, a much larger percentage per doctor

than the Health Sciences Centre. However, if we start closing beds over there, there is going to be a backwater pressure. Things are going to have to be re-examined, and that is why we say there is no plan.

On April 18, there was a letter exposed in this Chamber that discussed the lack of planning, and the funniest thing that I found in response to that letter was the letter by the Minister of Health (Mr. Chomiak) where he says: I recognize that the funding level discussed here may fall short. Well, he said they would not fall short. Is that not right? Yes, amen. The funniest thing is that the South Eastman Regional Health Authority was told that they were going to get \$3.4 million of additional funding, when in fact there was not even enough funding increase to cover the requirements of the collective agreement increases. What is that? My goodness.

I used to tell people that half the lies I told are not truth. Well, I wonder if this is truth. I really have to wonder if they are promising to cover and then they do not cover and then they say they probably will not cover. I am wondering where the plan is. The blame game is not going to work.

Now in Steinbach, my constituency which I love very much, they have closed 20 beds and in Ste. Anne 10 beds, and the threat is there today that some of the services are going to be withdrawn. They are talking about bringing us an image resonating machine there. They do not have any capability of finding people to operate it, and they have not included in the budget the cost of operating, the very things that were being blamed on the previous government. But they do have funding that is available through that \$600 million a year restored by the feds, and they have the benefit of the funding that resulted from the good management of the balanced-budget government of the last 10 years. The previous government obviously put a plan together to restore and to build the health care system because they knew how to manage funds.

So here we are deficit budgeting. Two out of three rural RHAs are budgeting a deficit from .4 percent to 14 percent, approximately \$11 million. Brandon's funding level is lower than last year's expenditure. Half of the RHAs are

overexpended during the first quarter. So, Mr. Speaker, in spite of the bias of the members on either side of the House, and in spite of the lack of plan that is evident today, we are going to be reaping the benefit of a lot of nurses coming on-stream in 2000 and 2001. The University of Manitoba says in 2001, there will be 190 graduates of the BN nursing program, and 325 next year. And those nurses were registered under the previous government.

* (11:40)

So we are indeed proud of the progress that we were making, and I know that the new government will benefit from the good management and the business plan of the previous government. We encourage them to carry it forward. And so I recommend that—the what do you call this thing, Len? *[interjection]*—resolution that was put forward by the Member for Russell be voted on and that we give this resolution a vote in favour so that all parties concerned and all Manitobans concerned will encourage that the rural health care system receive the attention that it deserves. I thank you.

Mr. Tom Nevakshonoff (Interlake): Mr. Speaker, it is my pleasure to rise today and take issue with this resolution put forward by the Member for Russell (Mr. Derkach). I guess the first point I would like to speak on is how ironic it is that now suddenly we have this mass conversion across the way here that suddenly members of the Opposition are such strong advocates of the health care system, and one really has to wonder what the motivation is here. It is most likely the realization that this is the very reason that they are now sitting on the Opposition benches was their mismanagement of the health care system consistently over a 10-year period, which caused them to lose the confidence of the people of Manitoba and subsequently ended them up on the Opposition benches.

I think finally they have realized the error of their ways. They realized that the people of Manitoba had had enough of their uncaring mismanagement of the system and now suddenly they have been born again, so to speak. Now they realize that, yes, health care is an issue that the people of Manitoba care first and foremost about, and suddenly it is so much easier for them

to take issue now that they are in the Opposition benches over here.

Let us, for a moment, dwell on what the Conservative attitude towards health care was, and not only health care but basically across the board. I think it is quite evident listening to some of their speeches, and I think it is interesting that the Member for Kirkfield Park (Mr. Murray), their leader, is not speaking on this issue today. I would really like to hear the member from Fort Whyte speak on it, as well, because you can see where their emphasis lies. They focussed almost exclusively on tax cuts, and inherent in cutting taxes is cutting services, right, privatizing the system. This is what the Conservative agenda was more than anything. This was inherent in their approach to health care, I think, and I think it has been proven to the people.

It was not too, too many years ago, I do not think—I was not in this Legislature at the time, but I was aware of the situation—when the Conservative government was contemplating privatizing the home care system in this province. Do we remember that? I think so, and I think the people of Manitoba remembered that, as well, when they went to the polling booths last time around.

Let us just look at it. Here is a system that was serving the elderly people of this province, the needy people, the disadvantaged, but let us just focus on the elderly for a moment here. These are people who paid taxes all their lives who worked hard, saw a system build up and then in their vulnerable moments when they could no longer defend themselves, this Government was going to sell them down the river basically. That is what it was, right. Privatize the system, sell it off to some American company that was going to come into this province and do a better job than the Government of Manitoba could do, right. Well, I guess that was not acceptable to the people of Manitoba either, and that is one of the reasons that you fellows are sitting over to the left of the Speaker today.

Let us look at this whole privatization issue in terms of the health care system. Any time you get a private company coming in to a system, their No. 1 objective is to make money, right. That is what privatization is all about. There has

to be a profit, right. So the money still has to come from the Government any way you look at it, right. So obviously, it is better that all of the money dedicated towards the health care system actually goes into the health care system, that a percentage of it, 10 percent, 20 percent, whatever is an acceptable profit margin, that that 20 percent is not directly sucked out of the system and put into the pockets of big-time U.S. investors, to the detriment of the services delivered to the people themselves. You people are on record. You people were exposed. Your agenda was exposed here. This was part of the reason that you were rejected.

Let us take another example here. When things really got bad, when things were going to hell in a handbasket, I guess is one way to describe it, what did they do? What was their solution to the problem? They will probably have some comments about this, but what did they do? They went south of the border, once again, to find their solutions. They hired some high-priced consultant. Her name was—what?—Connie Curran, I guess. They paid her \$4 million to come up with a solution for the health care system in our province. That is showing initiative, is it not? That is really putting your resources to good use to spend \$4 million. What was the final solution that this high-priced American consultant came up with? Close a bunch of beds. We are spending too much money on the system. Let us cut back on the nurses, streamline the system, and things are going to get better for the people of Manitoba. Well, I am sorry, that was unacceptable.

After 10 years of decline in the health care system, the people of Manitoba, rightfully so, finally had enough of it and elected a government that is dedicated to reconstituting this health care system. We will do it. We are not going to accomplish it in a matter of months. You do not reverse 10 years of decline over nine months, or 12 months, or 15 months. It may take us as long to reconstitute this system, as it took you guys to run it into the ground. We are here, and I think we are going to be here for a long time, on that basis alone.

* (11:50)

The topic is rural health, so let us dwell on a couple of initiatives, for want of a better word,

that the previous government took. One of the building blocks of life is water, pure and simple. We want people in rural Manitoba to be drinking clean water. So one of the initiatives that this Government took was to reconstitute the government subsidy for water testing, something that that government did away with. Obviously, clean drinking water to the people in rural Manitoba was not an issue to the members opposite. They did not feel that this was important enough, so they pulled the plug on the subsidy. I would like one of them to stand up and justify that to me, to us on this side of the House and to the people of Manitoba. What was the basis of doing away with something as simple as that, subsidizing testing to make sure that Manitobans have clean water? What was the reason for that? Please, I would like to hear the explanation.

Let us look at something else, in terms of the mental health of rural Manitobans, right, we are dealing with the farm crisis right now, understandably so. We have just toured across the province and have listened to numerous presentations by farmers who are in dire straits at this point in time. This brings to mind something else, a relatively simple system, the rural stress line that we had in place that was designed to address the mental health needs of farmers and rural people under incredible stress, people who were facing bankruptcies, people who were, God forbid, possibly contemplating suicide because of the dire straits that they were put in by this past government, now the Opposition, who purport to be the representatives of the farming community here.

Most of the caucus is made up of rural members. They stand for the farmers and yet something as simple as a rural stress line was cancelled by the members of the Opposition. I would like an explanation for that as well. That was not important to the members of the now Opposition, something simple like that could not have cost that much money and yet was not important to them. That had to be done away with along with water testing.

On and on and on: The proliferation of the hog industry, for instance, has created threatening situations in some circumstances to our aquifers. But their laissez-faire attitude towards the expansion of that industry was quite

irresponsible in my mind, and I was glad when our ministers of Agriculture and Conservation and Intergovernmental Affairs constituted the Livestock Stewardship Initiative to go out there and find out about this, to investigate this situation so that as this industry progresses in our province, and we do need progression in the livestock sector, we have the interests of the people of rural Manitoba at heart by implementing this program to see that proper monitoring of the system is done, so that our water remains pure and the health of rural Manitobans is assured.

Now, on another front, let us look at emergency measures as another example. Here is another system long overdue for a little bit of attention. The infrastructure was crumbling. Ambulances were deteriorated to the point where it was not even safe to travel to the hospital in them, so our Minister of Health (Mr. Chomiak) took the initiative, spent—I am just looking through my papers here for it—over \$7 million to buy 80 new ambulances to serve rural Manitoba needs, something basic like that, basic infrastructure development that the Opposition neglected in their zeal to move towards their real, true agenda, which is cutting taxes and cutting taxes to the point where their big business cohorts were the only people who really benefited. To invest in infrastructure like that is more than necessary.

Now, we have heard a lot of talk, and if you look at the resolution itself here, they make reference to a number of projects in their constituencies, I might add, that have not been built yet, but that begs the question, what were they doing over the last 10 to 12 years in government? Why are they coming to us now identifying all these projects that they never built? That strikes me as somewhat ironic too, and their accompanying implication that our Government is not acting strikes me as somewhat odd when I see the Boundary Trails hospital in Morden-Winkler recently opened just a matter of a month or so ago.

That was typical of their approach. They were long on promises as they promised to build this hospital, but it was our Government that put the money on the table to actually put this building up. I think, rather than criticize

something like that, they should acknowledge a good deed when it is done.

The list goes on and on. Brandon is a big centre, agricultural centre in this province. Many rural people are dependent on that infrastructure. This Government recently put \$58 million into the Brandon Regional Health Centre. If that is not a positive initiative for people in rural Manitoba I do not know what is.

Mr. Speaker: Order. The honourable member's time has expired.

Mr. Peter Dyck (Pembina): I realize I only have a few minutes left, although I do want to put a few points on the record. I want to draw attention to one of the WHEREASes, and that is the one of the expansion of Tabor Home, which was put on hold and which this Government has not fulfilled the promise that we made when we were in government. Again, it is an area of need. The demographics in the southern Manitoba area certainly indicate that it is an area where seniors are retiring and where the need is there in order to supply beds in the personal care area. So I just wanted to draw that attention to the Government. I am sure that they will give it due consideration.

We do have an aging population. In fact in the province of Manitoba, when we look at it rurally, we have the highest percentage out there. So if we are going to be looking at meeting the needs of people as they retire and giving them in fact a good place where they can spend their, some would call it golden years, and I guess some of them would say they are not all that golden, but I do think that we have a responsibility to look after them. I want to urge this administration to take a serious look at supplying the needs for those people who do need it so badly.

There are a number of points where the Member for Interlake (Mr. Nevakshonoff) was trying to draw attention to the fact that when we were in government we had in fact neglected a lot of the areas. I cannot agree with that: In fact I would love to have a bit of time to be able to point that out.

The last one he put on the record was the whole area of the EMS, the Emergency Services. Now, I guess my question to him is: What does he have against volunteers? What has taken

place in the last several months is the fact that we are doing away with volunteers. In fact this year we are celebrating the year of the volunteer, and as we take away the ability for them and for these people to be able to volunteer—

Mr. Speaker: Order. When this matter is again before this House the honourable Member for Pembina will have 13 minutes remaining. The hour being 12 p.m., we will recess and reconvene at 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 24, 2001

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