

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, 16 April, 1985.

Time — 8:00 p.m.

CONCURRENT COMMITTEES OF SUPPLY

SUPPLY - HIGHWAYS AND TRANSPORTATION

MR. CHAIRMAN, C. Santos: Committee please come to order. We are now on Item No. 6.(a)(1), Driver and Vehicle Licensing, Management Services: Salaries; 6.(a)(2) Other Expenditures.

The Member for Virden.

MR. H. GRAHAM: Thank you very much, Mr. Chairman.

Mr. Chairman, just for the record I think I should raise an issue that because of press and other things has become a bit of a well-known item in my area, and that is the problem of a lady in Virden who had a motorized chair. I call it a motorized wheel chair, but this lady has no end of problems because of innumerable regulations that have been set up.

I wanted to ask the Minister, really, are all of the regulations that we have in the department absolutely necessary, or are we just trying to snow the public under with a mass of regulations and really all they do is create frustration and serve no useful purpose?

I want to say that, Mr. Chairman, from an opening position, because this is the case of a Mrs. Strachan, who, three years ago, because of her inability to move very well in society, was presented with a cycle chair by her brother in the States. I don't know how it all started, maybe somebody submitted a report or something but it was brought to the department's attention and through various correspondence she was, on the 16th of January, sent a letter listing all of the things that she had to do for her vehicle. It was called a mobility vehicle. Now I like that term. I think that's a very good term. it's now . . .

A MEMBER: I think it has a ring to it too.

MR. H. GRAHAM: It has a very nice tone to it, a mobility vehicle. It is stated in the letter and it comes from a Mr. Patrick Rougeau, Assistant Administrator of Vehicle Inspections. It says, "The equipment not in compliance is as follows: (a) a red reflector at the rear of not less than 8.89 centimetres" - 2 decimal points - "in diameter in addition to the tail-light."

A MEMBER: We'll make it 9.

MR. H. GRAHAM: I don't care whether it's 9 centimetres or 7 centimetres, but somehow it's got into the regulations that it has to be 8.89 centimetres. "(b) the brakes on the so-called mobility vehicle must operate on front and rear wheels. In this case the braking force is by means of the electric motor 'showing' the vehicle to a stop." I think it should say "slowing," but that's a typographical error I suspect "(c) the mobility vehicle

must have a speedometer; (d) the mobility vehicle must have a speedometer; (d) the mobility vehicle must have a horn; (e) the mobility vehicle must be equipped with a rear-view mirror. Now, if all of the following requirements for equipment are to be met, it could then be registered as a mobility vehicle for operation by a physically handicapped person. If you require any further information please feel free to contact this office at 945-4603."

Mr. Chairman, I believe Mrs. Strachan might have replied to that. I did not get a copy of any reply. She did write to the Member of Parliament and through the whole thing, I was in contact with Mr. Rougeau, and at that time I had suggested to the department that, rather than have all of these regulations, as long as a mechanic was willing to sign a certificate of roadworthiness, that should be all that is required to license it. That is all that is required in a used vehicle, a used car. If you buy a used car from a third party, as long as the mechanic signs the certificate of roadworthiness, the department will license it. Apparently, that isn't the case or it must apply only to certain vehicles. It didn't apply in this particular case.

I believe that eventually the department, because of publicity of this whole thing, has maybe relented or changed things a bit. I understand at the present time that Mrs. Strachan will have no problem having the vehicle registered.

Mr. Chairman, it seems rather strange to me that the vehicle has to be registered because it cannot exceed 12 mph in speed and yet there are numerous bicycles on the road today that can exceed 12 mph in speed and we don't require them to be registered. Now, I'm not advocating that we register bicycles. That is not my intention at all, Mr. Chairman, but I do find it rather strange that here we are as a Legislature trying to do things that make it easy for people to live in society and somehow the regulations that we pass, albeit with good intentions probably, end up really frustrating the public and causing a great deal of ill feeling and nuisance to society.

I would like to ask the Minister if it is the intention of his department to continue to pass more and more regulations dealing with vehicles and licences and all the rest of it or whether or not he has some idea of maybe streamlining things, simplifying them and removing a lot of the regulations rather than imposing more?

HON. J. PLOHMAN: I think, first of all, I've been negligent in not introducing the staff that was here in all cases, and I think it's important to do that for the members' awareness of the staff that are involved.

John Rea is sitting at the back, from Transportation Division, Director; Slggi Goodbrandson, you all know probably, a long-time Director of Operations; Bill Dyck, the Director of Administration; Wally Kurz, Highway Safety and Dan Coyle, I introduced a few days ago as the new Registrar and also Don Norquay, who's the new Chairman of the Motor Transport Board, whom

most of you may not have met previously, as well as Boris Hryhorczuk.

Particularly, I wanted to have the opportunity to introduce our new Chairman of the Motor Transport Board today who we talked about last year before he was even in place, and he was hired in October, I believe, of 1984.

In terms of the issue raised by the Member for Virden, I have been made very aware of the circumstances surrounding the particular case that he's referring to. I think there's some information that the member had incorrectly stated on this issue that I want to clarify.

Last year, he may recall that we brought in the amendments to The Highway Traffic Act dealing with the whole area of mobility vehicles and mobility aids and after extensive consultation with the Canadian Paraplegic Association and the Manitoba League for the Physically Handicapped, it was felt that we should bring in some provisions to recognize, in a formal way, the mobility requirements of handicapped people so that they could be licensed and registered and therefore insured under the provisions of The Highway Traffic Act and the Manitoba Public Insurance Corporation so that they would have the same protection as other motorists.

Previously, a person in a wheel chair was not recognized officially as a pedestrian and in this case, with the new legislation, all motorized wheel chairs that travel at less than a speed of 15 kilometres an hour were recognized as mobility aids and were classed as pedestrians under this new legislation.

All mobility vehicles over 15 kilometres, as they're called, that travel less than 50 kilometres an hour are classified as mobility vehicles and have the right to operate on the road system, on the streets and roads and on the highways that are under 80 kilometres, but under a certain speed limit were registerable for a use on highways and streets and so on, in the province. We put that act into place last year to recognize the legitimate need that was there.

I should say that they were classified the same as mopeds, which have been in place and officially recognized under The Highway Traffic Act for a number of years, so they could be registered, licensed and insured under that act. However, this particular situation involved what was really a motorized wheel chair or a mobility aid, being required to be classified as a mobility vehicle, because it simply had a maximum speed capacity of over 15 kilometres an hour - I understand it was 19 kilometres an hour - and in that case the particular piece of equipment had to meet the requirements of a mobility vehicle including a speedometer, reflectors, brakes and so on.

Of course the registrar, under the present act, could not register that particular vehicle as a mobility vehicle unless it complied with all of the requirements as set out in The Highway Traffic Act and as they apply to mopeds. As we've seen with one year of experience - we've had very limited experience at this time because there are very few of these that have been registered in the province, although there are some, and undoubtedly over the years there will be more handicapped people who wish to register their mobility vehicles - there are some particular situations that are particularly bothersome to individuals. In this case, this person, because it was capable of going a few

kilometres an hour over the maximum speed for mobility aids, had to comply with all of these requirements and we're going to propose a change to the act that will allow more flexibility in licensing these vehicles for use on the highways. I think that will go some distance to meeting the kinds of concerns raised by the honourable member.

However, in this particular case, I understand it was resolved by simply putting a governor on the particular equipment so that it could not travel faster than 15 kilometres an hour and therefore did not have to be registered. That is what has happened in this case, that she will simply continue to be able to operate this mobility aid, because it will be then incapable of moving faster than 15 kilometres an hour, will continue to operate that as a pedestrian would - have the same rights and privileges as a pedestrian. But for those vehicles that travel faster than 15 kilometres an hour, there will be some flexibility in what is required in registering those, with the new provision in the act, if it's accepted by caucus and by the House.

So, I intend to bring in some changes there to facilitate the situation and to prevent this kind of thing from happening in the future, but it is a new area. I can mention that no province has provision for the registering of mobility aids and mobility vehicles by handicapped people. We are a leader in that area, and when that happens, of course, there are bound to be some situations develop perhaps that need straightening out in the future and that's what we're doing here.

This was introduced last year in the Legislature and, I think, it's been well received by the handicapped community. We regret that this particular vehicle, which was manufactured outside of the country, did not comply with the limits that were set out in the act and, therefore, we're going to provide more flexibility.

MR. H. GRAHAM: Mr. Chairman, just in case the Minister might have inadvertently given wrong information, may I go back and ask him again, did he say that she would not be required to register it?

HON. J. PLOHMAN: That's correct. If the maximum speed is not more than 15 kilometres an hour, she will not be required to register and, therefore, will be able to operate it as a mobility aid in the same way, with the same rules that apply to pedestrians.

MR. H. GRAHAM: That prompts a further question. Then that means that this person can be on the road driving an unregistered vehicle, and since it is unregistered, I imagine she would not be able to get any insurance. Is that correct?

HON. J. PLOHMAN: My understanding is that the situation would remain unchanged from what it has been in the past, that as a pedestrian, she would be able to operate on sidewalks, cross streets in the same manner that a pedestrian would and use pedestrian corridors and crosswalks with the mobility aid, but she would not have to register it as a vehicle and have it licensed and insured under The Highway Traffic Act. It's only mobility vehicles that must be licensed and registered.

With the flexibility of the amendment that we're proposing, she would be able to register it as a mobility vehicle if she so desired without complying with every one of those particular stipulations that the member outlined here earlier, providing the registrar agrees he would have flexibility to register even those vehicles or those mobility aids, as they would be classified, as a mobility vehicle as well.

MR. H. GRAHAM: So, what the Minister is telling me at the present, she is not able to register it or get any insurance, but the Minister has said that they will be bringing in amendments which would then allow her to register and insure it and have the protection of that insurance. Is that correct?

HON. J. PLOHMAN: Yes, even though it would not meet all of the stipulations for a moped as outlined in the act.

MR. H. GRAHAM: Well, Mr. Chairman, if this particular incident has done nothing other than bring the matter to the government's attention and the government is willing to consider changes, then I have to commend the government for reacting.

However, Mr. Chairman, I would refer the Minister back to my original statement, that it appears as though we are continually adding more and more restrictions and more and more regulations rather than removing regulations. This causes me further concern because I presume, and I'm going to ask the Minister this question, if it is a registered vehicle would she then be required to have a valid driver's licence?

HON. J. PLOHMAN: Well, first of all, Mr. Chairman, that option is available to her and I think the member just agreed that he felt it was an advantage to an individual to be able, where she or he previously did not have that opportunity, to register a vehicle and have it insured. So that's an advantage; that's a choice that is available and an option that's available to a person in Mrs. Strachan's particular situation. I think that's a step forward that she has that opportunity. This certainly has been well-received and recommended by the League for the Physically Handicapped and by the Canadian Paraplegic Association.

If she registers her particular equipment as a mobility vehicle, she would be required to meet certain licensing standards, obviously, to operate this vehicle on the roadways of the province and, therefore, it would have to meet minimum licensing standards for a Class 5.0 restricted licence. It would be the same as a moped's licence requirement that an individual would have and is conducted, I understand, in a parking lot environment to determine the skills that she has in operating it. I think that's a good thing and the member would agree that it's positive because we want to reduce injuries and deaths on the highways. Obviously, the person involved should be competent in operating the particular vehicle that she or he is venturing out with.

MR. H. GRAHAM: Mr. Chairman, in order to get a licence, I imagine there would be a particular test and exam that a person would have to take. I would realize that it would not allow them to drive a five-axle truck

or anything of that nature. Has the Minister a copy of the test that would be required for that person to take in order to pass a driver's test?

HON. J. PLOHMAN: I don't have it with me but there would be a written test, a vision test that would be required similar to a person applying for a licence for any vehicle and it would have specific restrictions dealing with the particular mobility vehicle that the person is registered with so that they could operate that particular vehicle. Their licence would be restricted to operation of that particular vehicle.

MR. H. GRAHAM: Mr. Chairman, where would a person have to go to take that particular test?

HON. J. PLOHMAN: The mobile testing units would suffice and they're operating in various communities throughout the province. They come out to provide testing to people in various communities and they would be able to accommodate this particular situation.

MR. H. GRAHAM: Mr. Chairman, will the Minister provide me with a copy of the test that is required to be taken in order to qualify for a licence to drive one of these vehicles?

HON. J. PLOHMAN: If the member has ever written the written test for a driver's licence, he would already have access to that information. It's the same written test that any person would take in applying for a licence because they have to know the rules of the road and that would be the same test that you or I would take in qualifying for a licence.

MR. H. GRAHAM: Mr. Chairman, that is the very thing that causes me concern, because it is my belief that this person has been advised - and I don't know who has offered the advice - it may have been the RCMP, it may have been someone else - but they have suggested to her that when she is using this vehicle on the road that she drive on the opposite side of the road, facing oncoming traffic. Is that the correct advice that should be given to her?

HON. J. PLOHMAN: If it's a mobility aid and therefore not classified as a mobility vehicle, she would have the same requirements as a pedestrian in operating this and adhere to the same rules of the road as a pedestrian would when walking on a roadway.

MR. H. GRAHAM: Mr. Chairman, the Minister just told me that the same test that applies to an ordinary person applying for a driver's licence would be the test that she would take. Yet, if she is operating this vehicle licensed, she would then have to drive on the right side of the road, but if she drives it unlicensed, she would have to drive on the left side of the road. Is that correct?

HON. J. PLOHMAN: Yes, in most cases that would be two different vehicles and in all cases . . .

MR. H. GRAHAM: No, it's the same vehicle.

HON. J. PLOHMAN: It would be two different vehicles. In the case of the vehicle being registered as a mobility

vehicle, it would be operable on the highways in the same way that any other motor vehicle would be operated, and generally that is between 15 and 50 kilometres an hour. It could not go over 50, as any slow moving vehicle or a moped would be classified, and no less than 15 kilometres an hour. That would then be registerable as a mobility vehicle and would have the same rules apply as any other vehicle on the road.

If it is classified as a mobility aid, she would not have to register, would not have to take a driver's test and would not be required to license and register it and would operate it the same as a pedestrian would.

MR. H. GRAHAM: And if she operated it that way, she could not get insurance. Is that correct?

HON. J. PLOHMAN: She's classified as a pedestrian. I don't know if pedestrians get insurance.

MR. H. GRAHAM: Let's get this thing straight again. If she operates it as a mobility vehicle, it must travel more than 15 miles an hour. Is that correct?

HON. J. PLOHMAN: Kilometres an hour.

MR. H. GRAHAM: Kilometres.

HON. J. PLOHMAN: It must be able to travel more than 15 kilometres an hour.

MR. H. GRAHAM: But we understand that it has been reduced in speed, so it can only go nine kilometres an hour now. I believe that has been done to the vehicle.

HON. J. PLOHMAN: I'm not sure it's nine; I heard 12, but I'm not certain.

MR. H. GRAHAM: So, Mr. Minister, now it is impossible for her to register it, because it is operating below 15 kilometres. Is that correct?

HON. J. PLOHMAN: If it's not operating above 15 kilometres an hour, it would not be registered as a mobility vehicle. The staff would certainly want to discuss with her, since it can be altered, can be changed, in terms of its maximum speed, whether she wanted it to be registered as a mobility vehicle and operate on the roads in the customary fashion or whether she wanted it to continue to operate, as she seems to have indicated, so that she wouldn't have to comply with the other requirements, that she could operate it in the same way that a pedestrian would conduct herself, then it would not be registerable.

MR. H. GRAHAM: Mr. Chairman, we're talking about a 77- or a 78-year-old lady who is severely hampered in her ability to walk, who without this vehicle has to rely on a taxi to get her wherever she goes. She lives on her old age pension. That's her only source of income and all she wants is to be able to go down and get her mail and her groceries once a week.

Having said that then, regulations and the laws of this country seem to come into place and there have been a series of roadblocks placed in front of her. We

have attempted to remove some of them. However, we now find that if she wants to have it registered, it now has to be increased in speed so it has to go over 15 kilometres.

HON. J. PLOHMAN: That's what it did.

MR. H. GRAHAM: That's what she has to do in order to get insurance because she does want protection. That's the only means of travel she has other than hiring a taxi. At the same time, you're asking a little old lady who obviously is nervous, 77 or 78 years old, to take the very first driver's licence test she's ever had in her life and, to begin with, she doesn't know whether she should be on the left hand side of the road or the right hand side of the road. It all depends whether she registers her vehicle.

So right away we have two sets of conditions, depending on whether you want to register it or not; so I would ask the Minister

HON. J. PLOHMAN: She has to register it to get insurance.

MR. H. GRAHAM: She has to register it to get insurance, but we seem to be putting more and more roadblocks and regulations in front of people and all they want to do is go and get their groceries and get their mail.

Mr. Chairman, I go back again to my very first comments. I would ask the Minister to seriously consider removing regulations and freeing things up, rather than continually placing roadblocks in front of people, because what you're doing is causing confusion and frustration in the minds of the public and it does not bode well for the Province of Manitoba.

So, Mr. Chairman, I would ask the Minister to seriously reconsider the proposals that he is putting forward, because to me it just doesn't make sense, that if you register it, you've got to drive on the right-hand side of the road and if you don't register it you have to drive on the left-hand side of the road.

Can the Minister come up with something a little more consistent so that the people of Manitoba would know and so that members of this Assembly would know. Right now, it is a state of total confusion and the Minister has not, in their attempt - and I give them credit for trying to solve the problem - but I don't think you've solved it, I think you've compounded it.

HON. J. PLOHMAN: Well, I don't know that we've compounded it. The basic decision that this person has to make is whether she wants to have a vehicle to drive or not. If she wants a vehicle to drive, then it has certain requirements and it can be registered and insured.

Previous to this law coming into effect, she could not insure it or have it registered for use on the roadway. So if the member is concerned that there's a problem with insurance, there's one of the advantages of this law that came into effect last year. If she decides that she does not want to go through the requirements of a driver's test, as any individual, no matter what their age, if they decide that they want to operate a motor vehicle on the highway system, they have to make that

decision; whether they want to go through and study for it and meet all the requirements of a driver's test - that's one of the decisions they make when they decide they want to drive.

Some people who are quite old decide to do that, because the circumstances in their life change for whatever reason, and they decide they want to operate a motor vehicle. She can make that choice. In this particular situation if she decides she does not want to go through that, she can continue to have it as any pedestrian - operate it as a pedestrian - as a wheel chair and have it as a mobility aid which doesn't require registration.

If she wants to get insurance on it, I'm sure that through a homeowner's policy of some kind people can register things that they own or they can have things that they own insured under a general policy. I'm sure that there are provisions there for some kind of insurance and she could explore that. But really there's no requirement at all. If she does not travel faster than 15 kilometres an hour, she's simply treated as a pedestrian and legitimately recognized as a pedestrian under the act, which she wouldn't have been in the past.

So it's just a simple decision of whether she wants to operate it as a vehicle or as a pedestrian and that, I'm sure, can be made very clear by one of our staff in meeting with her to discuss her requirements.

MR. H. GRAHAM: Mr. Chairman, I would like to ask the Minister one more question. Would he consider having a special class of driver's licence with special rules or special tests which applies only to mobility vehicles? Because I would suggest to the Minister that at the present time the present driver's test might very well be in conflict with the actual rules that would apply when she took the thing on the road.

HON. J. PLOHMAN: I don't think, Mr. Chairman, that they would. I don't know if the member is suggesting that a person operating a mobility aid should be subject to a driver's test. We're not suggesting that at all. If they get involved with a vehicle, then they have to pass the requirements and are subject to the same laws and rules of the road as other vehicles, so there's no conflict there.

If she wants to be treated as a pedestrian and have the vehicle with a maximum speed of 15 kilometres an hour, then there's no requirement for any kind of a test. Once she gets involved or he gets involved, any individual operating a vehicle on the roadway, all of us, I'm sure, would agree that the rules of the road should apply and anyone applying for a licence should meet certain basic requirements and that's all that's required now. It is a special licence restricted to the use of that vehicle. The test is different, quite different than a normal practical test. The only thing that's the same is the written tests, the requirements for the rules of the road and the vision test.

MR. H. GRAHAM: Well, Mr. Chairman, I won't take up the time of the committee any further. I regret that we have used half an hour of the committee's time and we don't seem to be any closer to a solution now than we were when we started.

MR. CHAIRMAN: The Member for La Verendrye.

MR. R. BANMAN: Thank you, Mr. Chairman.

I want to this evening raise an issue with the Minister which has been of concern to me in the last four or five years. I think it's an outstanding issue in my area. I don't know if other parts of the province are facing the same problem. The Member for Emerson is here with me this evening and I know that he has got concerns about the same matter and that has to do with the driver testing program in southeastern Manitoba.

I would like to this evening, Mr. Chairman, maybe stick my neck out a little bit and offer the Minister a few suggestions with regard to trying to resolve some of the problems that have arisen over the years with regard to driver testing and driver licensing in southeastern Manitoba.

There seems to be a shortage of people available to do the testing. I know myself, as well as my colleague, almost on a weekly basis get calls from people who indicate to us that they have either been waiting in line and couldn't get in because there were too many people waiting.

There are stories of a gentleman from Woodridge, which happens to be from the Member for Emerson's constituency, said that he wanted to get his Class 1.0 licence and slept overnight in his truck right by the door, waiting to be first in line to take the test. Just the other day, I had a group of individuals tell me that people are lining up at 7 o'clock in the morning, just to be in line to take the test.

I know, in talking to the driver testers that come out to that area, that they are trying their best to cope with the situation, but I don't know if the workload has increased. I know the Steinbach and surrounding area has grown, as far as population is concerned, and that might have a bearing on it. But people from Steinbach will go to St. Pierre. I think people are even travelling as far as Vita now to try and get on.

I would suggest to the Minister, I know he's faced with decreasing funds, I notice in the appropriation this year, this particular section is receiving less funds than it did last year, which means that there's probably fewer people employed in that department and that they have cut back on a few areas.

But I would seriously ask the Minister to consider that he establish a full-time driver testing unit in the Town of Steinbach. I think he could use that as maybe then a springboard to provide better service to Vita, to St. Pierre, maybe even to the Niverville area, and thereby accommodate the requests of the constituents of southeastern Manitoba.

I will even stick my neck out a little further and suggest to the Minister, I would even go along with a \$1 increase or \$2 increase across the board for driver's licence testing, in order to accommodate and try and pick up the extra costs that will be incurred in providing that expanded service in our area, because it is desperately needed. And when you have people like a young mother who calls and says, I had to get a babysitter. I went to stand in line and then I was No. 22 in the line and they only took 20 people that morning, and then she had to go home and she has to pay her babysitter for coming in and all the inconvenience.

The same thing with all the truckers and young people who are required now, by law, to have that Class 1.0 licence to come in and the frustration that they get by taking time off of work and having to stand in line and having to wait in the morning. I am sure those people - all of them - would be just too happy to pay a few dollars more and be assured of the capability of being there at the right time when an appointment was made or at least have the flexibility of knowing that if they did show up, that some time during that day they would be seen.

I say to the Minister that I think there is an opportunity here. I think we have space within the government office building. Without trying to be facetious, I notice in the road-building project that my area really didn't get anything this year. I'm wondering what a lot of the people in my district, in the Highways staff are going to be doing. I would suggest that maybe the Minister could use one of the offices within the Highways Department, maybe some of the secretarial staff there to take appointments. Right now, there is an agent in Steinbach taking the appointments and I know that they would probably be just as happy if it was taken over by government because they're getting a lot of flak from people who are unhappy with what's happening.

I say, without pointing the finger at anybody, because I think everybody's trying - but I think there's just either a breakdown of communications between everybody involved or just a total lack of being able to provide the manpower to deal with the issue, let's maybe increase the licensing fee a little bit and then provide the service for the people so that the frustration is taken away from us. Like I said, I'll back him up if he's going to increase the rates by a couple of dollars to make sure that the service is going to be a little better, I'll be with him on that.

HON. J. PLOHMAN: Mr. Chairman, I want to thank the member for the concerns that he's expressed here this evening. The Steinbach and Selkirk locations are two of the busiest mobile units in all of the communities in the province. There is some merit to looking at the matter of having a certain number of staff located in Steinbach to service the testing requirements perhaps at the Steinbach Provincial Building; that's one option we're reviewing with staff at the present time.

I can say though, to the member, that over the last two years, even before that, there has been no reduction in staff here. There hasn't been this year over last year an increase in demand either in terms of the number of cases dealt with, so the problem must be back at least three years that there was an increase in the number of people who are requiring licences.

Over the last year, we've had this area, Steinbach, serviced twice weekly from Winnipeg with the mobile unit - 100 days of service in that area, twice weekly approximately. The previous year it was 96 so there were a couple of more occasions where two staff people were involved. One of the staff people is involved in looking after the appointments and the other for looking after those people who do not have appointments. There are two systems in place - appointments and non-appointments. So the people that are lining up for hours are the people that did not ask for or were not able to get specified appointments. Both systems are in place

and the one person out of the two is looking after those who don't have appointments and the other looking after those that have appointments.

In addition to that, this past year, we've supplied 63 additional staff days to that area. In the previous year it was 50, so there was an increase there in the number of additional staff provided to deal with the heavy load at Steinbach. I'm not saying that is enough in response to the member's concerns that he raised, but certainly the department has been making efforts to deal with the particular situation, the heavy load at Steinbach.

However, in terms of the written tests, they were down from 2,795 in 1983 to 2,723. So, there was a slight drop in the number of written tests. In terms of interviews, it was down from 350 to 332. So, there was not an increase in the workload this past year and, indeed, with the additional staff days, there must have been somewhat of a better situation this year than the previous year. That's not to say that it is sufficient, but that would indicate that the problem has not been growing worse in this past year.

I think that the suggestion that the member made, though, is worthy of consideration and we will certainly look at other ways to alleviate this situation. Obviously, it's something that has arisen over the last couple of years if the problem wasn't there before. It has not gotten worse this past year over the '83 year; '84 was not worse in terms of the statistics.

MR. R. BANMAN: I believe I indicated in my statement earlier, Mr. Chairman, that this problem did not happen overnight and has developed over the last number of years. I guess my biggest regret is that when I was in a more influential position a number of years ago, I, at that time, couldn't get my Minister of Highways - and I probably should have probably pushed a little harder to get him to establish a permanent testing unit out there.

This is a perennial problem, Mr. Minister. I'm not blaming the staff of the current administration or the Minister himself for this happening. It's an irritant that's out there. I'm pleading this evening with the Minister to seriously consider establishing a full-time driver testing unit in Steinbach. Those individuals could then be stationed there, could live there. It'd be a feather in the Minister's hat in trying to go ahead and help bring some of the services that the city people enjoy in the Winnipeg area, help bring them to rural Manitoba. I believe it would also allow those individuals to give better service should they travel to Vita or St. Pierre and run those particular units on a daily basis.

There is a real problem here. It hasn't developed overnight. Somewhere along the line, surely, we should be able to provide the people with the service that they feel other parts of the province are getting. I would plead with the Minister today to have a serious look at that and set up a permanent unit within Steinbach that could service the southeast adequately in a way that I think they're entitled to receive.

HON. J. PLOHMAN: Just on that, Mr. Chairman, at the present time, the driver testing section has permanent offices in Winnipeg, Portage la Prairie, Brandon, Dauphin, Flin Flon and Thompson. Those have been in place for a number of years. It is true that

situation changes, if communities grow, that needs change and we will look at those, particularly the cost comparisons of having the unit stationed in Steinbach with what the current situation is. Certainly, if it's closer, if it's more economical to deliver it in the way that the member is suggesting, that will be given very serious consideration.

MR. CHAIRMAN: The Member for Emerson.

MR. A. DRIEDGER: Thank you, Mr. Chairman.

I would like to echo the comments of the Member for La Verendrye, except that I don't intend to be quite as kind as he was. This issue has been raised the last few years and the Minister is indicating that there's been a slight reduction. What has happened is terrible frustration out there because people have been, as indicated by the Member for La Verendrye, standing in line since 7 o'clock and even overnight. We raised the same issues last year and the situation has not improved at all. What's happened is that we're talking about a population of 36,000 people involved between La Verendrye and the constituency of Emerson which is a lot of people; somebody coming out to Steinbach twice weekly and at St. Pierre once and at Vita once, that serves that whole area. I'd like to impress on the Minister the problems that it creates for people who get up, working people that take time off - especially consider the impact on young kids that are eligible for their first driver's test, going two, three and four times before they finally get a chance to have a driver's test. It's a frustrating experience for them and they get frustrated with the system before they ever start.

This has been illustrated before and I think this is the only area that has continually raised the issue with the Minister and I think something should be done. Expand it, set up another office in Niverville once a week, or something like that, but that whole southeast area, a population of 36,000, as I mentioned before, all have to be serviced by four days a week in that area. How many can they handle at that time? It's not fair, it's not realistic.

These are all people, once they get their licence and their registration, pay their fees. You know it's not like it's a gratis thing that we're giving them something. They are prepared to pay for that. All they want is the opportunity and I suggest to the Minister that something has to be done, because there's people that take weeks on end that go down there because you can't get an appointment in St. Pierre or Vita, you cannot. You stand in line and wait.

If the Minister feels that he has any doubts about this, get out there some time and check the line-up that is waiting there, hours before anybody ever opens the door. It is a serious problem and we've raised it for a few years now. I want to impress on the Minister don't just say, well there's been a slight reduction, there's been a reduction possibly out of frustration.

I suggest to the Minister that you deal with it, because these are people that are prepared to pay, they want their licences. They don't want anything for free. They're prepared to pay their fees. Certainly the fees that they pay should justify the fact that there should be more people there. If this was just a momentary splurge or something like that that's happening, that is not the

case. This has been an ongoing problem that has developed and we're going to get very serious with this thing.

I suggest to the Minister and his staff, look at what's happening out there. If he says it's dropped from 2,700 to 2,500 or whatever in Steinbach, let him use the whole southeast area where we have limited services in this regard, and it is a very very frustrating experience and it doesn't bode any good for the Minister or for people that want to get their drivers.

I've had a truck driver, to get a Class 1.0 licence, as indicated by the Member for La Verendrye, that stayed overnight and then when he finally had a chance to have his test, what happened? An inspector went and checked and one of his taillights wasn't working; he had to go home with his rig, get the taillight changed, make another appointment, and that took another month. It's that kind of thing that is creating a frustrating situation out there.

All I'm saying is that there could have been a common sense approach in that particular case where the inspector could have said, well listen, I'll give you the test, get that taillight fixed, come back and report it's fixed; give me a bill or whatever the case may be, but he wouldn't accept him. He had to go back and then try and get back on the system again and that's what's so frustrating.

I want to illustrate it's a very serious matter. If this Minister thinks it's not that serious, that's fine, then we'll start rallying the troops out there and we'll make a serious matter in your mind. Thank you.

HON. J. PLOHMAN: Well, Mr. Chairman, I think the Member for Emerson was . . .

MR. A. DRIEDGER: Well, I'll tell you something, you don't know what it's like. Four weeks before you can get on for a driver's licence? Come on.

HON. J. PLOHMAN: Well, Mr. Chairman, I want to first of all thank the member. I think he was at least as polite, even though he said he wasn't going to be, as the Member for La Verendrye in this and maybe he's losing his touch in terms of really hammering these things home.

MR. A. DRIEDGER: I could change that, Mr. Chairman.

HON. J. PLOHMAN: But I want to thank him for his comments on a very serious matter.

A MEMBER: Round one!

HON. J. PLOHMAN: This is round one. He's warming up. The situation is the same in all of those communities in terms of appointments and non-appointment services. There are both services and it takes some time, I agree . . .

MR. A. DRIEDGER: The pressure isn't the same.

HON. J. PLOHMAN: No, but in Vita, St. Pierre and in Emerson, in all locations, they can get an appointment. It may mean waiting though, a period of a few weeks before that appointment time comes up, but if they do

use the appointment system, they will obviously eliminate or reduce the amount of time that they have to be away from work. I would encourage people to do that, although I recognize that there's quite a period of time and they're hoping, by lining up, that they can get in sooner.

MR. A. DRIEDGER: But they can't get appointments at Vita and St. Pierre.

HON. J. PLOHMAN: Well, they can get appointments, but they have to wait some time. I'm told by the staff that the appointment system is the same there — (Interjection) — Yes, that there are appointments. Now if that's not the case I hope the member will check that and tell me, because that's then contrary to the advice and information I am getting, and that is that there is an appointment system at each of these locations. They're all handled in the same way.

So that would reduce the waiting time, but I appreciate the members raising this situation. I don't recall it being raised last year during Estimates to any significant degree. We have to check Hansard, but I apologize to the Member for Emerson if he raised this matter last year, I don't recall that he stressed this point at all. So we will certainly look at it.

MR. CHAIRMAN: The Member for Ste. Rose.

MR. A. ADAM: Thank you, Mr. Chairman.

I wanted to raise perhaps two or three questions on the matter of driver testing. I know that we do have driver testing throughout the province, but what I wanted to ask the Minister, I know that in the city we do have a number of driver training schools operated by the private sector. I'm not sure just what kind of training they provide, whether they provide training under The Highway Traffic Act, and I know that we have student driver training in our schools.

But what I would like to ask the Minister, are there any driver training schools in the rural areas where rural people can have access to that? Because I find that what is difficult for some citizens is when they get on in age - and maybe just because of their age - they're asked to come in for a driver's test and really what they need is a little bit of instruction on The Highway Traffic Act. You know, what do all these signs mean? A lot of them have driven all their lives and have never had any problems with driving, but the fact is that a lot of them don't know even what the signs are.

I'm just wondering whether there is any training available in the rural areas where an individual can go and get a little bit of brushing up, with some instruction with the Highway Traffic Books there and the signs on a big wall chart, showing what all these signs mean, to assist some of these individuals so that they can pass their tests when they go? Because in some cases it has happened that an individual has been called in for a test and has failed it, and he has been instructed to go back and study. He goes back and he studies and he comes back in at a later date, to find that the test has been changed. It's no longer the same test. There's been a variance from the first test and the individual has lost again, so he has to go back. There

appears to be, if there was some training available even if he had to go and pay for it, at a certain cost so that they can get some brushing up on what all these signs mean and which light is on the top, the green one, the red one and so on at the light signs. I think that would certainly help many people.

Also in the driver's testing, if a person is unable to write very well or maybe can't read very well, is there another type of testing such as visual testing, oral testing or interview testing and is that more difficult for the individual?

HON. J. PLOHMAN: I appreciate the comments raised by the Member for Ste. Rose. It's obvious that there are a number of concerns such as the ones raised by the member. Elderly people who are very often lost in terms of the written test and have a great deal of difficulty with that, for whatever reason, and I've had those concerns raised with me.

There is an oral test that they can take in place of the written test so that is one provision that the department has put in place. In terms of the driver schools, that is a good point but they are not available in many of the rural areas simply because they are not viable there; there's not enough business for them. The High School Driver Education Program, done through the department, encompasses most of the business that they would receive and that, of course, is limited to the school system through the Driver Education Program so there's only, I think, a couple in Brandon and one in Dauphin, in terms of the driving schools, where they could brush up and get additional information.

Other than that, they can use their handbook and then, with the assistance of some of their relatives or family, brush up on the information so that they could pass at least the oral test rather than a written test, so that provision is there. It would be desirable to have this kind of service available but obviously it would be very costly for the department to attempt to provide all of those additional services.

MR. CHAIRMAN: The Member for Morris.

MR. C. MANNES: Thank you very much, Mr. Chairman. I'd like to ask the Minister whether this is the area in which I might pose some questions with respect to the Motor Vehicle Branch Annual Report and also with respect to some seat belt information that was deposited in his office a few days ago.

HON. J. PLOHMAN: Certainly, the member could raise it at this point.

MR. C. MANNES: Mr. Chairman, last week in the House in question period I asked the Minister whether he or his department would review the report prepared by a constituent of mine with respect to the reporting and collecting and classifying of motor vehicle accident injuries. I'm wondering if the Minister's had an opportunity to review that report and indicate whether he can comment at this time.

HON. J. PLOHMAN: Mr. Chairman, the department and staff are looking at the situation and have provided

some preliminary information that there was a consultant hired in 1981, I believe, to look at the method of compiling and listing the statistics with regard to injuries and there were some recommendations for changes made at that time and that came into effect in 1982. I do not have the information on the basis for the change in decision as to the showing of the figures and once I've received that information I would be supplying it to the House for the member. I don't have that as yet, in terms of the details of it, but there were some changes made to make the figures more accurate and they were computer changes recommended by a consultant who was engaged at that time to undertake the work. I believe that was done in 1981-82 fiscal year.

MR. C. MANNES: Can the Minister indicate why a consultant would be brought in to recommend changes with respect to the reporting of accidents? Can the Minister give me any understanding as to why that was required?

HON. J. PLOHMAN: Again, I want to obtain a full report from the department on that. I understand they were not satisfied with the way they were showing them previously and compiling those statistics and wanted to have a more representative and thorough way of doing it and so the consultant was engaged to provide that information as to how to change the programming of the computer in showing those statistics. I don't have the reasons for it at this particular time, but it certainly will be in the report that I receive from the department.

MR. C. MANNES: Mr. Chairman, that's most unfortunate because, of course, right now we're provided with the one opportunity we have as members to ask some very specific questions with respect to any report under the auspices of this Minister.

I would ask whether he would be at liberty to share the report that may be coming to him from his department with respect to these changes? Will he be at liberty to share that report with members of the opposition?

HON. J. PLOHMAN: First of all, Mr. Chairman, I want to apologize that I don't have that. I've asked for it to be prepared in an expeditious way; it wasn't possible for the staff to have it as yet. If the member had asked the question a week earlier, perhaps we would have it for this particular time, but unfortunately we don't.

I would be pleased to provide the member with a copy of the information. I certainly feel that I would like to know what the answers are, why the changes were made. I'm not aware of any sinister plot or any particular reason why the statistics would have been changed, other than that they want it be represented more accurately. That's the only information I have from the department at the present time.

MR. C. MANNES: Mr. Chairman I suppose I will accept that answer; I have no alternative. However, I question the Minister and more indirectly, I question the department as to how a report would come forward without mentioning the rationale for the change, because if the Minister accepts any of the argument

of my constituent, one John Martens, the numbers change so drastically that usually there would be a reference within the report that would indicate the reason for that happening.

That may have occurred. I haven't searched the report myself, but obviously the author of this report found no detailed explanation for the reason that serious injuries reportedly increased so significantly. My curiosity is aroused to an even greater degree because apparently there was no reference in the report to the reasons why these changes would occur. Of course, anybody who has any analytical ability who follows these reports from year to year, would notice very quickly that there had been a substantial change in numbers. Having reviewed reports over years myself, usually there's a reason or an explanation and I would question - at least I would hope the Minister would question his department - as to why that was not provided.

HON. J. PLOHMAN: Mr. Chairman, that is a legitimate question. Obviously the member did not catch it last year when he went through the report, and a number of other people did not bring this particular change to the attention. It was an oversight obviously. It should have been pointed out as to why the drastic and significant changes to the figures from '81-82 to '82-83. I think it can be attributed to a technical computer programming change, but it should have been pointed out as to what the new basis was for those facts and it wasn't and that was an oversight and it's fortunate that the member has raised this particular matter and we'll have the answers.

MR. C. MANNES: Mr. Chairman, could the Minister indicate where in these appropriations - and maybe we've passed over it - where the department is and to what degree is the department funding? Is it somebody at the university or somebody within the branch who is publicly preparing the public relations effort or extolling the virtues of seat belt usage, or is there some research being done? Where within the appropriations is this expense covered?

HON. J. PLOHMAN: Well, Mr. Chairman, there is a joint study under the sub-agreement, the transportation sub-agreement, dealing with the effects of the recently introduced seat belt-helmet legislation in Manitoba. This study is being done under contract by the University of Manitoba and the signing of the contract should be done shortly. It's not under way at the present time. There will be a study done at the University of Manitoba on the effects of the seat belts. It's a joint study under the sub-agreements, federal-provincial.

MR. C. MANNES: Will the Minister indicate the total amount of dollars to be expended on the study and Manitoba's share, if he could, please?

HON. J. PLOHMAN: I don't have those figures in front of me but we'll get them. I imagine it's in the 20,000-or-so range, but we will get that information from staff and provide it to the member very shortly.

MR. C. MANNES: Well, I'm wondering if the Minister would undertake to provide to us the guidelines for the

study or the terms of reference in question. I suppose I'd be curious to know what direction has been given this particular faculty or this particular discipline at the university with respect to researching this matter.

HON. J. PLOHMAN: Well, I'm told that the figure is around the \$20,000 mark and this particular study, interestingly enough, is being funded entirely by the Federal Government under the sub-agreements, but I have no problem with making available to the member the terms of reference for the study. It's hoped that an objective study done by the university will provide us with valuable information on the effects of the legislation in terms of its effect on injuries and deaths in the province, the costs to insurance, Medicare and so on, the number of people wearing them. All of those things are important considerations and we would like to have that information and the member is perfectly welcome to have access to the terms of reference.

MR. C. MANNES: Mr. Chairman, when seat belt legislation was enforced in April, 1984, I believe it was, as I recall, the first number of accidents that occurred and people's lives were supposedly saved and testimonials were used, certainly within the news media, as to the fact that seat belts saved lives. I'm not here to dispute that. It was followed by the news media, and I dare say to some degree by the government for a period of two months. What was the experience in 1984 with respect to occupant fatalities from April to the end of the year or to, let's say, October of 1984, compared to the year previous? Was there a significant decrease in the number of lives lost?

HON. J. PLOHMAN: I believe we have some limited figures on that; I'm just attempting to find them. Certainly, there was a visual survey done in June and the number of people wearing them on average across the province was 79 percent which was a high usage of seat belts and was very encouraging.

I believe the member is right that the media did seem to focus on whether people were or were not wearing seat belts at the time the law initially came into effect. During the period from April 1, 1984 to August 31, 1984, MPIC indicated that there was a 14.9 percent decrease in the cost of bodily injury claims which resulted in savings of more than \$2.5 million for the corporation. That is one figure that I have in place and it was an interesting figure in terms of the number of bodily injury claims during that period of time over the previous year.

I know that there was a significant reduction in the number of deaths. I believe it was in the 20 percent to 25 percent range during that period of time, either deaths or injuries . . .

A MEMBER: For which period?

HON. J. PLOHMAN: From '83-84, but I'm not sure - it was deaths or injuries - I do recall that figure and I'd have to see whether we can get it for the member.

MR. C. MANNES: Mr. Chairman, for the five-month period, April to August, 1983 over 1984, again within this document, there seems to be an increase of some

13 deaths covering that five-month span by the research done by Mr. Martens. He has been able to collect - and I must say the Minister probably knows Mr. Martens almost as well as I do, and he's gone to some effort to try and find factual evidence. I don't think anybody can be critical of his attempts to try and find factual numbers to shed a little light on the argument. On Page - I don't even believe it has a page number, but it's one of the charts at the back of his report that he's provided to the Minister and also to myself - he's been able to find death certificates from January to October, '83 and obviously he'd be able to do that beyond October for '83, but he's compared January to October '83 versus '84.

Through that period of time, of course, there's no difference, there's no change in the total number of deaths. Looking specifically at that five-month block from April to August at which time in '84, seat belts were mandatory, there was an increase in deaths of 13. I'm very curious as to whether the Minister and his department are cognizant of these facts and whether they have attempted to find an explanation or are they still at this point not accepted as being presented?

HON. J. PLOHMAN: Well, that's one of the points, since I don't have the details. I do have some information that might be of interest which seemed to contradict, to a certain extent, that information; but specifically I don't for that period of time, have the information so I wouldn't necessarily call those numbers used by Mr. Martens as facts. There's a lot of opportunity for confusion on accidents if they're not accurately documented at source when an accident occurs, as to whether a person was wearing a seat belt or wasn't and so on.

According to the statistics and information I have there were, in 1982, 132 people killed in fatal accidents. In 1983 there were 133, an increase of one and for 1984, it indicates 127, so a drop of about six there. It's not a substantial number but there's a greater drop in the actual number of accidents where injury occurred, according to the information I have from nearly 8,000 in 1983 to just over 7,000 in 1984. That is the figures as I have them here and I'm not certain that they are consistent with the figures that the member has that Mr. Martens has compiled but that's the information I have.

MR. C. MANNES: Mr. Chairman, there's not much use pursuing a discussion with respect to the figures until the Minister has an opportunity to receive from his department, firstly, some indication as to why the classification of injury statistics has been changed; and secondly, some indication as to whether the numbers as presented within this document prepared by Mr. Martens are accurate.

HON. J. PLOHMAN: We're preparing a report on that document. I've asked staff to do that and we will have the up-to-date information on why the change was made and recommended by the consultant, Spectra, that was engaged in 1981-82 fiscal year.

I just want to say though, I don't know what the implications or implied reasons for the questions by the honourable member, but I can say that certainly

seat belts would not have been introduced in this province on the basis of injury statistics in this province alone. The government looked at a number of situations and jurisdictions across the country, in terms of the experience of seat belts to justify the decision or to act as a reason for the basis for a decision to go forward on seat belts because of the experience in other jurisdictions.

So the change in statistics would not have been relevant, in terms of the actual putting in place of the new seat belt law.

MR. C. MANNES: Mr. Chairman, I accept the Minister's response on behalf of the government as to the reason they brought forward seat belt legislation.

My concern for bringing it forward is that if Mr. Marten's figures are accurate - and obviously the Government of the Day - if they want to show that seat belts, once they have been legislated into place, are doing many things in respect to saving injuries. The best way to prove that of course is to show a major drop-off in injuries. If the base from which they're dropping off, of course, is changed and put at a number which may or may not be realistic, then quite obviously the argument becomes very much stronger in support.

Furthermore, it's hard to say what governments in the future will do with respect to seat belt legislation, regardless of whatever their political stripe. We know that jurisdictions in the south in some cases are removing the compulsory aspect of seat belt legislation and who knows, some time in the future, the Government of the Day in Manitoba may deem it to be a wise decision also.

I suppose one other question with respect to Manitoba's situation, because I remember a Minister of Highways from Saskatchewan coming into Manitoba, I believe it was a year ago, and indicating how, because of the advent of seat belt legislation within that province, that Saskatchewan was now indeed the safest province within Canada in which to drive. At least the accident statistics bore that out. I'm wondering, is that in fact factual? Where does Manitoba fall within the ranking of provinces with respect to injuries on per hundred - by some basis - either per hundred million kilometres, or whatever base is used to compare provinces?

HON. J. PLOHMAN: First of all, I want to indicate to the member that I assumed that his interest in this matter was based on the reasons that he outlined here today and would like to strongly indicate that I don't believe any government or any Minister would be as cynical as to try to make a change in the method of showing statistics to later justify a law like seat belts.

I think the evidence stands clearly on its own and that kind of thing is certainly not necessary and is not something that we would have consciously entertained at any time. I wouldn't even give us credit for having that kind of planning capability that we would actually change those statistics, hire a consultant and have the statistics changed in late 1981-82, shortly after the election, for implementation in 1982 and then wait a little over two years before we implement such a law. That's just incomprehensible as far as I can see and I want to indicate that to the member. There's absolutely no way that we would have done that kind of thing.

In terms of the fatalities, Transport Canada has indicated, in terms of the calendar year, the number of fatality statistics and if we look at Saskatchewan and Manitoba I'm sure the Minister from Saskatchewan would be wrong. If he was referring to statistics at this time, it indicates that for 1984 calendar year Manitoba had a total of 127 fatalities, which I said earlier, and Saskatchewan had 221. Now their population is very close to Manitoba's so if we looked at that situation, they're almost double of Manitoba's fatality rate. So that would place us in very good light in terms of fatalities.

In terms of seat belts, wearing, Transport Canada indicates that, overall for the year, Manitoba had a percentage usage of 61.6 percent and Saskatchewan had a 49.6 percent, so they were not wearing seat belts as much as we are in Manitoba and perhaps we could attribute some of that difference in the number of fatalities to that fact.

MR. C. MANNES: A final question, Mr. Chairman. Is it not a fact that in 1983, Manitoba, without compulsory seat belt legislation, had the lowest death loss of all provinces and that, indeed, over a series of many years, has always had one of the lowest loss on our highways even though many other provinces have had seat belt legislation for a number of years?

HON. J. PLOHMAN: It may be true, Mr. Chairman, I don't have the 1983 figures in front of me but there are several provinces who have less in 1984, fewer deaths, but of course they have less population as well. So if we're working on a per hundred basis, or whatever it may be, Manitoba compares very well with Saskatchewan. I don't have the figures for 1983. We're about average though across Canada, in terms of the wearing and using of seat belts, in terms of percentage of people that wear them.

MR. C. MANNES: Well, Mr. Chairman, I won't belabour the point. I'll undertake to await the Minister's response in a more formal manner with respect to this particular report and maybe later I'll have an opportunity to ask more detailed questions at that time.

Thank you.

MR. CHAIRMAN: The Member for La Verendrye.

MR. R. BANMAN: Thank you, Mr. Chairman.

I'd like to briefly raise an issue which I think is talked about every year and I guess I should, before I start talking about the matter, say that I could I guess be considered as having a bit of a conflict in speaking about this, but because I understand the business so well maybe I can shed a little light and help the Minister look at one of the problem areas which a lot of automobile dealers face and that is with regard to safety certificates.

I know it's a problem. It was a problem when we were in government and it's a problem with this government. I guess what has happened over the years is that even though the act was passed, there is a certain section that has not been proclaimed because of the lack of political will of successive governments.

I understand that the certificates are lying in storage somewhere in the bowels of the Motor Vehicle Branch,

some half a million forms, or something like that I think are lying there. I would at this time, draw to the Minister's attention again, I guess one of the largest problems and one of the biggest concerns that face - not particularly the car dealers but the consumers - and that is the one of the Autopac write-offs.

We are in a position where people can buy an Autopac write-off, fix it up in their back yard, sell it privately to a friend or some unsuspecting customer, without ever having to have that car run through a safety check. I'm wondering if the Minister or the department have got any way of identifying - I know that that the computer now I believe is identifying a car that has been written off because I know some of the manufacturers are now declaring the warranty null and void if the car has been written off.

I have seen some situations, personally, in one particular instance, where a young lady bought a car at night. It only had about 4,000 kilometres on it; bought it from a private individual; paid cash for it; and then drove it away and found out a week later that it was an Autopac write-off; and was stuck with the automobile; had no recourse because of course the individual who had sold it to her was neither licensed nor had anything to do with any bonding or anything.

So we've got a serious situation where, not only from a safety standpoint, these vehicles are coming onto the highway without ever having to have a safety certificate, but it also I think is posing a pretty serious threat to a lot of consumers who are buying units like this without having the protection of any recourse later on, after they've bought them.

HON. J. PLOHMAN: Certainly if the situation exists as outlined by the Member for La Verendrye, it's a serious concern and we would like to look at ways of making it more foolproof, so to speak. Yes, there has been arrangement with MPIC, I understand, to deal with the matter of vehicles that have been written off and identifying them for test purposes.

My understanding was that a test certificate was required for those vehicles. However through selling them and purchasing them again, people can get around that situation. We will have to look at whether there's a way of tightening up that situation. I recognize that that's possible. I guess it's possible under almost any system to circumvent it, if that's the desire of individuals.

There may be a way of providing some requirement so when people purchase those at auctions from Autopac, that they must sign something to indicate that they have to provide a certificate of roadworthiness before they're operated in the future in a more direct way. But I would like to consult with my colleague, the Minister responsible for MPIC, if that's a widespread problem, but certainly it seems to have been rectified to a certain extent by the identification system that is in place.

MR. R. BANMAN: The Minister will appreciate that the only way we're ever going to solve the problem is to do what Ontario does and that is require every individual to have an authorized safe motor vehicle form and produce that at the time of registration. In other words, when a person either goes to change their registration to another automobile or register a new or a used

automobile, that at the time of registration the customer will be required - whether it be a private sale or from a dealer - will be required to have a Safe Motor Vehicle Certificate which then puts the onus on the individual who has signed that authorization certificate to make sure that that car is roadworthy.

Now I guess I'm going to ask the Minister at this time if there is any move by the government to proclaim the section of the act which will then require everybody who is registering a motor vehicle to produce a Safe Motor Vehicle Certificate at the time of registration?

HON. J. PLOHMAN: The answer is no, there isn't at this time. The member has raised some of the considerations I'm certain that he faced when he was looking at the same situation a number of years - perhaps four years ago, exactly four years - ago when he was looking at that situation. It was not done at that time.

We talked earlier with the Member for Virden about regulations and adding complications to people's lives. Certainly this is one area that would be the case, even though it may seem desirable in terms of reducing injuries and deaths, accidents and so on, that might be attributable to defective vehicles on the road. We are concerned about that and this year we hope to be increasing the number of inspections through our Inspection Program significantly through the year, by concentrating on larger centres and therefore dealing with more vehicles, to increase it from about 6 percent of the total vehicle fleet in the province to about 7.5 percent.

However that's not the complete answer, I recognize, and it is certainly something, in terms of the requirement certificates, that I think is valid, but I've indicated to the Manitoba Automobile Association, when I have met with them on a couple of occasions, that we were not intending to proceed at this time with that change.

MR. R. BANMAN: Thank you, Mr. Chairman, I would just comment on that, telling the Minister that as someone who has been in the business for many years and knowing the ways the system is being beaten right now because of the lack of control and the lack of issuing and requiring of the safe motor vehicle certificates for all vehicles, one has to really be a little bit cynical about the governments - and, again I say, of all political stripes - talking about safety and talking about going ahead and making highways safer by using seat belts and that, when we know for a fact that someone can walk into my dealership tomorrow, buy a car for \$100 that is not roadworthy at all, I will issue them an unsafe motor vehicle certificate. They walk outside the door and for a dollar, he sells the car to his brother and they walk down to the local Autopac agency and licence the car and drive it off your yard. It's a ridiculous situation.

It happens every day in the city and in rural Manitoba. We've got cars going on the roads that are totally unsafe and shouldn't be there and we have a mechanism of curbing that, but I say to the Minister that it's pretty sad when we just don't have the will to do it. I put that on the record knowing full well that it's a problem that successive governments have not tackled. I would have to say that I hope that sometime in the near future

some government has the will to deal with this problem because I believe that from a standpoint of safety, it's a must and it's ludicrous for us to walk around and have safety inspections teams out when we don't even curb the one area which wouldn't cost the taxpayer one cent.

HON. J. PLOHMAN: Just very briefly, Mr. Chairman. We have asked the MPIC for information on this area because I would like to know what the implications would be in terms of reduction in costs to MPIC because of accidents and what the difference is, if they have statistics on accident ratios when all vehicles are inspected versus when they're not. We don't have concrete information to that effect at the present time. I've asked the MPIC to supply me with that if they could give some figures in that regard. So, I'd like to have that information and certainly we did that as a result of the latest meeting that we had with the executive members of the association when they discussed it with us. I'm sure that's information that the member would like to have as well because we can say that there would be a significant difference in highway safety in reduction of accidents, injuries and deaths, but we can't quantify that at the present time.

MR. CHAIRMAN: 6.(a)(1)—pass; 6.(a)(2)—pass - The Member for Turtle Mountain.

MR. B. RANSOM: I have a question, Mr. Chairman, or perhaps it's more of a statement than a question, something that I want to bring to the Minister's attention. I believe that he has a board with a name something like a medical review board having to do with the suspension and reinstatement of licences.

I had a situation with one of my constituents where a young person had suffered a blackout and under those circumstances I understand that the people automatically will lose their licence. After a period of time, the local doctor had determined to his satisfaction that this young man should have his licence reinstated and he so recommended, but that was not sufficient to get his licence back. He was asked to go before this medical review board.

Now, this young fellow was working in Virден and his father was working in Boissevain, so his father had to take a day off work, the young man had to take a day off work. They drive to Winnipeg. He comes before the board. He's there for somewhere between 2 and 5 minutes and they tell him no. There is nothing happens at the board with him present that couldn't have happened with him in Virден. I understand this board is supposed to have some medical expertise, but there was no way that there could be any sort of medical expertise brought to bear as the young man is sitting in front of the committee. The board apparently looked at the records for the very first time and denied him his licence.

They came to me afterwards and said, what's going on? This seems like a useless, bureaucratic waste of time. I contacted the board and tried to get some answers as to how this board functioned and whether, in fact, there really was a chance that the board might have made a decision to give him his licence back. Had there ever been an example of a similar case where

a person got his licence back? I couldn't get any answer from, I believe, the woman who was the secretary of the board. So, I asked her who was the chairman of the board. She gave me the name of the chairman. I asked for his telephone number and she said I'm not allowed to release that.

It's my view, Mr. Chairman, that a committee such as that should be set up to serve the public. I must say that I have never encountered such a bureaucratic mess as I encountered in trying to deal with that board which I gather hasn't been established very long. If it can get into that sort of situation in such a short period of time, watch out after it's been established for awhile. I know that this is not an isolated case because I have heard of others that have been similarly treated.

So, I would just like to bring it to your attention, Mr. Minister, and to indirectly bring it to the attention of the chairman of the board that these boards are there to serve the people and they're not serving the people in the way that person would serve. That might be alright if you're living five blocks away and you're asked to come down and you can maybe answer a few questions but, to me, that was a completely useless exercise that he went through. They could have made that decision looking at the medical records without ever having called him in.

HON. J. PLOHMAN: I thank the member for raising that concern. I would, under those circumstances, share the same concerns that the member has. I would hope that the boards and all civil servants deal with the public in a polite way, recognizing that they are there to provide service and we're always attempting to emphasize that point in all areas sensitive to the public. I would think that it would be valuable for the member to provide that brief story in writing for me so that I can express those concerns.

However, if the member wanted to do that, it would certainly be helpful and would have been at the time to have raised that with me and I would have certainly passed it on to the chairman of the board who is a Dr. C.R. Scribner. The board is made up of three additional doctors besides the chairman: a neurologist, a cardiologist, specialists in that area, and an area specializing in sight, vision, and also a layperson on that particular board. There are four people plus the chairman; three of them are doctors and the chairman is also a doctor. That, of course, means that they should be experts in dealing with medical conditions and that's the purpose of the board so that there is some expertise and expert input instead of having simply laypeople at the Licence Suspension Appeal Board, the registrar doing that kind of thing. So we think it was a positive step, but certainly it has to function in a positive way and I appreciate that matter being raised. I will follow up with the board on that particular matter.

MR. CHAIRMAN: The Member for Minnedosa.

MR. D. BLAKE: Just while we're on that, what is the remuneration of the board, Mr. Chairman?

HON. J. PLOHMAN: It's a per diem amount. Sorry, Mr. Chairman, if we would go on I could look that up and provide it for the member. I'm not certain exactly what the number is.

MR. D. BLAKE: Just while we're on that particular item, Mr. Chairman, there are quite a number of points that have been covered by my colleague, so we won't belabour them and go over them again, but on the driver testing and the medical review panel, I'm sure the Minister has a copy of the brief sent to him by the Minnedosa area disabled persons of the Manitoba League for the Physically Handicapped.

There's a strong plea from many of these branches of the League for the Physically Handicapped throughout southwestern Manitoba, asking for a testing facility in Brandon or somewhere in the Westman area. We'd like to see it in Minnedosa, but there's a driver testing unit in Brandon, so it would probably be the logical place for it.

It just follows on the expense and the inconvenience involved that the Member for Turtle Mountain touched on. They're required to come into Winnipeg; they're required to take a day off work; they're required to stay overnight. It becomes not only the frustration for a physically handicapped person to come in and take these tests in here, but the expense involved.

Now I realize that the testing facilities are maybe fairly exacting and it may only be feasible to have the equipment in Winnipeg, but a good amount of the equipment, I don't think, is that costly and it maybe could be located elsewhere.

One particular constituent of mine was frustrated to the point of near exhaustion with the therapy that he had to go through, the therapeutic group that he had to go through, but that was an unusual case. When I became involved in it, I spoke with the deputy registrar and I must say, Mr. Minister, just had excellent co-operation with the Motor Vehicle Branch from that time on. And it's progressed to the point where I think the constituent involved is feeling much more confident now in his next visit to pass the required tests in order to get a very restricted licence, limiting him to just a few miles around town, that will enable him to go and pick up the mail and take his youngster to the rink and things of that nature.

But to go beyond that, a testing facility located in the Westman area for the physically handicapped would be very, very timely. As I say, it's not only the expense, it's the frustration and the time involved and the time off work and whatnot, to come into Winnipeg to take the tests and maybe run into a situation which is similar to the one that the Member for Turtle Mountain related, where they get pretty short shrift and maybe not too much of a feeling of helpfulness and compassion and understanding of their particular case. So that was just one item I wanted to bring to the Minister's attention.

Also I'm sure the Minister is very familiar with the case of one Theresa Ducharme in connection with putting the handi-vans or the wheel chair van service under the Taxicab Board. I won't go into long detailed discussion of that, Mr. Minister, other than to say maybe he would care to comment on why he felt it was necessary to place these vehicles under the Taxicab Board, with all of the ramifications and problems that that's creating for some of these people, and maybe we could leave it at that - if he could just let us have his comments on that particular case.

HON. J. PLOHMAN: Mr. Chairman, I just wanted to say that, yes, handicapped drivers have to come into

the City of Winnipeg to the Rehab Centre for evaluation for assessment and then they are assisted by the Rehab Centre in designing the kinds of controls that they will need to operate; that's one of the basic reasons why they have to make that trip in.

In terms of the actual testing, a matter of setting up a testing station in Brandon, would simply involve the additional costs of having another testing centre there and that is the major consideration, but one that I think is worthy of consideration. I understand . . .

MR. D. BLAKE: If they require no special equipment on the car especially, it wouldn't be that costly.

HON. J. PLOHMAN: Yes. In terms of the Taxicab Board and the regulation of the Handi-Transit or the handicapped cab system in the City of Winnipeg, as the members knows, that the Taxicab Board is responsible only for the City of Winnipeg.

It was felt, as a result of representation from the League for the Physically Handicapped and the Canadian Paraplegic Association, in consultation with them, that it was desirable to have consistent rates across the board for this service and also to have minimum safety standards in the equipment, and also a place where the users of the service could come to suggest changes - a sounding board, so to speak - that would make requests and report to, in terms of the way that the service is handled and the service that they receive. So they felt it was necessary to do that and it was after discussions with the industry, who indicated that they felt they had no difficulties as long as two years ago with that. Steps were taken to follow up on it and now we're almost at the stage where those regulations can be put into place.

I think Theresa Ducharme's concerns are not strictly with the matter of regulation and consistency in rates and safety requirements, and so on. She's concerned about the rates going up and having no subsidization, even as the rates are today with the service that she has. And that's really a different issue than the matter of providing minimum safety standards and consistent rates. It's the matter of the kind of assistance that's available to handicapped people for transportation and it's an area that we are looking at in terms of our overall assistance to people for transportation in many different departments.

Through Community Services there's various provisions for assistance and the Department of Transportation and others, and Health as well, and we want to look at the most efficient way of providing that service, so we're reviewing that internally with the departments. It's a matter also where the federal level could be involved in assisting handicapped people in providing that service for them.

So it's a much larger problem that Theresa Ducharme is dealing with and not one strictly dealing with the regulation of the industry under the Taxicab Board and one that will take a little bit longer to address I think.

MR. D. BLAKE: Mr. Chairman, if after the 1st of June, these wheel chair van services all come under the ruling of the Taxicab Board, if someone were to want to provide this service, were to provide a van with the various safety features and that, they would not be

allowed to operate unless they were under the Taxicab Board. Is that right?

HON. J. PLOHMAN: That's correct, Mr. Chairman. If they do go into effect June 1st, we want to assure ourselves that everything is in place. That's the announced date. However there may be some delays; we're working on that and we want to ensure that any requirements are phased in so that the operators are able to meet those regulations and nothing dramatic and drastic takes place on Day One that would cause them a great deal of expense.

MR. D. BLAKE: This would involve some training of those drivers that were driving the handi-vans or the van service for wheelchairs. They would have some training in handling that type of passenger, more so than an ordinary, regular cab driver.

HON. J. PLOHMAN: The first areas that the board will look at will be primarily the area of safety, minimum safety standards and rates. It's quite possible that later on additional steps will be taken with regard to minimum training requirements but, as the member knows, there is no special training requirements for taxicab drivers in the city and therefore there wouldn't necessarily be that requirement initially; but it would be desirable to have some training.

I understand the Winnipeg Handi-Transit system, all of the drivers have had some special training so it is a desirable thing and one that we'd want to work toward.

MR. D. BLAKE: While we were mentioning the driver testing, the Member for Gladstone had mentioned that there were a number of complaints in her area with delays in receiving driver tests. I haven't had complaints in that area, fortunately. I suppose maybe the Minnedosa area might be one of the better ones served or the people are not as prone to complain maybe as they are in other areas so I haven't had those complaints, Mr. Chairman.

The Licence Suspension Appeal Board fees - I wonder if the Minister could tell me when those fees were increased.

HON. J. PLOHMAN: Mr. Chairman, there's always a need to increase the revenue for various services that are charged to attempt to at least come close to balancing on some of the services that are provided. In this case there was justification for an increase from \$35 for an application there to \$50 and I believe that came into effect around the beginning of the last fiscal year, April, 1984.

MR. D. BLAKE: The sections of the act that I mentioned today in the House, Mr. Chairman. With the court ruling, I realize the Minister may not be able to answer that now, but there are many cases of notification going astray or not getting into the hands of the person that was to be suspended and there is no question, the ruling that has come down is probably a fair and just one, because there's probably going to be a great number of challenges. If that's going to be taken as a precedent, there's going to be a great deal of difficulty in making suspensions stick or valid if they can appeal it under this type of a ruling.

There's one particular case that I'm aware of where the brother was an unlicensed driver and had used his brother's driver's licence and consequently the brother, unbeknown to him, was apprehended and found that he was a suspended driver and he had no knowledge of it whatsoever. I only have one brother and he'd only do that to me about once. These cases do happen and the turmoil, expense, anxiety and problems that it creates are horrendous and if this ruling, as I say, becomes a precedent, as I mentioned to the Minister in question period today, there's going to have to be a better way.

It's going to be like serving a subpoena or whatever, that's going to have to be handed to the person. I realize the task that it's going to be but, as I say, if these become precedent in law, that's going to have to become a fact and it's going to have to be put into place, because there are many instances that could be cited that have created great hardships for drivers that were completely innocent and all of a sudden they're apprehended and found they've been suspended; and if it had been an accident, God knows what might have happened to them.

HON. J. PLOHMAN: I thank the member for those comments. We are looking at that on an urgent basis. The registrar's meeting with the representatives from the Attorney-General's Department at 8 o'clock tomorrow morning to go over this matter. It is a serious matter with serious ramifications and we'll have to look at whether the current system, at least in part, can continue or whether there has to be a complete change and it could be a rather dramatic one, in terms of human resource costs, for making that change if it ever came to serving in person, as you mentioned, such as a subpoena, an assigned authorization from the individual that they indeed know that they are suspended.

Apparently - and we're going to check with what other provinces are doing in this regard - in Ontario we understand that the system is similar but the records are all on computer and when an officer stops an individual and he hands him a driver's licence and he checks it out on the computer and finds out that he is indeed suspended, he just fills out a little form and rips it off and gives it to the driver and tells him, from now on you're suspended; you're suspended as of now, you've got it. Here's the notice, so he doesn't get a ticket for driving under suspension for that particular time but he's finished as far as any further infractions. That is one way to possibly consider doing it. I don't know whether our computer system is such that we'd be able to do that, but we'll look at that, along with other options for making this a fair system.

I agree with the member, that if people aren't aware they're suspended, it's rather unfair. On the other hand, we find that a lot of people now are going out of their way to make sure they don't get the notice, the certified mail, so that they can avoid having their licence suspended.

MR. D. BLAKE: Sure, those people never pick up a registered letter.

HON. J. PLOHMAN: That's right, so it's getting to be quite widespread and therefore has to be dealt with, in any event.

MR. CHAIRMAN: What's the pleasure of the committee, the time being 10:00 p.m.?

MR. D. BLAKE: I know the Minister would like to get finished. If we'd like to carry on, we could maybe finish it. Whatever the Minister likes.

HON. J. PLOHMAN: I'm prepared to carry on, Mr. Chairman, as long as the members opposite wish.

MR. CHAIRMAN: 6.(a)(1)—pass; 6.(a)(2)—pass. 6.(b)(1) Driver and Vehicle, Licensing: Salaries; 6.(b)(2) Other Expenditures.

The Member for Minnedosa.

MR. D. BLAKE: Under Other Expenditures, Mr. Chairman, I wonder if the Minister might indicate what's the situation with the farm vehicle licence fee now, the increases that have been applied and other charges that have been made there.

HON. J. PLOHMAN: Mr. Chairman, is the honourable member asking whether the farm plate fee has increased in the past year, registration fees?

I'm not aware that there's any change this year from the previous year with regard to those fees.

MR. CHAIRMAN: 6.(b)(1)—pass; 6.(b)(2)—pass; 6.(c)(1) Safety, Salaries; 6.(c)(2) Other Expenditures - the Member for Minnedosa.

MR. D. BLAKE: Yes, we have the safety officer here. If he might give us just a quick rundown on what's happening in the Motor Vehicle Safety Branch.

HON. J. PLOHMAN: Well, Mr. Chairman, I'll try to do that on his behalf.

This coming year we're continuing to expand the 15.5-year-old program. Under this program, there are 104 out of the 154 schools in the province which offer the program, so it has expanded again quite considerably this past year; 102 schools of those 104 offer the 15.5-year-old program, so most of the schools in the province that are offering the driver education are offering the 15.5-year-old program and . . .

MR. D. BLAKE: If I might interject, Mr. Chairman, I understand the staff hasn't been increased and there's a great waiting period for those 15.5-year-olds to get on the program?

HON. J. PLOHMAN: Mr. Chairman, that is the case in some particular areas. We're making every effort to expand the availability of staff where there are shortages so we can accommodate larger demands for this program. Last year, there were 6,568 high school students who completed the course during the '84-'85 year. I hope to get that up to about 7,500 this year so it means that we have provided additional dollars for that larger number of students. As the member is aware, MPIC is substantially involved in this program as well, paying the majority of the costs.

MR. D. BLAKE: What is the fee increase?

HON. J. PLOHMAN: The fee is still, Mr. Chairman, \$30 for the individual student, the same as last year. We

reduced it from \$45 last year to \$30 and of course that increased the demand.

As well, the Bicycle Safety Program is continued, 142 courses last year, 30,000 students graduated from that program. The Snowmobile Safety Program, 1,339 persons involved there, an increase of 186 over the previous year. We carried out approximately 40,000 inspections of vehicles last year and hope to increase that in the coming year.

In addition, annual inspections were carried out on 1,755 school buses and 192 public service vehicles, mostly buses. The province's 251 ambulances have been inspected every six months and those are the major statistics under the safety programs being offered.

MR. D. BLAKE: What is the contribution of MPIC to the program, Mr. Chairman? I guess that's available in our statement but I just can't recall it now.

HON. J. PLOHMAN: The cost is approximately \$160 per student of which the student pays \$30 - I believe we pay \$20 - and the \$110 is paid by MPIC. The vast majority of it is paid by the . . . so if you multiply \$110 times the 7,500 - about \$825,000 from MPIC contribution to this program.

MR. D. BLAKE: There is no change from last year.

MR. CHAIRMAN: 6.(c)(1)—pass; 6.(c)(2)—pass; 6.(d)(1) Highway Traffic Board, Motor Transport Board, Taxicab Board and Licence Suspension Appeal Board: Salaries; 6.(d)(2) Other Expenditures - the Member for Minnedosa.

MR. D. BLAKE: Yes, could the Minister tell me what is the backlog of cases under the Motor Transport Board, cases awaiting hearings?

HON. J. PLOHMAN: Mr. Chairman, the chairman of the board advises me that it's about 8 to 9 months at the present time and is certainly of great concern. One of our hopes is that with the changes in the new board's rules and procedures as we bring forward some changes to the regulations, we will be able to reduce that substantially.

MR. D. BLAKE: What changes does the Minister have in mind that might reduce the waiting period?

HON. J. PLOHMAN: One of the major changes that will be made is a preliminary review by the board to strike frivolous opposition that is often the case simply to delay an application. They would not have to have a hearing under those circumstances, but simply determine whether that was the case. If they determined that was the case, a hearing could possibly be avoided. That will reduce the number of hearings because a lot of cases, it is the case that people are intervening and filing opposition simply to delay the application, and there's no particular substance to the opposition.

MR. D. BLAKE: Yes, I'm sure nearly all of the applications are contested in one way or another, or there are objections filed in pretty well all of the cases. I'm sure that that could be streamlined in some way.

HON. J. PLOHMAN: The other thing, Mr. Chairman, is that we hope to have another board room available for the board so that they can function in two committees at one time and therefore deal with additional cases during the same period of time, which will definitely expedite matters.

MR. D. BLAKE: Yes, I'm sure that's extremely frustrating for someone who is looking for a PSV licence or something of that nature to have to wait that length of time to have a hearing to find out whether he can get into business or whether he can't.

HON. J. PLOHMAN: Yes, another matter that the chairman of the board has advised me about is that they are going to the practice more of providing temporary authorities while the applications is being considered so that people do not have to wait during that period of time for operating.

MR. D. BLAKE: A question just came to mind. It probably should have been asked earlier, Mr. Chairman, but I've been informed that trucks in the city here - and it may be a city problem - if they're hauling, for example, concrete rubble, one load, and then they want to haul gravel on another load, they have to have special permits for that. Is that a City of Winnipeg permit or is that issued through the . . . ?

HON. J. PLOHMAN: That's in the City of Winnipeg and they're being quite jealous in the enforcement of the provisions under The Highway Traffic Act, in many cases waiting close by when truckers are loaded and they have no way of knowing what the weight is in their particular vehicle. We understand that is a problem that they are encountering, one that they have brought to our attention and we're working with the City of Winnipeg to attempt to alleviate that, whether it might require some amendments to The Highway Traffic Act or just some change in their operation.

Certainly, if they had mobile weigh scales available at major construction sites, as the province does, that would assist in reducing these incidents of overweight, quite inadvertently, by a number of operators because they're not in control of the amount that's put in, in many cases.

So we recognize that as being a frustrating and costly situation for a number of dump-truck operators and are attempting to work through the officials at the present time with the City of Winnipeg to alleviate that situation.

MR. D. BLAKE: I'm sure if I'm getting those complaints and those problems brought to my attention, I'm sure the Minister is getting more of them, Mr. Chairman.

MR. CHAIRMAN: 6.(d)(1)—pass; 6.(d)(2)—pass.

Resolution 96: Resolved that there be granted to Her Majesty, a sum not exceeding \$11,004,000 for Highways and Transportation, Driver and Vehicle Licensing, for the fiscal year ending the 31st day of March, 1986—pass.

Item No. 7.(a) Expenditures Related to Capital, Construction and Upgrading of Provincial Trunk Highways, Provincial Roads and Related Projects; 7.(b)

Aid to Cities, Towns and Villages; 7.(c) Work in Local Government Districts and Unorganized Territory; 7.(d) Access to Remote Communities; 7.(e)(1) Acquisition/Construction of Physical Assets, Other Projects; 7.(e)(2) Northern Development Agreements, Canada-Manitoba; 7.(e)(3) Less: Recoverable from Northern Affairs.

The Member for Minnedosa.

MR. D. BLAKE: Mr. Chairman, if the Minister could briefly give us some of the major construction projects that are going to eat up the amount of this appropriation. As I mentioned to him earlier, we're disappointed that there's not umpteen more millions in here for the construction program, but we'll have to work with what we've got.

HON. J. PLOHMAN: Well, Mr. Chairman, the members have copies of the construction program and therefore are aware of all of the major projects that are included in the program, both new and carry-over, which make up the total expenditures of the \$95 million. All of the dollars for all of those projects can't be flowed. There's approximately, as the tradition is, as allowed under the Department of Finance for 1.6 times as much as the total expenditures, so their programming is obviously more than can be flowed in one particular year. But they're outlined, I can go through and flip through and name projects, but the members can obviously read and they have the copies of those major projects, all of the projects.

MR. D. BLAKE: Have we? Where are they?

HON. J. PLOHMAN: The yellow program that was tabled in the Legislature.

MR. D. BLAKE: Yes, but I'm looking at costs. There's no dollar value on the yellow program.

HON. J. PLOHMAN: Right.

MR. D. BLAKE: If the Minister could hit some of the highlights, the ones that are multimillion dollars projects, that's what I'm looking for or he could provide them for me . . .

HON. J. PLOHMAN: Yes, I guess the difficulty is that . . .

MR. D. BLAKE: No. 75 and the twinning of No. 1 and things of that nature - they are multimillion dollar ones. The Minister can provide those to me later, it doesn't necessarily have to be done tonight.

HON. J. PLOHMAN: I can do that. I was just going to say the difficulty is that when we make public these figures, obviously there's some indication to contractors, in terms of their tendering if they know what the department's estimate is. So it's not a desirable thing to do and I don't know if it's one that has been done. I'm prepared to do it if that's what the members want, but it's estimates by the department and I can provide the member with those kinds of answers.

MR. D. BLAKE: I could just come down to the Minister's office and look at it.

HON. J. PLOHMAN: Certainly you could.

MR. D. BLAKE: Okay, that's what I was interested in, Mr. Chairman.

MR. CHAIRMAN: 7.(a)—pass; 7.(b)—pass; 7.(c)—pass; 7.(d)—pass.

7.(e)(1) - the Member for Minnedosa.

MR. D. BLAKE: Mr. Chairman, under 7.(e), is there any major purchases there that we're not aware of? Does that include the aircraft there?

HON. J. PLOHMAN: The major projects include there the airport upgrading, \$317,000; gravel exploration, a provision made for \$160,000; highways equipment and tools, \$696,000; water bomber purchase, \$147,000 - that's the payment for this year.

MR. D. BLAKE: Lease?

HON. J. PLOHMAN: That's the original one that's still being paid off on yearly payments. The highways buildings and storage yards, \$561,000; improvement to weigh scale, \$75,000; ferry landing improvements, \$65,000; Capital grants for the transportation and mobility disadvantage in rural Manitoba, \$80,000.00.

MR. D. BLAKE: Are there any new highway yards being constructed?

HON. J. PLOHMAN: I'll just check that. There's just some improvements, Mr. Chairman, to equipment storage building at the MacGregor Farm Road in Winnipeg for \$150,000; extensive masonry repairs to concrete block walls at various buildings in the Dauphin Highways Complex, \$80,000; two new bay heated equipment storage buildings in Wabowden for \$65,000.00. That kind of thing. A number of others, Eriksdale Yard . . .

MR. CHAIRMAN: 7.(e)(1)—pass; 7.(e)(2)—pass; 7.(e)(3)—pass.

Resolution 97: Resolved that there be granted to Her Majesty, a sum not exceeding \$104,125,200 for Highways and Transportation, Expenditures Related to Capital, for the fiscal year ending the 31st day of March, 1986—pass.

Back to the Minister's Salary, 1.(a)(1) - the Member for Minnedosa.

MR. D. BLAKE: Mr. Chairman, yes I've been asked by the Member for Roblin-Russell - there was an article in his local paper: "Highways Minister John Plohma has announced that the Selo Ukraina Access Road has been declared a provincial road." He's asking me if the parks, campsites, and other roads would qualify for PR roads, and I think he's particularly interested in a road which is he has written to the Minister, requesting the road to Asessippi Park, off PTH 83 near Inglis, could gain similar status?

HON. J. PLOHMAN: Mr. Chairman, there's provisions in the act for major industrial or commercial ventures to roads to be declared provincial access roads. There's

the Harrowby plant at the Russell-Roblin area that has a similar situation. The Shellmouth Dam is one that's included as a provincial road under a similar provision under the act and this was a major development which qualified under that section of the act as well.

I'm not certain whether parks could. I imagine they would be under the jurisdiction of Natural Resources in that particular instance, and therefore would be the responsibility of that department. They have a number of roads that are, but I would have to look at that specific situation if he wanted to relay that request to me and have the department look at it.

MR. D. BLAKE: Yes, I think you have a letter to that effect and will probably be replying to it.

HON. J. PLOHMAN: Yes.

MR. D. BLAKE: Mr. Chairman, just to end on the note that we started on, in concluding the Estimates of the Minister, as I mentioned earlier, we're disappointed that there's not more in the construction program. We realize the constraints the Minister is working under but this department is considered in the rural area as being one of prime importance. Our road system is deteriorating at a rapid pace and is going to require major expenses and a monumental approach and attack by the government if we're going to maintain our road system.

I would like the Minister, hopefully this year, to find some resolution or solution if he can to the abandoned rail lines. It's causing some problems in the municipalities and they would like to get it straightened out and I realize there are some problems with that; but if the Minister could put some effort into trying to straighten some of those abandoned rail beds out and provide some satisfactory or conclusive answers to the municipalities I'm sure that would relieve them of some anxiety and some problem.

Also we discussed, and not at too great a length, the studies in the Brandon area, the Brandon eastern access route, and I'm sure the Minister is well aware of the feelings of the community and the people in Brandon and I would urge him strongly to take the feelings, considerations and the recommendations of the local community into consideration when the final approval is given to the eastern access route.

With that, Mr. Chairman, we're not about to move. I'm fortunate I have one of my colleagues still with me that I could get a seconder to move some reduction in the Minister's Salary but, in view of the hour and the pace that we have proceeded in the last half hour in getting the Estimates to a satisfactory conclusion, I would close with no further questions or comments, Mr. Chairman, other than the fact we'll be looking forward to the Estimates next year to see a considerable increase in the Capital Construction Program and hopefully it will be under the administration of a Conservative Government when these Estimates next come up.

MR. CHAIRMAN: 1.(a)(1)—pass.

Resolved that there be granted to Her Majesty a sum not exceeding \$2,904,200 for Highways and Transportation, Administration and Finance, for the fiscal year ending the 31st day of March, 1986—pass.

Committee rise.

SUPPLY - HEALTH

MR. CHAIRMAN, P. EYLER: Committee, come to order. We are considering the Estimates of the Department of Health, Item 3.(a) Operations Support. The Member for Pembina.

MR. D. ORCHARD: I think I left a sheet in the office there with the staffing complements in it, but nevertheless the Minister can indicate here the - I think if my memory serves me correct, there was about eight people here? Are the positions all full and are any . . .

HON. L. DESJARDINS: Six.

MR. D. ORCHARD: Six and they're all full, none on an acting basis, etc. etc.?

HON. L. DESJARDINS: We're at Operations Support. There's six and they're all permanent and there's no vacancies.

MR. D. ORCHARD: Now, Mr. Chairman, I wonder if the Minister could indicate to me the difference in function between what I would presume to be two fairly closely related shops in terms of 2.(a) Program Support and Operational Support. Is my impression correct that under 3.(a) this is, if you will, your program, delivery and administration wing, rather than the planning and policy development wing? Could you give me the subtle distinction between the two?

HON. L. DESJARDINS: I think I tried to explain that before the dinner hour. The 2.(a) is the office of the Assistant Deputy Minister, who is in charge in giving direction to the program - no that's administration, that's finished - Dr. Jack Wilt, and now what we're looking at is Don McLean, who is in the Operation Region of Community Services. 2.(a) and 3.(a) are equivalent, except it's two different Deputy Ministers with, of course, different responsibilities.

MR. D. ORCHARD: And it's under this operation that your regional staff, your public health nurses, your co-ordinators of home care, etc., etc., are employed?

HON. L. DESJARDINS: Yes.

MR. D. ORCHARD: Now, Mr. Chairman, obviously under Operations Support, there doesn't appear to be too many changes, but just briefly, is there any Introduction of computer technology in this branch, in the Operations Support?

HON. L. DESJARDINS: In this operation, on this I don't want to mislead the member. Under Operation Support, that is 3.(a), there are no computers. There are computers in each region. We could go into that in the next - well, not the next because we go back to Mental Health - but in 3.(b) Regional Services. There is a computer in every region except Thompson, is it? There's a computer there and it's co-ordinated from the administration; but on this particular thing there is

no change. This is the same as last year. There's no computer or anything; it's just providing the staff, the Assistant Deputy Minister and his office.

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

I believe now the committee had agreed to go back to consider 2.(m) - Mr. Minister.

HON. L. DESJARDINS: Mr. Chairman, there's a commitment that I made earlier when we started in Mental Health that I would have a statement to make that might answer the questions posed by my honourable friend yesterday.

MR. D. ORCHARD: Do you have an extra copy?

HON. L. DESJARDINS: Mental Health is a major priority of the Manitoba Government and \$1.45 million will be made available for a new community-based program initiatives during '58 and '59 (sic). The overall thrust is to promote the positive integration of the mentally ill person into the community, as well as community-based care.

The \$1.45 million will be directed primarily towards community-based care programs for mentally ill persons. These programs will include options for community residences and other residential care alternatives, as well as day programs to provide reallocation for people recovering from mental illness.

Two additional staff positions to reinforce the newly established Mental Health Directorate in Manitoba Health is responsible for the overall development of an integrated service delivery system.

An audio-visual communication link between the Brandon Mental Health Centre and the University of Manitoba, which is being established to enable Brandon to utilize their services of trained psychiatrists in Winnipeg. This is one interim measure being undertaken while the problem of the shorter psychiatric manpower in the rural areas of the province is being addressed by the Chief Provincial Psychiatrist, Doctor John Toews, in concert with the Department of Psychiatry and the University of Manitoba.

These new initiatives are major steps in addressing the recommendations of the working group on Mental Health. A number of other initiatives, such as the following, which are not included in the new funding, having already been taken to improve Mental Health Services:

The Career Residency Program to encourage medical students to specialize in psychiatry will continue to be made available to the University of Manitoba Faculty of Medicine;

Plans for the construction of a free standing psychiatric unit on the site of the Health Sciences Centre are being prepared and it is expected that this facility will be completed by late 1987 or '88;

The Manitoba Adolescent Treatment Centre for psychiatrically disturbed adolescents currently has two long-term treatment units, which are fully operational, and will soon be opening an additional nine-bed unit. The centre also presently provides day treatment services and work experience programs. Plans for the construction of the 100-bed psycho-geriatric unit in both Brandon and Selkirk are actively under way and

these units will provide residential care to elderly patients currently in the Brandon and Selkirk Mental Health Centres. I want to emphasize, as I announced before, that these are not new beds but replacement beds.

MR. D. ORCHARD: Mr. Chairman, the Minister has indicated that two new staff are being added. Now it's my understanding that you've got the Westman regional director in as the new acting director here now?

HON. L. DESJARDINS: No, he's full time.

MR. D. ORCHARD: Oh, he's full time, okay. Have you filled the additional staff? Have you got four on staff now or do you just have the two original plus the new director?

HON. L. DESJARDINS: No, at the present there's only the two that we've had and this is presently being filled with two other positions.

MR. D. ORCHARD: So I take it that the other two positions for the Mental Health Directorate are currently being bulletined? — (Interjection) — They haven't been bulletined right now, but they're going to be bulletined fairly soon? Okay.

Mr. Chairman, in the Other Expenditures there's a fairly sizable increase. Could the Minister indicate what the major features of the increased expenditures are for this fiscal year?

HON. L. DESJARDINS: That is in that statement that I just gave a copy to my honourable friend, it's the link between Brandon and Winnipeg in Psychiatry. By the way, that's \$136.2 thousand of the surplus and there's also additional expenses related to staff increases and new initiatives for \$47.7 thousand and that accounts for the increase.

MR. D. ORCHARD: You know, this audio-visual communication link between Brandon and the University of Manitoba, I presume will provide a two-way televised, two-way image communication between the University and the Mental Health Centre in Brandon, so that you're going to be able to, theoretically, use the services of staff psychiatrists to provide patient counselling, a whole range of psychiatric services in Brandon? Is that the general idea?

HON. L. DESJARDINS: Yes, also with the staff at Brandon and also for consultation with the patient, if required.

MR. D. ORCHARD: Now the Minister ended his answer by, "if required." Is that not going to be a feature?

HON. L. DESJARDINS: When required.

MR. D. ORCHARD: When required, so that is going to be a standard feature of this link.

Now I presume that this will use the much-talked about coaxial cable that was laid by MTS back in about 1978 or so. — (Interjection) — About '78.

The cost, I presume, is an estimated cost based on basically renting space on that. In other words, it'll

probably be so much per hour or whatever for using that two-way communication system as part of a - basically telephone charges. The only difference being you're going to be not only transmitting audio, you're going to be transmitting video as well. Is that a fair assumption of the \$136,000 cost, Mr. Minister?

HON. L. DESJARDINS: Yes, except it's not approximately, it's a negotiated cost. This is the cost that I gave him, the negotiated cost between them.

MR. D. ORCHARD: Well naturally, you'd only be using it during the staff hours at the University of Manitoba, presumably, because I doubt if you've got any emergency or after-hours availability of psychiatrists, or is that a feature of the program as well? But basically, does this allow you unlimited use during the day time five days a week?

HON. L. DESJARDINS: To start anyway, it'll be four hours a day, five days a week, but in an emergency, it could be arranged through a phone call or something, I'm sure. Right now, the arrangement is for four hours a day, five days a week, because you need somebody at both ends, of course.

MR. D. ORCHARD: Does the Minister know of any other area where really psychiatric teleconferencing is used? Has this been tried in other areas and is there a record of success on this sort of an approach? It's got to be a fairly unique system, not the same as a one-on-one visit with a psychiatrist and a patient. Could the Minister indicate whether it's been tried in any other areas?

HON. L. DESJARDINS: I believe it exists in both London and Toronto and an expert from that area has been in communication, has been discussing this before we decided to go ahead with the staff year in Manitoba. I imagine that if it works well - we have no reason to think that it wouldn't work well - it could be the start of probably maybe Portage next and other facilities to try to remedy for the shortage that we've had for so many years. So many things were tried, but seemingly to no avail. There's always been a shortage and it's across Canada, mind you, and we hope that this will assist.

MR. D. ORCHARD: Well it can, of course, put services into communities which have a coaxial cable link, but not all communities, of course, have that.

Mr. Chairman, hopefully, this won't lessen the efforts of the department and the ministry to get psychiatrists into the other areas of the province, not only Brandon, but the Dauphins, the Winklers, etc, and the Interlake regions, northern regions. The Minister indicated that would not be the case. So, that takes care of the major portion of the Other Expenditures under this appropriation.

The grants to External Agencies have little more than doubled. What external agencies are receiving funding and are there new agencies receiving new funding for the first time or are these representative of increase in grant to existing organizations and agencies funded from last year?

HON. L. DESJARDINS: The extra funds there are for the community residence that we'll set up this year. I can't tell you exactly where this is in the process of negotiations now. The rest is the agencies that we've had on before, Sara Riel; Linden Place in Winkler; Manitoba Friends of Schizophrenics Incorporated North; YMCA Day Program; Community Mental Health Reapplication Program; Mental Health Manitoba, Mental Health Research - that's the \$15,000 I was talking about; Developmental Services Community Residence in the day program; the Development Services Community Residence - that's what I was talking about earlier for the communities that we will set up, as per the Pascoe recommendations and also the Edwards task force that finalize with the people. That's for that recommendation.

MR. D. ORCHARD: In the new funding for community residences, has the Minister got a list of potential communities that these residences will be located in and could the Minister indicate the number of spaces - if that's the right word - are anticipated to be funded under this new system and the size of individual community facility that's to be set up. Are these on a basis of four residents per home or is it larger than four, smaller than four? I wonder if the Minister could provide that kind of information.

HON. L. DESJARDINS: I can only give my honourable friend the total, the location as per regions also, but the rest will have to be announced later.

There should be a total of 34 beds. We're aiming for 16 in Winnipeg, eight in Westman and two in all other regions except Central.

MR. D. ORCHARD: When you are looking at two in five of the other regions that you didn't mention, are you adding beds to existing facilities or will these be brand new facilities or newly implemented facilities with only two individuals, two residents per facility? While the Minister is discussing it, what is the projected budgeted cost for these 34 beds?

HON. L. DESJARDINS: Actually the two in the region are for professional foster parents. Obviously, they're not a community residence of two, which is equivalent, but a smaller group, the foster parents; and the 16 in Winnipeg are community residences and eight in the Westman also and the projected cost is close to \$600,000 - \$595,200 to be exact.

MR. D. ORCHARD: The professional foster parents that the Minister indicates, is that a more economic placement vehicle than the free standing - maybe free standing's not the right word - in the community homes, is that a more economical method of placing mentally disabled Manitobans?

HON. L. DESJARDINS: It is actually the same thing when you're talking about a number . . . and probably it is more economical. They are with qualified people, that's why I say professional foster parents. In Winnipeg, from all the recommendations that we have, the ideal community would have eight beds or so. Those are community residences - two of eight in Winnipeg and one at Westman of eight. The others would be, as I

say, professional foster parents which would be a kind of community residence for two only in a smaller group.

MR. D. ORCHARD: Now, in the \$595,200 cost, does that include any staffing cost necessarily for the two units from Winnipeg, the Westman unit, or is staffing cost part of the regional service budget?

HON. L. DESJARDINS: That is for the whole cost, staffing, food, eating, the whole place, the operating cost including staff of these facilities and in the case of the foster parents for the cost of the foster parents.

MR. D. ORCHARD: For the facilities in Winnipeg and in Brandon, are facilities already available or are we talking about building?

HON. L. DESJARDINS: If we're talking about a facility that is used as such, no. We're not necessarily talking about building - probably rental of homes - that could be done. The main thing is to set up this thing. I want to make sure that I understand the question. Those community residences do not exist now. It might not go in a new construction but it would be rental of an adequate and appropriate home to lodge staff and eight beds.

MR. D. ORCHARD: Is the department reasonably assured that they've got the necessary zoning and all of the hurdles cleared for the location of these three homes, the two in Winnipeg, or is that yet to be worked on?

HON. L. DESJARDINS: This was an announcement that we've just made after we studied the Pascoe Report. We expect that we'll be able to proceed.

MR. D. ORCHARD: Mr. Chairman, if you take a look at the Estimates, you've got the Mental Health Directorate in this particular appropriation and then we've got Brandon Mental Health Centre and Selkirk and then we move into the Children's Psychiatric and Forensic Services.

What I want to discuss with the Minister - and I just want to make sure I'm in the right section of the Estimates - would this be the place where we could discuss departmental policy and government policy as to the direction they're going in mental health and the provision of mental health services and talk about the co-ordination, the planning of the delivery of mental health services, or is there a section other than this one that would be more appropriate?

HON. L. DESJARDINS: No, this would be the appropriate place as the confusion that we've had earlier. I think the Committee should remember that we went back to 2. now, and 2. if you remember, was where the policies were developed and the Directorate and so on. So, we're back on 2.(m) so this would be the ideal place for that.

Under Brandon and Selkirk, of course, we'd be just discussing those facilities, but this would be the place as far as policy because the policy is set up and the next thing we'll go to is Regional Services, that will be the delivery of the service, but the policy should be discussed at this time I would imagine.

MR. D. ORCHARD: Thank you, Mr. Chairman. This is an area that probably - at least from the limited time that I've been trying to gather opinions and gather information on the delivery of mental health - is probably the one area in the Minister's department where there are nearly as many opinions as there are people to talk to. In terms of what direction the department should be going, what direction the government should be going, where the government is inadequate in providing services, where the government should be moving, you'll have any number of opinions as to how the government should be spending their dollars.

I guess one of the more consistent themes that come through when you talk to various people, whether it be in the volunteer organizations or whether it be to professionals in the field, professionals that are responsible for the training of people working in the mental health field, there seems to be a common thread of thought that there is no central co-ordination, there's no central direction in terms of where the government is going and where the Department of Health is going; and I don't say that in an antagonistic way because it is reminded to me by those same people that that situation has existed for a number of years and of course would include our term in government.

I guess what I'd like to find out from the Minister is that with the strengthening of the mental health directorate and the addition of two staff and the bringing in of new people and, I presume, the chap that was in the Westman region is now going to be of director status. Is that the status? Now I know that we've got a problem with the line of authority, if you will, or the line of responsibility within the department because certainly a director will be reporting to an Assistant Deputy Minister; but where is the department heading in terms of bringing together to a head so that one person is basically responsible for all of the mental health services in the province, ranging from the community program delivery to co-ordination of activities at both Brandon and Selkirk, co-ordination of the Forensic Services, for instance, co-ordination of the Children's Psychiatric Services, because it would seem that in talking to people who are part of the mental health community in Manitoba, there seems to be a crying need for a central co-ordination and a central plan and delivery of program.

The Estimates I think in themselves, in one small way, demonstrate the kind of problem that the people working in the mental health field are identifying. Tonight we bounced back to another section to pick up the Mental Health Directorate because it flowed more naturally with our discussion under Community Health Operations or the delivery of mental health programs and later on to discuss Brandon and Selkirk as the institutional aspect of mental health delivery in Manitoba.

There is also of course in the next appropriation, Appropriation No. 86, line No. 4 in the Estimates, we go into three other areas really of mental health delivery, the Chief Provincial Psychiatrist's section, the forensic services section and the Children's Psychiatric Services.

Now is it the future direction that the Minister has - and I presume that the Minister is probably relying on the planning and research investigation and study of the delivery of mental health, because I believe at least one of the committees of the 16 committees, is

set up to study specifically delivery of mental health in the Pascoe Shop of the 16 subcommittees that are studying various medical aspects. There's at least one group of the 16 that is studying mental health and delivery of mental health, I believe - I'm getting a negative nod - but that was my understanding.

Mr. Chairman, I wonder if the Minister could indicate if there's a direction afoot, hopefully led by the Policy and Program Development section here in the Mental Health Directorate, to do as much of a global co-ordination within the Department of Mental Health. Is that a direction the Minister is taking and foresees?

HON. L. DESJARDINS: I think that what the honourable member said would have been true a year ago or so. I think he was right. This is something that has been a concern all across Canada. It's something that I recognize and I'm sure the former Minister also recognized it as probably the most needed program, the one more in arrears in the Department of Health in Manitoba and probably in the rest of Canada.

There are a number of reasons I would think, and one of the reasons is that under the hospitalization for one thing, mental health was never covered at all and therefore that maybe was forgotten because there was no contribution by Ottawa at all. All of a sudden the Federal Government started talking about their responsibility in mental health, that they weren't putting in any funds at all, that is one. I guess if we're going to call a spade a spade, although it's been making strides, the psychiatrist hasn't always been fully recognized by the rest of the medical profession. I think that's a known fact. It's more and more now.

The situation then was like that. It was very hard to recruit people; it seems to be in general, more lucrative for a doctor to be a psychiatrist, especially to be in private practice, to see maybe less patients than to work with the need that we have with children especially in other areas. That's changing.

I know that the former Minister had an awful hard time trying - in fact he wasn't successful - in recruiting a chief psychiatrist. That's the first thing we wanted to do. We had an acting psychiatrist who then decided not to, because of his health, accept the position and we're very pleased that we have Dr. Toews and this was in consultation with Dr. Prosen, the head of the department at the university; and Dr. Toews now is connected both with the university and with the department in government, so that's working quite well.

Then we recognized the concern that my honourable friend mentioned and that is why we made it one of our first priorities and we set the Pascoe Commission or the Pascoe group to study. I don't agree that there's a committee - there might have been and there's certainly some people that disagreed with the . . .

The Pascoe Committee was made up of all the experts that we can find: psychiatrists, the Canadian Mental Health Association, the government, and everybody working together. The report was a unanimous report because that was restricted to a certain point to would be experts. We then decided to review it. Not going to start the whole ball game over, but to encourage other presentation and not to have the same people, not to have the Pascoe Commission again. We had some of the same **people**, but I've asked my Deputy

Minister to chair that would-be commission or whatever you call it? That was done in a fairly short time. I don't know exactly how many briefs, I had that information but they received very many written briefs and spoken briefs. Then we decided to act.

Of course, the recommendations, the way they would have liked to do everything today and, of course, you wouldn't have the staff, a lot of things you couldn't have. They suggested what was needed was \$5 million-plus the things that were already done. We don't want to give them the impression there was nothing done under the former government or under this government, in fact, but some of the things that should be done, the recommendation was \$5 million a year for three years.

When I announced to the press at the time, of course, I didn't know exactly what Cabinet would decide this year. I was positive we wouldn't get all that money, but it was understood that we accepted, in principle, the Pascoe Report. I remember one thing that we did not accept, we rejected and they were not too disappointed with that. I think it was taking over the Alcoholism Foundation and put it under the department; we decided not to. This had been done. It was working well and that was accepted, in fact, I think that the committee seemed just as happy, if not more happy. It wasn't one of their strong recommendations.

So, I announced that, depending on the amount of money we could have, but then it would take maybe a few more years. Now, we're putting this new money in. I say new money, if it's a book entry, it's the money we have for the dental program on the understanding that if we can get the dental program going, as we mentioned yesterday, then we would have a Special Warrant and get the funds. So, it's actually new money, some of the things that we've done. I'm not including in that the 100 beds in Brandon and Selkirk that I announced before that would be closing beds but facilities would move the bed as psycho-geriatric building of approximately 100 replacement beds.

One of the first things that they wanted us to do is exactly because of what my honourable friend said that they wanted direction and we approved it in principle, we went on record as approving in principle, they were pleased. They wanted to set the directorate exactly for that recommendation; we have a directorate, a director.

My honourable friend is right. It's under review exactly who you'll report to. At the present, under the system, you would report for some of the work maybe with Mr. McLean, as we said for the other work, but also for the directive and all that because Dr. Wilt is responsible for Community Health. It would be to him and, of course, consultation with the psychiatrist. The psychiatrist would not have the responsibility of administration, that would be more in consultation.

This director is not just working for the department; he's working for the Government of Manitoba and there's some facilities, certain things that are delivered by the Commission and that's what causes the problem, you have the Commission and the department. So, we are studying the possibility of having somebody directly in charge of just mental health, for programming. It would be not necessarily an ADM, but it would be a person, the same as the ADM, that would report directly to the Deputy Minister. That has not been decided yet but this will be looked at.

In the meantime, we have the directorate; we have a provincial psychiatrist we're very pleased with. The connection with the university could not be any better through Dr. Prosen who is partly a consultant, whenever we ask him to assist us he does it very willingly, readily.

The situation, of course, the main thing, once we got this organization report and a direction, like my honourable friend said, but that we haven't done. There's no doubt about that, we know where we're going. That is accepted, as I said, the Pascoe Report was unanimous, the recommendations of the Pascoe Report. Sometimes they feel we're not going fast enough, that's one thing. They - and when I say they, I'm talking groups such as the Canadian Mental Health Association or quite the lobbyist and a pressure group and I say that in the right sense of the word - they are pushing, they've waited long enough. We accept that, in fact, we financed them, we helped them with grants.

So, the situation now is that there is more than a tendency, the directive is that we should - again what I was discussing before the dinner hour - get away from the institution as much as possible. We certainly can go on record, at this stage anyway, that we'll always need institutions but it could be maybe reduced quite a bit.

Now, this is what we're doing, as I say, we're not adding beds. We are taking 100 beds that are pretty well obsolete - they would have to be replaced - instead of replacing them in the same place, that'll be like a free-standing hospital that'll work with Brandon and Selkirk mind you, but it'll be a psycho-geriatric hospital. Now, there would still be these institutions, there's not a reduction of beds at this time.

Now, it could be that the next beds that have been replaced, I would like to see a facility probably in the North. It might be a reduced capacity for beds, but I'd like to see that in the North. There's many of the people that are coming here either to Brandon and Selkirk like was the style in the old days.

I was part of a mistake that was done years ago when we tried to close these facilities and we went too fast. In fact, Manitoba wasn't the only place, it happened even in different countries; I was reading an article in the States and so on, they had a big movement to take all the population out of the institutions and then they had to come back for many reasons.

Now, it is the best advice that I had, but fine, definitely, it could be reduced quite a bit, but there'll always be a need. It would be better for some people to live in a reduced number. Mind you, if you live in that kind of an environment, then also the cost is a factor, but they feel that this would be better for certain people.

The other thing is that, until a few years ago - it's much better now - the community was not ready to accept these responsibilities. I think my honourable friend would remember also how things have changed, that even the personal care homes were also built outside; it was supposed to be nice on the prairie and so on and we realize now that some of them wanted to be near a school to see the kids running in and out or in front of a railroad track where it was felt, oh no, they don't want that. Then, we're putting more people in the community where the community has to accept them. We're having more of those in the schools with proper professional teachers and assistants, but at one time there was no way, even the teachers did not want to take these people.

That is why it's so important to be ready for them. If we close these beds should we let them do like we see so much of in the States people that are walking around all over the place - millions I should say - that have no home that are sleeping on the pavement every night in different cities. It's a sad thing and it's because many of them are mentally ill and haven't the facilities.

Also, for the community residents to have properly trained people. So, that's coming, this is what we want to do. We won't do it as fast as we'd like to but we, as I say, have been announcing approximately 1.5 million, plus those other things that we've been doing. This is new money for things. We are definitely, this is the first step, going to community residences. So, we are getting away from the institution. We're still recruiting, by the way, that line between Selkirk in between Brandon and the city doesn't make us want to forget and say we've got it solved. In fact, we've got one doctor anyway who needs more training and he will be trained here with the university; he's coming in from European and he needed an additional credit. He's coming in and we're trying to do that. We probably expect to have a program fairly soon, a submission through the child psychiatrists, that's a concern that we have through the St. Boniface Hospital and we haven't seen that yet. We'll be looking at that but, as I say, we have the psychiatrists, we have the directorate, the director; we still admit we're not satisfied. We want to make sure, as my honourable friend pointed out, that the reporting is done right. We haven't solved that yet, it's still being studied.

We are changing the beds that are obsolete and changing this to a unit of psycho-geriatric and we're also looking at the community services and day care services, day sessions at the psychiatric hospital. We are helping also through Sara Riel and places like that and halfway homes.

We have an awful lot to do and I'm the first one to recognize that but finally we know where we're going. The people in the know are pretty well all in agreement with the majority of things, anyway. We were asked to make these recommendations, to accept the recommendations. We have done that and at least we've shown that we want to go in that direction. But as I'm the first one to admit, there's an awful lot to do yet.

MR. D. ORCHARD: Mr. Chairman, my question of the Minister, of an effort to co-ordinate the delivery of mental health programming, is the Minister - and I refer to the Pascoe Report, the Mental Health Working Group, September Report - and on Page 16, the report attempts to delineate an organizational chart which takes in the functions that we're going to discuss over the next couple of days and, as near as I can see, I think ties them altogether.

HON. L. DESJARDINS: it's a division.

MR. D. ORCHARD: No, well, under an executive director. I think the only one that's missing, I believe, is forensic services, but I don't think the forensic services was included in the flow chart here.

But I don't detect, looking at the Estimates and the discussions we've had so far, that we are approaching the organizational chart that was delineated in the

Pascoe Report. Does the Minister foresee problems in following that, or are we closer to it than what it appears to me from the outside looking in?

HON. L. DESJARDINS: The intent and where we want to go is the same. As I mentioned, we have the directorate, we have the provincial psychiatrist and now we are looking at the possibility - it may be because of the importance of it - of having a director that would report directly - it could eventually be an ADM, but not necessarily to start - that would report directly to the Deputy Minister.

If my memory serves me right, the Pascoe mission suggested the same thing that I am saying now, to put everything under a directorate at the Commission, and that we don't accept. I'll tell you why, because the Commission is more of an insurance. They're in charge of Medicare, hospitalization, Pharmacare, ambulance service, not necessarily the services, and fine, it could be there. And then we're emphasizing in getting away from institutions also, so that's community health and that is why.

But what my honourable friend I think is suggesting, and what the intent of the Pascoe recommendation was we're looking at very seriously. So I say right now the director is reporting mostly to Dr. Wilt, consulting with the psychiatrist - well that won't change, the consultation. Because then, of course, there are certain things to do with Frank DeCock because of the Commission, but it might be that we will have to have somebody in charge of all the mental health programs that would report - the equivalent, not necessarily the same title at this time, not necessarily an ADM, but at the same function - in other words, he would report directly to the Deputy Minister to emphasize the need and to cut through the red tape, I would think.

MR. D. ORCHARD: Right, and the Minister is correct, the Pascoe Report does have it reporting to the Commission, which I can certainly see would be troublesome. It would be much better to be as it is now, reporting to the Minister or to the Deputy Minister or possibly through an ADM. But if I follow the flow chart correctly, the recommended routing is with the Mental Health Directorate, as we are discussing tonight, and I presume the substance abuse is the one where you didn't agree with the Pascoe Report in terms of the AFM being part of it. So eliminating substance abuse, you would end up with the Child and Adolescent Services and existing regional Mental Health Services, psycho-geriatric and vocational rehabilitation, all reporting through the director that we're talking about here now, and then an associate director picking up your psychiatric wings in your hospitals, plus your Brandon-Selkirk-Eden, and then of course your regional operations, as well.

Now, to me, looking at this it seems to be able to put under one shop the kind of program delivery I think that most people out there are desiring. It's not going to be free of problems, naturally, but nothing is, but it would seem to me that this from my - and I have to tell you that my understanding is limited on the current delivery of program and the current reporting structure - but it did strike me, in going through the report, that this, with the **exception** of the Health Services

Commission, represented a fairly reasonable alignment of the department, which would sort of give you the co-ordination and might end up providing someone with, from time-to-time, the overall authority to say what the priorities of the department are going to be . . .

HON. L. DESJARDINS: In mental health.

MR. D. ORCHARD: In mental health. . . and possibly take some of the competitive schools of thought, some of the competition out of them. If you've got one guy that can basically decide, after listening to the presentations from all interested parties, to make a decision as to where, in terms of government policy - and ours might be the same or slightly different from yours - where they're going to go.

It seems right now that there is a legitimate criticism that that hasn't existed to date and a move toward this sort of flow chart would seem to be a beneficial one of the delivery program.

HON. L. DESJARDINS: I agree. Let's call it, for clarification, creating another ADM who would be responsible for all mental health. Now there is a possibility that something will go to the Commission that will be . . . You see we're making an effort, much of that service and more and more will be delivered through the regions and that is, of course, as was recognized by my honourable friend, why the Commission has no business, could not control, because they don't direct the regions.

But it is possible and I practically think now that it might be advisable to see Brandon and Selkirk with independent boards, as a hospital, than go directly under the Commission as a hospital. That is a possibility, in other words, the Commission would then have the expertise there to deal with the operating costs and so on of the hospital, and they could. Again they would be just financing or insuring, the same as they do the personal care homes and the hospitals. So that is a possibility but I don't think this would change anything to the suggestion of my honourable friend.

MR. D. ORCHARD: Mr. Chairman, I don't know if it's the proper area to discuss it because it in some way follows into the personal care home program, but we are talking about the planning direction basically of mental health delivery in the province right now.

The Minister's identified a future program, like about three years from now, you're going to have in place the two 100-bed facilities in Brandon-Selkirk which are going to be psycho-geriatric in nature, if I understand properly. Now, it's been identified that, I guess upwards of 25 percent in our personal care home program throughout the province, our psycho-geriatric patients, and like I'm not certain whether I'm giving a factual analysis but it seems to me that in the current staffing patterns in the personal care homes - the ones that I'm familiar with at home - I don't know whether there's any of the nursing personnel that have specific training like a registered psychiatric nurse on staff to help with not only the personal care but the mental care of some of the psycho-geriatric people in the personal care homes.

I would like to find out at this time whether the mental health director in the department right now is giving

any consideration to - it might require more funding, that I don't know, but if the department is giving any consideration to the need and how to meet the need if the department believes that it's necessary to do so, of staffing all of our personal care homes where there's a certain percentage of psycho-geriatric residents with an RPN or at least with a nurse with some training and background in mental health delivery.

HON. L. DESJARDINS: I agree with my honourable friend. I know that I've had discussion in the past but I've never agreed with the then psychiatrist who felt that you can just move a certain percentage of people out and put them in a personal care home, because I've seen people who said, fine, but what do we do now? You've had people maybe jumping on beds, pulling tubes out of peoples' noses or whatever, intravenous, and making it very difficult. I agree with him and that is one of the recommendations of the Pascoe Report that there should be psychiatric nurses. That is something that we're looking in this new change of orientation in the schools that we're going to have to train both psychiatric nurses, well, there might be a specialty for some for the retarded and others for mentally ill. So I don't think that we should take - because there's a closure of a school in Portage, which is not necessarily my responsibility but pretty close to it, we're working together - I don't think that should be a signal that we have less interest in developing psychiatric nursing.

I think that we have to improve the system and I would agree certainly in principle at this stage, that we will have to have - because, you know, the same thing, there are many people in personal care homes that would fit very well in that psycho-geriatric hospital in Brandon and the proposed hospital in Brandon and Selkirk. So we agree that in some areas, especially not all the smallest ones in the rural area, it might be that there is some adjustment, but in principle I also endorse and we accept the Pascoe recommendation on that.

MR. D. ORCHARD: Well, has the Minister to date - this may not have been yet subject to study, but that appears to me a good recommendation but with all good recommendations there has to be a cost attached. Does the Minister have any idea of what the potential inclusion of someone like a registered psychiatric nurse would be to the staffing cost and to the personal care home cost? Is there a ballpark figure that's been bounced around in the department?

HON. L. DESJARDINS: I don't say that we will have the answer to that but I would recommend and suggest to the committee that we wait till we get to the personal care homes, we'll have staff - I know that they've been talking about that - we might have better information then. So that's where we should discuss it anyway, when we give personal care home a good going over under the Commission.

MR. D. ORCHARD: Mr. Chairman, where's the appropriate spot to discuss the Manitoba Adolescent Centre?

HON. L. DESJARDINS: May I ask the honourable member to see if we can answer these questions now?

Actually it is funded through the Commission but — (Interjection) — No, no, I would just as soon if you don't mind, because we have the staff. They wouldn't have to come back and if we can't manage, we'll refer it to the Commission, if the member is ready.

MR. D. ORCHARD: The only problem is that if I ask some questions tonight, I might ask some more during the Health Services Commission and then we might get into a dispute over it.

HON. L. DESJARDINS: Be my guest. Never, we never

MR. D. ORCHARD: We don't want to have any arguments.

HON. L. DESJARDINS: No, we wouldn't want that.

MR. D. ORCHARD: We want to continue with our love-in.

Well, Mr. Chairman, the Minister announced on 1st of March, the Adolescent Treatment Centre was opened October 2nd last year. That had been the subject of some concern, I guess would be reasonable, that the 9-bed short-term unit wasn't opened, had never been opened, and in terms of providing care that was needed that was probably as important to the operation of the Adolescent Treatment Centre as any portion of it. Now, could the Minister indicate the status of the 9-bed short-term unit, the current status on it, and we can maybe follow up from there?

HON. L. DESJARDINS: Maybe I should give some information up-to-date as far as the 9-bed units are concerned, it's being staffed now and it'll open shortly. But if this might help, I could give the present situation.

The Manitoba Adolescent Treatment Center was officially opened on October 2, 1984, and began admitting patients a week later.

The Manitoba Adolescent Treatment Center is a hospital for psychiatrically-disturbed adolescents aged 13 to 21 years, funded through the Manitoba Health Services Commission with a community board of directors chaired by Mr. Hymie Weinstein, Q.C. There are three residential units for 25 adolescents and a day treatment program for an additional 25 adolescents. Two units which are designed for long-term treatment of psychiatrically-disturbed adolescents are fully operational. The third unit is designated for acute, respite treatment. This will ensure that adolescents who are being followed in the community have quick access to intensive treatment beds when required, and will provide brief, planned respite services for families, foster parents, with a severely disturbed adolescent. I think they would feel safer if they know that there's a backup if something happens.

In a press release in February 26, 1985, I mentioned that discussions were under way between the Manitoba Adolescent Treatment Center, the University of Manitoba, and the Health Sciences Center, regarding establishing a special teaching unit in adolescent psychiatry on one of the wards of the Manitoba Adolescent Treatment Center.

As these discussions progressed, it became apparent that the center was still a young organization that

requires time to establish its treatment programs. Consequently, all parties to the discussion decided that establishing such a unit to the center was premature, in view of the complexity that a separate teaching program and the administrative responsibility for the program were introduced to the center. Other opportunities for affiliation with the university in the future will be explored. Steps are now being taken to staff and open Unit C at the Manitoba Adolescent Treatment Center. It is expected to be available for a full service provision shortly. The adolescents presently at the MATC range in age from 13 to 20, and there is a strong emphasis on involving the families and guardians in the treatment program. This involves teaching the skills necessary to function in the community, to the adolescents' participation in community leisure recreation activities, and then budgeting and shopping for groceries.

The 16 adolescents from the residential component, and the 18 adolescents who live in the community, are involved in the school program provided through Winnipeg School Division No. 1 which offers academic courses through remedial to university entrance. There is an intensive day treatment component and work experience component.

In addition to the clinical director, Dr. Keith Sigmundson, Community Psychiatric Services for Children, there are four sessional psychiatrists who provide 16 half-day sessions per week; 7 non-medical professionals are completing a six-month intensive training program in community child psychiatry, which has trained community mental health workers for children for rural Northern Manitoba for the past 8 years.

These therapist case managers are responsible for the adolescents from the time of referral through the inpatient and/or day treatment component and for follow-up in the community.

Identification referrals and follow-up in rural Northern Manitoba is provided by the Community Psychiatric Services for Children network which work closely with the MATC to ensure equitable access to high intensity treatment facilities in Winnipeg.

MR. D. ORCHARD: Mr. Chairman, the Minister indicates that the centre is presently being staffed and is about to, I presume, start providing the services that it was originally designed for. I guess my understanding is that the 9-bed centre was open since October 2nd; it was completed then physically, as a building, as a facility. What was the problem in terms of bringing it on stream with staffing, with using the facility to provide service to the adolescent community that needed the services, the psychiatric, the mental care services, that the facility was to be designed for? What was the problem from October until presumably the 1st of May before you are maybe going to have patients in there?

HON. L. DESJARDINS: I am informed that the reason, first of all, a facility such as that is quite difficult to open all at once. I think you have to do it gradually. As I mentioned in that statement that I made, there was negotiating or discussions with the university re the teaching and that was going to be the facility used for that. Now these are the reasons that I am given

why it wasn't open earlier but, anyway, it's just about ready to open now.

MR. D. ORCHARD: It wouldn't have been open because the Minister didn't have the dollars to staff it last year, and the budgetary shortfalls were the reason it wasn't opened then.

HON. L. DESJARDINS: No, it's fully funded by the Commission and there was no problem, those problems.

MR. D. ORCHARD: Mr. Chairman, would this be the appropriate area to discuss the review of The Mental Health Act?

HON. L. DESJARDINS: If my honourable friend wishes to make recommendations, I will listen and take them into consideration, but I am not in a position to comment on that. This is being reviewed now and there might be an act that will be brought in, just housekeeping, at this time, but a wider change will not be ready for this Session. It will be discussed but if my honourable friend has any advice or observations he wishes to make, I will be glad to listen to him at this time.

MR. D. ORCHARD: Mr. Chairman, what sort of a review of The Mental Health Act is going on right now? The Minister mentioned some minor amendments that may come in now. Could the Minister explain to me the kind of process that is going on? I would like to hear what is going on to formulate any opinion that I might have on the process.

HON. L. DESJARDINS: I will not discuss the minor amendments, that will come up at this Session later on. To be honest with him, it's housekeeping, and I don't remember them. But I have established a committee to review The Mental Health Act and to make recommendations regarding amendments to the act. The committee is chaired by Dr. Toews, Director of Psychiatric Services, and has representation with the Department of Health and the Attorney-General's Department.

The last amendments to The Mental Health Act were made in 1980 and since that time new provincial and federal legislation, such as, the Canadian Charter of Rights and Freedoms has been enacted. I think that's the main concern that we have. Both the mental health working group and the Law Reform Commission, in their reports, recommend that the act be rewritten to reflect the provision of the new legislation as it affects the care and treatment of the mentally ill.

The committee is empowered to receive written submissions regarding revisions to the act from the public. My government is interested in encouraging as much public participation. So it is kind of an in-house committee but that will be receiving briefs. It would encourage the public to make presentations.

MR. D. ORCHARD: Now, Mr. Chairman, the Minister is indicating that right now the review is an in-house review. Once again, I guess I have to say, and this isn't the first time the Minister has heard this, but basically there is a fairly sizable amount of concern about the current Mental Health Act and, quite frankly, that it is

outdated for today's direction. I suppose if a person wanted to say that this report is taking us into the 21st Century, in terms of delivery of mental health to Manitobans, then the act certainly needs, not an in-house perfunctory review to keep it up to date with a constitutional amendment, Charter of Right amendments, it would need a much more formal review.

Can the Minister indicate whether that is contemplated - like not for this Session - because I suspect it is probably a job that is going to take a year, a year-and-a-half even, to accomplish by the time you get through some of your consultations with the various interest groups and also to tie it in with legislation? I guess Ontario has basically rewritten their Mental Health Act over the last few years and probably that could provide a starting guide for the Province of Manitoba - but I don't think there is any doubt that we need to have more than a review simply to make the current act comply with the Charter of Rights and Freedoms. I don't think that is what the Minister would be satisfied with and, certainly, it isn't anything that most of the people working in the mental health field would be satisfied with.

In terms of developing the process, the Minister made mention tonight that he is inviting presentations, briefs, to the review process. Now is that simply to comply with the Charter of Rights that you are wanting that immediate direction? it's my understanding you should have your amendments on the Charter of Rights this Session because the three-year grace period is over, basically that the Federal Charter gave all provinces to achieve the amendment status and there is current concern in the newspapers that we're not going to meet the deadline. But I presume the Minister has that timetable in mind this Session to make amendments - maybe they call them housekeeping amendments - to comply with the Charter of Rights.

With the Charter of Rights and not exclusively because of the Charter of Rights but also because of a growing amount of, I guess, public knowledge and public concern, there is a growing lobby - lobby may not be the right word - but basically a growing number of people who would like to see an involuntary patient ombudsman-type of role written into the act so that patients who are involuntarily committed have someone to go to.

Now I don't have a great deal of experience with the mental health institutions - and I'm talking involuntary admittance to our institutions in the province - but I have had a gentleman and quite frankly I have never had the time to do a complete investigation. It's unfortunate, but I haven't had that opportunity. But I have received literally stacks of communications from one individual, he's not in my constituency but he's from fairly close by, making some pretty serious allegations. In talking to him on the phone and in talking to him and reading through his correspondence, the guy quite frankly makes a lot of sense. He doesn't seem as if he would be your typical involuntary admitted person and just recently in the last week or two, I've had another series of correspondence from another individual with much the same problems.

Now it seems to me that these people run out of a place to turn, if you will, because they have exhausted probably the advice of medical doctors, That's probably how they got committed to the institution in the first

place. Their families can no longer really advocate their position for them. It does start to make a little bit of sense when some of the - well I think MARL - the Manitoba Association of Rights of Liberties have made the position that we should have an involuntary admittance patient advocate or advocacy committee that they can go to if they think they've got a problem in one of the institutions.

Now could the Minister indicate whether that is a direction for legislative reform that he is considering or his staff thinks is a direction that should be taken?

HON. L. DESJARDINS: First of all, the act review - it might be that I chose the wrong words when I talked about in-house - I don't mean that it is private, certainly not in this case. What I should have said, I guess, it would be that it's mostly staff of the Attorney-General and the Provincial Psychiatrist and the department, because it will receive the full exposure, if I can use that word. We certainly will encourage the groups to meet with them and to discuss with them and make recommendations.

Now there is no doubt, what I was using about the rights and so on was an example to show that there had been some changes in it. My honourable friend said that it is outdated, and I think I say that it wasn't reviewed for a number of years and so on. I think in my statement that I mentioned that, so that will be looked at. I would think that probably the concern for the protection of both the patient who is admitted without consent to a mental institution, and also for the protection of the family and public at times.

Now I know what my honourable friend is saying when he says he's got piles of things. I have the same thing, and that is probably one of the most difficult things to judge, because it makes sense, and all I can do in a case like that is discuss it with the experts who would try to give me the best advice and it's quite difficult. People could be mentally ill at times, have an obsession, and be very very normal again in many cases.

Now presently though, it's not quite as bad as we're told. I think that right now they have access to courts. They have access to the Ombudsman. I mean, that certainly will be looked at, should there be a special ombudsman, or should they go to the Ombudsman? There's a possibility that people have been talking about an ombudsman for the senior citizens and for the children and so on, so I think that will have to be looked at. Some people say you should, and other people say that we should have one that would look after all these facilities, maybe a larger office and so on, and they are informed of their rights also when they are being admitted. So that certainly will be looked at.

But it's not quite as bad as some of the people think. I don't think when people are agitated, are in a facility, I don't think anybody, especially if they've been admitted without their consent, is very happy. They all think that they shouldn't be there. There is no doubt about that.

There is also a program where, at the request of the patient, an independent psychiatrist will review the decisions of our psychiatrist.

Now I don't recall exactly what it was, but I know that we passed legislation to protect these people at one time, and that it wasn't accepted when there was a change in government, neither with us because we

didn't have the proper staff. I don't remember exactly the details of that. We didn't have the staff and the costs seemed to be prohibitive. That's what the former Minister was told by staff or that he reported to this committee, and I certainly went along when I accepted the responsibility. So this is being reviewed.

Now it's true that there has been a number of years to do that but like everything in mental health, things weren't moving, and early in this term we decided on making this one of our first priorities and asked the Research and Planning through Pascoe to set up the committees, the 16 committees that we talked about, to go ahead and study that, then there was not much point in going in every direction. We waited for these recommendations. If there are any more concerns, we'll be glad to have them through a report and any information going to this committee will be looked at.

The timetable, I think it could be ready maybe for next year. I don't think it should take a year-and-a-half or so, but who knows? We intend to and we hope to have it ready for legislation in the next Session anyway.

MR. D. ORCHARD: So then, if I can capsulize, we will probably be dealing with housekeeping amendments this Session to comply with the obvious infractions of the Charter of Rights, and that a longer-term process - (Interjection) - minor ones that will basically allow us to comply with the Charter of Rights. - (Interjection) - No, this review of mental health does fit in with the three-year plan - (Interjection) - not on changing of the Act though.

HON. L. DESJARDINS: There is nothing that is not controversial in this department. I'll let you know that. You'll learn that some day.

MR. D. ORCHARD: I'm not so sure I want to - (Interjection) - yes, could you ever, selling planters.

Mr. Chairman, the formal review process will involve the Canadian Mental Health Association, will involve MARL, will involve the interest groups throughout the mental health community so that their input will be sought, requested, listened to wherever it is applicable and fits in.

Mr. Chairman, in just looking at a Mental Health Act and a review of a Mental Health Act, in talking to some of the groups of people, it occurred to me that maybe this is one of these classic opportunities and situations because the drafting of a new mental health act presents some pretty unique problems in terms from a legislative draftsman's standpoint. It has tentacles that go out into so many other pieces of legislation, because when you remove certain provisions in the current Mental Health Act, you've probably got to make parallel amendments to a number of different complying acts.

Is this one of the situations, does the Minister think - and I'm only bouncing this off as an idea - where you simply farm out the drafting of this act and tell them what your broad goals are, that you want a new mental health act, that brings in a workable patient right's advocacy of some form, that provides a separate sort of a legislative mandate for patients with mental illness versus patients with developmental handicaps, and set it out to a body like the Canadian Mental Health Association, who, it is my understanding, have a number

of lawyers on staff and services available from a number of lawyers who have been looking at mental health legislation from the standpoint of delivery of service, etc., etc., and probably have experience in the law with mental health that your drafting department in this building probably has not had? And it's no criticism of the AG's legal drafting shop; we're talking fairly unique kind of legislation.

In talking to some of the groups and finding out what sort of membership and representation they had, it occurred to me that might be a direction to proceed, and I just would like the Minister to say if he can see any pitfalls, like it would be entirely - I don't think it has ever been done before, and it may not be anything that you would want to entertain and open the door on as government, and I offer no personal comment as to whether our administration would undertake something like that. But it just occurred to me in discussing with the people involved in mental health and with the Canadian Association of Mental Health that might be a unique opportunity to marry their experience in the field with the legal expertise that they have in-house, not necessarily on staff, but people who work directly with him on a volunteer and for-service basis.

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

HON. L. DESJARDINS: That's an interesting proposition - certainly a new twist. I think there are two components. I think, first of all, that you need the experts, those who know what they want, not necessarily know how to write it, or in the legal law and this is what this committee will do. Then it would be passed on and that with the help of these groups. Then it would be passed on to the Attorney-General who might feel that he has to farm it out for a number of reasons, or he might feel that - I think it's his speciality and I don't think there is anybody better or maybe equal to Rae Tallin, for instance. You get a person like that, no matter what, he doesn't have to be an expert in mental health. Once he knows what we want, he knows how to put it in, and it's a speciality, it's not every lawyer, because he's a lawyer who can write the act.

Now, what could happen once we instruct the Attorney-General or whoever is going to write the act it might well be that either they farm it out, or request help, and I'll pass that on to the Attorney-General from some of these people, or once it is drafted. I certainly would have no objection to calling some of these people in and letting them see the first draft, for instance.

MR. D. ORCHARD: It was just a thought that occurred to me in talking to some of these people, and certainly the last suggestion the Minister made would be a most valuable one to any administration because the act theoretically that we're going to revise and redraft is going to be something that the community is going to have to work with, that the province is going to have to work with and it's the kind of expertise that is out there. It just impressed me that it could be pretty valuable for the government in its efforts of redrafting The Mental Health Act.

Mr. Chairman, I'm maybe going to have to do a little searching here for some of my other questions that I had of the Minister.

Now, Mr. Chairman, we've been talking about this to some degree already. Back in November, the Minister released a News Service release indicating that mental health policy reforms are outlined, and in that one of the proposed reforms that the Minister was considering was to appoint a central advisory committee and eight regional advisory committees. Now, I presume that central advisory committee is the same committee only under a different name, the Mental Health Advisory Committee, is that correct?

HON. L. DESJARDINS: Yes, and they will be holding their first meeting next week. That, of course, also was a recommendation of the Pascoe. That's one of the main things that they wanted immediately, and they will be holding their first meeting. There's been a good response. All the people that we invited - if you want representation, I don't know of any that refused to sit.

MR. D. ORCHARD: Okay, now, with the central advisory committee in place, now called the Mental Health Advisory Committee, is it still the Minister's intention to establish the eight regional advisory committees or boards on mental health?

HON. L. DESJARDINS: Yes, it is. The committee should remember that we're talking about decentralizing of care in many ways, so that would work with the main committee also. Probably most of the things would be funnelled, or at least referred back to the central committee.

MR. D. ORCHARD: Does the Minister have a time frame for the establishment of the regional committees? Is it something you want to accomplish this fiscal year or this summer?

HON. L. DESJARDINS: Well, I'll try to get the information. As far as I'm concerned, I'd like to establish it as soon as possible. We start with the central committee. As I say, we will have their first meeting, there might be discussion with that committee how to proceed in the region and there is nothing preventing them from going ahead now. I think as soon as this could be done it will be done, and especially I would imagine that would be one of the main things - correct me if I'm wrong - that the central committee would do in the first meeting, discuss that.

MR. D. ORCHARD: Now, will these appointments to the committee be voluntary appointments, or does the Minister intend to put them on a per diem for committee service?

HON. L. DESJARDINS: No. It would be strictly on a voluntary basis.

MR. D. ORCHARD: Thank you, Mr. Chairman. We've talked a fair little bit tonight about the Pascoe Report, some of the reorganization that the department is contemplating and is undertaking in some of the directions that we're going that The Mental Health Act over the next year, possibly, 15 months, will undergo a fairly substantive review. There appears to be, on the surface, a fairly substantive effort to follow along the

general recommendations of the Pascoe Report to basically put emphasis away from institutional care and to provide more support and more availability of program in the community. I think, by and large, that will certainly be welcomed by most of the people involved in the delivery of mental health and people involved on a voluntary basis in mental health.

But I think that the Minister is going to be open to criticism and here's the criticism that I'll level at him now. If you go through the Minister's announcements, bearing in mind that the Pascoe Report was drawn up September of 1983 and I believe, I'm not certain, but I think that within a few months the Cabinet and the government agreed in principle to accept most of recommendations, there were some exceptions. It was in late 1983 that the government, I think, basically accepted the recommendations of the Pascoe Report.

HON. L. DESJARDINS: They received the Pascoe Report, then there was the Edwards Commission and it was September '84 that that was finalized.

MR. D. ORCHARD: Yes, I'm sorry about the year.

In going back, the government agreed, in principle, about six to eight months ago that the basic direction of the Pascoe Report in terms of de-institutionalization - that's the term we can use tonight, so that we can maybe both understand it, but that's a direction — (Interjection) — Pardon? — (Interjection) — As well as de-institutionalization, yes.

If you take a look at some of the programs that the Minister has announced over the last number of months, and the one most recent is a capsulization of what's been announced and what's on the books. He's got the Adolescent Treatment Centre, where there was some \$3 million devoted in terms of Capital cost and an estimated annual cost of \$3 million per year, or \$2.8 million, but for round figures, \$3 million per year. There is a commitment by the Minister that Brandon and Selkirk will both, within a three-year period, have new 100-bed psycho-geriatric homes, theoretically very close to both of those facilities in Selkirk and Brandon. I don't know what the cost is going to be there, I don't have any information in front of me, but I would suggest that 200 beds would be in the tens of millions, say, it would probably be a \$10 million expansion.

In terms of the development of the Health Sciences Centre, the Minister has got functional planning, I believe it is, architectural planning to come in shortly on a freestanding psychiatric unit at the Health Sciences Centre for an additional \$28.1 million. The rumour mill is grinding that the Minister has approved, not approved, but there is pretty strong indication that the Minister is going to give approval to a \$2 million children's psychiatric ward at St. Boniface when we get into Capital Estimates.

The Minister, tonight, tabled a tentative announcement, if I can find it, of a \$1.45 million mental health initiative announced, and is a new initiative and basically following along the direction suggested and agreed to by the government in terms of the Pascoe Report. That \$1.45 million, of course, is going to be welcomed, but you've got almost 10 percent of that tied up in annual costs to provide a video-audio link to an institution, Brandon and the University of

Manitoba, so that you've got something less than that in terms of money actually spent on the move to de-institutionalize, to put more community-based facilities in place. The backdrop to that, of course, is as I say, Adolescent Treatment Centre with an operating budget of \$3 million, that's twice what your announcement is tonight. That's Institutional care.

You've got the announcement and the programming and within three years putting in place two more 100-bed institutional care facilities at Brandon and Selkirk. You've got, in terms of institutional care, a budget for \$28 million roughly at the Health Sciences Centre and then if rumour turns out to be true, another \$2 million spent at St. Boniface for institutional care.

I think the Minister has left himself open to the criticism, that although the government agrees and accepts and wants to move with the direction recommended in the Pascoe Report of community-based program delivery, more community homes, Welcome Home project and other initiatives, that the commitment may be there in words, but the commitment isn't there in the kind of funding that would allow a fairly sizable expansion. If I've got my notes someplace on what the Minister's announcement meant - we're talking about the new program opening up 34 beds in the community. At the same time, we've got announcements over the past six to eight months of probably in excess of \$50 million of Capital construction on institutional care. The Capital construction is only one aspect of it. Once they're in place, you've of course got your operating budgets that are going on year-by-year-by-year.

As I say, the Minister in this announcement tonight - this announcement will be welcomed, there's no question about it, but I think the Minister opens himself up to the criticism that they are giving lip service to the Pascoe Report and recommendations of more community-based homes and more community-based delivery of services, because the backdrop to the \$1.45 million is the cold, hard reality that there are on the books, \$50 million of institutional expansion with associated operating costs that may be upwards in the neighborhood of \$20 million, \$25 million a year. I'll let the Minister comment.

HON. L. DESJARDINS: I have no concern at all. I think that we're in a good position and there's enough flexibility in what we can do.

First of all, let me take some of the areas mentioned. The Adolescent Psychiatric Hospital was announced in the Throne Speech in the Schreyer years; it was announced by the former Minister at least in two years in a row and I announced it again this year. That is a must. This is to keep the adolescents in our province instead of sending them away for treatment. There's no conflict in that at all as far as we're concerned. When we commissioned the Pascoe Commission we had no concern about that at all.

We must remember there has to be everything in place. If you close institutions and if you haven't got the facilities in the communities, it is very difficult and it is exactly like any other illness, you need the personal care homes, the psycho-geriatric hospitals, and you need acute care also.

First of all, the rumours about St. Boniface Hospital - I must confess I know nothing about that, unless

we're talking about what Dr. Miller at St. Boniface Hospital is supposed to present, a hospital for adolescent treatment, but nothing has been done. We haven't even seen - if that is what my honourable friend is talking about; I don't know what else. Of course, the McEwen Building was built under the former government, that was done before the Pascoe thing and I know of nothing else. It's possible there is something and our people there don't seem to know. That would be an outpatient program anyway, not an extra bed.

The facility was something that was one of the first priorities in the Clarkson-Vayda Report at the Health Sciences Centre. There was strong representation from the best expert that we had, including Dr. Prosen, and all the staff out there, that it was needed. It was just that because of jungle there is with all the construction at the Health Sciences Centre, you're not starting from scratch, that they never knew where the facility would be until we decided that we would re-establish it - I think it was lowered a bit in priority under the former regime, I don't say it was taken out, but we had it a little higher. We reinstated that with the consent of all concerned, in fact, with the advice of those concerned, and it was agreed to have this freestanding facility also and that will serve again as an acute hospital, acute setting for the people that are back in the community, but that need help. This acute thing could be just for days and if we haven't got that in place, we'll be in trouble.

This is what happened in the Tulchinsky days, in the days when we were trying to reduce the population of Selkirk and Brandon, but we had nothing to receive them in the community. That was a mistake and we're not going to make the same mistake again. So there's the Adolescent, the St. Boniface I mentioned and the Health Sciences Centre.

Now the other two places are not new beds. I think it would be a big mistake to say, fine - I mentioned that when I was talking about institutions and community health care. It is exactly the same thing in Mental Health. You have the institution and you have the community, but that doesn't mean the same thing as if I'd say, well, we're going to go to community health and community clinics and those kinds of things in the health field and we're going to let the hospital go to pot. We cannot do that. In Brandon, that also has been announced long before the Pascoe thing and there was still flexibility after the Pascoe thing. It came in September, they might have lost some money, the only funds that were approved at that time was architectural drawings. There might have been some money involved, but no, this is to replace beds, and if need be eventually that will be changed.

Let's say that we reduce the population - I'm sure we're never going to reduce it to less than 100 - especially in both areas, especially because these are psycho-geriatric, they're the people that could go, in other words, into personal care homes, and most of them are in that age. So there's no danger at all, I don't think that we took any chances at all. I think those are all components of the program. We will have a psycho-geriatric hospital, people who are perfectly well mentally can need a personal care home; those that are not as well mentally will need a personal care home, too, so we will have no problem at all in using

these facilities, I'm sure. We don't intend to stop that, we're going ahead with that.

As I say, the important thing is that they're not new beds. We'll put these new ones in and eventually we could still reduce the population. I would like to see the next time we reduce any new beds, if need be, as I said earlier an institution probably in the North, that all the people in the North wouldn't have to come here for their service.

This is just part of the thing. There are some people that might criticize because it seems to me the same thing as CAMR for the mentally retarded, they can only see one thing. Everybody ought to be in an institution and all these little community residences. That was a mistake that we did before, because we did not have the facilities; you get people out of an institution, if you have nothing, what do they do? They fill in the acute beds, it's just the same thing as people from personal care homes filling the acute beds in the general hospitals here. They have no business there and, therefore, when you need an acute bed for somebody for a short time, somebody that will go back in society but needs some treatment, an anxiety attack or something, it might be a question of days or a week and there's no bed. That's what was happening.

So no, I don't think there is any concern. I think we've been consistent, we had the flexibility. Before that was ready we knew where we were going in Selkirk and Brandon, that decision certainly was not contrary; the group was there, there is nothing there that is against the recommendation. It will just complement, it is just saying that what we have we can't let it go to pot.

The Adolescent Treatment Centre, as I say, a lot of it will be day care and it will be to prevent us from having to send the kids away. That was the main reason we built it, not to have to send everybody all out of the province.

MR. D. ORCHARD: Mr. Chairman, I just did a quick calculation when the Minister was indicating how the capital programs that were announced really parallel and agree with the direction taken in the Pascoe Report, and the 34 new community residence beds that are being opened up this year are at a cost of \$17,500 per bed, roughly.

Now, I presume the Minister is not unique, it will be a problem for whomever is the Minister of Health, as you remove people from the institutions you have more or less got to establish two parallel programs and double fund them for a period of time. This government has financial problems which are sizable enough they even admit to them, so that no doubt is going to have a dampening effect on how quickly the government and this Minister is going to be able to de-institutionalize to make community placements. I guess, you know, that's one of the concerns that a lot of people have - and I'm going to ramble now into the Department of Community Services - because there was a considerable amount of alarm just recently when a newspaper article indicated that the Minister of Community Services said the government's plan and intention was to have the Developmental Centre at Portage reduced by 500 residents, that 500 residents were going to de-institutionalized, if you will, and placed in the community.

Now if you start taking a look at the costs involved and the net savings back at MDC you're going to have

to have probably a pretty sizable increase in budget. I don't know - we'll discuss it when we get to the Minister's Estimates in Community Services and find out whether she's got that kind of money budgeted - I would suspect, from the cursory perusal I have given of here Estimates, that she doesn't have, and likewise the Minister here has doubled the Mental Health Directorate to give us 34 beds. Now you start talking about 500 beds of a community resident program and your costs are really astronomical.

Now I doubt if we'll start discussing it tonight, but maybe under Regional Services the Minister has - at least according to the staffing charts - another 49 staff requested on there. Now maybe a portion of them are going to be in position to assist and provide backup services to people, to these 34, and hopefully to other people who are going to take up community residence. Of course, we can discuss that when we get to the Estimates, but it appears as if the move is tenuous to start implementing the community residence recommendations and the de-institutionalization in the Pascoe Report.

The Minister, tonight, he justified the capital expenditures that he's proposing for HSC and for Adolescent Centre for Brandon and Selkirk. The Minister is going to constantly run into the criticism that there are a lot of capital dollars in those programs and all we need is just a little slice of it and we can do quite a little bit in the community. I think the Minister is going to run into the criticism that in this set of Estimates, that the \$1.45 million is not an adequate commitment by the government to the section of community health programming. I simply leave that with him and he can fend for himself when that criticism comes up.

HON. L. DESJARDINS: Mr. Chairman, there are many areas that I'm not as comfortable as I am in here. I think my honourable friend forgets. He seems to think that I don't know the announcements that were made, I didn't see that. I think what was said is that eventually we will reduce the population by 500 beds, but the member seemed to forget something. He seemed to think well, you're going to reduce the population, therefore you'll need 500 community beds. No. If that was it, there wouldn't that much purpose. It would be just a different setting. You'd have an area where you have 500 people, then you'd have 500 people divided by eight and you'd have so many community residents. No, that is not the purpose. It is the home care type of thing.

As I say, you cannot charge all the things that you - excuse me - the member should not charge all the things to institutions as such, it's part of the program. The adolescent service takes a lot of day care, a lot of help that will prevent people from having to go either in a community residence or especially in mental health - maybe more so than mental retardation, and maybe I'm wrong there too - but the situation is treatment, early treatment that they will not find themselves hospitalized because there was no other treatment, nothing.

And then another thing, the acute hospital also has the same thing. Those beds must be there to take people. We were talking about respite care, whether

the programs would be announced. These people might come in and if they feel they can go and live in society, because they know that in an emergency, fine, they'll be admitted to acute beds for a short time. That's all part of it, that is not working against it. Those have to be in place or it's going to be a complete fiasco.

You will open the doors of Selkirk and Brandon, and if they go out, where will they go? They will walk the streets. When they get too bad there's no place to go and this place is closed. They will be directed, the same as personal care people now, there's no place to go, they go to an acute hospital then they're panelled for a personal care home, these people will be in a setting where they shouldn't be, they will be filling the acute psychiatric beds in those general hospitals.

Actually it's the same thing in Selkirk and Brandon. It is the first step of de-institutionalization. The situation is that those that are selected in an area that could go to a personal care home, psycho, geriatric care is the same thing, but maybe with a little more care with the psychiatric nurses and so on. No, I feel very comfortable; I thank the member for his concern, I can tell you there's not a lot of areas that I'm a little more concerned about.

I didn't say it would be cheap, anhis is what I've been saying for two years, that the cost is going to be astronomical. I haven't got the answer to that, and that is why some of them are saying, well, you know, the Pascoe Report says there should be \$5 million for three years in a row, besides all you're doing. You can't do that. We're not doing it at that speed. We're going in that direction; we approved that and that is what I was saying very sincerely, fine, there's lots of time to get Brownie points, there's a lot of time to attack, but in the long run I think in certain general things everybody should work together, because there is a danger of losing that.

I certainly haven't got the solution of what it's going to cost to keep the people healthy. Even in a rich country like the United States, if we think for a minute, we want to compare the service that we have and the United States. I was looking at a program, people are either too rich for medicaid or too young for medicare and there's millions of people that have no health insurance at all. Furthermore in this mental health they are not any more advanced than us, fine, we read about the new discovery, the heart transplant, there's a certain portion where money is no object, and they've got some bright people - I'm not saying they haven't got the facilities - but there's no universality, there's more people that have no treatment at all. Look in the poor section, the coloured section, the ghettos around the large cities, it's awful.

And then the mentally ill, many of these bag ladies and these people that are going around and sleeping on sidewalks in front of air vents or whatever, or exhaust pipes to keep warm, many of those people would need some treatment but there's nothing for them. So they close institutions and when they're too bad, they put them in an acute bed, where they shouldn't be. So I say no, this is part of the same package, we feel comfortable. As I say it's not new beds, it's not institutions, these beds were obsolete when we would say okay, 100 patients in Selkirk and then you go out because we have no beds for you. That's all it is, and that's the first step.

Those that can go in those facilities, and for all intents and purposes, it is not really the same kind of institution but we will try this new method with psychiatric nurses and so on and it'll be more personal - let's say psychogeriatric means personal care homes - for those who are mentally ill. And there's a lot of them in that age that are senile, for some reason or other lose their memory and that's a form of mental illness.

MR. DEPUTY CHAIRMAN, D. Scott: The Member for Pembina.

MR. D. ORCHARD: Thank you, Mr. Chairman. That's right and that's the point I was making to the Minister as well, that in the effort to establish those 34 additional beds outside in community residences, there's got to be a back-up support staff out there or else it isn't going to work — (Interjection) — and, indeed for those that don't have beds, that's right. Of course, maybe there is going to be more staffing services under it when we get to Regional Services and we'll find out what the 49-some-odd is there and we'll do that possibly tomorrow or the next day.

But — (Interjection) — no, no, I'm not talking about the 500 in community services. If that's going to happen then your home care budget back here, under your Continuing Care you probably need another \$10 or \$15 million. So I know that that's not going to happen starting this year and we'll have an interesting discussion with the Minister when we get to that.

But this Minister has got his own budgetary priorities and he's attempting to move in the direction and it's a tentative first step, I guess we could say.

Now, Mr. Chairman, when we pass (m) we will then be able to pass the entire Appropriation, I take it, of 84?

MR. DEPUTY CHAIRMAN: Yes. Correct.

MR. D. ORCHARD: When we pass (m) we're going to pass that Appropriation, and before we do that, I'd like to just pose a couple of general questions because I don't know exactly where the proper place to pose the question was in that last section.

Can the Minister indicate to me - and he may not have this answer on the tip of his tongue - does the Department of Health offer leave of absence to staff members, leave of absence at full pay?

HON. L. DESJARDINS: If the member has an example, we could look at that. I don't know of anything like that at all and staff seem to be puzzled as I am.

MR. D. ORCHARD: I'll leave the Minister a couple of examples. That's all my questions right now unless my colleagues had questions on this section.

MR. DEPUTY CHAIRMAN: 2.(m)(1)—pass; 2.(m)(2)—pass; 2.(m)(3)—pass.

Resolution 84: Resolved that there be granted to Her Majesty a sum not exceeding \$42,770,200 for Community Health Programs—pass.

HON. L. DESJARDINS: Mr. Chairman, I think we have progressed quite well today. It is understood that we have already finished (a) on 3. Community Health Operations, Operations Support, so when next we meet we'll be at (b) Regional Services. I move that committee rise at this time.

MR. DEPUTY CHAIRMAN: Committee rise.

IN SESSION

MR. D. SCOTT: Mr. Speaker, the Committee of Supply has adopted certain Resolutions, directs me to report the same and asks leave to sit again.

MR. DEPUTY SPEAKER, P. Eyer: The Honourable Member for Inkster.

MR. D. SCOTT: Thank you, Mr. Speaker.

Mr. Speaker, I move, seconded by the Honourable Member for St. Johns, that the report of the committee be received.

MOTION presented and carried.

MR. DEPUTY SPEAKER: The Honourable Government House Leader.

HON. A. ANSTETT: Thank you, Mr. Speaker.

I move, seconded by the Honourable Minister of Health, that the House do now adjourn.

MOTION presented and carried and the House adjourned and will stand adjourned until 2:00 p.m. tomorrow (Wednesday).