



Third Session - Thirty-Fifth Legislature
of the
Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS
(HANSARD)**

39-40 Elizabeth II

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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Fifth Legislature

Members, Constituencies and Political Affiliation

NAME	CONSTITUENCY	PARTY
ALCOCK, Reg	Osborne	Liberal
ASHTON, Steve	Thompson	NDP
BARRETT, Becky	Wellington	NDP
CARSTAIRS, Sharon	River Heights	Liberal
CERILLI, Marianne	Radisson	NDP
CHEEMA, Gulzar	The Maples	Liberal
CHOMIAK, Dave	Kildonan	NDP
CONNERY, Edward	Portage la Prairie	PC
CUMMINGS, Glen, Hon.	Ste. Rose	PC
DACQUAY, Louise	Seine River	PC
DERKACH, Leonard, Hon.	Roblin-Russell	PC
DEWAR, Gregory	Selkirk	NDP
DOER, Gary	Concordia	NDP
DOWNEY, James, Hon.	Arthur-Virden	PC
DRIEDGER, Albert, Hon.	Steinbach	PC
DUCHARME, Gerry, Hon.	Riel	PC
EDWARDS, Paul	St. James	Liberal
ENNS, Harry, Hon.	Lakeside	PC
ERNST, Jim, Hon.	Charleswood	PC
EVANS, Cliff	Interlake	NDP
EVANS, Leonard S.	Brandon East	NDP
FILMON, Gary, Hon.	Tuxedo	PC
FINDLAY, Glen, Hon.	Springfield	PC
FRIESEN, Jean	Wolseley	NDP
GAUDRY, Neil	St. Boniface	Liberal
GILLESHAMMER, Harold, Hon.	Minnedosa	PC
HARPER, Elijah	Rupertsland	NDP
HELWER, Edward R.	Gimli	PC
HICKES, George	Point Douglas	NDP
LAMOUREUX, Kevin	Inkster	Liberal
LATHLIN, Oscar	The Pas	NDP
LAURENDEAU, Marcel	St. Norbert	PC
MALOWAY, Jim	Elmwood	NDP
MANNES, Clayton, Hon.	Morris	PC
MARTINDALE, Doug	Burrows	NDP
McALPINE, Gerry	Sturgeon Creek	PC
McCRAE, James, Hon.	Brandon West	PC
McINTOSH, Linda, Hon.	Assiniboia	PC
MITCHELSON, Bonnie, Hon.	River East	PC
NEUFELD, Harold	Rossmere	PC
ORCHARD, Donald, Hon.	Pembina	PC
PENNER, Jack	Emerson	PC
PLOHMAN, John	Dauphin	NDP
PRAZNIK, Darren, Hon.	Lac du Bonnet	PC
REID, Daryl	Transcona	NDP
REIMER, Jack	Niakwa	PC
RENDER, Shirley	St. Vital	PC
ROCAN, Denis, Hon.	Gladstone	PC
ROSE, Bob	Turtle Mountain	PC
SANTOS, Conrad	Broadway	NDP
STEFANSON, Eric, Hon.	Kirkfield Park	PC
STORIE, Jerry	Flin Flon	NDP
SVEINSON, Ben	La Verendrye	PC
VODREY, Rosemary, Hon.	Fort Garry	PC
WASYLYCIA-LEIS, Judy	St. Johns	NDP
WOWCHUK, Rosann	Swan River	NDP

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 16, 1992

The House met at 1:30 p.m.

PRAYERS

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Mr. Oscar Lathlin (The Pas): Mr. Speaker, I beg to present the petition of Phillip Buck, Lloyd Easter, Leonard Naskapow and others requesting the government to show its strong commitment to aboriginal self-government by considering reversing its position on the AJI by supporting the recommendations within its jurisdiction and implementing a separate and parallel justice system.

Mr. Gregory Dewar (Selkirk): Mr. Speaker, I beg to present the petition of June Phillips, Monika Hansen, L. Olafson and others requesting the Minister of Family Services (Mr. Gilleshammer) consider a one-year moratorium on the closure of the Human Resource Opportunity Centre in Selkirk.

READING AND RECEIVING PETITIONS

Mr. Speaker: I have reviewed the petition of the honourable member for Radisson (Ms. Cerilli), and it complies with the privileges and practices of the House and complies with the rules (by leave). Is it the will of the House to have the petition read?

The petition of the undersigned citizens of the province of Manitoba humbly sheweth that:

WHEREAS the Dutch elm disease control program is of primary importance to the protection of the city's many elm trees; and

WHEREAS the Minister of Natural Resources himself stated that, "It is vital that we continue our active fight against Dutch elm disease in Manitoba," and

WHEREAS, despite that verbal commitment, the government of Manitoba has cut its funding to the city's DED control program by half of the 1990 level, a move that will jeopardize the survival of Winnipeg's elm trees.

WHEREFORE your petitioners humbly pray that the government of Manitoba may be pleased to

request the Minister of Natural Resources (Mr. Enns) to consider restoring the full funding of the Dutch elm disease control program to the previous level of 1990.

As in duty bound your petitioners will ever pray.

* * *

I have reviewed the petition of the honourable member for Transcona (Mr. Reid). It complies with the privileges and practices of the House and complies with the rules. Is it the will of the House to have the petition read?

The petition of the undersigned citizens of the province of Manitoba humbly sheweth:

THAT the bail review provisions in the Criminal Code of Canada currently set out that accused offenders, including those suspected of conjugal or family violence, be released unless it can be proven that the individual is a danger to society at large or it is likely that the accused person will not reappear in court; and

The problem of conjugal and family violence is a matter of grave concern for all Canadians and requires a multifaceted approach to ensure that those at risk, particularly women and children, be protected from further harm.

WHEREFORE your petitioners humbly pray that the Legislature of the Province of Manitoba may be pleased to request that the Minister of Justice (Mr. McCrae) call upon the Parliament of Canada to amend the Criminal Code of Canada to permit the courts to prevent the release of individuals where it is shown that there is a substantial likelihood of further conjugal or family violence being perpetrated.

PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

Mrs. Louise Dacquay (Chairperson of the Standing Committee on Municipal Affairs): Mr. Speaker, I beg to present the Third Report of the committee on Municipal Affairs.

Mr. Clerk (William Remnant): Your Standing Committee on Municipal Affairs presents the following as its Third Report.

Your committee met on Tuesday, April 14, 1992, at 8 p.m. in Room 255 of the Legislative Building to consider bills referred.

Your committee heard representation on Bill 45, The City of Winnipeg Amendment, Municipal Amendment and Consequential Amendments Act; Loi modifiant la Loi sur la Ville de Winnipeg, la Loi sur les municipalités et d'autres dispositions législatives, as follows:

Deputy Mayor Dave Brown - City of Winnipeg
 Mr. John Bock - Private Citizen
 Mr. Marcel Taillieu - Private Citizen
 Mr. Don Fleming - Private Citizen
 Ms. Elizabeth Fleming - Private Citizen
 Mr. Jarl Johnson - Headingley Taxpayers Association

Your committee has considered Bill 45, The City of Winnipeg Amendment, Municipal Amendment and Consequential Amendments Act; Loi modifiant la Loi sur la Ville de Winnipeg, la Loi sur les municipalités et d'autres dispositions législatives, and has agreed to report the same with the following amendments:

MOTION:

THAT the proposed subclause 4(1)(b)(i), as set out in section 3 of the Bill, be amended by striking out "town, village or".

MOTION:

THAT Section 3 of the Bill be amended by adding the following after the proposed subsection 4(3):

Study of Impact required

4(4) The Lieutenant Governor in Council shall not exercise the powers under subclause (1)(b)(i) or (ii) unless a study of the impact of the proposed incorporation or the proposed transfer of part of the city has been conducted and made public.

MOTION:

THAT the proposed clause 4.1(a), as set out in section 3 of the Bill, be amended by striking out "town, village or".

MOTION:

THAT the proposed section 4.2, as set out in section 3 of the Bill, be struck out.

MOTION:

THAT the proposed subsection 38.1(1), as set out in section 10 of the Bill, be amended

(a) in the proposed clause (a), by striking out "town, village or";

(b) in the proposed clause (c), by striking out "new town, village or rural municipality or the part of The City of Winnipeg transferred to the adjoining municipality" and substituting "new rural municipality or the part of The City of Winnipeg transferred to the adjoining municipality or to persons in that new rural municipality or part of The City of Winnipeg", and by striking out "new town, village or rural municipality or adjoining municipality" and substituting "new rural municipality or the part of The City of Winnipeg transferred to the adjoining municipality or to persons in that new rural municipality or part of the City of Winnipeg";

(c) in the proposed clause (d),

(i) by striking out "town, village or" where it first occurs,

(ii) by adding "under and in accordance with The City of Winnipeg Act, The Municipal Assessment Act and any other Act of the Legislature and any regulation under any of those Acts" after "perform the duties", and

(iii) by striking out "town, village or rural municipality" before "to make payment" and by substituting "rural municipality or its inhabitants";

(d) in the proposed clause (e),

(i) in the proposed subclause (iii), by striking out "mayor or",

(ii) in the proposed subclause (vii), by striking out "town, village or" in the English version,

(iii) in the proposed subclause (viii), by striking out "town, village or" and substituting "new".

MOTION:

THAT section 10 of the Bill be amended by striking out the proposed subsection 38.1(3) and renumbering the proposed subsection 38.1(4) as subsection 38.1(3).

MOTION:

THAT the proposed subsection 38.3(1), as set out in section 10 of the Bill, be amended by striking out "town, village or" wherever it occurs.

MOTION:

THAT the proposed section 38.4, as set out in section 10 of the Bill, be amended by striking out "town, village or".

MOTION:

THAT the proposed clause 38.6(1)(a), as set out in section 10 of the Bill, be amended by striking out "town, village or".

MOTION:

THAT the proposed subsection 38.6(2), as set out in section 10 of the Bill, be amended by striking out "town, village or" in the English version.

Mrs. Dacquay: Mr. Speaker, I move, seconded by the honourable member for La Verendrye (Mr. Sveinson), that the report of the committee be received.

Motion agreed to.

* (1335)

MINISTERIAL STATEMENTS AND TABLING OF REPORTS

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I have a ministerial statement on the report of the CT Scanning Committee and our radiologist consultant's report—copy of the statement, copy of the two summary reports for my honourable friends.

Mr. Speaker, in addressing issues related to the health of Manitobans, I have made a commitment and demonstrated an approach which seeks the widest possible consultation and the best advice available in formulating policy and programs aimed at maintaining and improving the health status of Manitobans. New technologies are reviewed in terms of appropriate protocols, cost effectiveness and contribution to health status outcome, including issues of safety and public protection. Examples of this commitment include the research from the Centre for Health Policy and Evaluation and the report of the Working Group on Breast Cancer Screening. In this context the government of Manitoba and all governments across Canada are concerned about the rising cost of technology and proliferation of technological options and choices available to our consumers and health professionals alike.

The demands being placed on our system have to be evaluated in the context of questions such as: Can the technology improve the health status of Manitobans; how can it be integrated into the delivery system; and what are the future operating

costs? These questions must be posed to determine whether this expenditure of scarce resources will achieve a greater improvement to general health status than other new spending options regularly presented to the ministry of Health.

The provincial radiology consultant, Dr. Douglas MacEwan, provided us with a report entitled *An Analysis of the Current Clinical Activity to Assist in Policy Development Regarding the Purchase and Operation of Additional CT/MRI Equipment in Manitoba*.

Dr. MacEwan reports that Manitoba has an adequate supply of scanners in operation now, and following a review of the scanner usage and waiting list, he concludes at this time Manitobans have appropriate access when scanning is required.

Manitoba currently has six CT scanners in operation for a population of one million people which is comparable to the Canadian average.

Dr. MacEwan's report says there were nearly 34,000 CT examinations performed for patients in the last year covered by his initial study. He states such significant usage shows that with the six CT scanners currently in operation, the public has reasonable access to imaging services.

Since 1976, Mr. Speaker, costs for medical imaging have risen from \$16 million to \$68 million. In the past three years, four urban hospitals, four rural and northern hospitals and the Manitoba Cancer Treatment and Research Foundation have requested permission to purchase and operate CT scanners in addition to the six scanners currently in operation.

I am gravely concerned about the proliferation of new CT scanners without appropriate clinical justification and access protocols. My foremost consideration is for the health status of Manitobans and the protection of patients. I was concerned that Dr. MacEwan's report be reviewed by a cross section of experts and for this reason the CT Scanning Committee was formed.

Today I am pleased to provide you with the report of the CT Scanning Committee. The work done by this committee challenges the escalating costs and choices associated with the technology and has developed recommendations based on scientific data and on an analysis of the services which are being provided in the context of the health needs of our citizens.

I accept the report and the recommendations of the CT Scanning Committee which states: 1. That available funds contemplated for an additional CT scanner installation be used for patient needs at the present sites, and that no money be allocated for the acquisition or operation of additional CT scanners at this time; and secondly, that an ongoing committee be established to deal with all future issues regarding computed tomography and magnetic resonance imaging scanning.

Given the challenges, both financial and program reform, facing all governments today, including the government of Manitoba, I accept the recommendations and will take immediate action to implement them.

* (1340)

In taking this decision, I want to acknowledge the various fundraising efforts directed to CT scanners. Manitoba Health endorses community fundraising for new hospital programs, but at the same time, government must proceed cautiously to ensure that these actions are integrated into overall provincial planning for optimum health care delivery.

It is understood that CT scanners have been purchased by community hospitals and are planned in rural hospitals based on public fundraising and support. Our older policy allowed such action if no new costs were to be incurred or actual savings were anticipated. This has been the basis of similar hospital actions in the past. Manitoba Health has found that almost all such optimistic projections have been wrong and acceptance of the recommendation of the CT Scanning Committee means a change in policy. We will not approve the acquisition or operation of additional CT scanners at this time and will await the recommendations and advice of the CT Scanning Committee to deal with all future issues regarding imaging services.

To achieve such anticipated benefits, Manitoba Health will require the implementation of protocols for patient access to all existing provincial CT scanning services including those not approved. Frequent financial statements from all hospital scanner services will be required to ensure that there will be no impact on approved budgets or cause closure of beds or layoff of staff. No funds will be committed to the operation of additional scanners without the prior input and advice of the provincial CT and MRI committee and the final approval for operation by the Minister of Health.

Today I am announcing the establishment of a provincial CT and MRI committee which will have the responsibility to deal with all future issues regarding provincial scanning programs. Dr. Blake McClarty, Director of MRI at St. Boniface Hospital has agreed to chair this committee which will begin its work immediately. I have requested that the committee include in its early deliberations investigations and advice on the operating practices of all the current CT centres, continue the ongoing assessment of the imaging waiting lists and develop protocols for utilization of imaging services.

In addition, I would also like to announce further action taken by the ministry in response to the report of the CT Scanning Committee. We will establish a Manitoba Imaging Advisory Committee to co-ordinate the activities of all the imaging subspecialties including CT/MRI Committee, the provincial Ultrasound Advisory Committee, the Nuclear Medicine Advisory Committee and the Radiology Advisory Committee. This new overview committee will include representatives from the clinical, hospital and professional bodies and the chairs of the designated subcommittees, which will better enable the development of health imaging policies for the future of Manitoba.

I will ask the committee to emphasize patient access and benefits and to provide an overall provincial program which establishes the context for approving future capital and operating imaging dollars. In the future, there has to be a priority to introduce new technology as a replacement of existing technology and costs as opposed to add on costs and services. Our difficulty in the past has been a proliferation of technology and related costs whenever new services are introduced. As I mentioned earlier, costs of imaging in this province have increased 450 percent since 1976, and this cannot continue or it will place at risk our ability to deliver all our health services to the people of Manitoba.

The CT Advisory Committee will be directed to immediately address the question of how the current global dollars can best be spent and reallocated if this is deemed more appropriate.

In closing, I want to thank the chairman and the members of the committee for the professional and technical advice which they have provided to us in addressing this very complex and important policy issue. Committee representatives will be present today at 3:15 p.m. in Room 254 to present their

findings and respond to questions. All of us are aware, Sir, of the benefits which can be derived from the appropriate use of available technology in the diagnosis and treatment of illness.

This government's commitment is to the health and well-being of all our people. This government is committed to ensure that all of our health programs are kept in balance and that they are managed in a way which preserves the integrity of the spectrum of all services necessary to maintain and improve the health status of Manitobans. Thank you.

* (1345)

Ms. Judy Wasylycia-Lels (St. Johns): Mr. Speaker, let me say at the outset that I will not be making a definitive statement on the part of the New Democratic Party in response to such a detailed technical statement. This the first time we have seen this material. There is much to review, and we will be making further comments at some point in the future. I can say on a preliminary basis that we acknowledge this is one important part of a health care reform agenda.

We on this side of the House have always said that part of the need to change our system must be to get a handle on escalating costs tied to new technologies, new drugs, new treatments for which we have not done proper tests and determined if the outputs justify the expenditure. So, Mr. Speaker, let that be clearly noted since the Minister of Health (Mr. Orchard) and the associate Minister of Health like to leave the opposite impression.

Let me say that this whole area of CT scanners is a very major one for our hospitals, for our patients, and our community services. We know that there are a number of hospitals with CT scanners sitting, not being operated in their facilities. They are engaged in a number of fundraising activities to try to see those scanners operational, and they have requests before this government for operating those scanners. I do not know on the basis of this statement if those scanners now purchased will receive operational dollars through the provincial government. I do not know if the minister has included those scanners in the overall assessment of what is the optimum number of scanners. I do not know if those communities have been told—and those community facilities have been told to stop your fundraising efforts, we will ensure a comprehensive system and all patients' needs

addressed through this proposal and this committee and the work of this committee.

We do not know, Mr. Speaker, if this study has assessed the needs of those facilities to have standards in the context of the costs associated with transporting patients with nursing staff, with assistants, with medication and machinery to hospitals where that scanner is located. We will have to assess all of those questions and this announcement today in that context.

I want to say two other things. This is one small part of that whole issue of whether or not new technology is warranted vis-a-vis the outcome for patients. There are hundreds and hundreds and hundreds of tests and treatments and procedures and surgeries and drugs which are now being used for which we do not know if the output for the patient benefits the expenditure. What we hope for at some point in the near future is some idea from this government of how they will handle such a massive undertaking. We believe that such a massive undertaking is really almost impossible without the benefit of federal government involvement and a federal health care policy role.

That, Mr. Speaker, is one of the reasons why we have been so concerned about federal policy which will see the end of federal dollars for provincial health care systems in a few short years leaving our systems in serious disorder and without the universal principles we believe in. How does it make sense for each province to be going off doing these separate expensive assessments with all these committees and using the time of professionals and experts when it could be done centrally by the federal government for the benefit of all provinces?

One thing, Mr. Speaker, we would like to urge today is that this government once and for all speak up about federal cutbacks in health care spending, speak up to save medicare and in the process guarantee themselves a much more cost-effective, sensible way to go in terms of quality assurance of scanners, tests, procedures and drugs.

Finally, let me indicate that this from the basis of what we can see is a positive step. All too often, the minister and the Liberal critic have suggested we have not been constructive in our approaches. When we have seen some sign of progress, when we have been presented with some plans, we analyze those as objectively as possible and, in this

case, on the basis of preliminary knowledge we can say that the government is moving in the right direction.

However, Mr. Speaker, we remain concerned that we are still operating primarily in a vacuum without the benefit of an overall plan in terms of the continuum of care from community-based services right through to hospitals. We need to know on an urgent basis the minister's plans in that regard. We once again put to him our plea on behalf of all Manitobans to tell us what is your plan and your vision for health care in Manitoba.

* (1350)

Mr. Gulzar Cheema (The Maples): Mr. Speaker, we are very pleased to receive this report. It says basically two things. First of all, the process is opening up. That is another example that the judgment call on all the health care reform has to be made by the public at large. That is one step. When the committee is going into Room 255, that will be another evidence that the people can have full knowledge of these reports that are very, very important. That has never been done in any part of this country so far.

Mr. Speaker, the focus has to be the patient care, how we spend \$1.8 billion. As we have said for the last four years, we cannot deal with the fragmented part of the issues. We have to deal with first of all what is our Manitoba prospective, how we are going to deal with our own population here. All the policies have to be based on our experience. Our experience in Manitoba, as it says from this report, says very clearly that the CT scanners, whatever we have right now are sufficient. I think we will let the expert be the judge, and with the battery of information the minister has provided and the knowledge of these individuals, we have no doubt that they are doing the right thing.

Mr. Speaker, the issue here is how much we can afford and what is possible. The technology, as we said from Day One, has its merits but also has some limitations. We have to see what is necessary, what we can afford, and not what is required all the time. The issue as I said many times is that in health care for us is how we are going to save whatever we have and then we can improve. That is another example.

The minister has made a commitment that he is going to come up with two or three more reports by the end of this month. We will ask him again to continue with his public education campaign, tell

people how his government is going to spend their tax dollars. That is the essence of the whole matter, rather than every day the patients in Manitoba right now would get information from the vested groups. They have their own interest. What we want to see is each and every group on the same table. Let them tell us how they are going to spend \$1.8 billion, not what is good for each group. That is again, very important. I will emphasize again that does not necessarily deal with this report but that is the basic issue, how we are going to spend the money in the long run.

We want to make sure that this health care debate is taken out of the hands of politicians and that is one way of doing it, by having a public education campaign. The more information we have, the more informed judgment we can make. We will again commend the minister to continue to follow the process of opening the health care reform to all Manitobans. It does not matter which party they voted for, absolutely, we have to work for all of them and that is our aim. We must keep one thing in mind, patient care is the most important thing and the money will and should move where the patient goes, not to any particular interest group in this province.

Introduction of Guests

Mr. Speaker: Prior to Oral Questions, may I direct the attention of honourable members to the gallery, where we have with us this afternoon Mr. Obie Baizley, who is the former member for Osborne.

On behalf of all honourable members, I welcome you here this afternoon here, sir.

Also, with us this afternoon, we have from the Teulon Collegiate, thirty Grade 9 students. They are under the direction of Mr. Al Reisch. This school is located in the constituency of the honourable member for Gimli (Mr. Helwer).

On behalf of all honourable members, I welcome you here this afternoon.

ORAL QUESTION PERIOD

Federal Government Untendered Contracts

Mr. Gary Doer (Leader of the Opposition): Mr. Speaker, Manitoba has been working for decades to maintain its aerospace industry in Canada. We have had ups and downs in our aerospace industry and jobs connected to the aerospace industry. We

have had terrific development that has taken place in our province. We have also seen the removal of the Air Canada maintenance base and we saw the tragic result of the federal Conservative government tendering process with the CF-18 decision awarded to Quebec without any merit at all being considered.

* (1355)

Mr. Speaker, today again we are advised that a company that was given a \$245-million grant from the Canadian taxpayers to the province of Quebec to establish a Bell helicopter company was given a \$1-billion untendered contract from the federal Minister of Defence and the federal Conservative cabinet, Marcel Masse and the Conservative cabinet in Ottawa, for a contract for helicopters that is double what was anticipated to be necessary by the department of Canadian defence.

This, of course, has implications for Manitoba. Any time we see a situation where there are absolutely no tenders available for other players in the aerospace industry is a tragic situation, Mr. Speaker.

I would like to ask the Minister of Finance, what action has this government taken dealing with their federal Conservative counterparts on the process which has absolutely no tendering to award a very important contract in the aerospace industry to the total neglect of other companies in Canada and in Manitoba?

Hon. Clayton Manness (Minister of Finance): Mr. Speaker, I suppose I should probably take the question as notice. I have been on the plane this morning back from Toronto, and I am not conversant with that particular issue at this point in time.

I can indicate to the member opposite, however, that certainly we are concerned about all untendered contracts from the federal perspective. We have always sought balance with respect to Government of Canada or defence provision of services by way of contract. I would say to the member opposite that given his information and given the representation he makes by way of questions, I am sure the Minister of Industry, Trade and Tourism (Mr. Stefanson) will want to inquire as to the federal government.

I remind the member, it was a decision that was made in Ottawa. It was a decision obviously not made in the council chambers within this government, and I think his question would be more

appropriately addressed to probably a federal member.

Federal Government Untendered Contracts

Mr. Gary Doer (Leader of the Opposition): Mr. Speaker, there are Manitoba companies located within this province that have to have the benefit of Manitoba representatives from Manitoba's cabinet that sits opposite us here today. So the question is very much in order as many other decisions of the federal government affecting jobs in Manitoba and the position of one of our most important industries.

The aerospace industry has been identified by all sides as a very important industry in this province, an industry which quite frankly we are always on constant vigil to protect because of the preferential treatment of the federal government, not just this federal government but the previous Liberal government as well, with the change in the Air Canada maintenance base.

I would ask the Deputy Premier, given the fact that the contract was awarded without tender on April 7, can the Deputy Premier advise us, has the Chair of the Economic Committee of Cabinet, the Premier (Mr. Filmon), picked up the phone and talked to the Prime Minister of the country about a tendering process that does not allow for other companies in Canada to be involved, a tendering process that was no tendering process, a process that doubled the purchase of equipment and may have some long-term harm for our own companies in terms of the existing overhauled contract for Huey helicopters that are being performed in the province of Manitoba?

Hon. James Downey (Deputy Premier): Mr. Speaker, as far as any details of the question are concerned and any contacts that have been made or discussions, I will take this as notice from the Leader of the Opposition. But I can assure the member that this government, on behalf of the aerospace industry or any other industry, are prepared to take on their behalf to the federal government their argument and our argument in support of all the activities possible in this province, and we do believe in the fairer open tendering process.

* (1400)

Mr. Doer: Mr. Speaker, I would ask again the Deputy Premier, in light of his statements: Has this government been alerted by our Ottawa office about

the lack of tendering process in this area? Has the government been in touch with Bristol? Bristol is obviously very worried about raising this publicly because obviously the federal government is their major client, so they have to be very diplomatic in their comments. Our information from Bristol is that they are very worried about the future maintenance because the size of the contract has been doubled now for new helicopters. Have they been in touch with Bristol? Have they been in touch with their Ottawa office? Did we get an early warning, and was the Premier (Mr. Filmon) in touch with the Prime Minister of the country about another example of preferential treatment in this country in the aerospace industry at the potential detriment of Manitoba?

Mr. Downey: Mr. Speaker, we were informed that it was an untendered process that was carried out after the fact.

Health Care System CT Scanner Fundraising

Ms. Judy Wasylycia-Lels (St. Johns): In the Minister of Health's statement today, the Minister of Health acknowledges that there are a number of fundraising efforts happening in community and rural hospitals pertaining to either the purchase and/or operation of a CT scanner. I wonder if the minister today could share with us the information concerning how many CT scanners have been purchased by community urban hospitals and rural hospitals which are not operational. What will be the status of those CT scanners in the context of this policy?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I am informed that there is one scanner purchased and currently in operation without the approval of the provincial government in the city of Winnipeg. That installation, because it is not approved, the facility has not asked for, nor have they received operational funding for that scanner. That is exactly the issue that the CT/MRI Committee will come around in terms of attempting to put budgetary parameters around our global expenditure for CT imaging in the province of Manitoba.

What has tended to happen in the past, when new technologies have been introduced, when first introduced—and certainly this was the case, as my honourable friend will recognize—in 1979, when we were last in government and the first CT scanner

was installed, there were very effective protocols put in place for patient access to that imaging technology. They worked, but with the proliferation of more scanners, those protocols tended to be, as observed by Dr. MacEwan, our provincial radiologist, not effectively adhered to and hence the statistic that I shared with my honourable friend, the 450 percent growth in imaging cost.

So the committee is trying to come around the global budget for CAT scanning in the province of Manitoba so that we do not simply use the technology because we have more of it available.

Ms. Wasylycia-Lels: Let me just try to ask this question again in terms of some specific examples because I am still not quite sure how it is going to work.

We know that at Concordia Hospital, there is a CT scanner sitting, having just been purchased and waiting to be operational. What will happen now? Has the minister approved the operation of that CAT scan in the context of this plan, or will the community be allowed to proceed to fundraise for that CAT scan? Where does it fit in terms of this plan?

Mr. Orchard: The installation referred to, it is my understanding that community fundraising has already supported the capital cost of the purchase of that scanner. Hence, the scanner has been purchased, but there has been no approval given to the installation and the budgetary commitment to operate that scanner.

The case made by this facility, I believe, is that they can operate this facility from within their current global budget. That is why, Mr. Speaker, I have indicated in my ministerial statement, and possibly I might quote directly from my statement because I think it summates—we are asking for frequent financial statements from all hospital scanner services. This will be required to ensure that there will be no impact on approved hospital budgets or cause closure of beds or layoff of staff by diversion of budget to unfunded operations such as the CT scanner.

In other words, Mr. Speaker, we are not prepared as government to accept criticism that we are not providing enough money within the global budget when some of it is able to be diverted to nonapproved operations, Sir.

Ms. Wasylycia-Lels: Well, that does beg the question that we have been asking for months—what is the overall budget policy for hospitals in urban

Manitoba? However, I am not going to get into that now. We will pursue that later in Estimates.

Let me ask this question giving another example. Seven Oaks General Hospital is involved in a community fundraising effort to purchase a CAT scanner, I believe, unlike Concordia where it has already been purchased.

What direction will this minister give Seven Oaks? Will it be encouraged to carry on the fundraising? Will it be directed to try and—

Mr. Speaker: Order, please. The question has been put.

Mr. Orchard: Mr. Speaker, that is why I recognized in this statement that for a number of purposes in our hospital system, fundraising efforts are underway. Some of them are focused on the acquisition of CT scanners and I say that, Sir, with the full knowledge that provincial approval for the installation of that was required.

Mr. Speaker, I applaud the volunteer effort and the voluntary contribution toward fundraising by Manitobans. Currently, the tri-hospital lottery is ongoing. Two of the three hospitals are wishing to dedicate those dollars, those profit dollars from the lottery, toward the acquisition of CT scanning capacity. That is exactly where the policy of this government has to come down in terms of funding. We have indicated that within the global budget that is currently there for imaging via CAT scanning, we will want to assure that needs are met, not wants.

As I have indicated in my earlier answer, when new technologies have been introduced, they have been used propitiously but with proliferation of the technology, protocols for access have gone to the side, and we are insisting that those protocols be established and adhered to by the advisory committee we are setting up under the chairmanship of Dr. McClarty.

Health Care System Out-of-Province Patients

Mr. Guizar Cheema (The Maples): Mr. Speaker, my question is for the Minister of Health.

According to the information provided by the minister during the Estimates process, there is about \$80,000 per year for the last three years of uncollected bills by the patients out of this country who have not paid their bills and have been getting treatment from our hospitals. Taxpayers' money must be treated with respect.

Can the minister tell us what measures he is going to take to ensure that the \$80,000 per year tax drainage out of this country, out of this province, will not happen ever again?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I would like to be able to say that we could give that assurance within the policy development that the hospitals adhere to.

We dealt with this issue a couple of weeks ago in Estimates, and I think it is important to put in context the \$80,000 per year that we have not been able to recover. We provide services to some, particularly American citizens, and where those services are prescheduled or electively booked, our hospitals or physicians make the recoveries of the charges appropriate.

Where our difficulty has come in with these approximately \$80,000 per year, Sir, is these are American citizens and citizens from other countries who were involved in an accident and require emergency services. The compassion of our Canadian health care system applies here in that we do not check to see if the person is going to pay the bill before we provide the service. That has left us in the difficult circumstance where up to \$80,000 per year has been uncollected because after providing the service and recovery of the individual, they have left the country, and we have not been able to collect those dollars, as hospitals.

Mr. Cheema: Mr. Speaker, can the minister tell us, what is the impact of these uncollected bills on particular hospitals because some of the hospitals were serving those patients?

Mr. Orchard: Mr. Speaker, the obvious first effect is that they are out the money, because they have provided those services and did not recover them from the person who was not a Canadian, so that the costs assigned to providing those services have been absorbed in previous years within the budgets of those hospitals.

Mr. Cheema: Mr. Speaker, can the Minister of Health tell us what measures are going to be put in place to make sure that only in the case of emergency situations there could be compassionate reasons, but in other cases, where patients are getting treatment on an elective basis, they must pay their bills in advance?

Mr. Orchard: Mr. Speaker, I think basically most of the out-of-country services are provided in that fashion. I cannot say that it is perfectly applied

because there may well be circumstances where advance arrangements for an elective procedure may be left unpaid after the fact, but those, I am told, have tended to be very few and far between.

* (1410)

It is the very difficult issue where most of the dollars are uncollected and remain outstanding debts in the provision of emergency service caused by an accident wherein the person recuperating leaves the country. Those are the very difficult ones because I think as cost-conscious as we want the system to be, it is pretty difficult to make that judgment that if they are from out of country that we should get a cheque first before we provide the service, and that is always the quandary health professionals are in, Sir.

Agricultural Land Taxation Levels

Mr. John Plohman (Dauphin): Mr. Speaker, while this government on the one hand talks about lower property taxes for farmers, it is with the other hand reaching deep into farmers' pockets to pay for the agricultural budget.

They are reaching into hard-pressed farmers' pockets, Mr. Speaker, by shifting the burden of property taxation away from the residential category onto the farm category through portioning changes that have been made this year and by a reduction in the residential mill rate, thereby increasing the special levy to record levels. The Minister of Rural Development is using Bill 20 as well to perpetuate an unfair assessment system and to stifle appeals to that unfair system.

Why has this Minister of Rural Development abandoned the stated policy of this government of lowering taxation on farm land, and why has he chosen this duplicitous act on farmers to force them to pay more?

Hon. Leonard Derkach (Minister of Rural Development): Mr. Speaker, I have to remind my honourable friend opposite that it was this government that removed the ESL on farm land for the farmers of our province. We were then compelled to do the reassessment and indeed to make up the revenues from general revenue. The farmers of our province have been able to access themselves of a benefit in terms of having a reduction in the ESL and the school taxes on their farm land.

Let me say, Mr. Speaker, that Bill 20 which is before the House at the present time in no way removes the right of a farmer to appeal if there are some extraordinary circumstances which impact on the value of his or her property. When I go back to the discussions that were held in the assessment bill last year, it is evident that the member who asked the question was very much on the same wavelength in committee when that matter was discussed.

Mr. Plohman: Mr. Speaker, I am not in favour of the shift that is being made by this government now and secretly.

I will ask the minister a specific question. Maybe this minister can explain why he has shifted a greater burden of property tax onto farmers by significant reductions in the portioning on residential properties which results in a greater proportion of the property taxes being borne by the farm category, and that is clear in many municipalities.

Mr. Derkach: Mr. Speaker, the member knows very well that the reassessment was based on the 1985 value, and that as we move to reassessment in 1994, as is recommended in the proposed bill before the Legislature, that assessment— [interjection] Well, it is 1993, true, but the effect will be in 1994—in fact, then we will be moving the value of farm land closer to the actual time.

There are adjustments that are going to be made in the process. The portioning is really meant to make sure that we indeed are more fair in the way we approach taxation from a global sense.

Mr. Plohman: The special levy is at record levels, Mr. Speaker. Will the minister now admit that he and his colleagues, the Minister of Finance (Mr. Manness) as well, are engaged in a secret act to claw back the meagre benefits that cash-strapped farmers are receiving under GRIP and NISA, that they are reaching back into the pockets of those farmers? That is what this government is doing.

Mr. Derkach: Mr. Speaker, I would have to say that the suggestion is somewhat hideous. Let me say that special levies are not the responsibility of the provincial government. Special levies are set by local municipal organizations and indeed school boards. Therefore it is the responsibility of those organizations to determine what their budgetary levels should be and how they should assess taxation from their perspective.

Agricultural Land Taxation Levels

Ms. Rosann Wowchuk (Swan River): Mr. Speaker, my question is also for the Minister of Rural Development and relates to Bill 79.

When the bill was introduced, this was considered real tax reform. We were going to see educational tax removed from farm land and placed on residence as it should be, and farmers would be paying a lesser portion of educational tax. However, this is not true.

Councillors and farm groups have indicated, as a result of a shift in portioning and increased special levies, taxes have increased dramatically. Taxes on a quarter of land have increased in some cases by \$50 to \$80 per quarter.

Will the minister admit that there is a flaw in the taxation system that has been implemented and as a result farmers are picking up a larger percentage of educational tax?

Hon. Leonard Derkach (Minister of Rural Development): Mr. Speaker, that question almost duplicates what was just asked a moment ago, but let me give the response in the same way.

Let me indicate, first of all, that it is this government that removed education taxation on farm land. I think the cost of that—and I stand to be corrected—was somewhere in the neighbourhood of \$22 million as the cost to the provincial Treasury, so that was a direct benefit to the farmers of this province.

We have done everything we can to keep taxes down. As matter of fact, our fifth budget this year froze taxes, did not increase taxes to Manitobans. When the member opposite makes the allegation that we are shifting the tax burden onto farm families, indeed that is a false allegation.

Ms. Wowchuk: Mr. Speaker, can the minister confirm to the House that despite the adjustment, the ESL of one point, the tax burden on rural residents and in particular the farmers has increased significantly and that through the special levy, taxation will reach historical levels? Up to \$300 million will be raised through this special levy in the 1992 tax year. How is the minister going to address this—

Mr. Speaker: Order, please. The question has been put.

Mr. Derkach: Once again, Mr. Speaker, the question is duplicated from that posed by the member for Dauphin (Mr. Plohm), and I say to you again and to the House that indeed special levies are not something that are determined and set by the provincial government. The members opposite should understand that special levies are set by local municipalities and local school boards, and they have a responsibility in terms of addressing their budgetary requirements and then assessing the tax levies from there.

Education Support Levy

Ms. Rosann Wowchuk (Swan River): I want to ask the minister: How is he going to deal with the fact that although provision has been made to exempt farm properties from educational support levy, farm homes were added to the tax roll? All other farm buildings, including grain and storage bins, were supposed to be exempt, but they are being taxed with this school levy, and farmers are really being taxed doubly.

Hon. Leonard Derkach (Minister of Rural Development): Mr. Speaker, just a few days ago I was looking at Hansard and some of the comments that were made in the debate of Bill 79 and some of the comments that were made by members opposite, and indeed from those comments I gathered that they supported the direction in which reassessment moved and that farm residents should be taxed.

Is the member for Swan River saying now that that is wrong, that they have changed their position and that in fact residents should not be taxed?

Agricultural Land Conservation Methods

Mr. Nell Gaudry (St. Boniface): Mr. Speaker, my question is to the Minister of Agriculture. The State of Canada's Environment report released last week by the federal government highlighted some long-term threats posed to the continued viability of agriculture on the Prairies. The report says, and I quote: Agriculture—[interjection] You will have your chance to answer. Agriculture may contribute to its own demise through soil erosion, productivity loss and salinization unless conservation practices are increased.

My question, Mr. Speaker, is for the minister. The report says that water erosion affects 12 percent of the improved land area annually, a farm economic

impact of \$155 million to \$197 million, and that wind erosion has an estimated annual impact of \$213 million to \$271 million on the Prairies.

What is the impact in Manitoba, and what targets and time frame has this government set for decreases of economic losses due to wind and water erosion?

* (1420)

Hon. Glen Findlay (Minister of Agriculture): Mr. Speaker, when this government came into power in the spring of 1988, we saw some of the worst water erosion Manitoba ever had up in the Swan River Valley which we corrected under emergency measures. We had some of the worst wind erosion in southern Manitoba we ever saw.

Subsequent to that, Mr. Speaker, this government signed a soil accord with the federal government, put in place a soil agreement of some \$18 million, put in place in rural Manitoba some 44 soil and water associations, a small amount of money in the hands of local people to make the right decisions to promote conservation, to decrease the degree of salinity, to decrease the loss of organic matter.

Mr. Speaker, I would like to report that Manitoba has gone from a position of being about 15 percent summer fallow, down to this year's 7 percent summer fallow which helps to reduce the loss of organic matter and helps to reduce the amount of wind erosion.

We are on a very positive path with the programs in place, working with the farmers of Manitoba to improve the conservation of our natural resource, the soil in Manitoba.

Mr. Gaudry: Mr. Speaker, can the minister tell the House what action his department is undertaking and has undertaken to correct salinity problems resulting from irrigation and cropping practices which the report says costs the prairie provinces \$104 million to \$257 million annually?

Mr. Findlay: Mr. Speaker, I believe I have already answered that question, because salinity is to a large extent caused by summer fallow, one of the practices that causes salinity.

We have decreased summer fallow. We understand the principle better, increasing organic matter, and the conservation attitudes of Manitoba farmers through the various associations we have and the extension information that we are involved

in in the Department of Agriculture is proactively addressing that.

I am pleased to report to the House that farmers have a much different attitude today about conservation of their basic resource than they had 10 years ago, and we feel very positive that we will continue to address it in an ongoing fashion.

Sustainable Development

Mr. Neil Gaudry (St. Boniface): Mr. Speaker, when will the government recognize the sustainable agriculture policy that is vital for long-term development, and could the minister tell us the amount of money that he has put in for it?

Hon. Glen Findlay (Minister of Agriculture): Mr. Speaker, I think the member is fully aware of the efforts we have made. We have a round table on the environment and the economy here in the province of Manitoba led by my Premier (Mr. Filmon), the most proactive round table in Canada. It is a model for the other provinces of this country.

Mr. Speaker, as I said, we have the conservation initiatives that we are involved in that are positive. We have just put out a Vision for the 1990s document to show the proactive stance of our department. In the Vision for the 1990s, under the seven themes that the department is going to follow, is sustainable agriculture. So we are on that trail, very aggressively working with the producers of Manitoba.

Law Enforcement Review Agency Racism Investigations

Mr. Dave Chomlak (Kildonan): Mr. Speaker, my question is for the Minister of Justice.

A very unfortunate incident recently occurred in Winnipeg, whereby members of a university track team, some of whom were charged, have accused the Winnipeg City Police of racism in respect to the incident.

Since the minister and the government have announced their intention to disband LERA, can the minister advise this House how this matter, this accusation of racism and related matters, will be investigated and dealt with adequately?

Hon. James McCrae (Minister of Justice and Attorney General): Mr. Speaker, the Law Enforcement Review Agency has not been disbanded to this date. Any matters coming before it are to be dealt with either by the present Law

Enforcement Review Agency or the mechanism that will be set up to replace LERA.

Mr. Chomlak: My supplementary to the same minister: Can the minister assure this House that whatever new mechanism is going to be put in place to replace LERA will have the ability to deal with and investigate matters of racism?

Mr. McCrae: It is proposed that the new structure will have the same powers as the present one.

Mr. Chomlak: My final supplementary to the same minister: Can the minister advise this House when that new structure will be in place and when we will have an opportunity to discuss it perhaps in this Chamber?

Mr. McCrae: The changes require changes in legislation which will be brought before this House this session, and the honourable member and I can discuss details at that time.

Crown Lands Act Wildlife Baiting Regulations

Mr. Paul Edwards (St. James): My question is for the Minister of Natural Resources, Mr. Speaker. Some time ago, all members of this House—[interjection] We are after that farm vote.

Some time ago now, Manitobans were shocked, and I believe all members of this House were shocked, to learn of the slaughter of bears by certain individuals for commercial gain, leaving the bear carcass wasted in an inhumane and reprehensible fashion. At the time, the minister spoke out in condemnation of the trade in exotic animal parts that led to this slaughter. We certainly agreed with those sentiments, and he indicated that action would be taken to curtail the practice.

My question for the minister, Mr. Speaker, is that I have been disturbed recently to learn that the practice of bear and elk baiting is still allowed in our province, although thankfully, not widely practised.

Mr. Speaker, can the minister tell members why his department has not moved to prohibit the baiting of elk and bears, as well as other ungulates, at least on Crown lands, as the Province of Alberta has now done?

Hon. Harry Enns (Minister of Natural Resources): Mr. Speaker, I first of all want to thank my colleagues, that is the members of the Conservative caucus and cabinet, who made it possible for me to amend The Wildlife Act, so that I

could outlaw unacceptable practices such as the bear holds.

I remind Manitobans in the House that all Liberal members and all NDP members voted against that amendment. With that amended legislation, regulations have been put in place that were put in effect as of April 1 of this year to prohibit the sale of animal parts in the province of Manitoba.

Mr. Speaker, the honourable member refers to the question of baiting practices. That is a question for ongoing review, although I might remind the member that the baiting practice in itself has some advantages in the sense that we pass specific regulations as to the kind of animals that may or may not be harvested from time to time. It quite often ensures that indeed is what happens.

Mr. Edwards: Mr. Speaker, again for the same minister. As I am sure the minister is aware, The Crown Lands Act in this province prohibits the building of a structure, but not the building of tree stands which are classified as temporary; most of them are taken down. In fact, that adds to the problem of baiting.

I wonder if the minister could comment, would advise members of this House, what investigation he has done into possible amendments to The Crown Lands Act, which would change the definition of structure and allow for the Crown to take a role in prohibiting the temporary erection of tree stands.

Mr. Enns: Mr. Speaker, I invite the honourable member to engage in a wider-ranging discussion, as he may choose, during the consideration of my Estimates. I would have, on that occasion, expert wildlife people available to me.

Mr. Speaker, while I am on my feet, will nobody ask me why I am wearing this flower today?

* (1430)

Mr. Speaker: Here is your chance, Paul.

Mr. Edwards: The minister's answers rarely have much to do with the question, so I am sure you will find time to explain that to us.

Mr. Speaker, I have a final question for the minister. The minister mentions that there is ongoing consideration about the problem with baiting. Leadership has been shown in the province of Alberta. Can the minister indicate to members whether or not he is preparing a regulation to deal with baiting as other provinces have moved towards?

In fact, the western provinces generally have been looking at this area. The province of Alberta has shown a lead.

Mr. Enns: Mr. Speaker, I can indicate to the honourable member that the issue of any number of practices that recreational hunters engage in, from time to time, are under constant review by the department.

The question of what constitutes a bait is sometimes not that easily defined. A farmer leaving a round bale of hay in the field, does that constitute a bait? So am I now telling my colleagues, as farmers, when and how, and how quickly to remove all hay off their fields?

As I said on other occasions, it is sometimes a good management practice to have a bait in place rather than shoot at an animal where possible injury or lack of recovery is the case.

So, Mr. Speaker, again I invite the honourable member for a more full debate when we consider the Estimates of the Department of Natural Resources.

Mystery Lake School Division Meeting Request

Mr. Steve Ashton (Thompson): Mr. Speaker, my question is for the Minister of Education.

The school district of Mystery Lake in Thompson is dealing with a difficult situation currently. It has announced cuts in terms of staff. It has announced cuts in terms of special needs programs, and concern has been expressed that insufficient resources will be available to provide the sufficient number of hours for high school students to receive accreditation for their high school graduation from the province of Manitoba.

I would like to ask the Minister of Education whether she has met with the school district of Mystery Lake, with parents or with teachers, to determine the impact of those kinds of decisions that have been brought out because of funding decisions by this government.

Hon. Rosemary Vodrey (Minister of Education and Training): Mr. Speaker, my department is in touch with Mystery Lake, and I personally have met with each division that has requested a meeting and also each set of parents who have requested a meeting.

But I would like to remind the honourable member that the school district of Mystery Lake received an increase in their funding this year of 1.9 per cent.

Funding

Mr. Steve Ashton (Thompson): Mr. Speaker, indeed, in terms of the funding situation, I do not know if the minister is referring to percent or figures that were announced by the government which were incorrect because of the change of form. The school district did not receive the increase that was publicized due to an error on the part of the school district in providing information, not the government.

I would like to ask the minister again whether she is then perhaps aware of the impact that the actual funding is having currently, to the point where high school students may not be able to receive accreditation for their graduation from the high school in Thompson due to inadequate resources.

Hon. Rosemary Vodrey (Minister of Education and Training): Mr. Speaker, I think the member is quite confused. Let me start by saying, Mystery Lake school division has in fact received an increase. There are, according to our departmental guidelines, guidelines for contract hours. However, it is within the local division's realm of responsibility to determine the number of contract hours, and Mystery Lake school division, according to the member, is making that decision.

Mr. Ashton: Mr. Speaker, how could the minister avoid the bottom line here, which is the school district of Mystery Lake, given the resources provided by this government, is now having to cut staff, is going to have cut hours of instruction, is going to have cut special needs programs? How can the minister avoid the bottom line with her education funding that sees funding for private schools but sees these kinds of cuts in the public schools in Manitoba?

Mrs. Vodrey: This has happened before. I cannot understand the member from the other side having such difficulty in understanding that we have increased the funding to Mystery Lake school division, and there are local decisions being made.

Mr. Speaker: The time for Oral Questions has expired.

* (1440)

ORDERS OF THE DAY

House Business

Hon. Clayton Manness (Government House Leader): Mr. Speaker, I would ask you to canvass the House to determine whether there is a wish to do away with private members' hour today.

Mr. Speaker: Is it the will of the House to waive private members' hour? No, leave is denied.

Mr. Manness: I would like to also have you canvass the House with respect to an issue that was discussed some time ago. I am led to believe by party leaders and subsequently by those members of the parties at LAMC, when a decision was made to present to the House a request that critics during Estimates review would have the opportunity to come down into the lower benches in the section in the Chamber.

To that end, I would like to formally read then that there have been discussions between party leaders respecting the desirability of permitting opposition critics in the section of the Committee of Supply meeting in the Chamber to be seated in the front row of benches during Estimates consideration and to allow ministers and members wishing to speak at that section of the committee to remain seated while doing so.

I believe that if you were to canvass the House, Mr. Speaker, you would find there was unanimous consent to adopt these practices immediately. They would continue in effect for the remainder of the session. Agreed?

Mr. Speaker: Is there unanimous consent to adopt those practices? Okay.

I thank the House for that, but one final point before moving to other business, members are more spread out and less easy to seat in the Chamber than in the committee room. Therefore, to assist the Chairperson in identifying those members who wish to speak, all such members should raise their hands to indicate clearly that they wish to speak and to ensure that they are seen by that Chairperson. Thank you.

Committee Changes

Mr. George Hickes (Point Douglas): I move, seconded by the member for Swan River (Ms. Wowchuk), that the composition of the Standing Committee on Economic Development be amended as follows: Point Douglas (Mr. Hickes) for Brandon

East (Mr. Leonard Evans), Interlake (Mr. Cliff Evans) for The Pas (Mr. Lathlin), for April 21, 1992, for 10 a.m. on Tuesday.

Motion agreed to.

* * *

Mr. Manness: Mr. Speaker, I move, seconded by the Minister of Environment (Mr. Cummings), that Mr. Speaker do now leave the Chair and the House resolve itself into a committee to consider of the Supply to be granted to Her Majesty.

Motion agreed to, and the House resolved itself into a committee to consider of the Supply to be granted to Her Majesty with the honourable member for St. Norbert (Mr. Laurendeau) in the Chair for the Department of Health, and the honourable member for Seine River (Mrs. Dacquay) in the Chair for the Department of Family Services.

COMMITTEE OF SUPPLY (Concurrent Sections)

HEALTH

Mr. Deputy Chairperson (Marcel Laurendeau): Order, please. Will the Committee of Supply please come to order. This afternoon, this section of the Committee of Supply, meeting in Room 255, will resume consideration of the Estimates of the Department of Health.

When the committee last sat, it had been considering item 1.(c) Evaluation and Audit Secretariat: (1) Salaries, on page 82 of the Estimates book.

Ms. Judy Wasylycia-Lels (St. Johns): As the minister knows, we have been trying persistently to piece together this government's agenda with respect to health care reform and to get some basic information about funding policies pertaining to health care facilities.

The minister knows that I have asked this question at every sitting, that we have had no success for the last two weeks. I indicated in Question Period today that we would continue to pursue this issue, and we are at the line that is quite germane to this whole issue of overall policy and funding guidelines.

The line of Evaluation and Audit Secretariat is certainly a pertinent area to be raising questions again pertaining to the funding of our health care facilities, the funding guidelines being recommended by this minister and the impact after

a process of evaluation and analysis on those funding decisions for patient care and quality of our health care services.

So I would ask the minister once again if he is prepared today to provide for us the breakdown of the percentage increases that this minister is providing for each hospital in the province of Manitoba, and if he could indicate what is included in that percentage increase; in other words, what the hospital or health care facility is expected to cover with that dollar increase, and what is the evaluation of that funding policy in terms of the impact on patient care and quality of health services.

Hon. Donald Orchard (Minister of Health): Yes.

* (1450)

Ms. Wasylycia-Lels: Would the minister be prepared to provide that information today?

Mr. Orchard: I have always indicated we would provide that information when I have staff here and we have reached the Hospital line.

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, the minister knows that in the past, we have tried to appreciate that offer on the part of the minister and have suggested we move directly to the Hospital line and then come back to the other lines once we have dealt with that particular line. Is the minister prepared to do that today?

Mr. Orchard: Mr. Deputy Chairperson, as I have indicated to my honourable friend before, the ministry of Health is a much more complex and diverse service delivery department and not solely fixated on the hospitals, as my honourable friend is.

I prefer that we deal with the health care system, deal with Healthy Public Policy, Continuing Care, Mental Health Services, and our Health Services lines in this, and then when we get to Insured Benefits, we can have the kind of full discussion my honourable friend wishes to have on the hospital system. That way, my honourable friend might be able to gain a greater appreciation that health care is not solely, as she seems to believe, hospital funding, but rather a diversity of funding.

Ms. Wasylycia-Lels: Well, Mr. Deputy Chairperson, the minister will know that he has used up a great deal of time in our Estimates process on details pertaining to hospitals. He has, in fact, responded on a number of issues pertaining to hospitals, and it appears that when those questions have nothing to do with the more controversial issue

at hand today of funding levels, the minister is prepared to discuss and dialogue at length around those issues. When it has to do with funding matters, he is prepared to say we will deal with it when we get to the Hospital line.

The other day, at our last sitting of Estimates, the minister was prepared to use up most of that time talking about hospital policy, given the fact that the issue of Seven Oaks General Hospital had been raised by myself in Question Period and given the fact that there had been a discrepancy in the figures that I used with the announcement that day.

He used up the time. He is prepared to talk about it. It is absolutely ludicrous for him to suggest that we follow his direction and move along and get to the Hospital line and then he will provide the information, when he knows we have an urgent situation at hand, when in fact hospitals are trying to figure out what to do with some directions provided now. There is confusion out there, there is unease, there is uncertainty at all levels, from patients to professionals to administrators in the broader community.

We have tried everything. We have raised it, we have asked questions in different ways. We have suggested moving straight to the Hospital line, and I am afraid, Mr. Deputy Chairperson, we are getting nowhere.

I am going to, therefore, move that this committee instruct the Minister of Health to provide today the specific funding decisions for each hospital in Manitoba and table the evaluation and analysis of the impact of those funding decisions on patient care.

Mr. Deputy Chairperson: Order, please. Has the honourable member got that motion in writing?

Ms. Wasylycia-Lels: I quickly scribbled it in my own handwriting right now. I hope you can read it.

Mr. Orchard: Mr. Deputy Chairperson, my honourable friend has made the allegation, in her attempt to fixate on hospitals only, that when I have had questions, I provided information. Even my honourable friend admitted to it, that where those questions involved policy, I gave an answer because this is the area where we discuss policy formulation, policy direction of government.

The details around spending that my honourable friend has been fixated on for some time are appropriately dealt with on the Hospital line as we move through the resolutions. We have always

done in that way, it has always worked quite well, and it has always allowed for the kind of discussion around the ministry that my honourable friend I think wants to have so she can gain an understanding of what we do in this ministry.

Mr. Deputy Chairperson, to make the accusation that I had answers yesterday—not yesterday, pardon me, on Tuesday regarding Seven Oaks, yes, I had answers given to me that morning in the press release that Seven Oaks Hospital put out. They were Seven Oaks' figures, as detailed in that press release and some of the initiatives they were taking.

That was a reasonable discussion to have because I think it tried to focus in some ways, Mr. Deputy Chairperson, on the issue of policy around management of the hospitals. Management decisions were made at Seven Oaks Hospital for this fiscal year, this current fiscal year which looked seriously at their management levels in the hospital.

I do not have the press release in front of me, but from memory, the most significant statement in that was that the board and administration of Seven Oaks Hospital were satisfied that this would not reduce either the volume or the quality of care delivered at Seven Oaks Hospital and that their budgetary savings were ones which were achieved without compromising patient care.

For a number of budgets now, we have tried to focus in and put our \$1.8 billion in context of funding services for the person requiring care, whether it be in acute care hospitals, surgery, whether it be an outpatient service in a physician's office, whether it be personal care, home care, support services for seniors or programs under our mental health program, but we are trying very much to assure that when we dedicate monies, we see as many of those dollars reach the patient as possible.

Seven Oaks, in analyzing their budget for this year, found that they could achieve some pretty significant savings in the management structure of the hospital without compromising patient care. I say to you, Mr. Deputy Chairperson, the board and the management of Seven Oaks deserve to be congratulated for looking at the internal operations and structures of the hospital before doing anything to compromise the quantity and quality of patient care.

Now that gets us into the whole issue. I am surprised that my honourable friend, having responded in a positive fashion to a ministerial

statement I made today, in terms of acquisition of CT scanning imaging as a technology desired by various hospitals, would not want to deal, from a policy standpoint, with the issues raised by Dr. MacEwan, a pre-eminent scientist and provincial radiologist, in terms of the kind of recommendations that he made and the kind of in-depth scientific study he made of CAT scan imaging in the province of Manitoba, because those findings of our provincial radiology consultant were then put before our CT Scanning Committee.

* (1500)

The CT Scanning Committee had fairly wide membership, including the MMA—three radiologists on it. They came to a recommendation, two of them, in fact, very simple: that we, at this time, do not invest in new CAT scanning capacity, that we put any additional budgets, to serve patient needs, at the present sites; and that we set up a committee to do the sort of system-wide approach on installation of new CAT scanning capacity.

I know that this report, as I speak this afternoon, is causing consternation in several of the community hospitals. I know that. I know that this report is causing consternation in my home community because Morden and Winkler have a fundraising committee for CAT scanning in the proposed regional facility that is in full planning in that area. These decisions, if one were to operate from a purely political standpoint and not try to underpin one's decisions and policies with scientific analysis, one would simply say: okay, no holds barred; you raise the money, we will fund them.

But surely, if my honourable friend would look at CAT scanners per million population, the graph that was presented, you will see that we are close to the national average right now. We are slightly below. One scanner would put us well above the national average, so we are just on that border line, but the nine other requests would put us in the position of being the most generously served province, in terms of CAT scans, in Canada.

The report of Dr. MacEwan indicates that the six scanners currently in operation have a total operating budget of \$9 million. That is \$1.5 million per scanner per year. Even if you use two-thirds of that and you say that you might be able to operate at \$1 million, or even at \$750,000, by allowing those installations to proceed without any overall policy overview of government, those additional nine

scanners could add a minimum of \$6 million to \$7 million to our annual budget in health care.

The question I have to answer on behalf of Manitobans is: Does that represent the most effective investment of new, scarce taxpayer resource in health care, or are there more appropriate places to spend all or part of that \$6 million and achieve a better health status improvement and care delivery outcome by doing that?

I am surprised that my honourable friend today is so fixated on hospitals, and hospitals alone, that she wants to, obviously I think, disrupt the committee, cause a vote, waste the time of both committees, only to say to the public: I only care about hospitals in the NDP; I only have one concern in health care as the New Democratic Party, and that being hospitals. Well, I am sorry, I cannot accede to that narrowed perspective and view of health care in Manitoba. The ministry of Health is much bigger than hospitals. It needs to be fully debated as a system providing care in the community and in other settings such as personal care homes. It needs to have a full review.

My honourable friend is fixed in the New Democratic Party only with the concerns of hospitals, and that is shameful in today's context. I cannot understand why my honourable friend on one hand will stand up from time to time in public and will say, I believe in health care reform. I believe that we should be moving budget from our institutions to the community. I believe we should be reducing our overreliance on institutional care, and we should focus on community care.

Then when it comes to an opportunity to explain that, to discuss that, to debate that in Estimates, my honourable friend the New Democratic Party critic has one fixation and one fixation only and that is acute care hospitals. I mean, she cannot have it both ways. She cannot flip-flop, as New Democrats have done across the length and breadth of this country, and say one thing in one circumstance and completely the other in another circumstance.

Let us get on with debate of the ministry of Health's Estimates, and let us stop this single-minded fixation by the NDP that hospitals are the only thing that matter.

Mr. Deputy Chairperson: It has been moved by the honourable member for St. Johns (Ms. Wasylycia-Leis) that the committee request the

Minister of Health to provide today the specific funding decisions for each hospital in Manitoba and table the evaluation analysis of the impact of these funding discussions on patient care.

All those in favour of the motion?

Some Honourable Members: Yea.

Mr. Deputy Chairperson: All those opposed to the motion?

Some Honourable Members: Nay.

Mr. Deputy Chairperson: The motion is defeated.

Mr. Steve Ashton (Thompson): I request a recorded vote, a formal vote.

Mr. Deputy Chairperson: Can we just wait one minute? A formal vote has been requested. We will recess to the Chamber where the formal vote will take place.

IN SESSION

Madam Deputy Speaker: Call in the members.

Order, please. It has been moved that this committee request the Minister of Health (Mr. Orchard) to provide today specific funding decisions for each hospital in Manitoba and table the evaluation and analysis of the impact of these funding decisions on patient care.

A COUNTED VOTE was taken, the result being as follows: Yeas 20, Nays 28.

Madam Deputy Speaker: Order, please. The motion is accordingly lost. We will continue with our review of the Estimates.

HEALTH

Mr. Deputy Chairperson: Order, please. When this committee was last sitting we were dealing with Evaluation and Audit Secretariat: (1) Salaries, on page 82.

Mr. Gulzar Cheema (The Maples): Mr. Deputy Chairperson, I want to raise a few questions about the minister's statement in the House. Before I do that, I want to go over some of the things which have happened this afternoon.

It is very important that we see, and people should see, what is happening here. I mean, who is trying to undermine the whole process and trying to take advantage of situations? I will not object to any kind of motion which will lead us to make informed decisions and open debate. This motion which was put to us—even a politician like me, who does not

have much political experience, can even say that this is irresponsible because if you want to make a decision, you should go through each and every line, and specifically when we are dealing with the very important issue of health care reform.

The health care reform has to be dealt with as a package and the package must have all the information, and if somebody is saying we are not doing the right thing as the NDP, let them say it very clearly.

Mr. Deputy Chairperson: Order, please. I would like to remind the honourable member that the debate has already been concluded on the motion. The motion was defeated. We are dealing with (c) Evaluation and Audit Secretariat, and I would appreciate if we moved along to that line.

Mr. Cheema: Mr. Deputy Chairperson, I will move along the line, I will follow your order, I will follow the rules, and that is what we were debating, basically the rules of the game here. The rules of the process was to follow the line by line, and now you are asking me, and I am not reflecting on the Chair, to follow the rules and that was the process we wanted to follow.

Within 12 hours, we discussed and we had gone through so many things, and basically, what happened in 1979, what happened in '82, what happened in '84. So back and forth, 48 minutes of debate. If the NDP wanted to reach to the bottom of the problem, to reach the issues—[interjection]

Mr. Deputy Chairperson: Order, please.

Point of Order

Ms. Judy Wasylycia-Leis (St. Johns): I have a point of order. The member for The Maples is clearly reflecting, first of all, on the intentions and actions of a member in this House and imputing motives. Secondly, he is reflecting on a vote of the House, and I think, Mr. Deputy Chairperson, both are out of order and he should withdraw, apologize, and if he has got concerns to raise about any of these substantive issues, he should get on with it.

Mr. Steve Ashton (Thompson): Mr. Deputy Chairperson, the member for St. Johns is quite correct. It is clear in our rules that the member should not reflect on a vote that has been taken in the House, other than to move a motion that might in some way rescind the impact of such a motion. In this case, of course, the motion that we had

moved, because of the lack of support from other parties, was defeated.

Now, if the member wishes to move another motion that states his view in contrary to what was moved, that would be in order. But it is not in order for the member now to debate after the vote was taken and after debate had concluded on the motion to try and explain why his party voted the way it did. That is absolutely in contravention of our rules, Mr. Deputy Chairperson.

I would like to ask that you call the member to order.

Mr. Cheema: Mr. Deputy Chairperson, let me just tell the members that I am not reflecting on any one of their issues, I am reflecting on the process about what we are talking right now. I am not talking about what they did, and everybody knows what they did. That is not the issue.

The issue is I have still the right to get 20 minutes to speak on health care reform, and their agenda was a part of the health care reform. So do not I have the right to say that? I would like the Chair to explain to me whether I am in order to ask a question about the health care process on health care reform?

If I am not in order, I will stop. [interjection] I am not debating, just wait; you know, I may not be here in 12 years, but I am not a bloody, stupid man.

Mr. Deputy Chairperson: Order, please. The honourable member for St. Johns (Ms. Wasylycia-Leis) is correct, that we should not be reliving the issue of the motion brought forward in the House. At this time I would request that the committee move ahead to section (c) Evaluation and Audit Secretariat, so that we carry on in a manner that is appropriate for the House.

* * *

Mr. Cheema: Mr. Deputy Chairperson, if that is your decision and that is the wish, I would proceed. But certainly, we still have 20 hours to discuss, and every time I get the opportunity I am going to say things which are not right, whether they are part of this process or not.

I think the issue here is that—so that means that every time the member for St. Johns (Ms. Wasylycia-Leis) has to follow a line, she has to follow the line. I am going to demand equal time, I am not going to give any more time to her from now on. I want to make it very clear to the Chair.

Mr. Deputy Chairperson, can the minister tell us now that out of the report here released today about the summary report on the CT Scanning Committee, the issue is how the process is going to go onward from today, and what kind of consultation they are going to proceed with the hospitals who are already involved in the CT scan project at this stage?

Because, as the minister said in the House, that various organization have worked very hard, and they would like to know from the minister's point of view or specifically from the committee's point of view, what are their views on the CT scan which are already in the process of being installed, for example, at Seven Oaks and other hospitals.

So that the clear message should go to them, because I do not think anybody is going to be very happy if they get mixed messages from different sources, specifically from sources who can obliterate many of the things which are right. Most of the time things people convey they want to suit their own needs.

I just want the minister to, at least, tell us in this committee how this committee is going to proceed?
* (1550)

Hon. Donald Orchard (Minister of Health): Mr. Deputy Chairperson, in terms of accepting the recommendations from the CT Scanning Committee—

Mr. Deputy Chairperson: Order, please.

Mr. Orchard: To answer my honourable friend the member for The Maples (Mr. Cheema), in accepting the CT/MRI committee report, the first recommendation of the committee, with fairly broad representation and certainly three radiologists on it, and I qualify this because when we established the committee it was thought that one more installation in the province, if you follow the graph, would bring us to just above the national average, so that one more would not put us significantly out of line with other national averages as the nine would.

In reality, the advice was sought in terms of, should we put in one more CT scanner and if so, try to give us the best advice as to where it should be placed. Let me tell you, that is a complex question because you have nine requests for community hospitals, all of them fundraising, difficult issues.

The conclusion of the committee was that if we had available funds, we make them available to enhance the patient capacity at the existing CT

scanners and that we do not approve any additional acquisitions at this time. That was recommendation No. 1.

The recommendation I think that has the greatest opportunity to guide this decision making and this process is the committee, and they recommended that we establish to undertake a province-wide implementation policy and program on both CT scanning and MR imaging. That committee is going to be chaired by Dr. McClarty who is currently heading up the MR program at St. Boniface Research Centre and has developed protocols which are quite effective.

What the committee is empowered to look at first off, because bear in mind, there has been the issue of waiting lists around CT scanning. The waiting list was addressed by Dr. MacEwan, and we can get into that observation on page 4 of the summary of his report, but basically waiting lists will be an important issue and then, consideration, as I indicated in my remarks, of how we might be able to utilize the existing budget.

I will try to read the exact word, because it says it much better than I will probably recall it—well, basically, to take a look at our current budget and to see whether there is an opportunity for a more equitable distribution of that budget within the system.

Now, two issues emerge. First of all, the community hospitals, and my honourable friend is well aware of this, have always felt as if the technologies, the emerging of new technologies have been concentrated in the teaching hospitals. Certainly, that is where we put, in 1979, in our last government, the first scanner, at Health Sciences Centre.

Subsequent to that, one was installed at St. Boniface. Where many of the community hospitals are critical is of a decision in 1984 to add a second scanner at each teaching hospital. They believed that at that time a more appropriate decision would have been to place those additional scanners not in the teaching hospitals, but in a choice of community hospitals and pick two of them out.

It was not done for whatever reasons, and I am not even here to visit that issue, but the impression being that teaching hospitals have sort of taken over the high-tech care delivery business and left the community hospitals without access to that kind of technology.

I am sympathetic to that argument, but here is my overriding problem. We know that when you introduce new technologies, particularly in imaging, it is used very extensively, and that is why this committee is mandated to look very closely at establishment of protocols, so that we do not see a ballooning of services simply based on capacity, but only on patient needs.

That requires the professionals to work around the protocol issue, and I think that is possible. There are some concerns about how it can be undertaken, but clearly the statement today is saying to our community hospitals, respecting the fundraising that they have done, that we do not want to put a damper on fundraising to support initiatives in our community hospitals or our hospitals outside of Winnipeg, but there should be a co-operative approach so that that fundraising is focused on the needed improvements of the health care system.

One of the problems we have got with the CT scanner is this impression that you are second class if you do not have one, and the teaching hospitals have commandeered all the technology. I share that but, at the same time, allowing the CAT scanners to proliferate throughout five additional sites in Winnipeg, four currently requested in rural Manitoba, will put the cost of imaging service up by anywhere from \$5 million to \$7 million.

I say to you that that would be an inappropriate use of scarce resources at this time in the health care system. So the policy is that we will not be providing operating funding to the CT scanners to the community hospitals that have fundraised and purchased without approval to have those CAT scanners become part of the funded system of their hospital operation.

Mr. Cheema: Mr. Deputy Chairperson, can the minister tell us if he is going to communicate, through his committee, to these hospitals and explain to them how that kind of arrangement has to be put into place?

Otherwise, by that time, they are getting two different kinds of messages, probably three or four are distorted messages. It may do some more damage because a lot of individuals have worked very hard. They have raised money. All the volunteer organizations will be very upset if they do not get the right message at the right time.

So I would ask the minister then if he would undertake to do that, and also could we get a copy

of those communications? At least, I would like to get a copy of the communication from the minister's office or the committee, which is sent to these hospitals.

Mr. Orchard: Basically, I can indicate to my honourable friend that that process has already been undertaken because this morning, prior to the announcement, I met with the four community hospital representatives, and I gave them, in confidence, the summary report of the CT Scanning Committee, the summary of our radiology consultant's report, and the attachment on the provincial CT committee structure that was recommended from there.

In addition to that, at 1:30, as I was delivering my ministerial statement, all facilities received a copy of my statement, and I believe that all the other facilities in Winnipeg—Victoria, St. Boniface and the Health Sciences Centre—received the same communication.

Mr. Deputy Chairperson, I make no bones about it, we had a very lively discussion this morning, because there is a lot of attachment for the reasons my honourable friend has mentioned around the fundraising and acquisition of CT scanners in our community hospitals.

* (1600)

We—I say this without offence—we agreed to disagree this morning over the direction of provincial policy, but yet I think we have come to an understanding. The hospitals—and I am not in any way saying that they agree—but they understand the challenge that the government has in terms of trying to manage the introduction of ever-increasing levels of technology in the hospital. I understand, because they reinforced again a long-standing argument they have made about the concentration of such technology at our teaching hospitals.

So that is why I have said to my honourable friend that the committee, in taking a look at waiting lists, protocols for access to service, will also—and it is in my speaking notes somewhere, the direct reference to—also looking at the current provincial envelope for CT funding, and whether it would be appropriate to reallocate that budget and make it available more widely in the system—bluntly put, to consider where the transfer of some of the budget from teaching hospitals might be accomplished to the community hospitals.

I am not adverse to that, but I am certainly going to tell my honourable friend that the committee, chaired by Dr. McClarty, will try to reach that decision with all players at the table. I do not suggest for any time that this is going to be an easily arrived at decision, but at least there is going to be the opportunity to put the respective cases of each facility around the issue and to consider a provincial perspective on that technology.

Again, I will be very direct in terms of some of the conversation that I had this morning. My concern is that with the technology becoming more readily available, that it will be used simply because the technology is there. That has been the pattern of new technology introduction into the system, and I made the case very directly to the individual facilities that were at the meeting this morning that I would hope they do not reallocate resource from within their global budget and compromise other areas of service delivery in the hospital to operate a scanner that does not have the approval from the provincial government.

Mr. Cheema: Mr. Deputy Chairperson, I will assume from the minister's answer that after there is communication to the hospital board, there is going to be communication to the volunteer organizations because they have—for example, Seven Oaks Hospital's Research Foundation or the St. Boniface Research Foundation—worked very hard, so that they know that their time was worth putting into.

I just want to go to page 4 of the report, Mr. Deputy Chairperson, the paragraph: "Currently a waiting list analysis is in progress." It says: "Only one third of the patients were experiencing delay and almost all of them on study would not benefit medically by an earlier examination." Probably the minister may not have full information, but I would like to get more information on that statement.

It is a very significant statement in terms of the evaluation because it may not be in line with health care providers, others who have sent those patients or who have put those patients on a waiting list for this particular procedure, so I would like to get more information on that.

Mr. Orchard: Mr. Deputy Chairperson, let me tell my honourable friend that when we got into the issue, and this is the second time I have been around the issue of CT scanners in community hospitals because a similar circumstance was

inherited in 1988 when I was sworn in as Minister of Health, and we worked through a prolonged process of negotiation to assure ourselves that we had some reasonable approach to the installation of a CT scanner in a community hospital in the city of Winnipeg, so the next time, the stimulation behind this is, we knew we had these requests coming at us because we knew that various foundations were fundraising for purchase of CT scanners.

Dr. MacEwan, our provincial radiology consultant, agreed some time ago, and I think the outline of his timing—in May of last year he started and then completed an initial report by September. That report was 55 pages and was critiqued by the various hospitals, and in November the critique was integrated, and it now turns into a 95-page analysis.

One of the concerns I had, because I will tell you straight out that the sense from Dr. MacEwan when he started this investigation was that we had sufficient CAT scanning capacity, and it was being used appropriately. But I asked the question, as my honourable friend is asking the question, I simply hear of too many stories of individuals waiting to receive a CAT scan. That is a hard sell, to put it to you bluntly, a very hard sell because people do not believe that we have sufficient capacity given that they have to wait for a scan.

Well, that was one of the first things that Dr. MacEwan analyzed, was the waiting list. At the time he started, it was thought to be or considered to be or alleged to be, whatever phraseology you want to use, it was believed that there were 6,000 people on the waiting list. His analysis showed that there was indeed only 2,500 patients on the waiting list, and a further detailed analysis of the 2,500 showed that two-thirds of the 2,500, as it says in that paragraph on page 4: "On analysis two thirds of the patients had appointments requested by their physicians or at the patient's convenience."

Two-thirds of the 2,500, in effect, were able to pick the day that their physician wanted or that they wanted, so in essence were elective, and: "Only one-third of the patients were experiencing delay and almost all of them on the study would not benefit medically by an earlier examination." Now, that is a pretty direct statement because there was a three to eight week wait.

Now, this is Dr. MacEwan's analysis, and he is probably the preeminent expert. He certainly is the preeminent expert in Manitoba and probably is one

of the leading scientists in radiology in Canada. So I take this analysis of the waiting list very, very seriously, and it has a significant impact on planning future capacity, naturally. His opinion is that we are providing quite an appropriate level of service.

Now, one of the first things that the committee will be mandated to undertake is the "almost all" of the remaining one-third who would not benefit medically. It does not say "all," so the "almost" is the one that the protocols—we want to assure the committee can develop protocols which would assure that we could turn that statement into all of them would not have benefitted medically by an earlier examination.

In other words, what I am saying is that we hope the access to service that the committee would develop would give us the assurance that there is no compromise of individual medical condition through a three- to eight-week period of time of waiting which was experienced in Dr. MacEwan's analysis of the waiting list.

Mr. Cheema: Mr. Deputy Chairperson, I do not think I got the answer because the minister may not have full information in terms of the statement, as I read earlier that: "... one-third of the patients were experiencing delay and almost all of them on study would not benefit medically by an earlier examination."

That is a very bold statement. That may not be what others are thinking, so I would like to have background information on that because I think that could be questionable from many points of view, because you have patients waiting from three to eight weeks or two to four weeks or two to six weeks, and some patients in an emergency situation may have to wait for at least sometimes for a day or two. That is the normal routine.

This says a lot of other things which health care providers or some of the hospitals may not be in full agreement with. I would like to have the information so that we can have a detailed analysis of the whole study because I think, as I said in the House, that we have no hesitation as long as data is available for us to make a judgment call and an informed choice. Also, the individuals who are going to be affected by this, the patients, should know through their health care providers that the decisions which are being made in our health care system are in line with an acceptable level of medical treatment, and that is my question again.

* (1610)

Mr. Orchard: Mr. Deputy Chairperson, yes, I will tell you what, I think the most appropriate discussion my honourable friend can have would be with Dr. MacEwan and to have to go through the 95-page report that Dr. MacEwan has, because I went through it, and I have to admit I was confounded by some of my lack of medical knowledge.

Dr. MacEwan would be more than willing to go through that with my honourable friend because, I agree with him, this is one of the more sensitive areas that we get into. The CAT scan is sold as almost a miracle worker, and people, when they hear of the technology, want to access it immediately. That is not unusual. You hear advertising all the time coming up from United States television on mammography, where they are recommending mammography for 35-year-old women. That is more a drive of a for-profit health care system and advertising designed by manufacturers to sell product. It does not have a great deal to do with beneficial diagnostic procedures for the individual, and clearly that is what my committee came to the conclusion of when experts got around the topic in mammography.

Similarly, I say to you that Dr. MacEwan is not an uninformed individual in terms of radiology and accessing CAT scanning services. His analysis did dispel some of the myths that are there around the waiting lists for access to CAT scanning in the province of Manitoba. Indeed, the list was less than half of what it was thought to be, and it was two-thirds elective, if you will, by physician and or patient appointment choosing the day, in other words. The other third, there was no evidence of any medical compromise by waiting a period of time of three to eight weeks.

Further to that, we want to assure ourselves through the operation of Dr. McClarty's committee that the ability for a physician and a patient to have access to the six scanners that are currently in service continues to assure this statement by Dr. MacEwan that it appears as if the access is appropriate and that we are not endangering or compromising anyone's care.

Certainly there are people who advocate for more and more technology who would make exactly the opposite statement. That is always the quandary the public comes around in trying to come to informed decision making, and that is why again we

have retained the service and engaged the best minds that we could put toward this issue in Manitoba to arrive at the consultant's report and the committee report on MR imaging and CAT scanning.

I would be more than pleased to have my honourable friend sit down for a period of time with Dr. MacEwan in the near future so that he can have the kind of assurance of what sort of analysis Dr. MacEwan went through to arrive at the statement made about the waiting list, to give my honourable friend comfort in the analysis and in the conclusions therefrom.

Mr. Cheema: Can the minister tell us, first of all, if we can get a copy of the report, if it is not only the interim report, if we can get copy of the whole process? Then we can ask somebody to have a look at the whole report.

I think, as I said inside the House, that we are not going to be judging the credibility of the individuals. We are simply asking for more information, and that would be helpful to at least explain to the people when there is a waiting list and what are the reasons for the waiting list, and why this report thinks that the waiting list may not be accurate. We want to make sure we have full information.

Also, can the minister tell us what will be the impact of this report on the communities, for example, in Thompson, Dauphin or Swan River, and how they are going to continue to be served in line with the new policy of having limits on the number of CT scans?

Are they going to be put through a single channel of testing or go through another process so that we do not have three or four different waiting lists? Sometimes that could be the case. One thing will be to have a central waiting list out of the smaller hospitals and make sure that they are given equal opportunity for access to the services because often it has been the case that, for the smaller communities, it is tough to keep on flying the patients and make those arrangements. As long as they have a protocol to follow, they have access to the information that would make their life easier, so I just want the minister to look from that point of view.

Also, it is very interesting the CT scanners per million population in Canada. We are just above Saskatchewan per million. We have six or seven. They are asking for eight more. Ontario has almost an equal number as us, so Newfoundland, even

Quebec, B.C. So it really shows that things that may seem to be may not be totally true. It really gives us more an idea that we are not far behind the national average. That is at least one positive inference we can draw from this report.

I just want to ask the minister questions on other aspects on these lines, and if the NDP caucus has questions on the CT scan thing, they can proceed. I have no difficulty with that.

Mr. Orchard: Mr. Deputy Chairperson, I do not believe there is any difficulty in providing the full report of Dr. MacEwan. I just want to qualify that I do want to talk to him, that I would like to do that. So unless there is some reason that I am not aware of today that there is information that is of confidential nature within the report or something that like, I will just only put that qualification on it, but in general, I have no objection of my honourable friend having it.

You know, the interesting thing is, with the graph on CT scanners per million of population, Prince Edward Island, I think, that represents one scanner for the island. Newfoundland, that is probably a total of three scanners in the province. The original thought process was around one more scanner in Manitoba which would have put us above the national average if we had been funding seven, but when we are flooded with literally—and I think flooded is not an inappropriate word—with a request for nine more scanners, clearly, one can see that that puts us way beyond the technological capability of any other province. At a time when there are so many other alternate and competing demands for resource in health care, you have to ask the very direct question as I have asked: Is this the next best investment?

I tell you right now, I do not think it is, but I still am sensitive and understand the concerns that community hospitals have, the public has, because the public has been most generous in supporting fundraising campaigns. We cannot be driven into approval of capital expansion in health care by the availability of volunteer contributions to purchase the capital if it does not fit in the overall system. I mean, to move in that kind of a process would truly be an unmanaged expansion of the system.

I know that this report is going to cause consternation amongst the community hospitals in rural Manitoba, but the committee, I am hoping, with good will and some expert focus on it, can come

around the issue so we have what is perceived to be a fair policy of access in the province of Manitoba. That is going to require quite a little bit of give and take on everyone's side, from teaching hospital right through to rural or northern hospitals.

* (1620)

Mr. Cheema: Mr. Deputy Chairperson, on Tuesday, when we left, I did not take my time that day, so I want to proceed with my questioning before I give to the other people because I think I try to keep it a very decent debate, but I think sometimes we are forced to follow certain things. Within the context of this Assembly, the rules have to be exercised, and I will try to take my time.

I just wanted to raise the question here that I raised yesterday, in terms of the tray fee which we have in Manitoba right now. It has been for the last many years, in fact, that every time the patient goes to—[interjection]

It has been for the last many years. Now it was not, in the previous NDP administration. It is continuing to do that. The patients, when they go to a doctor, sometimes, they have to pay a so-called tray fee. It varies from \$18 to \$20 or \$30. Whereas, if the same patient would go to hospital, he or she does not have to pay.

So it is causing a lot of discomfort because the waiting list for some of the outpatient procedures in hospitals is longer so patients are in there waiting. They are forced, in one way, to make a choice. I think it is unfair because when we have a system which is supposed to serve everyone, that is the way it should be.

Yesterday, I asked the minister and the minister said that we are not in violation of the Canada Health Act. I think we may be, because, and I will tell him, the province of British Columbia and two more provinces do not allow this kind of procedure because they believe that tray fee is, when it is used for insured services, a form of extra billing.

So I would like the minister to proceed because practice is what has happened in the past. It—[interjection] excuse me?

Mr. Daryl Reid (Transcona): We do support that. Thank you for looking.

Mr. Cheema: Mr. Deputy Chairperson, I think the member for Transcona is trying to say something. Probably, he should get the floor after I am finished and—

Mr. Deputy Chairperson: Order, please.

Mr. Cheema: Mr. Deputy Chairperson, I think I still have the floor. You are in charge, and if you think I should not be speaking, please tell me. I do not want any disturbance from right or left.

Mr. Deputy Chairperson: Order, please. The honourable member for The Maples has the floor at this time. If you will just carry on.

Mr. Cheema: Mr. Deputy Chairperson, I will ask the minister then: Could he clarify for us, what is the policy of this administration?

Mr. Orchard: Well, Mr. Deputy Chairperson, I have been scanning my notes, because since my honourable friend raised the issue yesterday, I asked my associate deputy minister to provide me with some additional information to clarify around the issue. I cannot find it. I am just trying to get that for him.

But my honourable friend is correct. I mean, there have been two or three issues that have been around since I came into the office as Minister of Health. Tray fees is one of them. Cataract surgery on an outpatient clinic basis, that was in place in some other outpatient clinics that were providing services and asking for some contribution toward the overhead costs. Now, that had been in place, I guess, as far as we know, since back to '84 or '85, with the passage of the new Canada Health Act, possibly even before that.

I simply have not gone back that far to analyze. Because it was in place, I will be very direct, we had not, when we came into government—it was in place, that circumstance was going on—I will be very direct, we have not done anything to change that patient-physician relationship. To date, we have not had difficulties, as I indicated to my honourable friend yesterday, in terms of deemed contravention of the Canada Health Act in any subsequent action by the federal government or the federal ministry of Health.

Mr. Cheema: Mr. Deputy Chairperson, can the minister then investigate the whole thing and see whether that practice is a legal one, actually, in Manitoba? Also, how many individuals have complained to the Health Services Commission, in terms of asking the Health Services Commission, that they have been paying for tray fees in various doctors' offices?

Mr. Orchard: Mr. Deputy Chairperson, I will undertake to put together that information and

provide that, hopefully when we resume Estimates debate on Tuesday. I might ask permission of committee, if my honourable friend has other questions, to revert to, because I will have a little better sense of it, when I think I will get my briefing note from the associate deputy minister.

So if there were other areas that my honourable friend wanted to deal with, I could provide and revert to that issue if information should arrive before we conclude committee discussion this afternoon.

Mr. Cheema: Mr. Deputy Chairperson, that is fine, I will wait for the information, and I will give the floor to the other members now.

Ms. Wasylycia-Lels: Mr. Deputy Chairperson, I have a couple of questions on the CAT scan issue, and then my colleague the member for Transcona (Mr. Reid) has a few on that as well.

We have appreciated the information that the minister has provided to us on this issue, and we have a few outstanding concerns. One general issue that I would like to just touch on is the question of the demand for CAT scans in the province of Manitoba. Obviously, based on the chart that the minister has provided, there is a tremendous pressure building within this province for utilization of this particular piece of technology.

Certainly I understand that some of this demand comes from individual consumers and patients themselves, by hearing and reading about this technology and believing that it would help in their case, but I would expect that the bulk of the demand is generated through physicians and referrals for utilization of this technology.

The minister has begun to address, or did address, this issue in this package by talking about protocol for usage of the CT scanner. Could the minister give of us some idea of where—and maybe that is in the package and I missed it—we are at with respect to a protocol, what kind of luck he expects to have with getting physicians to accept the protocol, the kinds of help he might get through the College of Physicians and Surgeons and how quickly we can see some patterns of practice change as a result of that kind of position being taken by the province?

Mr. Orchard: I think many of the answers to my honourable friend's questions are part of Dr. MacEwan's summarization of his report.

First off, the analysis of the clinical activity in hospital discharges should be based on the

approval of newer or expansion of existing programs. Basically, what he is saying is that there was over—well, there were 33,552 CT examinations for patients in the year that he studied, which was the most recent complete year, is my understanding, for 287 disease categories where CT examinations are important.

* (1630)

He concludes by saying, these special studies suggest that the original CT scanners were appropriately placed and the public has reasonable access to services. I mean, that confounds the sort of public impression that is out there. I know that the system is driven because, you know, there will be physicians who will indicate or patients who will indicate to a physician, I want a CAT scan.

I have talked to physicians that have said that, that they have had patients come in who want and ask for a CAT scan. The physician is deeply troubled because he does not see what would be considered to be clinical indications that would, in his professional judgment or her professional judgment, lead to their recommendation of the patient for a CAT scan.

The case is made that the patient who so insists will simply find a doctor until they do get the referral for the technology. I mean, that is one of the drivers of the system, the expectation that this is going to work miracles, it is going to solve all the problems, et cetera.

In terms of my expectations for protocol, I think that is best explained in Dr. MacEwan's point No. 6: A provincial plan to meet patient and physician needs, based on outcome analysis, should be developed by the proposed reactivated advisory committee, and he makes the point in here. This is what I indicated to my honourable friend in Question Period.

We were in government when Bud Sherman approved the first CT scanner in 1979 at the Health Sciences Centre, and I think Dr. MacEwan's observation needs to be read into the record that after the first CT scanner was installed in 1979 there were clinical protocols which were very effective in guiding patient referral. Concerns over patient access, burdensome bureaucracy and radiology remuneration led to their removal, perhaps unwisely, as protocols for the first MRI scanner in Manitoba are proving very effective with only neurosurgeons, neurologists and orthopedic

surgeons able to request consultation, some 2,000 per year.

So what Dr. MacEwan is saying—and this is where you are going to get into the professional debate. I say to my honourable friend that I believe that Dr. MacEwan is very sincere and is using his substantial experience and knowledge in coming to this conclusion, but I know that establishment of protocols is not going to be an easy achievement because, you know, physicians basically have quite a range of opinions around the issue of protocol.

I will tell you that we have the best opportunity to come around it in Manitoba and get that kind of protocol in place, because (a) it existed once in 1979, and (b) I think we have strong leadership. Dr. McClarty who is establishing the protocol for access for the MRI is very effectively using that resource, and Dr. MacEwan, of course, has experience on the CT side. So I think we have as good an opportunity as any province in establishing that protocol.

(Mr. Bob Rose, Acting Deputy Chairperson, in the Chair)

Here is the benefit. You might recall in reading the Barer-Stoddart report, that one of the recommendations globally out of the Barer-Stoddart report is that we ought to try and achieve national standards and protocols for access of service. If we can establish that in Manitoba—and I recognize my honourable friend's case that she made in Question Period that there is a role for the federal government here. We have made that case with the federal government that they ought to take the national leadership. But do you want me to tell you what the problem is? A lot of the provinces will not buy into national leadership on some of these issues, and that is for any number of reasons, some real, some simply vexatious, I think it is fair to say.

So on this issue we have some of the best experts in Canada working in development of these protocols, and a policy direction for the government of Manitoba. I am pleased to say, and this is something I never got a chance to mention today, but this report by Dr. MacEwan is going to be subject to national presentation. I believe CBC is going to do a national presentation on it in the near future, and he has been invited to an international conference in Sweden to present these results. Because in many ways this is the first publicly funded jurisdiction that has come around this very complex and difficult issue and challenged, sort of,

the perception that is out there that you have identified, that the member for The Maples (Mr. Cheema) has identified, that we need more of this technology because more is better. I mean, you are really taking on some of the old misconceptions and some, if I can put it so bluntly, old-think in health care delivery.

I just want to share one other little thought in concluding my answer here. The same thing applies in mammography. When I was on the CBC radio phone-in show Friday last week, the issue was around the Medical Review Committee release of names. The first caller was a physician whom I know very well, and he was arguing strongly that I was wrong, I personally was wrong on the mammography report, that women from 40 up should have an annual mammography because he believed in it as a physician. I had to tell him, with all due respect, that it was not my opinion that recommended against that. It was a committee of experts in Manitoba.

That report is going to be subject to presentation from Manitoba on mammography at the national meeting of the Status of Women. It is one of the first times that a province has come around a policy where it is perceived to have reflected sensitivity towards women's issue in health, and not simply use them as objects to practise technology on—to put it bluntly. I mean that is an overstatement of the fact, but I think my honourable friend has expressed some of those concerns in the past.

Like on that issue of mammography, I had an open battle with this physician on CBC Radio because I was wrong for accepting expert opinion. Well, I am sorry. I am going to be deemed to be wrong by that individual physician, because I think a heck of a lot of physicians put a lot of work into the development of that report, with a greater background and expertise and knowledge than the physician who was questioning my decision to accept that report.

I hope we can establish the protocols. I think we have got as good an opportunity as any province to do it with the expertise that has focused on development of these two reports.

Mr. Reid: I have a few questions for the minister on the topic of CT scanners and MRI scanners as well, and it impacts upon my community hospital and the people of my community and the surrounding community for that particular hospital.

Concordia Hospital is the one that I am referring to. Concordia Hospital, from my understanding, through their foundation, were fortunate enough to be able to purchase a CT scanner and have that particular piece of equipment in their facility at this present time. It is my understanding that this hospital facility does not have the resources to operate on a yearly basis that particular CT scanner, and is in the process of communicating with various community service organizations that may be in a position to lend some support. But it is also my understanding that the community-service organizations are reluctant to lend that level of financial support to the yearly operation of that particular CT scanner.

I would like to know the minister's thoughts on the operation of this scanner in the hospital, and if he can give me any indication that he will, or his department will, give some approval for this particular hospital to begin the use of that CT scanner as they provide the necessary services for the patients in that facility.

Mr. Orchard: Government's decision was, as concluded by the committee on CT and MRI scanning, and accepting their first recommendation—I will read it to my honourable friend: "That the available funds contemplated for an additional CT Scanner installation be used for patient needs at the present sites; and that no money be allocated for acquisition or operation of additional CT Scanners at this time."

That was the recommendation of the seven-person committee, including three radiologists: one from the MMA; a Dr. McClarty, who is in the MRI program; and Dr. MacEwan, who is our provincial radiology consultant. We accepted that recommendation.

* (1640)

Mr. Reid: I heard those words, and I heard the minister say that before. My question here is: Does that mean, based on those recommendations of the committee, that this particular facility, Concordia Hospital, that has a CT scanner on site, will be able to put that particular piece of equipment into operation to provide the services for the patients in that hospital?

Mr. Orchard: This government, nor previous governments, including NDP governments, have not funded unapproved acquisition of any technology anywhere in the health care system.

That policy remained and is reinforced by recommendation of the committee. Is my honourable friend saying that we should be providing additional funds to Concordia Hospital because they installed, without approval, a piece of technology? I do not think my honourable friend is saying that; at least I hope he is not.

Mr. Reid: I would not think for a moment of doing that. The government has a role to play in this process. I am simply asking whether or not this particular hospital facility, Concordia Hospital, will be in a position to utilize, or they will not be prevented from utilizing or putting into operation this CT scanner that they presently have on their hospital facilities.

Mr. Orchard: If my honourable friend was close to the debate that the community hospitals have advanced, and this is the same debate that I inherited in 1988, they make the case that they can, with an internal savings, operate this technology. I want to tell my honourable friend, I agreed to that and set up a policy framework in about 1989.

I want to tell my honourable friend, the expectations of savings and reallocation of funding and no impact on the budget, in other words, operation from within their global budget by reallocation on imaging services, did not materialize. Consequently, when I introduced the statement today I said, to achieve such anticipated benefits, Manitoba Health will require the implementation of protocols for patient access to all existing provincial CT scanning services, including those not approved.

Frequent financial statements from all hospital scanner services will be required to ensure that there will be no impact on approved hospital budgets or cause closure of beds or layoff of staff. In other words, if hospitals like Concordia, who have installed an unapproved piece of equipment, reallocate budget to operate that from their global budget and cause nurses to be laid off, they will be in trouble with government, because that would be an unapproved use of funding. Their funding is to provide patient services without CT scanning.

Now they make the case that they can reallocate their current patient access of that service, and I am not aware of the volume that they say, but they cannot exceed current budget for imaging by having a piece of unapproved equipment. No hospital can do that.

Mr. Reid: Mr. Acting Deputy Chairperson, I support the establishment of a protocol that will give us a cost-effective utilization of these pieces of equipment. I think that is what we are here for. We want to make sure we get our best value for the money. But the hospital itself, through its foundation and its volunteer organizations, have gone to great efforts, as I am sure the minister knows, to secure the funding through fundraising efforts, to buy this piece of equipment that most likely would not have been able to be secured by normal channels, looking at the cost of that particular piece of equipment.

They are very concerned now that it is sitting there, and they do not have the authority to use that particular piece of equipment because of financial constraints. They are also in the position now where they think that they might be able to, from what I understand, secure some funding from community service organizations, and also take some of their operating funding provided by government, by the Department of Health, and place that as well in a joint effort to put into operation this particular piece of equipment.

What the minister is telling me here today, if I understand him correctly, is that there will be no approval from his department that will allow them to do that, which means that the particular hospital will then have to go to community service organizations to achieve 100 percent operating funding support for that particular piece of equipment.

Am I correct in my understanding of the minister's statements?

Mr. Orchard: Mr. Acting Deputy Chairperson, my honourable friend is saying that Concordia has a piece of equipment there, they want to operate it. My honourable friend must understand that they acquired that equipment knowing they did not have approval to either purchase it or put it into service, that the operating budget of Concordia Hospital reflected a service regime without CT scanning budgetary appropriation.

They make the argument that some of their imaging costs they can reallocate internally to the operation of a CT scanner. I suspect they are going to try that, but I want to tell you here is the reason for the statement. Frequent financial statements from all hospital scanner services will be required to ensure that there will be no impact on approved

hospital budgets or cause closure of beds or layoff of staff.

I want to tell my honourable friend, one of the first things that may happen—and I will speculate on this. Let us say that the Concordia Hospital operates their CAT scanner for 132 beds, because that is what their capacity is right now. Let us just say that two months from now, or three months from now, they come to the member for Transcona (Mr. Reid) as a member from an area that the hospital serves, and say, you know what? We have this horrible budget problem, and the government is forcing us to lay off staff.

I am going to ask the very direct question, and that is why frequent financial statements are going to be asked for, because if funds are being reallocated internally, away from patient care to fund CT scanning that is unapproved, it will not sit favourably with government, nor should it with the opposition.

So my honourable friend, I do not know where he is coming from on this issue, but we are being as clear as we can be, and I was very clear today with the meeting. I have been very clear with the Concordia Hospital in terms of their acquisition of this technology. The only regret I have is that the last time I met with the chairs of the boards of the four community hospitals, the one that was not theirs, the one that first acquired the technology.

I do not know what the reason was behind that. But government is not in the business of funding individual hospital's drives for what they perceive to be their needs. We have an overall responsibility for the system, which is why we have the expertise of Dr. MacEwan to tell us what is going on in the province and what is accurate about what is going on in the province, and secondly, a committee of experts to give us the two recommendations that we accepted today which say, at the present time we do not fund either the acquisition or operation of additional, new CT installations.

Mr. Reid: I think it is fairly clear from that statement by the minister then that the Concordia Hospital could not expect to receive any kind of approval for its reallocation of funds, internally, or at least a portion of those funds for operational expenses for the CT scanner.

They would then have to get 100 percent of their funding support from the community-service groups, something which I think is going to be very difficult for them to do. That particular very

expensive piece of equipment is going to be sitting there, unutilized, for probably a very long period of time.

* (1650)

But not to prolong that portion of the debate on that particular topic, maybe the minister can give me some indication on what it costs Concordia Hospital, and the number of patients that they have to transfer to other locations for any type of CT or MRI scanning services that they may require for their patients.

Could he tell me the number of patients that are transferred, the associated costs related to those transfers, and any patient disruption difficulties that his department knows that are occurring or may occur?

Mr. Orchard: Mr. Acting Deputy Chairperson, I do not have those numbers at my disposal. We will attempt to provide those numbers. That is, of course, the case in which they have sold a number of supporters of their CAT scan on, which is rightfully so. If you use that argument, you would have a CAT scanner in every hospital in Manitoba, all 150 of them.

Because why should, for instance, myself, my family as an admitted patient to either Swan Lake Hospital, Carmen Hospital or Morden Hospital, not have a CAT scan in that hospital? Why should we be transported to Winnipeg? So if you get into that argument, then you put every service in every hospital, of every demand. No government has ever done that, no government will ever do that.

Then when my honourable friend mentions MRI, I certainly hope my honourable friend is not advocating that Concordia Hospital fundraise for an MRI next, because let me assure you that this province will not afford an MRI in every hospital.

I want to tell my honourable friend, the easiest thing to do is to go to a community and say, we need to fundraise for this much-needed technology. You know, organizations all across Manitoba—women's groups have fundraised for mammography units, because they believed, as I believed three years ago, that was an appropriate thing to do.

That is the way technology drives our system. We went from, what was the number? In a 16-year period of time, we went from—just so my honourable friend has the number—it went up by 450 percent, up to \$68 million from, I believe, \$16 million since 1976. I mean, that is a rate of expansion of imaging services that we cannot afford.

If you read some of Dr. MacEwan's analysis, you will find that Dr. MacEwan has done an analysis which shows that our imaging in Canada is roughly one image per person per year. Sweden images 0.6 images per person per year, and the United States images at 1.3. You know what? There is no indication that double the imaging rate in the U.S. has improved their health status one iota. It has driven their costs through the roof.

You can slip across the border where I live and go to Cavalier on your way to ski if you wanted to, or play golf or anything at Walhalla and you can drop in to Cavalier and have a CAT scan and you can have it the day you walk in. It is readily available and everybody holds that up as the shining symbol of good health care. Only one problem, the reason why you can get in there every day is because nobody can afford to get in there in the U.S. hospital system, and I want to avoid that in the Canadian system.

Mr. Reid: I would not think for a moment to even suggest that we have to have these CT scanners in every hospital in the province. I believe we have a response—

An Honourable Member: Why not?

Mr. Reid: Because of the cost effectiveness, as the minister states. I am trying to be a responsible representative of my community here.

I recognize that there are certain financial constraints that are placed on any government and any hospital in this province that is trying to provide the best service for its peoples, but should there not have been some guidance given to these particular facilities before they have undertaken, or should they have not come to the Department of Health prior to their fundraising efforts and said, listen, this is what we are going to attempt to do? Do you think or can you provide us with some guidance on whether or not this is the best direction to proceed in in this time because we think ourselves, looking at our own requirements, that we may have a long-term use for this equipment and we want to fundraise for it? They go through the process and fundraise as they currently do under the system, and then they find they do not have the resources to put it into operation after going through all of that effort.

So should there not have been some guidance provided? Or maybe they did go to the minister, maybe the minister can clarify this for me. Did they come to his department and ask for some kind of

direction on this matter, on whether or not they should pursue fundraising to purchase this particular technology?

Mr. Orchard: There was never any, implied or otherwise, indication to any of the hospitals who were out fundraising that they will receive funding to run CAT scanners should they fundraise enough money to install one. That has been identified and clearly indicated to the hospitals, including Concordia. All of the hospitals have been developing fundraising and policy and financial plans to the government based on a similar policy that we put in place for Victoria Hospital. That policy has not worked, but there was nothing implicit or otherwise in that policy which said, simply because you have fundraised sufficient money to buy one, that you automatically qualify for operational cost.

That was clearly known to all hospitals, yet that did not deter them from encouragement of fundraising around the issue. Nor did I discourage them to fundraise around the issue because they believed in what they were doing. That is why we put the committee together so we would have the scientific backing to demonstrate that it would not be an appropriate next expenditure of limited resources. There was no, implied or otherwise, agreement of government that should you simply be able to fundraise for the capital installation costs, you would automatically qualify for program funding. No such indication was given, will be given or is given.

If my honourable friend is asking me, did they have any guidance? I think they had guidance, that they knew they did not have approval to install that technology, and that is a long-standing rule. I mean, that has been around for 20 years. You have never had the system—I will tell you straight out it has been end run on a number of occasions from electron microscopes right through to CAT scans themselves. The traditional response in the past has been, well, maybe we will look sideways, and maybe we will just sort of fit it in, and okay, if there is a deficit, we will cover it. Well, we cannot do that anymore, and that policy, that direction, was clearly understood by those facilities which fundraised around this technology.

I have sympathy for their concerns, but they got no encouraging indication from this government at Concordia Hospital that they would be able to run their CAT scanner should they fundraise enough money to purchase and install one. In fact, at the

meeting that I was at with three of the four chairmen of those hospital boards, I made that case. Unfortunately, the Concordia chairman was not present, for whatever reason, at that meeting.

Mr. Reid: I know time is short, Mr. Acting Deputy Chairperson, so I will just ask a question that maybe the minister and his department can provide some information back to me at some time in the very near future. That is, going back to the question I asked earlier about the cost of transfer by ambulance from Concordia to other facilities for this particular type of testing, the hospital transfer cost from hospital to hospital for that particular testing, and the use of the equipment.

I would like to ask the minister as well if there have been any impact studies done to determine, with a protocol being put in place or established, where only specialists will be able to utilize or give approval for testing on the MRI or the CT scan, what type of cost reduction does the minister's department see will occur as a result of going from a nonprotocol system to a protocol system? Are there any studies that have been done to determine that there are going to be significant cost reductions?

Mr. Orchard: I cannot answer that, but if there were cost reductions, it would probably be the first time in the history of the Department of Health that we actually reduced cost anywhere in the system.

Mr. Reid: Protocol to nonprotocol?

Mr. Orchard: Well, no, I am even saying protocol to nonprotocol. Because, as my honourable friend the critic for the New Democrats understands, protocols may or may not work. They worked originally in 1979, when there was one scanner in the city. They are currently working very effectively, when there is one MRI in the city.

But the moment you add more capacity on the technology, it is a given that it will be used and used without following the protocol. Re-establishment of a protocol (a) is difficult, and (b) does not necessarily lead to any containment of the budget. Dr. MacEwan has indicated that he believes that there could be a reduction in the number of scans from the 34,000 that we do if protocols were followed. I cannot give my honourable friend any indication other than that is the expert opinion of at least one specialist.

The Acting Deputy Chairperson (Mr. Rose): The time being now 5 p.m., time for private members' hour.

Committee rise.

FAMILY SERVICES

Madam Chairperson (Louise Dacquay): Order, please. Would the Committee of Supply please come to order. This section of the Committee of Supply will be dealing with the Estimates for the Department of Family Services. We are on 5.(d)(4), page 62.

Will the minister's staff please enter the Chamber.

Item 5.(d)(4) Employability Enhancement \$4,392,200.

Ms. Becky Barrett (Wellington): I am sorry, Madam Chairperson, I do not have questions on Employability Enhancement. I am getting ahead of myself.

Madam Chairperson: Item 5.(d)(4) Employability Enhancement \$4,392,200—pass.

5.(d)(5) Partners with Youth \$900,000.

Ms. Barrett: Madam Chairperson, I have some questions on the Partners with Youth program that I would like to ask the minister about, questions of clarification that neither the Estimates book nor the press release yesterday addressed.

The minister has stated that he anticipates there being approximately 700 youth throughout the province taking advantage of the Partners with Youth program. Can the minister state if he believes that this 700 youth access uptake will be achieved this year?

Hon. Harold Gilleshammer (Minister of Family Services): Yes.

Ms. Barrett: I notice in the application form that there are two application deadlines, for the intake 1 the end of May, and for intake 2 the middle of September. I can understand that the first intake would relate to projects that would carry on through the summer months, June, July and August. The second intake ends in the middle of September.

Can the minister explain what young people he anticipates accessing the second intake process and what percentage of the total 700 clients does he anticipate in the second intake section?

Mr. Gilleshammer: We anticipate serving unemployed youth in both intakes. We would hope to see some balance between the two intake periods.

Ms. Barrett: Should there be 700 eligible projects that cross the desk of the Partners with Youth staff prior to the close of intake No. 1 by the end of May, would that then mean that there would be no second intake?

Mr. Gilleshammer: We anticipate a balanced program, and we will deal with the projects as they come in.

Ms. Barrett: So what the minister is saying is that community centres and municipal groups and other organizations that might be—what the end result of this first process is that, technically or theoretically, there could be no project money available for the second intake, so that community groups that might have wanted to access funding but could not get their applications together in time for the end of the May deadline would then be out of luck for this process and would have to wait for the next year. Is that theoretically what could happen?

Mr. Gilleshammer: There are lots of combinations, I think, that would fit adding up to 700. It may be 400 plus 300, or 350 plus 350, but we would look for some balanced approach, and in the evaluation of applications we would have to make some decisions on projects. As we enter into this, we anticipate expending those funds and having those projects come forward.

The member does not raise a question that perhaps has not crossed people's minds before in that where you have a certain amount of funding, you have to make some decisions in terms of projects. We will gain from our experience as the applications come in.

* (1450)

Ms. Barrett: The information that is available in the Estimates package does not address at all the staffing component of this program. It merely talks about the amount of money that will be available for matching grants to communities and organizations. Can the minister say how many staff there will be, what the costs will be, and against which line in the budget will those costs be counted?

Mr. Gilleshammer: We will be using existing staff from Family Services, Rural Development, Culture, Heritage and Citizenship to administer the program. We anticipate the funding line that is shown will go towards projects.

Ms. Barrett: Can the minister share briefly with us how the Partners with Youth program is being advertised, is being addressed throughout the

province so that eligible community groups and other organizations can access these funds?

Mr. Gilleshammer: I will see that the member gets a copy of the pamphlet where the offices that are going to be available for the dissemination of information is published. We will also be doing advertising somewhat similar to what we do with the CareerStart Program.

I might also say that this was announced in the budget speech a few weeks ago, and I believe that officials of UMM and MAUM and community newspapers are all aware of this and will be used to disseminate information.

Ms. Barrett: I have at this point no further questions in this area and will—oh, yes, I am sorry. I do have one final question.

This relates back to an earlier line. It is a comparison. Well, I will ask the question, and if the minister cannot respond, that is one thing.

A couple of the programs in the Employability Enhancement Programs that were cut back or cancelled, in particular the Job Access of Young Adults and the Community-Based Employability projects—can the minister tell us if any of those funds were cost-shareable under CAP and if any of these grant funds for Partners with Youth will be eligible for cost sharing under CAP?

Mr. Gilleshammer: The answer to both questions is no.

Madam Chairperson: Item 5.(d)(5) Partners with Youth \$900,000—pass.

Resolution 46: RESOLVED that there be granted to Her Majesty a sum not exceeding \$102,471,900 for Family Services, Rehabilitation and Community Living, for the fiscal year ending the 31st day of March 1993—pass.

Item 6. Child and Family Services \$103,805,100
(a) Administration.

Mr. Gilleshammer: I would like to introduce the staff who work in this area: Jim Bakken is the Assistant Deputy Minister; and Ron Fenwick, who is with the department.

Madam Chairperson: Item 6.(a) Administration:
(1) Salaries.

Ms. Barrett: Madam Chairperson, I am wondering if at this point in the proceedings I could ask a few questions about the payments to External Agencies, if that would be acceptable.

An Honourable Member: Payments to External Agencies?

Ms. Barrett: Yes, the child and family support maintenance of children in External Agencies.

Mr. Gilleshammer: The appropriate place I think is under Child and Family Support.

Madam Chairperson: 6.(a)(1).

Ms. Barrett: I would like to just clarify, if I may, the role of the Administration category in this very important component of the Estimates in the Department of Family Services, and am wondering in particular if there are individuals or staff in this area who are dealing specifically with negotiating or discussing service and funding contracts with agencies that are the responsibility of this division, the Child and Family Services.

Mr. Gilleshammer: Yes.

Ms. Barrett: Can the minister give us an update as to where in the process the discussions are or negotiations are with the various agencies and groups they are working with in regard to funding the service agreements?

Mr. Gilleshammer: Yes, they are in process, and we are in the midst of that process.

Ms. Barrett: In earlier divisions the minister said that there were some service and funding group agreements that were very close to being signed and others which were in the preliminary process of being signed. I am wondering if the minister can share with us the agencies that are furthest along in the process and the agencies that are simply beginning.

Mr. Gilleshammer: Yes, I can provide a little more detail for the critics. Child and Family Support has a service and funding agreement with Children's Home of Winnipeg which runs until March 31, 1993.

The Child and Family Support branch is actively negotiating a service and funding contract with five organizations: Winnipeg Child and Family Services, Family Services of Winnipeg Inc., MacDonald Youth Services, Children's Hospital Child Protection Centre and the Manitoba Foster Family Association.

The Child and Family Support branch have started initial negotiations with Marymount Inc. and Knowles Centre Inc. Interest in having a service and funding agreement has also been shown by the Manitoba Metis Federation and Ma-Mawi Inc.

For the mandated Child and Family Services agencies the boilerplate has been completed, as well as agency reporting requirements, conflict of interest policy, program centre definitions, program centre service definitions and additional financial reporting requirements.

I might add for consistency and standardization in service and funding agreements with agencies, the branch has aligned the provincial statistical package, service definitions, workload measurement, financial reporting and allowed-for compatibility with the Child and Family Services information system.

So I might say just in wrapping that up that there is a lot of detailed work to do in this area. As I indicated in my first answer, it is in process.

* (1500)

Ms. Barrett: The boilerplate with the Winnipeg Child and Family Services agency has been completed as the minister states in his response. That included a whole series of addenda or specific areas that had been concluded. When the minister says it has been completed, does that mean it has been signed by Winnipeg Child and Family Services?

Mr. Gilleshammer: No, the boilerplate is the model that is used as a basis for the agreement.

Ms. Barrett: So it is at the same status as the boilerplate contract that the minister was going to share with us from an earlier part of the Estimates period. The outline has been completed, but negotiations have not yet been concluded with Child and Family Services of Winnipeg.

Mr. Gilleshammer: Yes, you referenced an earlier request for a copy of the service and funding agreement that is developed with service agencies. I have copies here of the most recent version of the service and funding agreement boilerplate for, I guess, anybody here that wants one.

Ms. Barrett: Is this boilerplate contract the same agreement that will be used in negotiations with Winnipeg Child and Family Services?

Mr. Gilleshammer: It is essentially the same.

Ms. Barrett: Having just received this, I will take a look at this in more detail and probably ask more detailed questions about it later.

Specifically speaking then, was Winnipeg Child and Family Services involved in the setting up of the boilerplate contract, or will they only be involved in

negotiations about the filling in their specific lines of the contract?

Mr. Gilleshammer: We have developed the boilerplate internally and are adapting it to the various agencies.

Ms. Barrett: I have no further questions in this area.

Madam Chairperson: 6.(a) Administration: (1) Salaries \$287,600—pass; 6.(a)(2) Other Expenditures \$32,300—pass.

6.(b) Child and Family Support: (1) Salaries \$1,985,800.

Ms. Barrett: This is the heart and soul, I think, of this whole division and the area where the minister and I have been at odds for the last year and a half. I do have some questions and I am wondering if now is the time to ask the questions about the funding for the external agencies?

Mr. Gilleshammer: Yes, we can do that. I would like to make a deletion on page 89. The third paragraph under Expected Results starting with the word "Expansion," that sentence, that line and a half should be deleted.

Ms. Barrett: Yes, well, then may I ask the minister why that line has been deleted?

Mr. Gilleshammer: We have deleted it because it was put in there in error.

Ms. Barrett: I see that now that I have looked at it. If I could ask the minister some questions about the grants to external maintenance of children and external agency grants that were distributed to us earlier in the week.

The minister said yes earlier. So the Child and Family Services agencies, the way the grant listing is this time is I believe different than it was expressed last year. I am wondering if the minister can make comparisons to the grant figures to the Child and Family Services agencies of 33,341,200 in this year's Estimates to the actual expenditure to all of the Child and Family Services agencies from last year, the comparative figures?

Mr. Gilleshammer: Yes, the Child and Family Services agency line there is shown as the grant that goes to those agencies and I point out that this does not include the per diems which reflects the volume and the other source of funding that flows to the agencies.

Ms. Barrett: I understand that there is a delineation between the grants and the per diems, but there

have been some major changes in the external agencies between last year and this year. I am wondering—the fact that there were six individual agencies, each receiving grants last year and now there is only one Winnipeg agency receiving grants—I am just wondering if the minister has a comparative figure for last year to compare to the \$33,341,200 to the Child and Family Services agencies?

Mr. Gilleshammer: Yes, we can provide that information for you perhaps today or perhaps next day.

Madam Chairperson: Order, please.

* (1510)

Mr. Marcel Laurendeau (Deputy Chairperson of Committees): Madam Chairperson, the motion was moved in the section of Supply Meeting in room 255 by the member for St. Johns (Ms. Wasylycia-Leis).

The motion reads: I move that this committee request the Minister of Health (Mr. Orchard) to provide today specific funding decisions for each hospital in Manitoba and table the evaluation and analysis of the impact of these funding decisions on patient care.

Madam Chairperson, this motion was defeated on a voice vote, and a formal vote on the matter was then requested.

Madam Chairperson: At this point, I would like to ask the minister's staff to please leave the Chamber.

IN SESSION

Madam Deputy Speaker: Call in the members.

Order, please. It has been moved that this committee request the Minister of Health to provide today specific funding decisions for each hospital in Manitoba and table the evaluation and analysis of the impact of these funding decisions on patient care.

A COUNTED VOTE was taken, the result being as follows: Yeas 20, Nays 28.

Madam Deputy Speaker: Order, please. The motion is accordingly lost. We will continue with our review of the Estimates.

FAMILY SERVICES

Madam Chairperson: Order, please. Will this section of the Committee of Supply please come to

order. Will the minister's staff please enter the Chamber.

Item 6.(b) Child and Family Support: (1) Salaries \$1,985,800.

Ms. Becky Barrett (Wellington): Madam Chairperson, I believe that we were discussing the External Agencies and Maintenance of Children grant under Child and Family Support. I had asked the minister to provide a comparative figure from last year's Estimates to this year's Estimates for the Child and Family Services agencies, and also the native Child and Family Services agencies. I am wondering if the minister has those figures now or if I should carry on and ask some other questions.

* (1540)

Hon. Harold Gilleshammer (Minister of Family Services): During the brief interlude we have those numbers for you. For the Child and Family Services agencies the amount last year was \$30,894,500 compared to \$33,341,200 this year. In the native Child and Family Services the figure last year was \$2,041,600. This year it is \$2,090,700.

Ms. Barrett: Is this the area—the minister had mentioned earlier there was some transfer of funds from an earlier line in the budget for native child welfare, I believe. Is this the line where that would have taken place?

Mr. Gilleshammer: You are maybe going to have to clarify that. We are not sure just what it is you are getting at.

Ms. Barrett: I do not have my earlier Estimates Hansard, so I will bring that question back.

I would like to ask again on the Residential Care External Agencies and the Child Care Institutions, if the minister can provide those comparative figures as well.

Mr. Gilleshammer: Yes, we have those figures here. We just have to do some calculations and we will have those for you in a minute.

Ms. Barrett: As a suggestion for the next Estimates period, if it is possible to have those '91, the previous year's comparable figures, prepared when the external grants are given to the critics, that would assist, particularly in the cases where the totals are given in several Orders-in-Council and over a range of months. So, that is a suggestion if that is possible, it would save time in the Estimates process.

I do have some questions. I believe that I was able to figure out the earlier, '91-92 figures on the second list, Other External Agencies, and I have some questions that perhaps I could ask the minister while these other figures are being compiled.

The Manitoba Foster Family Association figure currently for this year is 373.4 and if my figures are accurate, last year it was 458.4, and I am wondering, that is a substantial decrease. Is that actual or have I missed some funding formula? There is also a decrease for The Pas Community Action Centre, Villa Rosa, the Salvation Army and, I believe, Family Services.

Mr. Gilleshammer: Going back to the previous question, the Churchill Receiving Home which shows at \$245,000 this year was \$228,000 last year, Child and Family Services of Western Manitoba which shows a \$219,000 this year was \$204,000 last year, Marymount, Inc. - Thompson Receiving Home which shows \$231 this year was \$212.9 last year, Children's Home of Winnipeg which is at \$1.9 this year was \$1.872 last year, Knowles Centre which is \$461.6 was \$450.6, Marymount Inc. which is at \$825 was at \$805, MacDonald Youth Services which is at \$414 was at \$404 last year. Manitoba Foster Family Association, the grant this year is the same as it was last year.

* (1550)

Ms. Barrett: I will ask a few more questions while those other figures are being—[interjection] Sorry, I carried on. The other areas that I saw in the Other External Agencies where I felt there was a decrease was The Pas Community Action Centre, Villa Rosa, Lindenview Residence and Family Services of Winnipeg.

Mr. Gilleshammer: The Pas Community Action Centre is the same this year as it was last year. Villa Rosa was at \$268 last year. It has gone to \$275.9. The Lindenview Residence was at \$71 last year. It has gone to \$73.2 and Family Services of Winnipeg was at \$717.8 last year. It has gone to \$736.

Ms. Barrett: Finally, on the External Agencies, the Child Abuse Initiatives, can the minister give us some background on the Child Sexual Abuse Treatment Program?

Mr. Gilleshammer: The Winnipeg Child and Family Services will be getting a grant of \$78,400. Child and Family Services of Western Manitoba will

be getting a grant of \$50,000. I can give you more detail within that if you like.

Ms. Barrett: Is this an ongoing program, or is this additional funding, and what are the grants to be used for?

Mr. Gilleshammer: Under the Winnipeg Child and Family Services, the \$78,400—\$35,000 is going to support services and a provision of abuse treatment within the city of Winnipeg, \$15,000 is for the development of a case management model, and \$28,400 is going to a plan to eliminate the backlog in the Child Abuse Registry.

In the Westman area there is \$35,000 dedicated to a proposal for child abuse treatment, outreach counselling; and secondly, \$15,000 which is dedicated to the development of a case management model.

In addition, there are some other grants, Marymount Inc., a treatment of male adolescent sexual abuse offenders and sexual abuse victims, \$50,000; Winnipeg Child and Family Services northeast area, a comprehensive treatment program involving both northeast area and Knowles Centre Inc. for \$50,000; and a contract for the Manitoba risk estimations system training package with Reid-Sigurdson for \$21,600.

Ms. Barrett: The minister spoke about \$15,000 to Winnipeg Child and Family and \$15,000 to Child and Family Services Western, in each case to develop a case management model.

Can the minister explain what that case management model is going to look like and if there is co-ordination between those two Child and Family Service agencies in the development of this case management model?

Mr. Gilleshammer: Maybe I could just give you some additional information on that. Both the Winnipeg Child and Family Services and the Westman Child and Family Services are in the process of developing more effective agency-wide models for the co-ordination of their respective management and review functions as they relate to all abuse and high-risk protection cases. The objective is to provide greater consistency, continuity and overall accountability as both agencies move toward integrating with the information system and the Manitoba risk estimation system. You will probably ask more about the information system later, and we can maybe give you some information on it at that time.

Ms. Barrett: These two agencies are working in co-operation one with another, and this is a part of the implementation of the high-risk indicator, the Reid-Sigurdson high-risk indicator. This would also be connected with the \$21,600 that is going to Reid-Sigurdson to continue work on that. Is that an accurate view of that organizational connection?

Mr. Gilleshammer: Yes, it is related to the implementation of the high-risk indicators, and it is related to the information system as well. That is the common thread that will be common in both those initiatives.

Ms. Barrett: I think this is a connected question. At one point in Question Period we asked a question about the protocol for reporting child abuse. The question was asked in light of the fact that the Manitoba Child Care Association had anticipated receiving a protocol for dealing with child abuse. The minister responded that this protocol was being looked at in a far broader context than just working with the daycare system but was looking at the schools and the Child and Family Services agencies as well as daycare.

I am wondering if the minister can bring us up to date on the protocol there, and I believe he also mentioned it in the speech on April 8 introducing the Children's Advocate. Is this connected with Reid-Sigurdson? Is this part of the same kind of thing? Is it a parallel process? I would like an update on that.

Mr. Gilleshammer: There are interdepartmental protocols that exist for child care workers or nurses or medical staff or daycare and for education. They have been signed by the four lead ministers, and we can provide you with copies of those if that would be helpful.

Ms. Barrett: Yes, I would appreciate a copy of those protocols. Can the minister say when those were signed, and how do they interact, if they do at all, with the Reid-Sigurdson high-risk indicator plan that is underway?

Mr. Gilleshammer: The protocols were signed in 1989 and '90 by the Departments of Education, Health, Justice and Family Services. There is not a direct connection with the high-risk indicators and the protocols. The high-risk indicators are a tool that will be used to identify the obvious and the not-so-obvious risks when social workers are interviewing and dealing with children.

There is somewhat of a check-off model to examine different areas at risk and make a determination of what the risk is with that individual child. We can provide you with copies of those protocols.

* (1600)

Ms. Barrett: I am at a bit of a loss here, because in Question Period—and I do not have, I am afraid, the date, I will endeavour to get the date of the Question Period—the question that I asked the minister was specifically regarding the child abuse reporting protocol release, and it was as a result of concerns that had been raised by the Manitoba Child Care Association where they had been working with the child care office, the Child and Family Services directorate and the Manitoba Child Care Association in agreeing there was a need for a child abuse protocol specifically dealing with daycare centres.

The MCCA had approved a draft of this protocol in the fall of 1990. We were told in February '91 that the protocol would be released in March. The minister, in response to my question as to why the protocol had not been released, stated that it was very important that we have a protocol in place for the reporting of child abuse, and that we have a consistent protocol that is consistent with Child and Family Services agencies, the school system and the daycare community. We are working on this, and we will be coming forward with that in due course.

I asked a further question about the consultation process, and he stated that the protocol would be coming forth in due course. He also again on April 8 in his speech on the Children's Advocate referred to such a protocol, so I am not understanding the minister's earlier response in this context.

Mr. Gilleshammer: It has been finalized, and it has been distributed to the daycares. We can provide you with a copy of that.

Ms. Barrett: I was perhaps not understanding because I had understood that the minister said that these protocols were approved in 1989 and 1990, so I was assuming that there was a later protocol that was as a result of later consultations with all of the community groups involved.

Mr. Gilleshammer: I am told that the protocols which were developed and signed in 1989-90 were generic ones, and the various professional groups

and others have signed more specific ones in recent times. Again, we can get copies for you.

Ms. Barrett: I would like to ask the status of the Reid-Sigurdson high risk indicator process.

Mr. Gillieshammer: A lot of the preliminary work has been done, and we are in the process of training the trainers at this time. I know I signed off on a document this morning which provided the dates and the space and the time for, I think, a series of eight to 10 workshops that are being held over the next five or six months. The situation we are in now is that the trainers are going through more extensive training packages to be able to take these to the staff within the agencies. I guess we are well into the initial stages of that, and it is going to take some time in terms of the inservicing that is going on with trainers and then with front-line staff.

Ms. Barrett: So, over the next five to six months, the trainers will be trained and then the front-line staff; or over the next five or six months the training of the front-line staff will have been completed.

Mr. Gillieshammer: Yes, I am told there is an overlap there as trainers become familiar with the program and the process, that there will be training going on for some of the staff as well. I know what I indicated was this morning we signed off on a training program which will see quite a number of workshops and training sessions held in the coming weeks and months, and there is an overlap there with the trainers also being involved with staff.

Ms. Barrett: By the end of the year, virtually everybody who is going to be trained on this program will be trained on this program?

Mr. Gillieshammer: I am told that everybody will have had the opportunity to have some sessions. I would envisage the training to be an ongoing thing as there is some staff turnover, of course, and as further training takes place with those who are demanding that training. We are well into the initial stages of the process and by the end of the year, I am comfortable that there will be a significant number of trainers and trained staff.

Ms. Barrett: Which level of staff will be trained? Will it encompass the intake workers and the case workers, or will it be more a supervisory level or—what is the range of staffing that will be trained in this?

Mr. Gillieshammer: I am told that intake and protection workers and supervisors will be trained first.

* (1610)

Ms. Barrett: Yes, and there will be cost implications to this training in the time that will be, at least at the front-end, lost to the organizations by the hours that will be taken up with the training program. I would hope very much, and I know the minister and everyone involved hopes that the end result will be efficient, effective and far better care for children, particularly those at the high risk.

Has any estimate been done on how many hours of staff time will be lost in this training process, and any reflection of that made in the budgeting of the agencies for this time?

Mr. Gillieshammer: Yes, I can give you a hard number on that. One of the reasons for training trainers is that a fair amount of on-site, on-the-job training will go on with the trainers and the staff looking at real live cases. While there is a cost, particularly at the front end of taking people into the training program, some of the training is done on-site and on the job.

Ms. Barrett: Has there been an understanding on the part of the government that there will be time-lost costs and costs to the agencies for the, particularly off-site training, but even so the on-site training will mean that in a normal work day you will probably be able to deal with fewer cases as you are being trained on the procedure. I am particularly asking this because last year I asked questions about any reflection of the potential increase in the costs of the two agencies as a result of the goods and services tax and was told that there was not going to be any additional funds made available.

I am wondering is this a case where the government is working co-operatively with the organizations to implement something like this. It would seem only fair that some recognition of those additional training and staffing costs be reflected in the funding for those agencies.

Mr. Gillieshammer: There is a cost of course, and as with most professional organizations, they will build a cost of in-service and training time into their budget as part of their ongoing costs. Also, we do have a budget item in there which will address some of the additional staffing costs we anticipate we can assist agencies with as part of this year's budget.

Ms. Barrett: One final question and then I will turn it over to the Leader of the Liberal Party. That budget item, has it been built into the government's

budget or will that amount of money be given to the agencies?

Mr. Gilleshammer: It is a figure that is in the budget that we will be working with the agencies on to see what their requirements are and give us some flexibility in terms of their staffing time.

Mrs. Sharon Carstairs (Leader of the Second Opposition): I would like to take a look at the global budget first before I get into any specific questions, and it would appear that the line for total Maintenance of Children and External Agencies will only increase by some 2.2 percent and that the mandated agencies in the regions will increase by 1.8 percent which is very close to the rate of inflation. We are also in a period of time with extraordinary stress upon families. We have a very high, rising unemployment rate, and we know that does impact on families and, tragically, often in breakdowns of those families.

Can the minister tell me how he anticipates such a low demand in such a stressful period of time?

Mr. Gilleshammer: I will just have the staff figure out some percentages so we are talking about the same numbers. One of the items that staff work with the agencies consistently is looking at their intake. Certainly, the member is correct. In difficult economic times some of the family violence has increased, and the difficulties in society seem to be more prevalent when people are not employed. They perhaps are somewhat less tolerant, and from time to time there is more action, if you like, with the agencies.

The Maintenance of Children line, the staff indicate a 4.8 percent increase in that line. Maybe to further clarify that, the \$89 million that showed at the end of March 1992 showed a \$2-million deficit reduction figure that was put into the actuals there.

Mrs. Carstairs: If one looks at the Adjusted Vote figure for '91-92, it is \$89.6 million. If one looks at the year ending budgeted for '93, it is \$91.7 million. That is a 2.3 percent increase.

Mr. Gilleshammer: What I am indicating to the member is that within the figure at the end of March 1992, during the course of that year we had to provide \$2 million of deficit reduction from operations that were the result of the previous agencies. That deficit no longer exists.

Mrs. Carstairs: Then let us get some actuals if it is possible. How much money was spent in the provision of service to children in '91-92, first of all

for the mandated agencies, then for the institutions, and then for other external agencies and programs?

* (1620)

Mr. Gilleshammer: Maybe I can try again with that. The \$89.6 million included a \$2-million deficit reduction fund that was required for the previous year. It shows up in the budget line here because at the end of 1990-91 there was a deficit of \$2 million.

Mrs. Carstairs: Is the minister saying that \$64.2 million was not spent on mandated agencies last year in the provision of support for children, but in fact it was \$62.2 million and \$2 million was spent out to pay off deficits?

Mr. Gilleshammer: Yes, of the \$64.2 million, \$2 million is included in that for the previous year's deficit, the 1990-91 year, so those expenditures were not made in for service in '91-92, but as a result of overexpenditures the previous year.

Mrs. Carstairs: So the best estimate for the government at this point—and I realize that the final audited statements are not in for '91-92—would be that the mandated agencies only required some \$62.2 million for the actual provision of service.

Can the minister tell us exactly how the agencies are functioning at the present time? What is the structure vis-a-vis the structure that existed a year ago?

Mr. Gilleshammer: I presume you are speaking of the Winnipeg agency as opposed to Central? Okay. The structure is a board that is in existence that consists of a number of people appointed by government. The board and the agency is in a transition period where some changes are being made within the agency. The agency operates with one executive director, Mr. Keith Cooper.

There have been a number of functions that the board and the management of the agency is working on. The provision of service and the offices that exist for service are the same that existed with the six agencies at this time last year. Of the former executive directors, three are still within the system and are performing other functions. There had been two resignations of executive directors prior to the restructuring that was done and, following that, one of the executive directors has taken employment elsewhere.

The board is working at the present time in setting up the area committees that are going to represent

four areas of the city and have the ability to have a board member presented from those four areas to take part in the board.

(Mr. Ben Sveinson, Acting Chairperson, in the Chair)

They have been working on service co-ordination and quality assurance development. Part of that is the identification of an after-hours emergency service. I know in talking about this on a number of occasions that the vast majority of children taken into care are taken in after hours and an almost minute percentage of staff are on duty at that time.

They are working on a co-ordination of this after-hours services to provide service through this agency. An agency-wide case management system is proposed and under discussion with area staff. There is a co-ordinating committee established to develop agency-wide policies and procedures for placement and support of children in care. There are strategies being developed and training sessions started for the high-risk estimations scale as we have talked. A French language services policy is being developed in consultation with SFM and the Secretary of State.

Initiatives have been taken to establish working relationships with a number of the collateral organizations. Again, one of the issues there is programs that are being delivered for parents who are minors. Also, the agency is working with the department on the information system that we have talked about before. There is the other work going on with the transition, and we have had a number of board management training sessions.

There is a whole area of labour relations which is under discussion and, to some extent, negotiations. There were some of the workers who were part of a union before, others that belonged to a different union. So there is quite a massive piece of work being done there. There are some outstanding grievances about classification. As far as the financial and administrative systems are concerned, there is the completion of a termination audit for the first quarter of last year, April 1 on to June 24.

There is the development of a consolidated agency budget and financial statements and projections. There is an ongoing inventory and analysis completed of agency resources and commitments. There is the implementation of a co-ordinated purchasing system. There is a design for the implementation of a consolidated accounting

and payroll system. There has been some consolidation of the banking arrangements, and there is an ongoing development of a service and funding agreement between the agency and the department.

So there is a tremendous amount of work that has already taken place and quite a good amount of ongoing work that still has to be completed.

* (1630)

Mrs. Carstairs: If one looks at the growth between '90-91, '91-92, '92-93, it would appear if the new figures the minister gave me are accurate, and I assume they are, that the growth between '90-91 to '91-92 was about 4.8 percent, the growth between '92-93 is 5.4 percent. It was my understanding that one of the rationales the government was using for this new structure was because they had to make the most effective use of dollars.

Can the minister tell me what kind of cost cuttings have resulted in administrative overhead in terms of all of those things other than dollars being used to provide service to children?

Mr. Gilleshammer: I am not able to give you dollar figures on that, but I can tell you some of the functions that are being consolidated, and some of these are ongoing in that there were existing contracts with staff in place at the time of consolidation. Some of the rationalization will take a little longer to complete, but certain areas of the audit function, banking I believe, have been completed at this time.

There is a review of the space that is being used, in that some of the agencies, because of the geographic boundaries before, had offices in relatively close proximity to each other. There is a feeling that certainly the personnel function that was performed by six independent agencies can be handled centrally.

I have already alluded to the night service, and that is probably an area that has been most critical in terms of the attention that has been given. The recruitment of foster homes is another area where some changes are in the process of being made. So these things are ongoing and, in a way, I suppose limited by existing contracts that existed with some of the staff and with some of the space that was being used.

Ms. Barrett: Mr. Acting Chairperson, I would like to follow up on some of the issues that the minister has raised in his response to an earlier question about

what the board of the new Child and Family Services agency is doing.

Last July, when we were in Estimates, the minister stated that the initiative to work with community committees is something the new board has been charged with, and it is his anticipation that they would be doing that work after the summer period and people are back from their holidays. He anticipated in the fall that the process would be taking place. That was a discussion around the establishment of the area or community committees.

To my understanding of what the minister stated earlier today and also the lack of any Orders-in-Council to add to the membership of the Child and Family Services of Winnipeg board, that to date no additional members of the Child and Family Services board of directors have been elected by community committees or appointed by the minister. My understanding is that the board, when it is completely filled, will be made up of 13 members, four of whom will be representing the four area committees. I am wondering if the minister can explain the very long delay, No. 1, in implementing the area committees and, No. 2, in making sure that the community voice is represented on that board, the community voice that to date is totally lacking, the community voice that was one of the reasons for the decentralization of Children's Aid Society in 1985, and the community voice that the minister stated would be present. That community voice to date is not present on the board of directors, and I am wondering if the minister can explain that delay?

Mr. Gilleshammer: Yes, and I will give you quite a thorough explanation of it because I think it very important. The board of Winnipeg Child and Family Services deemed it was essential that a method of developing the area advisory committees should be open and honest and legitimate so that neither the board, nor the minister would be seen as being involved in the process.

The president of the board and Mr. Cooper were authorized to establish a community advisory committee steering group which would present a plan and recommendation to the board of Winnipeg Child and Family Services as the most appropriate way to establish the area advisory committees. The committee is made up of members of the community who have prior involvement in the Child and Family Services Agencies, and agency staff who are credible in the community because of their

well-known commitment to community involvement and participation. I would like to go through the committee membership for you because I think, I am sure, you would have some interest in this in understanding the complete process.

The chairman of this committee is Lesia Szwaluk who was a board member of the Northwest Child and Family Services Agency from 1985 until the dissolution of the agency and who served as the treasurer for the agency. Secondly, Lauren Lee, who was vice-president of the board of directors of NEW FACESS, and was on the executive and was the incoming president at the time of the changes; Stewart Boyce, who was a board member of the Winnipeg South Child and Family Services Agency at the time of dissolution; Pat Wachs, president of the board of Child and Family Services of Winnipeg West Agency at that time; Simone Morrissette, who was a board member of Child and Family Services of Central Winnipeg for several years; and Nicole Courmoyer, who was a board member of Child and Family Services of Eastern Manitoba and was involved in the Springfield-Tache regional committee of the agency. Those are the community members of the committee.

As well there are some staff representatives: Ken Murdoch, who is director of programs for the Northwest area, and who has been active in developing community programs in that area; Gerry Jerrett, director of community services of the Northeast area and had provided leadership in the establishment of a network of community programs in that former agency; Gloria Tetrault, co-ordinator of the South area, who has been involved in volunteer community and resource development; Cam Evans, supervisor of the West area who held the position of community outreach program co-ordinator in that former agency; Cherylann Carr, a community development worker from the Central area; and Keith Garvie, who is assistant area director of the Eastern Manitoba area and has been instrumental in the development of the community regional committees in that former agency. That is the combination of community people and board staff who have been involved in developing this process.

* (1640)

I can tell you that the initial meeting of this community group took place in November of 1991, and the committee met with the chairman of the board and the chief executive officer of the agency.

After that initial meeting they made a determination that they would divide into subcommittees. One subcommittee was developing the terms of reference of the steering committee and was to raise issues affecting the nature and implementation of the area advisory committees. The other subcommittee was examining the most appropriate process in interacting with the community to provide information and to hear issues and concerns from the community and then the subcommittees would make recommendations regarding the process related to implementation to the area advisory committees.

A lot of this work has now taken place, several subcommittee meetings have been held, and they have each developed a position paper. The entire steering committee met for a full morning to review this in January of 1992, and this work is ongoing. I want the member to know that we are very proud of the people who are involved in the developing of this, and yes, because of its importance, and because of the thoroughness that the board wanted to use in this process, it has taken somewhat more time than when we spoke last in Estimates in July of last year.

Ms. Barrett: Not knowing all of the individuals on the steering committee, but knowing a majority of them, I have absolutely no qualms or quarrels with any of the people mentioned.

I would like to ask the minister, however, that since the meeting in January where the position papers of the two subcommittees were presented, it is now mid-April and the minister stated that work was ongoing, it is important to be thorough, it is important to try and make sure that everything is done as best as possible, but we are now looking at virtually coming on to a year after the June 25—let me try and use a word that is not inflammatory—unilateral actions of the minister taken by amending regulations instead of bringing in new legislation.

However, it is 10 months since that restructuring has taken place. We still have a board of six people. We still, I understand, have no area community committees, so we have almost a year of no community input.

We have the subcommittee, the community advisory committee steering group that does have on it representation from the boards of the emasculated independent agencies, but we do not

have any process in place yet for the individual community members to have access to the decisions that the Child and Family Services board is making. There needs to be a balance between making sure the process is complete and thorough and community access.

I would suggest that we are at the point, if not having passed the point, where the balance has not been achieved, where if it gets much further along, some could say that heel-dragging may be taking place. I am not saying that is happening, but I do think it is important that the board recognize the fact that we have, almost a year after this massive change, still no community input when one of the specific directions of the changes was that there would be a minimum of four community representatives, and there would be regional community committees that would deal with issues from the grassroots.

The minister said at the very beginning of this that the service delivery and everything except the top administration and the things that could be centralized would remain decentralized. Well, they are not. There is no decentralized input from the community into this process, and there is minimal amount allowed for anyway, but we have not even got that.

I would suggest to the minister that it is time that this organization started implementing the area committees and the community input and get those four community committees going, regional committees going, so they can elect and select those community members to the board of directors.

The board of directors has less than half of its allocated numbers. It is time to stop this if we are going to have any kind of positive outcome from this at all.

Mr. Gilleshammer: I am not sure there was a question there, but I would like to respond to what the member is saying. I am pleased that the honourable member is aware of a number of the people who are on this committee, and it has not gone as quickly as I would have liked it to go for the reasons the member has stated.

Again, one of the feelings of the current board and the staff is that they wanted to have a very open process, and I think have attracted some excellent people with a knowledge and a reputation of being involved in service delivery and community groups. As a result this has taken a little longer.

I think there is a parallel here too that some of the changes within the agency that we think could be centralized have taken some time to do as well. Where there were six units doing something like the recruitment of foster homes, you cannot just make those changes as quickly as we would like, to be able to redirect staff and funding into more service-oriented, front-line issues. So a lot of these things have taken time because of contracts with staff, because of contracts regarding space and, I dare say, because of the desire to treat the people involved as employees of the agency in the most appropriate way. I am pleased with what I hear from the supervisory people in the way that they have been able to work with staff. Of course, staff have had to make some adjustments, but have done so in a very professional way.

It has not progressed as quickly as possible, but I think in the long run the fact that the board and the administration have struck a group of people from the community and from the staff that are terribly committed to seeing this board work and this process work, and that they are taking the time to do the job in the most thorough fashion, I think is going to pay off in the long run.

I, too, would have liked to have seen the community committees fully developed and board members elected at this time. I have asked the board chair and the executive director to move on this. They have indicated the work that is being done and the need that they feel of being thorough and fair and being sure that the community is involved in this. So it has taken a little longer, again I say in the long run, probably for the best, but I am not going to make any predictions other than I will say it is an issue that I have raised with them to see if they can not only be thorough, but move as expeditiously as possible.

Ms. Barrett: I was going to ask the minister to make a prediction and, in light of the less-than-sterling success rate of his earlier predictions, he is probably accurate in saying that he—[interjection] I am sure.

* (1650)

I would like to ask the minister about something he stated earlier in his response to the Leader of the Liberal Party (Mrs. Carstairs) when he said what was happening with the board. I think it is with the board, but it also might be with the senior administrative staff. He was talking about a

co-ordinating committee to develop policies and procedures for placement.

I am wondering if the minister can expand a little bit on that action, those activities, who is doing it. Is it admin staff, is it a staff committee, or is it a board staff committee and placement, policies and procedures for foster home placements, that sort of thing?

Mr. Gillehammer: This is a function of the staff of the agency to make the best use of their staff and make the best decisions that they can in terms of the decision making and the placement of children who are in care. This particular initiative is being co-ordinated by Mr. David Schellenberg, who is a valued member of the organization.

Ms. Barrett: I would agree with that determination about Mr. Schellenberg.

Can you explain what the policies and procedures for placement that are being looked at are? Are these procedures for determining what children will be placed in what types of accommodation or facilities? Is it placement of staff?

Mr. Gillehammer: It is a co-ordination and prioritization of the children who come into care with the hope, of course, of providing the best possible placement and having the best possible service delivered to children who come into care.

Ms. Barrett: One of the strengths, I believe, of the decentralized system was that each agency had the authority to reflect the community composition and to make a determination as to what kind of placements children would go into. There were some agencies that had more reliance on foster families. Other agencies relied on more residential kinds of placements, but it was at least in theory and, of course, nothing in theory works out completely in practice, but at least the agencies had within the constraints of the financial resources available to them some authority to make those determinations based on the community board's decision and the type of community that the people were living in.

Is that what this co-ordinating committee is developing policies in relation to, like percentages of foster families, like percentages of protocols for maintaining children in extended families? Is that the area? I have not received clarity in the answers that the minister has given me in this regard.

Mr. Gillehammer: The member is talking about what she perceives as a strength of the system. Let me just tell you about the weaknesses of the system

in terms of the placement and the co-ordination or lack of co-ordination and lack of co-operation in some instances that existed.

The area of the city where more children were taken into care than other areas had very few foster home placements and areas of the city that had an abundance of foster home placements took few kids into care. It was a situation where as a result of that and a result of a lack of co-ordination, it was very, very difficult for some areas of the city to be able to place children in appropriate care. With the amalgamation of the agencies and having the single purpose of finding foster homes for any children who come into care, it is much easier to place those children now.

(Madam Chairperson in the Chair)

A second example I would give you is in many respects some of the children who came into care and families involved with the former agencies were very mobile within a certain area of the city. When one agency had a child in care and then the family moved, the child was back and then taken into care again. Often, you know, there was not the type of co-ordination and co-operation of the professional social workers that should have been taking place in terms of the best interests of the child, and that also showed up in the whole process of record keeping.

This is why I am so pleased that the system is working with that sort of co-operation and co-ordination now, that I am not saying was nonexistent before, but in many case-specific issues was lacking, and there has been an opportunity now to focus on reform and focus on service. Some of the service issues that the agency has been able to work on, and in really a very short time of being in charge of the agency, has been to work with the department on the high-risk indicators to get that common tool that supervisors and workers can use used across the system.

The information system—and we hope to have that information system up and running in part in late spring or early summer in the central agency in Manitoba as a test pilot of it. I tell you, if there is one recommendation that I have looked at on the Chief Medical Examiner's reports, on reports that have come down through the 1980s, it was to get some form of automated information system so that these records could be kept, these records that are so absolutely vital.

I have looked at, and I would invite the member to look at some of the debate that went on over the Child Advocate in the 1980s, and I would welcome the opportunity to talk either here or privately about the child advocate to give the member a better understanding of it. This was an idea that came forward I think as early as 1983, and I invite the member to look at some of the comments of Muriel Smith on the child advocate or child protector. We have been able to, I think, focus on service and improving service and get away from some of the petty bickering and rivalries and disagreements and lack of co-ordinated service that existed before.

So I think in any discussion we have, we have to focus on service and service improvements and reform, and I know the member is interested and supportive of these things, because aside from differences in philosophy and how systems should be run, I know the member has a feeling for those children and those families. We, I think, have the same objective as to provide the best possible service to keep children in their own families, to deal with kindness and responsibility and have in place the ability to do treatment with these families.

There is so much more to say on this that my honourable friend I know agrees with and look forward over the next four days to be thinking about these things and come back on Tuesday to finish up these Estimates.

Madam Chairperson: Order, please. The hour being 5 p.m. and time for private members' hour, committee rise.

Call in the Speaker.

* (1700)

IN SESSION

Committee Report

Mrs. Louise Dacquay (Chairperson of Committees): Mr. Speaker, the Committee of Supply has adopted a certain resolution, directs me to report the same and asks leave to sit again.

I move, seconded by the honourable member for Sturgeon Creek (Mr. McAlpine), that the report of the committee be received.

Motion agreed to.

PRIVATE MEMBERS' BUSINESS

Mr. Speaker: The hour being 5 p.m. and time for—six o'clock? Is it the will of the House to call it six o'clock?

An Honourable Member: No.

Mr. Speaker: Leave is denied.

DEBATE ON SECOND READINGS—PUBLIC BILLS

Bill 16—The Health Care Directives Act

Mr. Speaker: On the proposed motion of the honourable member for The Maples (Mr. Cheema), Bill 16, The Health Care Directives Act; Loi sur les directives en matière de soins de santé, standing in the name of the honourable Minister of Health (Mr. Orchard).

An Honourable Member: Stand.

Mr. Speaker: Stand? Is there leave that this matter remain standing? Leave? It is agreed.

Bill 18—The Franchises Act

Mr. Speaker: On the proposed motion of the honourable member for Elmwood (Mr. Maloway), Bill 18, The Franchises Act; Loi sur les concessions, standing in the name of the honourable member for Sturgeon Creek (Mr. McAlpine).

An Honourable Member: Stand.

Mr. Speaker: Stand? Is there leave that this matter remain standing? Leave? It is agreed.

Bill 25—The University of Manitoba Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for Osborne (Mr. Alcock), Bill 25, The University of Manitoba Amendment Act; Loi modifiant la Loi sur l'Université du Manitoba, standing in the name of the honourable member for St. Vital (Mrs. Render).

An Honourable Member: Stand.

Mr. Speaker: Stand? Is there leave? Leave? It is agreed.

Bill 27—The Business Practices Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for The Maples (Mr. Cheema),

Bill 27, The Business Practices Amendment Act; Loi modifiant la Loi sur les pratiques commerciales, standing in the name of the honourable member for La Verendrye (Mr. Sveinson).

An Honourable Member: Stand.

Mr. Speaker: Stand? Is there leave that this matter remain standing? Leave? It is agreed.

Bill 31—The Municipal Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for St. Boniface (Mr. Gaudry), Bill 31, The Municipal Amendment Act; Loi modifiant la Loi sur les municipalités, standing in the name of the honourable member for Turtle Mountain (Mr. Rose).

An Honourable Member: Stand.

Mr. Speaker: Stand? Is there leave that this matter remain standing? Leave? It is agreed.

Bill 50—The Beverage Container Act

Mr. Speaker: On the proposed motion of the honourable Leader of the Second Opposition (Mrs. Carstairs), Bill 50, The Beverage Container Act; Loi sur les contenants de boisson, standing in the name of the honourable member for Gimli (Mr. Helwer).

An Honourable Member: Stand.

Mr. Speaker: Stand? Is there leave that this matter remain standing? Leave? It is agreed.

Bill 51—The Health Services Insurance Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for The Maples (Mr. Cheema), Bill 51, The Health Services Insurance Amendment Act; Loi modifiant la Loi sur l'assurance-maladie, standing in the name of the honourable Minister of Finance (Mr. Manness).

Hon. Clayton Manness (Minister of Finance): Mr. Speaker, it is a pleasure to rise and speak on the proposed motion of the member for The Maples (Mr. Cheema). This is an important area that I think all members of the House are going to want to address in due course. As I am led to believe, this act is attempting to reinforce the five basic principles as we know them as pertains to medicare, trying to enshrine them in greater fashion—[interjection] Sorry.

An Honourable Member: Wrong bill.

Mr. Manness: No, no—to enshrine the five principles of universal health care into The Health Services Insurance Amendment Act.

Mr. Speaker, I find it rather intriguing that the Liberals at this particular time would bring forward this type of private member's bill. I do so because I sense some divergence within their midst. We listen very carefully, at least I do and I think most members on this side do, to the honourable member for The Maples (Mr. Cheema) and we listen to the manner in which—of course he is the Health critic for the Liberal Party—he approaches his responsibility.

I would say for the most part he brings a very responsible approach to his activity, unlike, of course, our friends in the other opposition party, the main opposition party. Nevertheless I do not want to dwell upon those differences today. I just want to point out though that the member for Maples when he talks about the five principles—and I think each and every one of us in this House would like to see the health care system, as it has provided care to all of our citizens over the period of the last number of years, continue in a fashion more or less similar.

The reality is today that will not continue and indeed unless we come to grips with certain numbers of our problems.

The Minister of Health (Mr. Orchard) of this government is leading Canada with respect to trying to come to grips with certain of these problems. I think today for once when the minister stood in his place and made certain announcements through his ministerial statement, dealing with technology and how it is that technology in itself, obviously a good thing, but if it is allowed to run unlimited, unbound, unbridled—I like that term—that that alone represents a threat to the health care system and the five principles that the Liberals so badly want enshrined within our legislation.

Mr. Speaker, I was particularly impressed with the Health critic for the New Democratic Party. I have been in this House for 10 years. I have seen them come and go, and I have been in this House and watched some of them change, but I have never seen a 180 degree change in any member as I did today in the Health critic for the New Democratic Party.

It says to me that there is hope for everything. There is hope that we will move out of this recession. There is hope that reality will finally strike a sympathetic chord in the mentality, in the brains of

the members opposite, Mr. Speaker, that that will occur. Of course, it is not hope. It is fact that this government is going to be in place for the rest of this decade. That is not hope. That is fact.

I want to talk about the diametric change in the Health critic from the NDP, the member for St. Johns (Ms. Wasylycia-Leis). What it says to me is that the members of the opposition party have obviously been doing some polling, or they have been doing some reviewing of the clips that are on TV, or they have been reading editorials or maybe, just maybe, they realize old-think is out and new-think is in.

Of course, old-think was when you were in opposition over the last 30 years, Mr. Speaker—[interjection] No, it is old-think. Old-think was when you sat over there—indeed, I do not care what persuasion you were—when you sat over on that side of the House to the left of the Speaker, all you had to do was criticize the government and ask them to spend more and ask them through reform to spend more and ask them through review to spend more and ask them through reconsideration to spend more. The common denominator to all of that is to spend more.

I must admit there was a time when we sat over in that House that I think we did that on occasion, too. [interjection] Yes, it is a confession. Mr. Speaker, the reality today is that times are changing. The member says, well, it is new speak. No, it is new-think, and today our citizens are demanding that governments, regardless of their persuasion, follow the new course. That is happening so much so that there is a taxation revolt, so much so that the members opposite know that they cannot call upon us to recklessly abandon good management and control of the bottom line for the sake of buying votes as they would want to do.

Mr. Speaker, it just must make the members opposite shudder when they see the headline coming out of Saskatchewan. I am going to tell you, I am not going to throw Saskatchewan decisions at the members opposite, because that is one province that I have—and I am sure most members on our side—a genuine feel for. It is a sister province, and it has tremendous financial pressures.

* (1710)

I will say—I should not say it on the record. I will not say it on the record, because it will be used in Regina. So I will not put it on the record. Off the record or if the members want to engage me in

dialogue on the situation, I would make certain admissions. The reality is, Mr. Speaker, it just must make the members opposite's hearts turn to ice when they realize that the heart and the cradle of medicare that the government there of the same philosophy is even musing publicly that they may have to bring in a user fee. [interjection] Well, a deterrent fee—sorry, not a user fee, a premium, a medicare premium. Of course, Mr. Speaker, whether one wants to call it a medicare premium or whether one wants to call it a deterrent—[interjection] Well, I would love to talk about that \$50 fairness equity fee that all of us have to pay, but the members are deliberately trying to force me to digress from the statement.

Call the members to order. We are debating Bill 51, and the members opposite are trying—Mr. Speaker, the word is, if the members opposite want to seriously maintain and want whatever government is sitting on this side of you, Mr. Speaker, on your right side, into the next century to be able to provide medicare, health care under the five principles that the NDP is trying to introduce in a more specific fashion within our act, then I would say to the members, particularly the NDP party, stop pushing us to continue to let this deficit run out of control.

Mr. Speaker, I should tell you, I was in New York talking to the rating agencies Moody's and Standard and Poor on Tuesday. I want to share with members, fully one-half of the questions that I had, and anybody who has gone through this exercise knows it can be very grueling, because you cannot hide behind rhetoric and you cannot hide behind a purposeful confusing of the numbers or the assumption behind the numbers; you better know what you are talking about

I could not get over, Mr. Speaker, that one-half the questions did not deal with Manitoba. One-half of the questions dealt with what is happening in Canada constitutionally but, more importantly, fiscally in the provinces that are running out of control, particularly Ontario, because the reality is, and judgment was not passed—it is not up to the rating agencies to pass judgment as to any province versus other provinces—but the reality was known on Wall Street in New York that indeed if the major province in Canada, Ontario, is known as a risky credit, each other province, including Manitoba, although we were given tremendous compliments for the way we are managing, that we too suffer, and

the reality is, Mr. Speaker, when I was in Toronto yesterday and the day before, all the investment bankers and the bondholders were saying, we can hardly wait to buy Manitoba bonds, why do you not borrow more money? We would like to buy your bonds.

They say, you know, we will pay more for your bonds today than we would pay for Ontario bonds, and what that means, when they pay more for our bonds, the interest rates go down. In essence, for the first time in the history of Canada, Manitoba bonds today will have a cheaper interest rate associated with them than an Ontario bond. Mr. Speaker, for the first time in the history of Canada [interjection] Oh, well the member says, all interest rates are coming down. That is not my point. Of course, all interest rates are coming down. My point is that Manitoba's interest rate is coming down and has broken through Ontario's interest rate, and that is the reality of it.

Do you know what hurts? Whereas all provincial spreads vis-a-vis Canada bonds, the reference bond market, used to be a difference of 50 basis points, and we traded above Ontario today because of provincial deficits in Ontario and in Alberta, Mr. Speaker—I am trying to be fair here—in Alberta, a rich province, in B.C., a rich province, because in those three provinces with their deficits, today even though we are trading lower than Ontario, the spread, what we are paying over Canada's, is moving not to 50 basis over, it is 150 basis over. So we are paying more in this province today for our interest than we would have two or three years ago, not because of our actions but because of the action of our three richest provinces who have not had the courage and have not had the management acumen that has been practised around here.

Because, Mr. Speaker, the capital markets of the world are saying: These five principles that you want to enshrine and which we admire you for, you had better be able to fund them because if you cannot fund them, if you cannot support them they are meaningless. So the reality is that the five principles that the Liberals wanted to see enshrined in this piece of legislation, I say to the member, that is good and fine, but if they want them enshrined then to the Liberals I say, do not push us to continue to spend beyond our means. That is the message, and I would hope the members would continue to bring that forward in all of their presentations. Thank you.

Mr. Speaker: Is the House ready for the question? The question before the House is second—

Mr. Marcel Laurendeau (St. Norbert): Mr. Speaker, I move, seconded by the honourable member for Rossmere (Mr. Neufeld), that debate be adjourned.

Motion agreed to.

Bill 54—The Consumer Protection Amendment Act

Mr. Speaker: On the proposed motion of the honourable member for Elmwood (Mr. Maloway), Bill 54, The Consumer Protection Amendment Act; Loi sur la protection du consommateur, standing in the name of the honourable member for Wellington (Ms. Barrett), who has five minutes remaining.

An Honourable Member: Stand.

Mr. Speaker: Stand? Is there leave that this matter remain standing? Leave. It is agreed.

Bill 55—The Workers Compensation Amendment Act (2)

Mr. Speaker: On the proposed motion of the honourable member for Transcona (Mr. Reid), Bill 55, The Workers Compensation Amendment Act (2); Loi no 2 modifiant la Loi sur les accidents du travail, standing in the name of the honourable member for Flin Flon (Mr. Storie), who has four minutes remaining.

Mr. Jerry Storie (Flin Flon): Mr. Speaker, I am sorely tempted by the comments put on the record by the Minister of Finance (Mr. Manness) to spend most of my remaining four minutes rebutting and, I guess, chiding the Minister of Finance for not being a little more forthright about the financial position of the province of Manitoba.

I will, I guess, credit the Minister of Finance for putting on the record that the interest rate that is being charged the provinces, the interest rates that we can get when we go to the international market for money funds that we need in the province, are determined largely by the borrowings of other provinces. Certainly, in the last four years, five years, provinces other than Manitoba have been the major users of those funds. Certainly, Conservative governments in Saskatchewan and Alberta and British Columbia before the Harcourt government were responsible for much of that.

* (1720)

Let me return to The Workers Compensation Amendment Act that is before us. I left off by saying last week that—

An Honourable Member: Could you keep it relevant please?

Mr. Storie: If the member for Arthur (Mr. Downey) would have been listening, he would have realized that I had already reverted to the contents of Bill 55.

Mr. Speaker, when I finished last time, I was trying to make the point that, really, this piece of legislation is trying to redress a problem that was created actually back in 1979. At one time, firefighters and their occupation was recognized as being one that deserved to have members who were ill, who got ill, recognized by the dangerous nature of that work.

What we are trying to do is piece back together legislation and regulations which would protect firefighters because of their occupation. I will say just one more thing, Mr. Speaker. I will say that everyone in this Chamber recognizes the conditions that face firefighters when they are saving lives, when they are trying to rescue property throughout Manitoba. They face chemicals and dust and smoke and toxic material, stress that is beyond belief, and I believe that it was a backward step to remove the special exemption for firefighters, a special inclusion of firefighters for the purposes of the Workers Compensation, recognizing the stress and the job-related stress that they undergo, not on a daily basis, but in extreme circumstances under intense pressure, intense psychological and physical danger, and we need, I believe, to reinstate those benefits.

This Legislature has been asked to do this on a number of occasions. I believe that the former minister responsible for the Workers Compensation Board was within an inch of conceding that firefighters had a case. Unfortunately, some members of his own caucus decided that was not the case. The City of Winnipeg came forward and used the argument, because it was going to cost additional money, that it should not be done, and it failed to recognize the legitimate concerns of firefighters.

At one time, those concerns were recognized. In this day and age when we have come to understand and appreciate more fully the implications of workplace health and safety matters, it is rather ironic that we are taking a step backward.

Mr. Speaker, I will conclude my remarks. Certainly, I believe this bill deserves to be passed. Thank you.

Mr. Daryl Reid (Transcona): I am very pleased to rise today to close debate on Bill 55. Mr. Speaker, this is a very important piece of legislation. I think I will just add a few comments to the record—

Mr. Speaker: Order, please.

Point of Order

Mr. Marcel Laurendeau (St. Norbert): On a point of order, Mr. Speaker, could you inform me how the member could stand up to close debate on a bill when there are other members who are getting ready to stand on the bill? You cannot close debate on second reading.

Mr. Reid: I ask your guidance, Mr. Speaker. This matter is, I believe, on a point of order at the present time, and I may speak to the point of order?

Mr. Speaker: Yes, on the point of order.

Mr. Reid: On the point of order, Mr. Speaker, I believe I had waited a few moments to ascertain whether other members of the Chamber were interested in speaking to this bill, and seeing none, being the person that brought forward and sponsored this bill, I believe it was my responsibility to stand up to do my duty to close debate on this particular reading of the bill, and that is why I did rise.

Mr. Speaker: Order, please.

On the point of order raised, I did not hear the honourable member for Transcona say that he was closing debate, otherwise, I generally advise the House that the honourable member is closing debate.

Generally, the practice around here has been that, if another member wants to speak, the House has generally accorded that member the opportunity to speak rather than another member closing the debate.

Mr. Steve Ashton (Opposition House Leader): You may wish to consult Hansard. I know he did indicate very clearly he was closing debate. We have had many occasions, Mr. Speaker, where the government has called debates to an end when we have had speakers.

I am just perhaps suggesting that you might wish to take it under advisement and refer to the comments, because we quite frankly feel that what is good for the government is good for the opposition

in this case. For once, we would like to see a vote on one of our bills.

Mr. Kevin Lamoureux (Second Opposition House Leader): Mr. Speaker, this is not the first time it has occurred. I can recall the former member for Crescentwood attempted to stand up and to close debate. Because we did not want to limit debate inside the Chamber, the member for Crescentwood, through leave, did allow the member at that time, which was again St. Norbert, the opportunity to speak on the bill.

If there was leave, I am sure the NDP would, in fact, give the leave so that the member for St. Norbert (Mr. Laurendeau) could speak today on the bill, because I am sure no one wants to limit or close debate inside this Chamber on legislation.

Hon. Clayton Manness (Government House Leader): On the same point of order, Mr. Speaker, I thank the Liberal House leader for his generous offer.

I have been in this House for 10 years. I have listened to several speakers over that period of time, and indeed when the sponsor of a bill rises to close debate, always, Mr. Speaker, as you indicated, always the Speaker notifies the House that the sponsor of the bill will be closing debate, to give an opportunity, for whatever reason, to a member who may or may not be to their feet at that time, notice that they are about to lose their opportunity to speak.

Mr. Speaker, you ruled correctly. Indeed, I ask you to recognize the member for St. Norbert (Mr. Laurendeau).

Mr. Leonard Evans (Brandon East): I just want to make a comment on this point of order. It is quite clear that this resolution is standing in the name of the member for Transcona (Mr. Reid). It was quite clear that the Speaker recognized the member for Transcona.

I would say, it is logical therefore that the recognition was in regard to the member for Transcona, who, by our rules, would automatically be closing debate. There is nothing in the rules that the member for Transcona has to say that he is closing debate. That is not required in our rules, and it is not required in our rules that notice be given to everybody, that people often say in passing, the minister or anyone may often say that.

So, Mr. Speaker, I would say that, unless there is leave, we are already locked in to the member for Transcona in closing the debate.

* (1730)

* * *

Mr. Ashton: Yes, Mr. Speaker, further to the point of order, I would indicate that, very clearly, the member for Transcona (Mr. Reid) had commenced his remarks.

Some Honourable Members: No, no.

Mr. Ashton: Mr. Speaker, I cannot assist the government in listening to debate if they choose not to listen to debate, but the member for Transcona, if you care to check Hansard, had begun his remarks.

Mr. Speaker, that being the case, I am sure if he had not been rising, as he was, to close debate, if he was another member, and this was not his bill, and he had spoken previously, you would have ruled him out of order. He therefore was in the process of speaking.

That is why I suggested, Mr. Speaker, since there is some dispute on behalf of the government members, as to whether the member for Transcona had in fact begun his remarks—I would suggest you take it under advisement and report back to the House in terms of exactly whether the member for Transcona was recognized, which is our position, and also that he had begun his remarks, because we have had this happen to us many times where we have had ministers begin remarks in ending debate, and we have not had the opportunity to speak. There are many, many other examples. So I would suggest, once again, that it be taken under advisement.

Mr. Speaker: Order, please. I would like to thank all honourable members for their advice on this matter.

Indeed, I had recognized the honourable member for Transcona (Mr. Reid).

Indeed, as I indicated to the House, I did not hear the honourable member for Transcona say that he was closing debate, but our Rule 47.(3) says: "The reply of the mover of the original motion closes the debate, but the Speaker shall see that every member wishing to speak has the opportunity to do so before the final reply."

Therefore, it was the honourable member for St. Norbert (Mr. Laurendeau). Did you want to speak to this bill?

Mr. Laurendeau: Yes, Mr. Speaker.

Mr. Speaker: We will recognize the honourable member for St. Norbert.

Mr. Laurendeau: Thank you, Mr. Speaker.

It seems, Mr. Speaker, every time I want to speak to a bill I run through this same problem. I do not know if it is because the honourable members on the other side of the House do not want to hear me speaking, but I do attempt to get up every once in a while, and the honourable member seems to—[interjection] That is right.

Mr. Speaker, the workmen's compensation amendment act, when I was on City Council we had many debates on these issues, on the firemen's protection within the act. We have to understand that it is not such a small issue that we can look at it without having some vision for the future within the act. We cannot start amending things where we do not know what the final resolution will be, and I think that I want to have the opportunity of hearing as many people as possible speaking to this issue. Possibly they might be able to convince me on some of this, on where it is coming from.

I understand on the safety aspects of the compensation act, on if someone got hurt. I can understand on some of the illnesses that can be had working in some work environments. Over the years there have been a number of illnesses acquired working in certain areas and certain businesses and certain industries, throughout not only our province but throughout all of Canada. Workmen's compensation is a very important factor here in this province, and I think that we, as legislators, have to see that legislation is brought forward and brought forward in a fashion that all the questions have been answered.

Mr. Speaker, I do not believe all the questions have been answered when I have gone over this amendment. I believe there are still some questions to be answered. It is like everything else that comes from across. They just come up with a dream and they just put it on paper and think that it can work.

That is not the way it is. In reality you have to go through each and every question and come up with all the answers that are possible. We do not live in that same dream world that the NDP used to live in where we have to refer to different areas. Within the workmen's compensation act, there are a lot of areas that we should possibly be looking at. The workmen's compensation amendment act

is—[interjection] Yes, it is the workman's compensation amendment act, that is correct.

On working on the amendment, I understand where you are coming from. The amendment that they are bringing forward is basically on the issue of diseases and other areas of health brought upon you in the workplace, such as your cancer and heart and strokes and every other illness that could be—you know, I think I am probably covered for heart and stroke just working in this House, having to put up with some of the issues that come from the other side of the House. I should be covered under compensation, because you have to shudder sometimes at some of the things you hear.

I think it needs some answers before we go forward with this type of amendment to the act. This is the way they used to amend legislation, just slaphappy and do it. I believe that legislation has to be brought forward and amendments to legislation that have been studied thoroughly. I do not believe that they have taken the opportunity or the proper time to go forward and study it.

I am really glad to see that the members in the opposition are interested in this.

Mr. Speaker, it is important to have workmen's compensation in our province. Everybody agrees with that. Everybody agrees that we need protection for our workers in all fields. It has to be a work-related problem, and we have to be careful how we define that work-related problem within the act.

I think that is where I have my concerns, on how we relate the problem within the act. We could have a number of incidents happening throughout not only industry, but other jobs, and how will we relate to work related, Mr. Speaker, on a lot of these issues? There are many, many illnesses throughout, and we have to work towards that.

Mr. Speaker, I would like to thank you for the opportunity of speaking on this bill, and I understand the member for Rossmere (Mr. Neufeld) is going to speak.

Mr. Harold Neufeld (Rossmere): I move, seconded by the member for St. Norbert (Mr. Laurendeau), that debate be adjourned.

Point of Order

Mr. Ashton: Mr. Speaker, the member for Transcona (Mr. Reid) had been recognized. It is our view that it is standing in his name. If the member

wishes to speak, then we can deal with it in the sense which you outlined previously, but otherwise it should remain standing in the name of the member of Transcona, or the member for Transcona may wish to resume debate.

I believe the process here, really, Mr. Speaker, should be by leave. If the member wishes to speak, we certainly will be more than glad to do so, but I think it would be out of order for—[interjection] No, we are quite willing to have the member speak, but what I am saying is, it should remain in the name for the member for Transcona, and the member cannot adjourn it, because the member for Transcona had been recognized.

Mr. Speaker: Order, please. I had recognized the honourable member for Transcona, but as I had indicated to the House, I did not realize that the honourable member was closing debate. I never heard those remarks. Therefore, I had given the opportunity to another member to address this issue, which I have done.

As far as I am concerned, the honourable member for Transcona has not spoken yet, otherwise he would have lost his turn to speak.

Mr. Ashton: I realize it is a confusing situation because of the fact that the government did not follow the normal procedures before, but I cannot—Mr. Speaker, I once again ask that this be taken under advisement, because the member was recognized in this particular case.

What had happened is, it became apparent that another member wished to speak, we did not pursue in any way, Sir, challenging your ruling, and we accept that ruling, but what I am suggesting is that the bill should remain standing in the name of the member for Transcona. The member for Transcona had been recognized, and we will indicate right now, we can by leave allow the member to speak and any other member who wishes to speak.

We have no difficulty with that, Mr. Speaker. There is not a problem in this case with the member losing his right to speak, because essentially he had been recognized, that had been interrupted because of somebody else not having spoken. Therefore, it can still remain in his name on the Order Paper, with 15 minutes remaining. We can allow that member, the member for Rossmere (Mr. Neufeld), right now to speak for the next 15 minutes.

Mr. Manness: Mr. Speaker, I understand the essence of the tirade was that the NDP were going to deny the member for Rossmere (Mr. Neufeld) the bill standing in his name until another time that it might be debated.

As has been of course the practice through most private members' hours, we have allowed members to stand a whole host of bills. I take it now, the NDP party is not going to allow this Bill 55 to remain standing in the adjourned debate name of the member for Rossmere (Mr. Neufeld). [interjection] No, no it is not in his name, Mr. Speaker.

It is open. The member for Rossmere (Mr. Neufeld) spoke to adjourn debate in his name. The members opposite, I take it, are denying that. They are demanding the member for Rossmere speak at this point. In other words, they are invoking closure. I say to the members, that is a dangerous practice to play, Mr. Speaker.

* (1740)

Mr. Ashton: Strictly on the point of order, I will ignore the government House leader's last remarks. What has happened in this situation is akin to what does happen when we have regular debate in the House. We often have the bill stand in two names.

In this particular case, it should remain standing in the name of the member for Transcona (Mr. Reid). If the other member wishes to speak, if he runs out in terms of time, then the Order Paper would state, standing in the member for Transcona's name, and also standing in the name for the member for Rossmere (Mr. Neufeld) for the remaining section of his time.

But the government House leader (Mr. Manness) is missing the point. The member for Transcona (Mr. Reid) was recognized. Your ruling, Sir, was that other members could be allowed to speak. He has spoken, partially. We are saying the only way to deal with this in order to keep any sense of order on the Order Paper is to have it remain standing in the name of the member for Transcona (Mr. Reid).

If the government is concerned about the debate, right now we are prepared, at this particular case, to have it strictly remain standing in his name. Other members can speak in the future if they so wish. We can call at six o'clock. We are not trying to force the member for Rossmere (Mr. Neufeld) to speak now.

But it would be inappropriate for him to adjourn debate, in this particular case, because it is standing

in the name, or should appropriately stand in the name, of the member for Transcona (Mr. Reid), and we will give our undertaking, other members will be able to speak. We will give leave as indeed was your ruling.

It should remain standing in the name of the member for Transcona (Mr. Reid), should not be adjourned by the member for Rossmere (Mr. Neufeld).

Mr. Manness: This is the ridiculous now reaching the bizarre.

Mr. Speaker, you as the Speaker of this House have the responsibility of recognizing us. When the member for Transcona rose in his place, you did not know that he was not making committee changes. You did not know [interjection] No, this is fact. When we rise, when I rise, and you recognize me several times during the day, like you do, you do not know the purpose in which I rise. You did not know the purpose in which the member for Transcona rose. How were you to know that he was going to even speak on Bill 55?

You could not know, Mr. Speaker, until at least he spoke a few words. At that time, you then referred to the rule, and it was evident that the member was trying to close debate. At that time, Mr. Speaker, you rightfully pointed out the rules, and you gave members in this Chamber who had not spoken yet on the bill, an opportunity to speak.

You are right, Mr. Speaker. The member for Thompson (Mr. Ashton) knows you are right, Mr. Speaker, and I say to him he is now taking the ridiculous to the bizarre.

Mr. Reid: On the same point of order. As I indicated earlier Mr. Speaker, I made it very clear, yet I hesitated for a few moments before rising to give other members of this Chamber the opportunity to speak to this particular bill. Seeing no other members rising to speak on this bill, I felt it was my duty and responsibility as the sponsor of this legislation to stand up and indicate, as I did in my first initial comments, that I was closing debate on this particular piece of legislation.

I did give opportunity for other members of this Chamber to speak on this legislation, and by leave, I am willing to allow any member of this Chamber to speak on this legislation. Mr. Speaker, I believe, Sir, that you had recognized me as the speaker who was to speak to this bill and that I had indicated in my initial comments that I was closing debate on this

bill and that I had initiated and proceeded with my comments in part of my discussion in this particular phase of this bill.

Mr. Lamoureux: Mr. Speaker, given the seriousness of the issue that we have before us, I see that there are really two options. One is in which the government could ask for leave to allow the member for Transcona to continue debate sometime in the future, that he has not been recognized. That is one option that I see that was taken under the former member for Crescentwood. That is one option. The second option, given the seriousness of it, is that I would recommend that you take it under advisement and report back to the Chamber.

Mr. Speaker: On this point of order that has been raised, I had recognized the honourable member for Transcona (Mr. Reid). The honourable member indeed had started his remarks, and then at which point, I believe, and I did not hear him, but the honourable member did indicate that he was closing debate. I believe at this time the honourable member for St. Norbert (Mr. Laurendeau) rose on a point of order, bringing to my attention the fact that the honourable member for Transcona was closing debate, at which time the honourable member for Transcona did sit down, and I did indeed indicate the rule that does allow the honourable member that right to speak on this bill.

The House did not grant leave for the honourable member for St. Norbert to speak. The honourable member for Transcona at which point did not even rise to his feet again. Therefore, the honourable member for St. Norbert had put his remarks on the record and, as far as I am concerned, the honourable member for Transcona has not spoken on this bill. Okay? There is no reason for this bill to remain standing in the name of the honourable member for Transcona.

Indeed I had recognized him, indeed a point of order was brought forward, indeed I quoted the rule; therefore this bill is not standing in the name of the honourable member for Transcona. Indeed the honourable member did sit down and we allowed the honourable member for St. Norbert to speak and it was not done by leave.

* (1750)

Mr. Ashton: I would like to obtain further clarification. I asked for a ruling in this particular sense because, as I said, this kind of situation has arisen before and perhaps it would assist us in the future as to in future cases where ministers do attempt to close debate. If other members who have the intention of speaking will have a similar opportunity after the minister has begun the remarks, perhaps not realizing in this particular phase that it was closing debate, who also are recognized and have it be taken in their name, Mr. Speaker, in terms of debate, and other members. As I said, this has happened in the past and I am wondering if we could obtain some further clarification so we avoid lengthy points of order in the future.

Mr. Speaker: Indeed, as I had indicated to the House, I had not heard the remarks. Therefore, it is under my powers to take this matter under advisement. This matter will not remain standing in the name of anybody except the name of the Speaker, and I will indeed peruse Hansard. I will go over all the remarks that have been said and we will come back with a detailed—on est fait.

Mr. Speaker: Now it appears that everyone wants to call it six o'clock. Is it the will of the House to call it six o'clock? Okay. Everybody have a Happy Easter.

The hour being 6 p.m., this House is now adjourned and stands adjourned until 1:30 p.m., Tuesday.

Legislative Assembly of Manitoba

Thursday, April 16, 1992

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