



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

**DEBATES
and
PROCEEDINGS
(HANSARD)**

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Speaker*



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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, Clif	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, May 7, 1992

The House met at 1:30 p.m.

PRAYERS

ROUTINE PROCEEDINGS

READING AND RECEIVING PETITIONS

Mr. Speaker: I have reviewed the petition of the honourable member for Selkirk (Mr. Dewar), and 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:

WHEREAS the Human Resources Opportunity Office has operated in Selkirk for over 21 years providing training for the unemployed and people re-entering the labour force; and

WHEREAS during the past 10 years alone over 1,000 trainees have gone through the program gaining valuable skills and training; and

WHEREAS upwards of 80 percent of the training centre's recent graduates have found employment; and

WHEREAS without consultation the program was cut in the 1992 provincial budget forcing the centre to close; and

WHEREAS there is a growing need for this program in Selkirk and the program has the support of the town of Selkirk, the Selkirk local of the Manitoba Metis Federation as well as many other local organizations and individuals.

WHEREFORE your petitioners humbly pray that the Legislature of the Province of Manitoba may be pleased to request the Minister of Family Services (Mr. Gillieshammer) to consider a one-year moratorium on the program.

MINISTERIAL STATEMENTS AND TABLING OF REPORTS

Hon. James Downey (Minister responsible for the Manitoba Hydro Act): Mr. Speaker, I am pleased to table the 40th Annual Report of the Manitoba Hydro-Electric Board for the year ended March 31, 1991.

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I would like to table for the House a report from the Manitoba Centre for Health Policy Evaluation, a report that they made public Tuesday at their semiannual meeting, Hospital Funding within the Health Care System: Moving Towards Effectiveness.

Hon. Glen Findlay (Minister of Agriculture): Mr. Speaker, I would like to table the Supplementary Estimates for the Department of Agriculture for 1992-1993.

Introduction of Guests

Mr. Speaker: Prior to Oral Questions, may I direct the attention of honourable members to the Speaker's Gallery, where we have with us this afternoon Madame Judy Paradis, who is a delegate to the AIPLF Conference. She is a member of the House of Representatives from the State of Maine.

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

Also with us this afternoon, we have from the Landmark School, forty-two Grade 5 students. They are under the direction of Mrs. Wendy Hildebrand. This school is located in the constituency of the honourable member for La Verendrye (Mr. Sveinson).

Also this afternoon, we have 17 student visitors from the University of Winnipeg Enrichment Mini Course Program. They are under the direction of Mr. Harold Taylor, the former member for Wolseley.

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

* (1335)

ORAL QUESTION PERIOD

Constitutional Issues Legal Opinion Request

Mr. Gary Doer (Leader of the Opposition): Mr. Speaker, over six months ago, the all-party task force of the Manitoba Legislature reported on the issues facing Manitobans in the Constitution. Since that time, there has been a federal report that has

been produced in the country; there have been a number of other provincial reports; there have been four or five working committees established with officials from all governments in Canada; there have been delegations approved for aboriginal participation with the provincial delegations—and we are quite a bit away in terms of time—and there are quite a lot more issues on the table than what we first dealt with in the public hearings and the all-party review that was completed over six months ago.

When the federal report was tabled in this Legislature, I pledged our party's commitment to an all-party consensus approach, because I think most Manitobans believed that was one of our strengths when dealing with Meech Lake, and that was one of our strengths as a Legislature working together.

I asked the Premier at that time whether he was quoting from legal opinions that he had about some of the issues on division of powers that were facing our province, and I asked the Premier at the time to share the legal opinions with members of this Chamber.

The Premier stated on March 2: "I see no reason why I should not share the advice with the opposition leaders or whichever representatives we want to have to ensure that all parties' views are brought together on this issue."

I would ask the Premier: Why have we not received those legal opinions, those legal briefings and those other briefings to date? Should we not be all working from the same basic information when we have meetings with the Premier of Quebec or meetings with any other Premier or national figure on dealing with Canada's future and Manitoba's future in it?

Hon. Gary Filmon (Premier): Mr. Speaker, I thank the Leader of the Opposition for his summary of events and also his commitment to continued co-operation in working on the constitutional file. As he probably is aware, this is a matter that is continually moving. It is a matter in which different proposals are put on the table at different times, and we are really not in a position of having any final and fixed proposal to deal with.

Ministers are discussing matters; for instance, last week he talked about the formula of seven provinces-85 percent proposal that I attributed to the province of Saskatchewan. He said to me that was not Premier Romanow's position. We now find in today's paper that is indeed being referred to as the

Saskatchewan proposal, as we indicated in our discussion here in the Legislature, as the Minister responsible for Constitutional Affairs (Mr. McCrae) put forward.

Things are changing almost by the day. There is no final proposal that we can discuss, or no matters that are in a form for decision making. Until we arrive at that kind of position, we could talk amongst ourselves, but we would not be necessarily working toward a proposal that represents a position that Manitoba would take in the final round of negotiations that I anticipate eventually will come.

I have indicated to him that I am prepared to discuss with the leaders, prior to going to final meetings, about these kinds of positions. Indeed, I intend to do that.

All-Party Committee

Mr. Gary Doer (Leader of the Opposition): Again, in the last round we would meet and work together prior to positions being formulated, prior to positions being discussed on the table, so that, going in, we could all be working in the same direction in terms of Manitoba's vision and a co-operative consensus approach.

Mr. Speaker, following Manitoba's lead in the 1990s, numbers of other legislatures have formed all-party reports or committees. Right now, sitting in the province of New Brunswick, there is again a meeting of the various representatives of governments and the various leaders of the aboriginal nations in this country. At that meeting, Ontario has an all-party delegation of elected officials working with the members of the public service. At that same meeting, Nova Scotia has picked up the all-party model, and members from political parties are all represented, so the position of Nova Scotia will be reflected in an all-party way.

I would ask the Premier: Why have we abandoned that all-party approach to the deliberations going on, and would it not also be better for our province to continue on our tradition of an all-party way that we led the country with and now other provinces are actually duplicating?

* (1340)

Hon. Gary Filmon (Premier): I remind the member that when we were dealing in the last round that he referred to, we were dealing with a specific proposal which was the Meech Lake Accord, which had a defined proposal on each individual issue, and

we then came up with our response to that. We have the Manitoba position which has been defined by the all-party task force, and that is the position that we take forward to the negotiations. Those are the issues that we are dealing with, and obviously when we come to a final issue, a final round, in which we are going to be putting forward, or expected to decide upon issues in a more final way, I have indicated that the consultations that I said would take place will take place before I go into those final meetings, but we are not at that point.

Mr. Doer: Again, and I say this in the greatest sense of unity in this Legislature, all opposition leaders have been invited to meet the Premier of Quebec; all premiers of western Canada will be meeting the Premier of Quebec. I think it is better for my discussions and my meeting with the Premier of Quebec to be 100 percent sure, not 99 percent sure, not 90 percent sure, that both myself and the Premier are speaking from the same voice with the same emphasis based on all the proposals that are at the table today, which are much beyond the Manitoba report.

I would ask again to the Premier: Can we have equal information and background information of what is going on? Can we be involved in some of the proposals that are being placed on the table by various delegations? Can we now, six months after the Manitoba task force report is out, pledge ourselves again to work in a co-operative all-party way so that Manitobans are served equally by all their elected representatives?

Mr. Filmon: That is precisely what this government has endeavoured to do. Each time the Minister for Constitutional Affairs, the Minister of Justice (Mr. McCrae), has returned from one of these meetings he has given a full and complete report on the issues that were presented and discussed at those meetings. He has kept this Leader of the Opposition and his colleagues up to date on what the Manitoba position is and what is on the table.

This is the first that I have heard that the Leader of the Opposition does not know what the Manitoba position is or does not know what is on the table. All he has to do is read those ministerial statements that have been put forward for all parties, and he knows exactly what the position is.

St. Boniface Hospital Bed Closures

Ms. Judy Wasylycia-Lels (St. Johns): Mr. Speaker, for months we have been raising questions of this Minister of Health about the 250 beds rumoured to be cut at St. Boniface and Health Sciences Centre. As recently as Monday evening in Estimates, or was it Tuesday morning, I asked the question again—this question—and he dismissed it as speculation and said any announcement would be part of an overall plan.

I want to ask the minister: Why, at the very time he was making that response to our questions, were meetings taking place at St. Boniface Hospital to provide information and explain a 150-bed cut at the St. Boniface General Hospital?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, always during the Estimates process I try to provide my honourable friend with a response to her questions. We have spent almost 50 hours doing just that. I cannot account for discussions which are going on at board meetings across the length and breadth of Manitoba, not only at St. Boniface but many other hospitals.

For instance, Mr. Speaker, some year ago, at the Victoria General Hospital, the board was discussing the innovation of a new program in birthing for women for which I was at the formal initiation today. That discussion was going on for the improvement of health care and for improvement of service delivery, for instance, in child birthing at Victoria General Hospital. I would assume at board meetings all across the province discussions are ongoing about the challenge of meeting health care needs in the 1990s, and I welcome those kinds of discussions.

Ms. Wasylycia-Lels: Would the minister at least tell Manitobans and patients in this city what he would not tell us after 50 hours of questioning in Estimates? What is the exact budgetary increase going to St. Boniface General Hospital? Why are they looking at cutting up to 150 beds in this year alone?

Mr. Orchard: Mr. Speaker, my honourable friend has posed that question. I have indicated to my honourable friend that in the budget process, we have indicated to all of the hospitals that in this year's budget, which has increased by \$53 million over last year's budget, that I asked this Legislature to approve, all of the hospitals, and particularly the

members of the Urban Hospital Council, are in the process of coming back to government with their operational plans for the next year or two years in terms of meeting the budget as presented within the \$53-million increase, the total of almost \$950 million that Manitoba taxpayers are supplying to hospitals throughout Manitoba to deliver needed care.

Mr. Speaker, the plans are coming back, or are in the process of coming back, and will be analyzed and agreed to or disagreed to and further negotiated as the normal budgeting process takes place.

* (1345)

Health Care Facilities Bed Closures

Ms. Judy Wasylycia-Lels (St. Johns): Mr. Speaker, that is the Minister of Health, and the buck stops there.

Will this minister do the responsible thing and tell all Manitobans his long-term health care plan for this province and the impact of these kinds of bed-cut decisions on patients?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, again, I remind my honourable friend that she is almost approaching an Ontario bed-cut situation with glee.

There are no decisions being made around bed cuts. Discussions are ongoing around budget management in all of our hospitals throughout the length and breadth of Manitoba.

My honourable friend says the buck stops here. Yes, 53 million more of those bucks stop here and then go to the hospitals this year over last year. That is in sharp contrast to the slavish adherence my honourable friend has to budget cuts in Saskatchewan, where they received \$50 million less this year than last year and some \$70 million more across the entire hospital system of Ontario serving nine times the population.

I will put our record of funding, Mr. Speaker, as I have for 50 hours, in front of any Legislature and defend it as the best in Canada.

Constitutional Issues Senate Reform

Mrs. Sharon Carstairs (Leader of the Second Opposition): Mr. Speaker, we are always very concerned about the rules of order in this Chamber, but I would ask you, Sir, to investigate the decorum

of certain members of this Chamber outside of the Chamber.

I mean, last night I have to tell you when the Premier literally pounced on top of me, albeit on stage, it caused almost heart failure in the Leader of the Liberal Party. It was done in great fun and in a spirit of co-operation. It is in that spirit of co-operation that I hope the Premier is meeting this afternoon, taking the message of the task force report of Manitoba's Legislature to the Premier of the province of Quebec.

Mr. Speaker, we are particularly interested in some of the discussions that have taken place in the western provinces, particularly in Alberta, where the Premier of Alberta seems to have given the impression, if not the fact, that for him he was willing to accept an equal Senate and perhaps a less-effective Senate.

Can the Premier of the province of Manitoba tell this Chamber today what I think Manitobans want to hear, that an effective Senate is as important to them as an equal Senate?

Hon. Gary Filmon (Premier): Mr. Speaker, I had not briefed my caucus on last night's events. I was hopeful that it could have been our own little secret. I will say that some have suggested that that might be the greatest example of real acting that anybody has ever seen.

I take seriously the question that the Leader of the Liberal Party has placed. Yes, this government does want to see a Triple-E Senate that not only is elected, but equal and effective. That is one of the considerations that very strongly is on the table and is very important to Manitoba in the whole constitutional process. Where we get into the debate on effectiveness, of course, is on the ability of an elected equal Senate to hamstring a parliament that is also duly elected and representative of the people and country.

That is an area in which I might say that we have viewed many, many models, and even in my own discussions with Premier Getty, Premier Wells, and Premier Romanow—proponents of a Triple-E Senate—there is going to have to be a great deal more work done whether or not we have a tie-breaking mechanism, whether or not we have a method by which the sanctity of parliament's ultimate right to make decisions on behalf of the people remains and how it remains.

So that is the only area in which I can say that I see some flexibility, but it has to be effective and effective enough to be able to go and stop parliament from doing something that might clearly be against the best interests of a particular region of this country. With that very small caveat, there is no question that we want a Triple-E Senate that is effective.

* (1350)

Mrs. Carstairs: Mr. Speaker, the Premier of Quebec said yesterday—if he has been quoted accurately in the media—that his province will not return to the negotiating table until there is an agreement on Senate reform.

My question to the Premier is: Does he accept that stipulation, and if not, will he tell Mr. Bourassa in their meeting today that there is no question of even talking about anything but the full-fledged Triple-E model until Quebec is at the table and ready to negotiate seriously?

Mr. Filmon: Mr. Speaker, my objective is to try and convince the Premier of Quebec that he ought to be at the table, that no final determinations of constitutional reform are going to be made in this country without Quebec at the table. Ultimately, there will have to be a time and a place that Quebec feels it is appropriate to come back to the table. I would hope that I could do everything within my power to encourage that to be sooner rather than later.

Rather than give him threats or ultimatums, I would rather try and persuade him that it is in his interest, as well as the interests of the people of Quebec, as well as Canada's interest, that all of the players be at the table when final decisions are made that are obviously going to affect all of us and result hopefully in a package that is acceptable to people right across the country.

Provincial Referendum

Mrs. Sharon Carstairs (Leader of the Second Opposition): Mr. Speaker, according to all the reports, the current talks have returned to the core elements of the Meech Lake accord. Clearly, there are some differences, but it is still unclear exactly whether those differences are just sugar-coating or whether they actually address the fundamental flaws of the Meech Lake accord.

My question is this: The biggest flaw of the Meech Lake debacle was the callous and cynical

exclusion of the people. Now, certainly, in this province we have a mechanism to reach out to some of the people but certainly not all of the people. Will the Premier tell this House today why his government will not say yes to all of the people by allowing for a provincial referendum on the Constitution?

Hon. Gary Filmon (Premier): Well, Mr. Speaker, I suppose it is because of exactly the same reasons why the all-party task force on the Constitution did not accept the referendum as being the best answer for Manitobans to express themselves and to be well represented at the constitutional table. I say with respect that the all-party task force did consider the referendum as one of its options and did give a number of very serious reservations in its report and felt that ultimately this province has been the most open, the most democratic in seeking public opinion as the basis of its position and will ultimately have the people of this province be able to give their final comments on the matter when a proposal is struck that is available to be presented to the Legislature.

This Legislature will have to have its full and complete debate and will have to have full and open public hearings. That will provide for a very strong input by the public and ability to have the Manitoba population have their say before any final determination is made.

* (1355)

Brandon General Hospital Government Funding

Mr. Leonard Evans (Brandon East): I have a question for the Minister of Health.

In the past year, the Brandon General Hospital has had a shortfall of funding of \$1.3 million and had to lay off nearly 30 licensed practical nurses and has had to shut down the gynecology ward and scale back on the palliative care services. Now there are reports that the hospital is looking at another potential shortfall of a second \$1.3 million in the current year.

Can the Minister of Health confirm that his department has advised the Brandon General Hospital that there will be no increase in the level of government funding this year and resulting in a potential shortfall?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I cannot confirm my honourable friend's allegations.

Mr. Leonard Evans: Well, I am asking these questions on behalf of the people of Westman, who are very concerned and apprehensive about what is happening.

Mr. Speaker, I ask the minister: How many more layoffs and bed closures does the minister expect to result at the Brandon General Hospital this year because of the proposed level of funding this year that, I understand, has been indicated by his department to that hospital?

Mr. Orchard: Mr. Speaker, my honourable friend refers to the reorganization within the Brandon General Hospital that was announced, I think, maybe in January of this year. My honourable friend talks about bed closures, et cetera. Yes, there were some bed closures through consolidation of three wards: one occupied at approximately 51 percent; a second ward occupied at approximately 67 percent; and a third ward at 68 percent.

Mr. Speaker, the management of the hospital and the administration of the hospital and the board of the hospital believed that they could provide—and they are right—equivalent services in two wards so that rather than staffing three partially utilized wards, they staffed two more appropriately utilized wards. In the process of doing that, they have saved significant budget to the taxpayers without compromising patient care. They are able to do that because, since we have come into government, we have more than doubled the home care budget in the city of Brandon to allow more services to move from the hospital to the community in the very reasoned and informed approach to changing the health care system that everybody advocates but few are able to accomplish, Sir.

Service Reduction

Mr. Leonard Evans (Brandon East): Mr. Speaker, well, I ask again on behalf of the people of Westman, who are very concerned and apprehensive about this matter: Just to what extent will the hospital have to scale back on service this year, given the fact that the word is out that there will be absolutely no increase in the level of funding for the Brandon General Hospital?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, my honourable friend has terminal deafness when he hears answers that he does not agree with. My honourable friend just made an

accusation of the Brandon General Hospital that they are going to be curtailing service deliveries and cutting back on services. The adjustments that were made in February or January of this year allow the Brandon General Hospital to maintain its service level.

Mr. Speaker, when my honourable friend, as an elected representative, stands up and makes the accusation that Brandon General Hospital, because of what decisions they made in February and January of this year, are going to cut back on services, is not telling the truth. He has an obligation to tell the truth, because the Brandon General Hospital Board said—

Mr. Speaker: Order, please.

Point of Order

Mr. Steve Ashton (Opposition House Leader): Mr. Speaker, I very clearly heard the Minister of Health say that the member for Brandon East was not telling the truth. There was no doubt about the intention of the statement made by the minister. He was making an accusation on behalf of the member for Brandon East that there was some deliberate intent.

I would ask Mr. Speaker to review the comments which I believe are unparliamentary and also uncalled for, because the member has consistently raised concerns on behalf of the people of Brandon and should not be subject to this kind of abuse—

Mr. Speaker: Order, please. The honourable member does not have a point of order. The honourable Minister of Health, to finish his response.

* * *

Mr. Orchard: Mr. Speaker, my honourable friend does a disservice to the members of the Brandon General Hospital Board who, in a statement in February, said there will be no curtailment of services because they will consolidate the services of three wards into two, with outpatient surgery, with increased home care. The level of service delivery in the hospital will remain the same, not reduced, as alleged and fearmongered by my honourable friend around the February announcement.

* (1400)

Northern Health Care Transportation Fee

Mr. Jerry Storie (Flin Flon): Mr. Speaker, I received today a copy of the 1990-91 annual statistics from the Manitoba Health Services Commission. The statistics are quite startling.

In Winnipeg, the average person receives approximately 14 medical services annually provided by the Manitoba Health Services Commission. In northern Manitoba, approximately one-half of those services, or seven services, are provided by the Manitoba Health Services Commission on an annual basis. Twice as many people in Winnipeg use the services.

How can the Minister of Health justify applying a \$50 user fee to northern Manitobans who access health services when the people in Winnipeg use twice as many as the people in northern Manitoba?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, my honourable friend is showing some knowledge but actually very little analysis around that knowledge. The issue is that there are far fewer physicians in rural and northern Manitoba per capita. What we find when we analyze the increased services that are received by Winnipeggers, that their health status is not significantly improved over those living in eastern Manitoba, which has the fewest physicians per capita in Manitoba.

Mr. Speaker, that tells the story as to how the service level is accessed with an increasing number of doctors in the city of Winnipeg, a challenge faced by health care systems across Canada, where the tendency is to locate in the major urban centres. It has little to do with health outcome, and that is why, Sir, we are embarking upon negotiations to change those kinds of dynamics to improve the health status of Manitobans without increasing the budgets enormously.

Mortality Rate

Mr. Jerry Storie (Flin Flon): People in northern Manitoba pay the same taxes as the people in the city of Winnipeg.

Mr. Speaker: Question, please.

Mr. Storie: Mr. Speaker, for the Minister of Health: Will the Minister of Health explain then why the mortality rate in northern Manitoba is higher than the rest of the province of Manitoba on an average? Can he also explain why the number of warrants

under the Northern Patient Transportation Program have dropped by almost 50 percent after the user fee was introduced?

Hon. Donald Orchard (Minister of Health): Mr. Speaker, I want to simply correct my honourable friend because, again, he is inaccurate.

Mr. Speaker, the reduction in Northern Patient Transportation warrants has been reduced by approximately 25 percent, not 50 percent as my honourable friend says. I want to tell my honourable friend why: because now, in the city of Thompson, we have 20 doctors compared to eight who were there when we came into government. That is because of policies of this government to enhance the recruitment and retention of physicians in northern Manitoba.

Secondly, Mr. Speaker, we are actively encouraging specialists in Winnipeg not to insist northerners return to Winnipeg for the second follow-up visit but rather to have it done by a local physician to increase the opportunity to stay in northern Manitoba as a practising physician instead of transferring all of the patient business to Winnipeg. Those are policies that enhance and improve the access to health care service delivery in northern Manitoba, and we support them even if the member for Flin Flon does not—

Mr. Speaker: Order, please.

Transportation Fee

Mr. Jerry Storie (Flin Flon): In most of the communities in my constituency, there are no doctors, and they now do not have access to medical services because—

Mr. Speaker: Order, please. The honourable member for Flin Flon, with your question.

Mr. Storie: My question to the Minister of Health: After now a little less than a year of operation, the \$50 user fee, will the minister now acknowledge that it was a mistake, that it is dangerous to the health of northern Manitobans, and that he will remove it in the interest of fairness to the people who are looking for medical health services in northern Manitoba?

Hon. Donald Orchard (Minister of Health): The simple answer is, I will not because that and a number of other policies of this government now see more physicians in northern Manitoba with more patients seeing them and delivering the care closer to home. Better for the patient, better for the

communities in northern Manitoba, who have now the opportunity that patients will be served in their home communities.

Mr. Speaker, surely my honourable friend does not want to see all northerners come down to Winnipeg to receive services with no doctors in northern Manitoba. That is not a policy of the Progressive Conservative government. We believe in distribution of medical services. We are working towards that, even though my honourable friends the New Democrats want to stop those progressive qualities.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order, please. The honourable member for Thompson (Mr. Ashton), the honourable Minister of Highways and Transportation (Mr. Driedger), if you want to carry on that sort of a discussion, you can do so outside in the halls.

Health Care System Reform Co-ordination

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

It has been brought to our attention that the administrators at the St. Boniface Hospital are discussing with staff major changes. The minister has repeatedly made a promise in this House that we will have open and frank discussion. Mr. Speaker, we are very much distressed with this kind of approach.

Can the minister tell this House why discussions are taking place when he has not released his own package? How can health care reform take place when each and every hospital is moving in their own direction? Mr. Speaker, we need a frank discussion here. We will ask the minister again, please have the reform take place here first, have a discussion here, give us the time and then let us make a judgment call.

Hon. Donald Orchard (Minister of Health): Mr. Speaker, as I have indicated to my honourable friend, it is the intention of this government to put out a paper which outlines the system-wide challenges and reforms so that Manitobans can judge whether this province, this government and the institutions and the caregivers and the professionals in this province can realistically come around the challenge that is facing medicare from sea to sea in this country.

Mr. Speaker, I have to tell my honourable friend, the discussions that are going on and the understanding of the challenge and the innovative approaches that are coming from those kinds of discussions, amongst professional groups, boards of our institutions and hospitals, will be very, very beneficial in achieving just what my honourable friend wants to do, a reformed renewed health care system to deliver to the health care needs of the citizens of Manitoba for the 1990s.

Mr. Cheema: Mr. Speaker, can the minister tell us then how the people of Manitoba and the health care providers can have any comfort when they do not have a full package? How can the 56 members of this House make a decision call if we do not have the package?

The health care reform must take place in a co-ordinated fashion. You cannot work in isolation within each and every hospital. The minister should get that answer. It is very important. People should know where this government is going to go in the long run.

Mr. Orchard: Mr. Speaker, I could not agree with my honourable friend more that we have to approach changes in the health care system from a system-wide approach. That is why a year ago we successfully launched probably one of the best research centres into health care in Canada at the Manitoba Centre for Health Policy and Evaluation, using the preeminent expertise of the Roos's and other world-class researchers around outcome analysis, so that we can guide the change in the health care system from a scientific standpoint instead of an emotional standpoint, from time to time such as happened.

Now, Mr. Speaker, in addition to that, we established 18 months ago the Urban Hospital Council to bring the major facilities together so that they do not plan in isolation as individual autonomous groups delivering health care, but they plan across the system, witness the announcements yesterday of the Urban Hospital Council.

Mr. Speaker, I want to tell you, because you represent a rural constituency, we are doing the same thing this month in rural and northern Manitoba to bring the system together around planning for the future.

Mr. Cheema: Mr. Speaker, we are not questioning the minister's goals in the long run; we are questioning the process.

Can the minister make a commitment today that he will issue an order to all the hospitals to stop any discussion before we have had a chance to make a discussion in this House? That is why people cannot make a decision, and the minister will get support if there are positive answers in those proposals.

* (1410)

Mr. Orchard: Mr. Speaker, I agree with my honourable friend that Manitobans ought to participate in the debate of the future of health care service delivery in this province, because Manitobans are concerned and alarmed when they hear of bed closures, bed cuts, staff layoffs in the tune of 1,000 and 2,000 beds in Ontario. Manitobans are alarmed when they hear coming out of Saskatchewan that the "home of medicare" is considering premium reinstatement and not an increase in budget of 6.1 percent, like we provided to hospitals this year, but in fact a 2.8 percent decrease this year.

Those are cause for concern when Manitobans see that kind of action in neighbouring provinces. That is why, Sir, we intend to bring Manitobans around the issue of making our health care system effective and available for the 1990s for the people who need care—

Mr. Speaker: Order, please.

Human Resources Opportunity Centre Closure Protest

Mr. Gregory Dewar (Selkirk): My questions are for the Minister of Family Services.

Over 1,500 Selkirk residents have signed our petition calling upon the minister to consider a one-year moratorium on the closure of the training plant in Selkirk.

My question to the minister is: How many more residents must protest this closure before he finally listens?

Hon. Harold Gillieshammer (Minister of Family Services): We have had the opportunity to discuss the budget and decisions within the Department of Family Services in Estimates, and I think at least once or twice before here in the House.

I met with the mayor of Selkirk, along with the MLA for Gimli (Mr. Helwer), to discuss the Selkirk training plant and the decisions that we have made. We have to have a responsible look at the training programs that are offered to Manitobans who are looking for that type of assistance to get into the work force and to make the decisions that are the best for Manitobans and provide training that is most appropriate as we go into the 1990s. Unfortunately, one of those difficult decisions was the closure of the Selkirk training plant.

Closure Postponement

Mr. Gregory Dewar (Selkirk): Mr. Speaker, since the minister met with the mayor of Selkirk over two weeks ago, when will he announce the postponement of the dismantling of the centre?

Hon. Harold Gillieshammer (Minister of Family Services): I felt I had made it clear in that meeting, and I have made it clear to the member, that we have made decisions that we are going to carry forward with and look forward to other avenues by which we can train people in the future. That decision is one that has been finalized, and we are looking at other means of training people to provide employment for them into the 1990s.

Mr. Dewar: Mr. Speaker, will the minister then postpone the dismantling of the centre until he has a chance to meet with some of the groups looking at alternatives to the closure?

Mr. Gillieshammer: Mr. Speaker, in my meeting with officials from Selkirk, they indicated to me that they were actively looking for alternatives for the training plant. I indicated to them that if there were any way we could facilitate their search and their planning, we would be pleased to help them with it.

Multicultural Legislation Introduction

Mr. Kevin Lamoureux (Inkster): Mr. Speaker, this government talks a lot about multiculturalism, but its actions are lacking. I want to quote from the government's throne speech in which it says: "To ensure Manitoba continues to benefit from the diverse abilities and cultures of the multicultural community, my government will introduce Manitoba's first multicultural act."

My question to the Minister of Culture and Heritage is: When are we to anticipate receiving that act? Is it going to be in this session as promised

from her government, or when is it going to be brought forward?

Hon. Bonnie Mitchelson (Minister responsible for Multiculturalism): I want to begin by saying that I do not accept any of the preamble that was in the question that was just posed that this government has just paid lip service to—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order, please. The honourable member for Inkster has already put your question, and I am sure you want to give the honourable minister a chance to respond to that question.

Mrs. Mitchelson: Mr. Speaker, I will reiterate that I do not accept the preamble where the Liberal critic indicates that this government is just paying lip service to the multicultural community.

Does he call lip service the first ever multicultural policy that was introduced? Does he call lip service the setting up of a multicultural secretariat and a multicultural outreach office? Does he call it lip service when we introduced and indicated that we would establish a working group on immigrant credentials, one of the main concerns of the multicultural community? We have, in fact, addressed those recommendations that the working group put forward. Does he call it lip service when we have implemented a Bridging Cultures Program that does deal with racism in our province?

Mr. Speaker: Time for Oral Questions has expired.

House Business

Hon. Clayton Manness (Government House Leader): Mr. Speaker, before I move the Supply motion, I would like to make an announcement of House business. The Standing Committee on Law Amendments is called for Thursday, May 14, 10 a.m. to consider these bills: Bills 38, 48, 68 and Bill 6.

I wonder if there is a desire to cancel private members' hour.

Mr. Speaker: Is it the will of the House to waive private members' hour?

Some Honourable Members: No.

Mr. Speaker: No, leave is denied.

ORDERS OF THE DAY

Hon. Clayton Manness (Government House Leader): 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 Niakwa (Mr. Reimer) in the Chair for the Department of Health; and the honourable member for Seine River (Mrs. Dacquay) in the Chair for the Department of Education and Training.

COMMITTEE OF SUPPLY (Concurrent Sections)

HEALTH

The Acting Deputy Chairperson (Mr. Jack Reimer): 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 Health.

When the committee last sat, I had been considering item 5.(a) Administration: (1) Salaries on page 87 of the Estimates book.

When this section of the Committee of Supply last met, I had ruled that the words "false information" spoken by the honourable member for Thompson (Mr. Ashton) were unparliamentary and asked him to withdraw.

My ruling was challenged and sustained by a formal vote. I am now asking the honourable member to please unconditionally withdraw the words "false information."

Mr. Steve Ashton (Thompson): Mr. Acting Deputy Chairperson, I know the previous Chair had ruled that based on the context that the word was spoken in, and if that was the concern—because I had expressed concern that if the word appears on both our lists as being unparliamentary—if there was any concern by the Chair, which I believe was the essence of his ruling that the context made the statement unparliamentary, I will categorically withdraw any context or imputation that the words spoken were intended or might be read as being unparliamentary.

The Acting Deputy Chairperson (Mr. Reimer): I thank the member for Thompson.

Item 5.(a)(1) Administration: Salaries.

Mr. Ashton: Yes, we are sort of prepared to deal with the motion, but I know the Liberal critic is otherwise occupied currently. I think out of fairness, we may want to defer a vote on this particular item until that point in time.

The Acting Deputy Chairperson (Mr. Reimer): Is there a willingness to the committee to come back to this motion at a later time? [Agreed]

As previously mentioned, we were dealing with line item 5.(a) Administration: (1) Salaries on page 87.

Mr. Ashton: Mr. Acting Deputy Chairperson, I know there have been a number of items that have been discussed and a number of questions I want to ask the minister related to northern health care in a different context, and the matter that will be dealt with by the resolution when we return to it.

I do want to indicate—by the way, I should have mentioned this earlier—I have expressed this to the minister, but in view of the discussions that are ongoing currently on very serious, national matters related to the Constitution, the fact that the Premier (Mr. Filmon) and other leaders are going to be meeting with the Premier of Quebec, when we do have votes on the motion that will be coming up and any other matters, whether they be procedural or by motion, we will not be asking for a recorded vote out of courtesy to the Premier and other leaders. I just want to state that on the record.

* (1440)

In terms of northern health care, I wanted to ask the minister a couple of questions that I asked a number of years ago. I wanted to ask the minister the current status of the whole question of aboriginal health care, recognizing that the primary focus in terms of treaty aboriginal people is, obviously, its relationship to the federal government, medical services, et cetera. But there has been a concern expressed about the lack of co-ordination between the province—which is still the primary deliverer of health care and medical services which does provide physician services and does fund treaty Indians in terms of access to other health care services which may be provided by the province directly.

I want to ask the minister what progress, if any, has been made in terms of developing an aboriginal health strategy involving both the province, the federal government and most importantly, aboriginal people themselves. Because they have

expressed, I know, an increasing concern about the need for them to have a direct role to play in terms of provision of health care services.

Hon. Donald Orchard (Minister of Health): Well, Mr. Acting Deputy Chairperson, that is one of many issues that have probably taken on a greater degree of urgency. But I do have to qualify that by saying that right now there was more—I will tell my honourable friend that in the past year there has been less request for discussion and less actual discussion from my perspective within the ministry of Health around the health issue itself.

I think that is indicative of the leadership in the aboriginal community, probably concentrating most of their efforts since maybe July of last summer around constitutional issues. My perspective is that we have not been as frequently at the discussion table on health issues as we were, for instance, the year previous—and not a reflection of not trying to seek resolution, but just, I think, reflective of the prioritization within the native leadership around constitutional negotiations and discussions of aboriginal leadership and aboriginal community participation in the constitutional debate which, well, as my honourable friend—and I appreciate the commitment not to have a recorded vote because right now the Premier (Mr. Filmon) of this province, meeting with the Premier of Quebec, is discussing just that very issue of the national constitutional issue.

So I think there has been somewhat of a preoccupation over the last 12 months or 10 months, for sure, which has maybe lessened the issue of occupation and health and other areas of government.

Mr. Ashton: I appreciate—the minister is dealing with a great number of issues, and the evolving constitutional discussions have certainly attracted a lot of attention in terms of the aboriginal people themselves. But I want to, again, flag this as a concern and also point to the fact that one of the possible outcomes of the constitutional discussions may be a recognition, constitutionally, of the status of the Metis who currently are under provincial jurisdiction, but could then be under federal jurisdiction which could lead to some significant changes in terms of Metis communities, communities such as Wabowden or Thicket Portage or Pikwitonei with a significant number of Metis, that are not reserves, that are not urban communities,

and fall into something of a no man's land currently in terms of a lot of areas. I just flag that as a concern.

I just wanted to follow up on one other matter I did raise the other day, a matter that was somewhat distracted by our larger debate on the \$50 user fee, a resolution that we will be dealing with in a few minutes. But it is with regard to medi-vac policy, particularly medi-vac policy as it relates to medi-vac individuals from remote northern communities into either Thompson or Winnipeg for medical services.

I am not talking about northern patient transportation. We are dealing with that in a separate item. I am talking about emergency evacuation procedures. I express the concern that has been expressed to me by nurses working in nursing stations, and I mention, in the case of Pikwitonei, a recent example whereby the nurses have very little ability to influence the final decision as to whether someone should be medi-vac'd or not.

Concern has been expressed that nurses who probably, while they do not have the full medical expertise of a doctor, have the advantage that they are on site, they can see what is happening. The real concern was expressed in the context of a particular case. Fortunately, things worked out well in the end. Nobody died. It was the case of Percy Laubman, a long-time resident of Pikwitonei, who had to go in by taxi from Pikwitonei into Thompson.

To give some people a picture of how that works, they had to go in by taxi over the winter road, which crosses over about 30 kilometres of the ice bridge before one reaches the Repap road. It takes about 45, 50 minutes, if not more, to get in from Pikwitonei into Thompson. It is not a road that most people would picture. It is a road that can have very little traffic. If there is a breakdown, the chances are that someone may come along, but they may not. There are no emergency transmitters along the way, no phones.

It was of particular concern that if this case had been very serious—and fortunately it turned out not to be as serious as was originally thought—that there could have been a significant risk to the patient. This was a concern that was expressed not just by members of the family but by nurses in the community.

I want to ask the minister if he could indicate the current policies with regard to emergency transportation, whether he is willing to look at giving a more significant role to nurses and the nursing

stations within the communities to ensure that, if they have a reasonable concern that the life of the patient or the health of the patient would be significantly at risk if that patient were not medi-vac'd to a hospital, that that will have a major influence in the dispatching of the medi-vac?

Mr. Orchard: Mr. Acting Deputy Chairperson, in consultation, the process I think is pretty direct and pretty formalized and pretty well understood by nurses who are at nursing stations, and when medi-vac services are requested, they are requested on the basis of identified need by the individual nurse at the nursing station. Because the staff at air ambulance have to assure that there is an emergency that needs air evacuation, they will take the request through some questions that they do, sure, but I am informed that with very, very few exceptions the judgment call of the nurse at the nursing station is followed.

The only thing I can do for this specific instance is, if my honourable friend wanted to share the circumstances, we could provide what happened there and maybe why medi-vac was not ordered in. But to put it directly, staff inform me that they tend to err on the cautious side rather than to potentially compromise the individual's medical condition by rigid adherence to any rules. They tend to err on the side of caution, I think it is fair to say, most of the time, but in this instance it might be appropriate to take a look at the specifics and see whether there are circumstances that need to be revisited.

* (1450)

Mr. Ashton: I will provide that, Mr. Acting Deputy Chairperson, and I look forward to the minister's response.

I was just going to suggest that we might want to refer to the motion that was on the table previously.

The Acting Deputy Chairperson (Mr. Reimer): As previously agreed, we will now return to the motion that was put forth by the honourable member for Thompson (Mr. Ashton).

Mr. Gulzar Cheema (The Maples): Mr. Acting Deputy Chairperson, I have a couple of questions to the Minister of Health (Mr. Orchard) on the issue that we were discussing the other day.

Can the minister tell this House out of this last year of 13,000 transports how many patients were requiring repeated visits, for example, I will give him a few illnesses, to visit the Manitoba Cancer

Treatment Foundation for treatment or advanced consultation for dialysis, and in cases of emergency, such as for children, bronchial asthma and other illnesses where they have to, they have no choice but to come to Winnipeg for further treatment?

Mr. Orchard: Mr. Acting Deputy Chairperson, I am presuming my honourable friend's question is: How many people are on the Northern Patient Transportation Program for chemotherapy, for dialysis, for which my honourable friend knows there is no charge of the \$50 Northern Patient Transportation fee? Just the number of those individuals?

Mr. Cheema: Yes.

Mr. Orchard: We do not have that information here, but Dr. Ip will keep those kinds of records and will provide them.

Mr. Cheema: Mr. Acting Deputy Chairperson, I think that kind of information is very important for us to make a decision on a very important issue which even last year when the \$50 fee was put into effect we had objections and we wanted to see how that function works over a period of time.

I just wanted to ask if this is a place where I could move an amendment to the motion from the member for Thompson.

The Acting Deputy Chairperson (Mr. Relmer): Yes.

Mr. Cheema: I move

THAT this motion be amended by deleting all words after the word "and" and replace with "call upon the minister to provide this House, within four weeks, an analysis of the impact of this user fee on northern patient residents and impact on the accessibility of northern patients to appropriate medical care."

Point of Order

Mr. Steve Ashton (Opposition House Leader): Before proceeding on this amendment I would just ask for a ruling as to whether it is in order. Certainly it relates to the same subject matter, but our view is that the intent of what the subamendment is doing could just as easily be accomplished by the member voting against the original motion, which was of a totally different conclusion, and then proposing in the form of some other motion the intent here.

There are a couple of different matters that have to be taken into consideration when dealing with the

question of whether a motion is in order. While I am not suggesting it is on a different subject matter, what I am suggesting is that the intent of the amendment could be accomplished just as easily by the member voting against the original resolution put forward, the original motion, and then putting this in a different form. I would like to ask, before we proceed, for your ruling on that matter.

The Acting Deputy Chairperson (Mr. Relmer): I would like to thank the honourable member for Thompson. I have been informed that the subamendment is out of order according to Beauchesne's 580(1) which I will just allude to:

"The purpose of a sub-amendment . . . is to alter the amendment. It should not enlarge upon the scope of the amendment but it should deal with matters that are not covered by the amendment. If it is intended to bring up matters foreign to the amendment, the Member should wait until the amendment is disposed of and move a new amendment."

So that would rule the subamendment is out of order.

Point of Order

Mr. Kevin Lamoureux (Second Opposition House Leader): Mr. Acting Deputy Chairperson, I must confess I do not have my Beauchesne's in front of me, nor did I anticipate that the subamendment would be ruled out of order.

The original motion is condemning the government for imposing a \$50 user fee. That is, in fact, what we are including. In fact, all we are doing is soliciting information on that \$50 user fee.

Again, because I do not have Beauchesne's, I am not able to look into it and find out, to try to substantiate my argument. Maybe what would be possible, if I could be passed down something, because I find it very irregular that it is ruled as being out of order.

The Acting Deputy Chairperson (Mr. Relmer): I thank the honourable member, but I can only refer to the section of Beauchesne which specifically says, as I alluded to 580, section (1) that "It should not enlarge upon the scope of the amendment but it should deal with matters that are not covered by the amendment." It also states that "the Member should wait until the amendment is disposed of and move a new amendment."

Point of Order

Mr. Cheema: Mr. Acting Deputy Chairperson, I just wanted to explain about this motion. Can I do that, if this is the place to do that?

The Acting Deputy Chairperson (Mr. Reimer): No, it is not a point of order.

* * *

On the proposed motion moved by the honourable member for Thompson (Mr. Ashton) which reads, "that this committee condemn the government for imposing the \$50 user fee for Northern Patient Transportation and call on the minister to remove the \$50 user fee immediately."

All those in favour of the motion, please say yea.

* (1500)

Point of Order

Mr. Ashton: I believe the Liberal Health critic wished to debate the original motion.

The Acting Deputy Chairperson (Mr. Reimer): The debate on the original motion will now be addressed.

* * *

Mr. Cheema: Mr. Acting Deputy Chairperson, I just wanted to point out to the minister that we are concerned in terms that this fee may have some negative impact. The question I would ask to the minister is: Last year we opposed the user fee, and we are still—as a matter of principle, that is against the Canada Health Act, and one can argue on both sides of the issue.

The important thing here is to get the information and see what impact this \$50 fee has caused for the last nine months. That is what I am seeking in this motion, actually what is the information. If the minister can make a commitment and tell us if he would come back and give us the detailed information, that will help many Manitobans in northern Manitoba. It will be very helpful, and they will understand what is happening with the northern transport system, because many people are now under the impression that anybody who comes from the North has to pay a \$50 fee.

The minister said that patients who are coming for cancer treatment do not have to pay, people who are coming for dialysis do not have to pay. Can he tell me then, what kind of patients are paying this \$50 fee?

Mr. Orchard: This \$50 northern transportation charge is for those northerners who are requesting an elective warrant to travel to Winnipeg for a consultation with a specialist. Anything that is under an urgent or emergency status, there is no charge. There is no charge for the air ambulance. It operates entirely gratis throughout the access areas of the Northern Patient Transportation Program.

I know that the case has been made alleged that people who need medical services are being denied access to those medical services. We have absolutely no indication from the regions to support that. That has been confirmed as recently as this month, because we put the direct question to them because this issue had come up on Tuesday about denial of access. That is an allegation that can raise fears and raise concerns inappropriately. In surveying the regions, the regions report no known instances of that. I cannot provide any better information than that. Certainly, no one has presented us with specifics where needed medical services have been denied.

Now, clearly, there is a reduction in the number of warrants. The best figures that we have, and I shared these on Tuesday last, is that there has been a reduction from just a little over 12,000 in the last year that we had no \$50 contribution, to just under 9,000 is the reconciliation that we have for this year. So that represents approximately a 25 percent decrease. I indicate that at the same time there has been a modest increase in the number of emergency NPTP warrants granted, of course, for which there is no \$50 charge.

In terms of the numbers that my honourable friend asked for about people who are coming to Winnipeg to access chemotherapy or dialysis, we will have to provide those repeat warrants. Again, I emphasize to my honourable friend there is no charge for those specific conditions.

Mr. Cheema: Mr. Acting Deputy Chairperson, can the minister tell us if there is any other province in this country who had this kind of fee put on, for example, in Ontario or Saskatchewan or Manitoba whether they have to pay \$50 or any amount of fee to come and have access to services in their own provinces?

Mr. Orchard: Prior to this introduction of the \$50 charge in the Northern Patient Transportation Program, we were clearly the most generous in

Canada and we still are probably if not the most generous, certainly we are not very far behind the most generous. Other provinces to the East and to the West of us immediately even have a charge to the user for the air ambulance which we do not have. So on balance we still would make the case that we are the most generous provincial jurisdiction in terms of supporting transportation costs to needed southern medical services be it by provision of Northern Patient Transportation warrants, air ambulance or ambulance grants.

Mr. Cheema: The definition of user fee is very unclear in this case, because if it was a user fee then we are in violation of the Canada Health Act. I just want to be very clear on this issue, because we debated this issue last year and everyone said that it was a user fee and that was my impression. Still, I have to be convinced in my mind that this is not some kind of fee which is coming in the way of accessibility and in violation of the five basic principles of the Canada Health Act.

I will ask the minister: Is there anyone in Manitoba who has challenged the province on this issue in terms of have they appealed through the Manitoba Health Services Commission Board and asking the board to review this policy? Has there been any formal request?

Mr. Orchard: Mr. Acting Deputy Chairperson, let us deal directly with the issue of user fee. Everything, I suppose, that we charge of individuals could be called a user fee. For instance, the per diem charge in personal care homes that the NDP brought in in 1973 would be a user fee if we used NDP terminology. The copayment under the Pharmacare program—when did the Pharmacare program come in?—in 1975 involved a payment by the consumer. That was a program that was brought in by the NDP as government of the day. One could say they imposed a user fee on the Pharmacare program. I could go on and on.

The reason why you cannot call them user fees and still hit the definition as the Canada Health Act would have user fees is that you are not dealing with Canada Health Act insured services. Personal care home is not an insured service under the Canada Health Act, therefore, provinces level varying fees to the users of that service. Same thing with Pharmacare, pharmaceutical reimbursement is not required under the Canada Health Act, neither is ambulance service or patient transportation subsidization programs. They are not part of the

Canada Health Act, therefore, any contribution that is asked does not contravene the Canada Health Act.

That is why the City of Winnipeg ambulance service, for instance, charges not \$50 for a usage, as we charge Northern Patient Transportation warrants, but \$190 usage to the citizens of Winnipeg who use the ambulance service. That is not a contravention of the Canada Health Act because ambulance services are not part of the Canada Health Act.

* (1510)

The federal government has provided us no contributing dollars to provide ambulance services, as they do not provide contributing dollars directly to personal care home or Pharmacare program. That is why the user fee accusation is purely political.

I mean, it is a term of endearment to my honourable friends in the NDP when from opposition they disagree with something, but yet when in government they introduced consumer contribution the same as we have done for Northern Patient Transportation. They did not call it a user fee when they brought it into the personal care home system in '73. They did not call it a user fee when they asked for copayment under Pharmacare in 1975, but when in opposition they do different things than they do in government. We know that. So I am not arguing with that.

That terminology can be used if they so desire, but we have been very careful in terms of our development of this policy, of the \$50 charge. As I say, as recently as earlier this week, when this issue came up, we wanted to assure ourselves that the accusation of people being denied—because that is the next accusation to sensationalize the issue.

We surveyed the regions to find out whether the experts in the area, the professionals in the area are aware of anyone who has been denied needed medical services because of this \$50 charge. We are told that no region reports any known cases. That is the professionals saying that, not the politicians who are—[interjection]

The member for Thompson (Mr. Ashton) asked, what about the people in the North? Those are people in the North who are northern caregivers surrounding this program, and they are saying to us, no regions report any known cases of denial of access to medical services.

I realize that the NDP want to make a political issue of this. I do not dispute that fact, but we carefully monitor this program to assure that we are not denying access to needed medical services, and we are assured by information that such is the case. We did not believe that we would be when we introduced the program.

That is why we exempted urgent and emergency Northern Patient Transportation warrants. That is why we made exemptions for—and I will read the exact phrase in the pamphlet which is written in both English and Cree: You will not have to pay the \$50 transportation charge if you need extended repeat treatment; your doctor will arrange this for you.

There is no \$50 transportation charge in an emergency. If someone must go with you when you are travelling for treatment, that person will not pay the \$50 transportation charge if it is approved in advance by your doctor and the regional transportation officer. So even escorts are not required to pay.

So what we are doing is, on elective processes or elective referrals to southern Manitoba, yes, we are asking for a \$50 contribution. That is a modest contribution towards car mileage, bus fare—I do not think there are trains any more.

An Honourable Member: There are.

Mr. Orchard: Well, probably nobody would take the train, because it is two days—or air flight and some of the return trip air fares are in excess of \$700. We are asking on elective transportation warrants for the consumer to pay \$50. The balance is picked up by the taxpayers of Manitoba.

I simply go back and say that throughout the rest of rural Manitoba, the entire costs are paid whether they be a \$20 tank of gas, and not even including wear and tear on your car because you are not getting mileage, or if it is a bus fare or if it is an air fare from Swan River, the individual in southern Manitoba south of the 53rd, west of Lake Winnipeg and south of the 51st, east of Lake Winnipeg, pay the entire costs.

The exceptions are in place to assure that needed medical services would not be compromised by this \$50 transportation charge, and we have no indication from the professionals reporting to us of any instances where they are aware of a denial of services because of this charge.

Mr. Cheema: Can the minister tell us if somebody had a treaty number, if they are travelling from the North for the medical services, are they paying any amount of fee? If they are not paying from their pocket, who is paying on their behalf? Is the Department of Indian Affairs or their own bands paying for that?

Mr. Orchard: Mr. Acting Deputy Chairperson, anyone with treaty status we fully recover, apparently, from the federal government. In the instances where they have paid the \$50 fine where they do not have the \$50, they sign a voucher and we recover the full cost.

Mr. Cheema: So the minister has said that a person on social assistance is covered. Anybody with treaty status is covered. Anybody who is getting emergency services is covered. Anybody who is coming for cancer treatment, dialysis, any emergency care, is covered. The people who are accompanying them are covered. Their transportation cost is paid. They are getting their meals paid, they are getting—

Mr. Orchard: No, it is not, not meals.

Mr. Cheema: I just want clarification of those things. Those are very important issues. If everything is covered, then what is the fuss then? I just want to know why then we are having a problem. I just want to know so that we can reach a conclusion that if something has gone terribly wrong, we want to see that if somebody has been denied services—so I would welcome any remarks from the minister.

I think we need to know exactly what is happening before this \$50 fee can become a political issue, because I know that whichever way we vote it is going to be said that the Liberal Party is voting for a user fee. I just want to make sure everything is covered, because one word can kill many votes. I think we have to be careful. That is why I am taking as much time as possible to reach the bottom of the problem.

Mr. Orchard: Well, Mr. Acting Deputy Chairperson, my honourable friend is right. In bringing in this policy, we have substantially tried to cover all eventualities around emergency urgent repeat access of southern medical services for a chronic condition such as kidney disease or cancer, as the case may be. Naturally, social assistance people are exempt from the charge. The Status

Indians, we fully cost recover from the federal government. It is for elective procedures only.

That is why I think I have a significant amount more confidence in the recent survey by staff of the regions where they say that they do not know of any known case of denial of access to medical services. That is a political accusation similar to the political accusation that this is a user fee. I understand the need to operate in a political environment when you represent northern Manitoba, but we are quite confident that we have not compromised access to needed health care services through the introduction of this charge, and nothing would indicate to us that we have.

* (1520)

Naturally, you can appreciate we are extremely sensitive to those accusations, and at each and every opportunity that the accusation is made we attempt to investigate as fully as possible. The interesting thing is, amid the accusations, we have never had any of the accusers give us a single name of an individual, so I can say no more. We would be willing to investigate any such thing.

Mr. Cheema: I just want to talk about the fairness in the whole thing. I mean, how do you define that somebody who has to travel, for example, from Pine Falls, or from Portage or Brandon or Swan River, or Morden, or Morris, or the minister's own riding for a specialist's visit; they are paying for the expenses for their travel coverage and all those things. Are they not asking the same question: Why are we not being treated fairly? If we are going to treat everyone fairly, I think we have to open the whole box again.

I just want us to be very clear, because last year when the whole thing came up we were under the impression that this fee was going to cause a detrimental fact. People were going to be denied these services. It was a so-called punishment and all those things. I think in a political circle those things have a real meaning, but in actual sense they may have no meaning at all. That is what the issue is. That is why we took so long to debate the whole thing.

I just want the minister to tell us or give us some views if other individuals have approached him and said, are you going to be fair with us also? If somebody is being an escort for me from, for example, Portage, are you going to pay their fee? Are you going to pay their travel expenses? That is

the real issue, and I just want the minister to give us some ideas as to whether they have received such a request or such demands from the other health care consumers.

Mr. Orchard: Mr. Acting Deputy Chairperson, we have had concerns expressed from the Swan River Valley region, for instance, because if you take a look at the map, Swan River is just slightly below the 53rd parallel and make the case that their costs are significantly higher.

I will indicate to my honourable friend though that in the changes in funding formula that we brought in for ground ambulance service support, the formula recognized an enhanced reimbursement from government for ambulance services on trips that exceeded—we had three different breaks in the mileage, I think, with Swan River being at the outside of the last mileage break in receiving the maximum assistance, \$380 for a trip. So an individual ambulance trip, Swan River to Winnipeg, now costs \$380 less than what it did under the policy of the previous government. We have tried to help people at a distance to make their access more accessible.

I would suspect the individual in Swan River, even though we are subsidizing that trip by \$380, still pays \$200 or \$300. I am informed the cost is probably \$700 in total. They would pay over \$300 for that trip to Winnipeg, compared to \$50 that someone above the 53rd parallel would pay.

Mr. Cheema: Can the minister tell us if the funds for the Standing Committee on Medical Manpower can be used for flying some of the specialists into the remote communities? That could be helpful. Had that been done last year to make sure that some people who could not have access because they would have had to come back to Winnipeg, they could have had access to specialists in their own communities.

Mr. Orchard: My honourable friend mentioned Standing Committee on Medical Manpower. The transportation subsidization for a specialist to go, for instance, to northern Manitoba is covered out of this program. Probably a Standing Committee on Medical Manpower will interface here and make those arrangements—well, if the community so desires.

The Standing Committee on Medical Manpower will probably be assisting, let us say, a community like Flin Flon in terms of identifying need around a

specialist coming in for one day a month or whatever, and then this program, Northern Patient Transportation Program, would pay the cost of taking the specialist to the individuals rather than having all of the individuals come down to southern Manitoba.

Mr. Cheema: Mr. Acting Deputy Chairperson, that is again another very important point, not only is Northern Patient Transportation taking care of some of the needs but also the Standing Committee on Medical Manpower which has its own budget. So I think we have to take that into account also, the amount of about \$840,000 for the Standing Committee on Medical Manpower which is being spent to make sure the needs of the northern and rural communities are being met. So I think that we should also take into account, when the decisions are being made, that a lot of money is being spent to make sure the accessibility of the health care services is being maintained.

I would like the minister to tell us if my numbers are correct in terms of what the amount the Standing Committee on Medical Manpower has in its budget, in the range of more than \$840,000.

Mr. Orchard: Seven hundred and forty-six thousand five hundred dollars to the Standing Committee on Medical Manpower is what is budgeted this year. That is the same figure that we budgeted last year. I believe they did not expend the full amount last year. I think they were slightly underexpended. So we have budgeted almost three-quarters of a million dollars to the Standing Committee on Medical Manpower.

Mr. Ashton: Mr. Acting Deputy Chairperson, I must indicate my disappointment. I think the Liberal Health critic has failed to understand what the problem is here and the real issue.

The Liberal Health critic seems to be under the impression that everything is covered. It is not. The minister gave statistics to this committee the other day that indicate that essentially three-quarters of patient warrants are subject to the \$50 fee. Those were the statistics he gave. If he wishes to give a more complete breakdown—that is based on the information that he gave to the Health critic in answer to questions.

I give the minister the opportunity to put the exact breakdown on the record. We are interested in getting the exact numbers in terms of the breakdown, Mr. Acting Deputy Chairperson.

But I think part of the problem here is with semantics. I have heard various different explanations as to what is covered and what is not. There essentially are several different criteria that we are having used here. One is the exact criteria that are used by the issuing committees as to who is covered and who is not covered in the sense of the 100 percent payment or the application of the \$50 fee.

The minister is quite correct when he says that emergency transportation is covered, and in this case I am talking about emergency transportation not covered by the air ambulance, not at that urgency, but where there is an immediate medical need. It also covers situations where there is ongoing treatment that is specifically designated as not being subject to the \$50 fee, for example, cancer treatment, kidney dialysis, et cetera.

The difficulty you run into though is when the other words are used. I have heard, for example, the Minister of Northern Affairs (Mr. Downey) say that essential medical care is covered fully, and I am surprised when I hear that word, because that is not really what is being talked about. No one is suggesting the people who are being subject to the \$50 fee are not going for essential medical treatment. It may not be urgent. It may not be long-term treatment. It would not be covered at all by Northern Patient Transportation if it was not essential medical treatment. So that is the wrong word to throw in there, and it confuses the situation. It is also I think misleading to suggest that the other individuals are going for elective treatment, because I think that is not the word that gives the true sense of what is happening.

What I pointed to before, and I think the minister should be very clear on the record—and I think the Liberal Health critic should realize there have been specific cases. Now I have raised them in correspondence with the minister, and I will continue to raise them in correspondence with the minister. I would like to just indicate the kind of situations where people are subject to the \$50 fee.

A constituent of mine who had cancer, skin cancer, who had to go to Winnipeg for consultative visits paid the \$50 fee—that is one example, because, once again, it was not ongoing treatment—but he ended up paying the \$50 fee under the criteria that are currently set. Another constituent, and I related this to the minister last time, who has paid the \$50 fee upwards of about 10

times by now, is a diabetic. He was going to Winnipeg in terms of consultations related to the fact that he might have to go on kidney dialysis. He is not on kidney dialysis. They are trying to keep him off kidney dialysis, and because he is not on kidney dialysis, he has to pay the \$50 fee.

* (1530)

Now for the Liberal Health critic, just to let him understand the situation, he is not on welfare. He is on unemployment insurance, the sickness benefits. So he is not covered by welfare. At this rate, he may end up on welfare. His problem may be solved fairly quickly, because he is rapidly losing all his savings. He has to pay the \$50 fee and all the additional costs: taxi fares which are not covered, meals that are not covered, accommodations that are not covered.

I am not getting into that right now. I am just talking about the \$50 fee. He has had to pay it 10 times. There is no deductible. There is no "you pay it once if you have to take 10 visits and that is it." The policy is you pay it every single time you go, and that is the kind of situation we are running into. It is people who are working or on unemployment insurance who are not on welfare, but are not necessarily that well off who are being caught paying that.

I want to state that directly, more to the Liberal Health critic, because we can debate this until we are blue in the face, I know that the minister is not going to back down from his position. We are not going to back down from our position. I think the Liberals have a choice to make in this particular motion as to which side of the issue they come down on. I look forward to a clear decision from them. I hope they will support the motion.

I want to go further, too, because there is also a misunderstanding, I think, of where the particular difficulties are arising. I will give you the kind of case where you run into particular difficulties and, to the minister, where you do run into the situation where people are going to be most affected by the \$50 fee in terms of not accessing medical care—it is in the case of remote communities that are not reserves.

If they were reserves, they are covered. If they are reserves medical services sends physicians in to many of the reserves, many of the treaty communities. I know that for a fact. My brother is a physician for medical services, and he covers many of those communities. It is a particular problem with

small northern communities that are not treaty, that are essentially Northern Affairs communities, that have limited access to other communities.

I can mention Thicket Portage, Pikwitonei and Ilford in the case of my own constituency. Wabowden is in a somewhat different situation, has direct road access. The three communities I referenced have no scheduled airline service. They have train service three days a week. They have road access, by the way, through the winter road during the winter, although the government had initially proposed cutting that last year. Fortunately, it was reinstated by the Department of Northern Affairs.

So you run into some particular problems. There are no physicians in those communities. To be able to travel even to Thompson, it may not appear much on the map, but it can be a very expensive proposition, because even look at the train service—three days a week. You are talking about a three- or four-day trip just for a basic level of checking into a medical problem. That is the kind of situation that Wabowden, Thicket Portage, Pikwitonei, et cetera, where they are being particularly hit because of logistics and because of the cost of getting into those communities of the full \$50.

Let us not forget we have communities of 90 percent unemployment. People on welfare, fine, they are covered, but if they are not on welfare. Let us not forget that many people in those communities are working for part of the year and do not qualify for welfare for a significant part of the year. Fishermen, for example, who may work for part of the year, but be unemployed for the rest, be on unemployment insurance, they are not covered because it is not the minister's department that essentially is covering it, it is the Department of Family Services. It is welfare that is paying the \$50 fee.

There is nobody to pay it for the people on unemployment insurance except themselves. So what is happening is that people, and the unfortunate case of this individual who has had to travel 10 times or people who are in close proximity to communities, but are not on welfare but have significant logistical problems, are running into significant problems that way.

I just want to get back to the bottom line here for the Liberals more than the minister, because I know

the minister is not going to back down, at least not now. I hope he will sometime in the future. Out of the warrants that were still issued last year, and there was a drop, and part of it will, I am sure, be attributed directly to the level of physician services that is available in the North, and that will fluctuate according to how many doctors there are in Thompson, et cetera. That is positive. The day that there is no need for Northern Patient Transportation because all those physician services are available in people's communities is the day I think we can all agree on something.

That should be accomplished by providing the physician services, not through the impact of a \$50 fee. I will say to the minister that I am glad he started some consultation based on the questions we raised because it is the first time something has even been recognized to the point of asking the question in terms of specialists, in terms of the northern communities as to whether there is any impact.

I would suggest the place he should start if he wants to see the impact of the \$50 fee should be in terms of the remote communities themselves. I would like to invite him to come to Thicket Portage, Pikitonei and Ilford in my own constituency. I can take him to Wabowden, and I can introduce him to people who have expressed great concern about the \$50 fee. It is having the same impact on them that all user fees have. That is why we have opposed in our party, and up to this point I think all three parties have opposed user fees on a basic level basis, because it does act as a disincentive to people accessing medical care.

In this case, I ask the minister or the Liberal Health critic to put himself in the shoes of someone who is on UIC, who is not on welfare, who has to deal with whether they are going to pay \$50 out of their own pocket if they have it, and many do not, to access the care in communities. You see, it is not the people from Thompson going to Winnipeg who are necessarily saying I am not going to go to Winnipeg based on the \$50 fee. In many of those cases they will pay it.

The guy in my constituency who had to go 10 times has paid it. He knows that if he does not pay it he may end up on kidney dialysis, and he has a chance not to end up on kidney dialysis. That is right. He has been referred for appropriate treatment, and it has been approved, but because of the way the criteria worked, he still has to pay the

\$50 fee. That is unfair. But he is still going to access that medical care.

If the minister wants to put it into perspective, I will say that the vast majority of patients will still access the medical care. If they are on unemployment insurance, they will spend out of their pocket till they go on welfare. If they are working, they will pay it and that is what has happened. The vast majority of people will still access that medical care even with the additional fee.

The concern I have, and I am not raising this out of any attempt to sensationalize this issue; I am raising it out the concern that has been expressed to me by people in the communities themselves who are saying that with a fee now, they have to think twice before they access needed medical care, not emergency medical care, but the kind of medical care if you live in Winnipeg; you hop on a bus; you travel 10 minutes; you go to the doctor's office; you take your kid in because your kid is sick; and you get a consultation with a physician. That is not available to the people in Thicket Portage, Wabowden, Pikitonei and Ilford, and that is just in my constituency. I know there are other northern communities in the same sort of situation.

I realize that it is a similar problem in some rural communities. I am not trying in any way, shape, or form take away from the medical situation. But, the minister should understand again, you do not have the same transportation problems. It does not take you three or four days in a southern Manitoba community to go to Winnipeg if you are an hour or two away, spend the day and then go back to your home. In the case of those communities on the bay line, it will take them three, four days to do it. So there are significant other costs that just cannot and will not be covered. What is happening, Mr. Acting Deputy Chairperson, it is creating a great deal of concern.

* (1540)

I will say to the Liberal Health critic, look at the statistics. Significant numbers of people are still paying the \$50 fee. They are not going for elective reasons. That is a misleading word in the sense that the person on the street would say. They do not feel they have any choice. This individual who could end up on kidney dialysis. Is it his choice to go to Winnipeg for this treatment? No. Mr. Acting Deputy Chairperson, it is recommended by his physician. If it was not recommended by his

physician, he would not be able to access Northern Patient Transportation. You do not just walk into a Northern Patient Transportation office and say I want to go to Winnipeg to go to a doctor. The physicians have to have a role to play.

I say to the Liberal Health critic, because he also is a physician and I think he could probably network even better than the rest of us in terms of talking to northern physicians, the concern has been expressed to me by not only patients, but in terms of northern physicians about some of the criteria that are being applied.

The recommendations of doctors are increasingly being overruled in terms of not just the \$50 fee, but in terms of northern patient transportation generally. I outline, and I have done it in writing to the minister, a clear case where there was a change in criteria over the last several years.

So the system has very tight checks. Some would suggest in some cases the criteria being applied are being applied too harshly. It is difficult enough to get a patient transportation warrant. Many people, if they do get it, it is strictly for bus or road and that is a nine-hour trip from Thompson. It can be a 12-hour trip from Gillam, Leaf Rapids, and Lynn Lake. So it is not exactly a luxury system, and it is not exactly easy for northerners. It is something that most people would rather not do. The final goal has to be having those physician services available in each and every northern community.

I want to say to the Liberal Health critic, I could get into the same kind of debate that we had extensively last Monday and put all sorts of words in people's mouths, as I think the minister was attempting to do, certainly in my own case when he suggested that somehow I was opposed to additional physician services in the northern communities. He knows that is not true.

I could say, Mr. Acting Deputy Chairperson, if we wanted to get into the same debating style as the minister, the real goal of the \$50 user fee is to eliminate the Northern Patient Transportation Program, not by providing additional physician services, but because, after all, people like that individual who has had to pay it 10 times are going to say, that is enough, I cannot afford any more. They will not be applying for a Northern Patient Transportation warrant, they will just deal with their medical problem themselves. They will go without the treatment.

I could say that. I will express the concern, and I have to the minister, there may be some cases where that is happening. I have talked to people who have told me that they are getting to the point where they will not do that. But I am not going to, I think, waste the time of the committee by getting into hyperbole and rhetoric in the same way the minister did the other day. I am not going to put words in the Liberal critic's mouth.

The Liberals have to make a choice. They can vote for this resolution; they can vote against it. I would strongly urge them to vote for the resolution. They opposed the fee when it was introduced last time, and I believe that any reasonable analysis would show that it should be opposed this time whether it is because it is an unfair tax, an unfair fee applied to someone, whether because it is applied unfairly because, as I said, the criteria I believe are not fair between who pays and who does not. I am not just talking about the ones who are on welfare, as I said a different kind of medical treatment. That is another reason.

The third is just a general concern with user fees as to whether in the case of some communities—I can take the Liberal Health critic with me into those communities and talk to people directly. I would encourage him to come and I know he has probably been in—may not have been in some of the specific communities I have referenced. Indeed, I know he has been in the North, and I say I can take him in to people who have told me—this is not me picking out of the blue—they have told me that is the problem.

Let the Liberal critic not be misled by the minister's arguments because the key question here is a question of fairness. The key question here is in terms of the direction we want the health care system to go in northern Manitoba. It is not—and I say to the Liberal critic—logical to conclude from the facts and figures put forward by the minister that this really is not having much impact at all. It is.

It is impacting on people in the North. There have been thousands of people who have to pay the \$50 fee. I do not think it has been equitable in a taxation sense, and I do not think it is good health care policy. That is why we have opposed it. So with those words, Mr. Acting Deputy Chairperson, I am sure we can continue this debate probably for the next several days. The way it has been going we could probably continue for the next several weeks.

We are prepared to have a vote, but I wanted to say on the record, not so much to the minister, because he and I are going to continue this debate. We will do it in the House; we will do it at whatever forum. I would actually appreciate being able to do it in northern Manitoba, and I would invite him to come to northern Manitoba to debate it, and I would invite the Liberal Health critic.

I am appealing to the Liberal Health critic, and particularly now it is clearly on the motion, not the amended motion. We can deal with his suggestion of further figures and studies afterwards. Please, I say to the Liberal critic, vote for our motion, vote against the \$50 user fee for northern transportation, a vote for fairness and equity for northerners.

The Acting Deputy Chairperson (Mr. Reimer): Is the committee ready for the question?

Mr. Cheema: Mr. Acting Deputy Chairperson, I just want to put a few words. It is very important. I cannot see how we are going to debate the health care forum within a week or two weeks time. I think it is really showing us what kind of open debate is then going to take place.

I want to talk about unfair taxes also. Are we not already taxed to death? We can talk many things. We opposed this last year and I brought the amendment to this motion. We will vote, but we are going to have our own motion, because I still want to get full information. I want to have the full impact studied. I want to see how this is going to have an impact, but in principle we oppose any kind of fee and we still uphold that principle. I think that is the issue.

I think the issue here, ultimately, is open debate. At least, we now know what is going to happen within one or two weeks time. This is a very small area but very important. I think everyone who is sitting at this table has to be very careful in terms of the political implications of many things which are going to come. I think, in a way, it may create some rethinking in many areas.

Certainly, we are going to uphold the same principle as we upheld last year. I still oppose any kind of user fee. I think we can deliver the health care system. We are going to have our own motion after this motion, and we are going to follow the same principle as we did last year, but I am not fully convinced either.

The Acting Deputy Chairperson (Mr. Reimer): Is the Committee ready for the question?

Some Honourable Members: Yes.

The Acting Deputy Chairperson (Mr. Reimer): All those in favour of the motion, please say yea.

Some Honourable Members: Yea.

The Acting Deputy Chairperson (Mr. Reimer): All opposed, please say nay.

Some Honourable Members: Nay.

The Acting Deputy Chairperson (Mr. Reimer): In my opinion the nays have it. The motion is accordingly defeated.

Mr. Ashton: Of course, it would indicate we would not have a recorded vote, and I would just like to indicate on the record that this is agreed to by the committee that the New Democrats voted for this. I know the Conservatives have no objection indicating the vote against it. Perhaps, the Liberals might indicate how they would have voted. It prevents us from having to go through a one hour—we can have a recorded vote if necessary. [interjection] If you are going to vote for it, put it on the record.

Point of Order

Mr. Lamoureux: On a point of order, I think that is highly irregular what the member for Thompson has done. Had he listened, he would have heard us support the motion. The Liberal Party is fairly clear on it. Next time, he should be listening.

The Acting Deputy Chairperson (Mr. Reimer): The member does not have a point of order. It is a dispute of the facts.

* * *

Mr. Cheema: Mr. Acting Deputy Chairperson, can I move another motion?

I move that this committee condemn the government for imposing the \$50 user fee for Northern Patient Transportation and call upon the minister to provide this House within four weeks a full analysis of the impact of this fee on northern residents and the impact of accessibility of northern patients to appropriate medical care.

Mr. Orchard: Mr. Acting Deputy Chairperson, we do not even need a motion on this. I will provide that information. We will provide the program costs for last year. It is not consolidated and finalized yet. We will provide the number of people who paid the \$50 charge, because even though we went from 12,000 down to 9,000 warrants—but the confusion

exists in the mind of the member for Thompson (Mr. Ashton) and others—9,000 warrants did not mean that 9,000 people paid the \$50 charge. There are a number of exemptions where no charge was incurred in the nearly 9,000 warrants that we put out. There may have been as few as 2,000 people who have contributed the \$50 Northern Patient Transportation charge.

* (1550)

Even though the member for Thompson has made this great eloquent call for fairness, this is fairness in the policy. My honourable friend talked about the person who goes to Winnipeg 10 times in a year and must pay \$50 each time from Thompson. The same individual, should that individual live in Mafeking just north of Swan River, would not pay just \$50, they would pay the entire cost which could be upward of \$150 or \$200 per trip to Winnipeg, whatever the costs are. So my honourable friend, in pleading this case, does not recognize that unless you live in northern Manitoba, you pay the entire cost. There is no taxpayer subsidization.

The last point I want to make is these are elective transportation warrants. Needed medical services such as dialysis, cancer treatment, are covered. Emergency access is covered with no contribution of \$50. The air ambulance spends \$3 million a year bringing northerners to Winnipeg for needed treatment.

So this is a program which is asking a contribution in the interest of fairness from northerners for elective access of medical facilities in Winnipeg or physicians and specialists in Winnipeg. No one has been denied needed medical care as alleged. All of this political rhetoric and alarmist rhetoric about people dying in northern Manitoba is pure disservice to the people of northern Manitoba. It is balderdash. I have heard those things. We have heard them in committee, we have heard them in Question Period, and all they are is political posturing.

I want to tell my honourable friend from Thompson that this whole health care system needs an awful lot more than narrowed political positioning and posturing by the NDP in opposition, because if you want to get into the game of what is happening in health care, I will start dragging out some of the horror stories from Ontario and Saskatchewan that are governed by NDP soul mates of you.

I want to tell you that right now in Manitoba this is the best run, best managed, most forward-thinking

health care system in Canada. We are being emulated with the co-operation that is across the system despite the fact that the NDP are 20 years in old-think. At least I give the Liberals the credit to give policies that are changing a chance to work, because they know that in other provinces, even if they are governed by Liberal Parties, they know that significant changes are happening and they will continue to happen in all provinces across Canada regardless of the political governing party.

My honourable friends in the NDP want to put incorrect information on the record in the hopes of creating improper and wrong expectations of what they would do in the government, because when in government they will fail miserably as they always do when they govern.

Point of Order

Mr. Ashton: Mr. Acting Deputy Chairperson, having just been ruled out of order the other day for making reference to the minister putting false and incorrect information on the record, I am wondering, without getting into a lengthy procedural dispute, if we might have the rules apply equally to both sides and the minister withdraw that statement: putting incorrect information.

The Acting Deputy Chairperson (Mr. Reimer): I would like to just caution all members to pick and choose their words very carefully in the heat of debate.

* * *

Is the committee ready for the question?

Mr. Cheema: Mr. Acting Deputy Chairperson, the issue which we have discussed for two hours, I think the motion will clarify any problem for next year also, because we do not want to come back and discuss the issue for two hours on the same thing. So I will ask the minister, if we could get the information, it will be very beneficial because whatever happened in this committee, we do not want the brochures to go in all the other provinces and say so and so party had done this. Those things are very important. That is why we have put this motion, and so we will ask for a unanimous vote of the committee to have the motion approved.

Mr. Orchard: Mr. Acting Deputy Chairperson, before you put the question, I simply indicate to my honourable friend it is our intention to defeat this

motion, but provide the information—the best of both worlds.

Mr. Ashton: Once again, I make very clear in terms of the record, this motion as I read it continues to condemn the fee and asks for information, and we have absolutely no problem with that. I will not continue to debate with the minister other than to say that I find it very disingenuous on the part of the minister who, in one breath talks about health care reform and the need for a contribution from all parties, and then gets into the same tired political rhetoric I have heard from the minister the 10 years I have been in this House. I think if anybody is politicizing health care in this province, it is the minister.

I hope, and I will finish on this comment, that the minister is not suggesting that applying a \$50 user fee for Northern Patient Transportation is health care reform, because indeed if this is the minister's idea of leading the country in terms of health care reform, we have grave misgivings about the direction this minister is proceeding in. I would suggest perhaps, before he gets carried away, and I think as my colleague the member for St. Johns (Ms. Wasylcia-Leis) pointed to the other day, by the rather egotistical view that somehow this minister is leading the way in the country.

I think what he may want to do before that is talk to some people in this province, in the health care sector and in the context of this—talk to northerners about what they think about this minister and his so-called health care reform, because I think he will find, Mr. Acting Deputy Chairperson, that when he strips away the rhetoric and the egotistical view that somehow he is leading the country, he will find that his rhetoric and the kind of policies we are seeing brought in by the minister, which are very predictable coming from the minister and this government, are not supported by the people of Manitoba.

In the case of the \$50 northern transportation fee, as I pointed out the other day, that has been opposed by pretty well every single council in northern Manitoba, whether it be the councils that are members of the Manitoba Association of Urban Municipalities, whether it be community councils, it has been opposed by the Manitoba Association of Urban Municipalities. It has been opposed by many, many northerners. If the minister would take the time to get out of this building, which he will have the opportunity to do eventually when we finish this

session, and come up to northern Manitoba, I would like to see him give the same speech he has given over and over again in 50 hours worth of Health committee Estimates—and I am not just talking about fishing, Mr. Acting Deputy Chairperson, although I will make an offer.

I will offer to take him to the communities of Thicket Portage and Pikwitonei, which have tremendous fishing very close by, on one condition, and that is that he come into the communities and first debate the Northern Patient Transportation \$50 user fee, and that is a standing offer for the minister to come to northern Manitoba any time—and the Liberal Health critic. I will drive him up, because you know I think that may be the only hope for the minister to change his view, his misguided policy on Northern Patient Transportation, but until then, we, on the opposition, will continue to say, no, it is not fair; we are opposed to it. That is why we, in the New Democratic Party, will support this motion put forward by the Liberals, as indeed they did with the motion that we had put forward condemning this unfair usurious fee.

The Acting Deputy Chairperson (Mr. Reimer): I thank all members for their debate on this subject, and I would again caution members in their use of words and comments.

On the proposed motion by the member for The Maples (Mr. Cheema) that the committee condemn the government for imposing the \$50 user fee for Northern Patient Transportation and call for the minister to provide this House, within four weeks, an analysis of the impact of this user fee on northern residents and the impact on the accessibility of northern patients to appropriate medical care, all those in favour of the motion, please say yea.

Some Honourable Members: Yea.

The Acting Deputy Chairperson (Mr. Reimer): All those opposed to the motion, please say nay.

Some Honourable Members: Nay.

The Acting Deputy Chairperson (Mr. Reimer): In my opinion the nays have it. The motion is accordingly defeated.

Mr. Ashton: On division, Mr. Acting Deputy Chairperson.

The Acting Deputy Chairperson (Mr. Reimer): On division.

Item 5.(a)(1) Salaries—pass; (2) Other Expenditures \$71,200.

Ms. Judy Wasylycia-Lels (St. Johns): Mr. Acting Deputy Chairperson, I think it is an interesting coincidence that we are still on the Health Services line that relates to hospitals and—

Mr. Orchard: I want to tell my honourable friend that we are on this line because the agreement I made with my honourable friend the opposition critic on Monday was that we bounce all over the place and then pass everything at once. So that is why we are still on this line.

I would just like to ask, since we have dealt extensively with Northern Patient Transportation and Ambulance Services, would it be appropriate with my honourable friends the critics to have my staff get back to work in that area?

* (1600)

Ms. Wasylycia-Lels: Mr. Acting Deputy Chairperson, I might make one suggestion. Since the minister is suggesting that his staff dealing with Ambulance Services get back to work, I do have one question in that area. I will be prepared to put my questions pertaining to hospitals on hold for a couple of minutes while I ask a follow-up question to a previous discussion.

I had raised a question at our last sitting pertaining to ambulance services. The minister provided me with an answer in part to that question. I would like specifically to repeat part of that question, and ask the minister for a response to that. That has to do with the EMA III or paramedic training program. The minister referenced it and talked about it in terms of the city.

I had a second part of the question dealing with this department and this minister and this government looking at purchasing their own EMA III program or paramedics program from an institute in Alberta. I believe, and I do not have the material in front of me, it is the northern Alberta institute for training, or the Edmonton college. Could the minister indicate why this matter is being pursued, how it fits in terms of the overall issue of ambulance services and how it can possibly be cost effective?

Mr. Orchard: Mr. Acting Deputy Chairperson, some interesting rationale behind the NAIT versus the Winnipeg developed program, if we can make that distinction. The NAIT program is the longest running one in Canada, has been certified by the

CMA for approximately 10 years, and it involves a significantly shorter period of time for training. My understanding is that the Winnipeg program requires approximately 6,000 hours. The NAIT program is less than 3,200 hours in terms of duration for training, but yet analysis would indicate that the skills—and I will give my honourable friend the direct comparison.

The Winnipeg ambulance program for EMA I has basic patient assessment, basic patient care, nitrous oxide analgesia and laryngoscopy; for EMA II under Winnipeg ambulance program, intermediate patient assessment, esophageal intubation, manual defibrillation, intravenous therapy, blood glucose measurement and pneumatic anti-shock garments; and the EMA III out of Winnipeg gives advanced patient assessment, tracheal intubation, drug administration, needle cricothyroidotomy, cardioversion and chest decompression, total hours of training 5,980.

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

The NAIT equivalents are basic patient care assessment, basic patient care, nitrous oxide analgesia, pneumatic anti-shock garments for EMA I; for EMA II, intermediate patient assessment, esophageal intubation, semi-automatic defibrillation, intravenous therapy, blood glucose measurement, pneumatic CPR device, laryngoscopy, aeromedicine; and in EMA III, advanced patient assessment, tracheal intubation, drug administration, needle cricothyroidotomy, cardioversion, chest decompression, nasal-tracheal intubation, gastric lavage, nasal gastric tube insertion, suturing, urinary catheter insertion, PALS certification, NALS certification, total hours 3,175. So if one wanted to use even figures, you have roughly half the training time and more skill development in the NAIT program. When training time is dollars to the potential employee, that is why we are giving very serious consideration to the NAIT program which is the longest standing in Canada and has recognition for 10 years by the CMA.

Ms. Wasylycia-Lels: Could the minister indicate where this proposal is in terms of the decision-making process of government?

Mr. Orchard: I think the Winnipeg Ambulance Service has recently met with the Manitoba Health Services Commission Board, soon to become the

Manitoba Health Board, to make the presentation to them and to find an indication from government as to whether financial assistance would be forthcoming.

Ms. Wasylycia-Lels: I am asking specifically about where the proposal to purchase in the EMA III program from NAIT is at with respect to this government.

Mr. Orchard: It is under consideration by government, but we have not made a financial commitment or decision.

Ms. Wasylycia-Lels: Has it been an issue at the Health Services Commission or, I guess now, the Manitoba Health Board?

Mr. Orchard: Pardon me?

Ms. Wasylycia-Lels: My question to the minister is: Has this been an agenda item? I had said the Manitoba Health Services Commission, but I guess it should be the Manitoba Health Board. Has this been an agenda item at that level?

Mr. Orchard: The proposal for funding from the City of Winnipeg has been advanced to the commission board level. The issue of accessing this training program is not anything to do with the City of Winnipeg, but rather is an initiative under consideration by the ambulance branch of the ministry.

Ms. Wasylycia-Lels: Could the minister tell us how much has been spent to date to pursue the purchase of the EMA III program from NAIT, that means staff, time, air fare, hotel accommodations for the periods of time that trips were made to this institute in Alberta?

Mr. Orchard: Staff time in terms of analysis and then Dr. Ip and another individual did a site visitation.

Ms. Wasylycia-Lels: Could the minister table for us, or provide for us as soon as possible if he does not have it with him today, total costs associated with pursuing the EMA III program at NAIT to date?

* (1610)

Mr. Orchard: Well, the only costs outside of staff time would be the travel costs for Dr. Ip and the other individual that went out and took a look. Yes, we will search up those costs.

Ms. Wasylycia-Lels: Is the minister saying that only two individuals from his department have

journeyed to the college in northern Alberta for pursuing the EMA III program and bringing it back to Manitoba?

Mr. Orchard: There are only two ministry staff that went, but they had two staff from Selkirk apparently attached to the site visitation.

Ms. Wasylycia-Lels: Mr. Acting Deputy Chairperson, who picked up the costs for the staff from Selkirk and any other facilities?

Mr. Orchard: Well, we did. The government did. The taxpayers did.

Ms. Wasylycia-Lels: Could the minister tell us the total number of individuals paid for by this government and the total cost for the taxpayers of Manitoba?

Mr. Orchard: I think that is what I told my honourable friend I would provide her. Is my honourable friend saying that we should not investigate a method of saving 2,800 hours of training to give a better-trained individual? Is my honourable friend here advocating that we buy right into the Winnipeg program with 6,000 hours of training and apparently a lesser qualified individual emerging from that? Is that what my honourable friend wants us to do with taxpayers' money from now on, because I would like to hear what this issue is?

Ms. Wasylycia-Lels: I am just trying to get full information. Every time I ask a question, I get partial information. It is like pulling teeth.

So when I asked the question about the minister providing us with cost associated with staff time, and hotel and airfare costs, he said, there were two staff involved and he would give me that information. I then said, were there any other people going, and he indicated, yes, from other facilities. I then asked if the government paid for them; he said, yes.

So now I am putting it all together, which the minister could have provided me in answer to one question, and ask him to table the complete information. If he is saying he will do that, that is fine. I look forward to having that as early as possible, and hopefully next Monday.

Presuming at this rate, with these long answers and this kind of level of debate, we will still be here after five o'clock.

Mr. Orchard: Long answers? Did you speak to the member for Thompson (Mr. Ashton)?

The Acting Deputy Chairperson (Mr. Rose): Order, please.

Ms. Wasylycia-Lels: Could the minister, now, today, provide us with the information we had requested under the Pharmacare program pertaining to the drugs now not covered under the Emergency Release Program?

Mr. Orchard: I should have that for Monday, assuming we are still here on Monday; and if we are not, I will give it to you anyway.

Ms. Wasylycia-Lels: I guess then we will have to be here until Monday because the minister had said he would provide that before Estimates were out and finished. So I guess we will maybe just have to sit until—as long as we get all the information that the minister has promised to provide during this process.

I would like to ask now, I would like to return to issues that have become fairly current again today with respect to hospitals and the whole health services area. We have, as I indicated in the House today, been trying very hard to get information from this minister about hospital budgets, plans for changes to institutions, and bed reductions and hospital reductions.

Even though we were here till after 1 a.m. on last Monday evening, we were still not able to get much closer to the actual situation and to get many specifics about this government's plans for hospitals. Given what we have learned today about discussions going on and about developments pertaining to St. Boniface General Hospital, and about possible bed cuts at that facility of up to 150 beds, could the minister now indicate what precise number he has targeted for bed cuts at the St. Boniface General Hospital for this fiscal year?

Mr. Orchard: No, Mr. Acting Deputy Chairperson, I cannot give my honourable friend a precise target, et cetera, et cetera, et cetera.

I want to tell my honourable friend—and I have attempted to bring my honourable friend around the issue of the budget process—in December, during the throne speech debate session, if my honourable friend had asked me then, because of rumours floating around Brandon, how many beds will be closed in Brandon General Hospital, I would have said: I cannot give my honourable friend an answer to that.

When my honourable friend and I returned to the House after the Christmas break, the Brandon General Hospital had made its announcement in terms of consolidation of wards and other initiatives at the hospital, in which they announced that they would be taking out of service, I think it was, 29 beds at Brandon General Hospital, without, as alleged today by the member for Brandon East (Mr. Leonard Evans), reducing the level of patient services. Now, I can answer the question for Brandon because it is a decision that was made that fits with the direction government believes appropriate in terms of protecting needed patient care and supporting care in the community, which led to that ability to make that decision in the Brandon General Hospital.

A month from now, two months from now, when my honourable friend may be asking about specific hospitals, after they have brought in their budgetary plans this year, some with a one-year plan, some developing a two-year plan for the first time in the history of the province of Manitoba, I will be able to answer those questions. Until I have been asked to agree to any decision by the hospital boards, whether it be St. Boniface, Health Sciences Centre, Victoria, Grace, Misericordia, Brandon General Hospital or any other hospital, I cannot respond with specific and detailed information to my honourable friend.

I will reply and I will make comment and I will make suggestion and I will make defence where I believe appropriate of any decision made by these boards when they make them and we approve of them. But until they do that, I cannot give my honourable friend any answer to the kind of speculative circumstances she has brought to this House for some three and a half months now.

When I have the information that I can share with accuracy and with definitude with members of this House, I certainly will, and furthermore, I will even go so far as to indicate to my honourable friend exactly why certain decisions were made, in my estimation, and what their impact is in terms of health care delivery, and how they fit or do not fit within the plans of reform of the health care system that we have initiated. But today when my honourable friend wants specifics, I cannot give my honourable friend specifics that I do not have.

Ms. Wasylycia-Lels: Mr. Acting Deputy Chairperson, it is interesting how the minister will not provide specifics and attempts to distance himself from these decisions that are being made, and has

basically outlined for us a process that will allow no public input, no involvement by the health care professionals at a facility, no open debate until after the fact, after the decisions are made. Every time we have raised the issues, he has taken us back to the situation, say, at Brandon, where in effect the process followed was one where bed closures were announced, staff positions were reduced as a final announcement in a final way without any chance for input, discussion, consultation in terms of making it the best possible final decision.

So, Mr. Acting Deputy Chairperson, we have great difficulty and growing concern about the minister's statements and the process he continues to outline, because in fact we have clearly, every day that passes, more and more of a sense that there is an agenda. These are not just all rumours, and it is an agenda that is directed by this government, it is being driven by his Deputy Minister of Health, it is being forced or speeded up by the budgetary restraints imposed on hospitals, and it is being done in secret without the possibility for any of us to have any comment, concern, input, consultation.

So it is scary, it is undemocratic and it is very disturbing, so I hope the minister will understand that we are trying, as my colleague the member for The Maples (Mr. Cheema) said in the House today, to get the minister to provide us with his plans so that we can then have some involvement, some discussion, some opportunity for input into this whole process.

Maybe we will be supportive of the government's plans, but we can hardly say so now when we do not know what the full plan is, and we can hardly condone a process that is being carried out in a very secretive, disjointed ad-hoc way.

I would like to ask the minister since, when I made my comments at the start of this last exchange about the done deal, the nature of this process, where, at what point, when do people, Manitobans, professionals, patients, community groups have a chance to have an input into these decisions before they are finalized at each and every hospital in our province.

* (1620)

Mr. Orchard: Mr. Acting Deputy Chairperson, that process will be complete in the near future as hospitals come back with their operational plans. Maybe my honourable friend could start out in terms of supporting government's initiative in health care

funding by, first of all, acknowledging that there is \$102 million more in this year's Estimates rather than last, that there is \$53 million more in hospital spending this year than last. Maybe my honourable friend, just from a global standpoint, might care to indicate whether the party of the NDP agree with that, or do you disagree with that kind of increase in funding?

I have a little bit of a problem here, because my honourable friend Tuesday, when we were discussing the budget in Ontario, said that hospitals got 2 percent—no, the health ministry apparently got an increase of under 2 percent and hospitals got the 1 percent that was announced back in, what?—February or March. I do not know whether this is accurate. I am seeking further information.

A brief I have on the Saskatchewan budget is indicating that health care spending is being trimmed by more than \$45 million. That is a reduction in spending. That is apparently what one of the briefs of the Saskatchewan budget is. So maybe my honourable friend would like to put into perspective whether she agrees with a budget of health spending put forward for the people of Manitoba here today, asking her passage of this, which increases spending by \$102 million year over year. Or is my honourable friend urging from opposition similar action to her soul mates in Saskatchewan who apparently have cut \$45 million from health spending?

Which actions would she like to see?—because we could just lop \$145 million off the deficit of Manitoba if we took the Saskatchewan action. No increase of \$102 million in Manitoba, that we are asking favourable consideration of. We could use the Saskatchewan model and knock \$45 million off. Boy, the deficit would be down to about \$165 million. Is that NDP policy in Manitoba?—because it is NDP policy in Saskatchewan. Of course, they do not agree with some of the things their other colleagues are doing, mainly because their colleagues are in government having to make decisions. When NDPs make decisions in Saskatchewan they cut funding by \$45 million, and my honourable friend from opposition as an NDPer in Manitoba says, we are not doing anything beneficial by increasing the budget by \$102 million.

So let us start with the basic overview. Do you agree with more spending in health care in Manitoba that we have proposed as a New Democrat?

Ms. Wasylycia-Leis: Mr. Acting Deputy Chairperson, as you will know from hours and hours of questioning to get at the breakdown of the so-called \$53 million, we are still not much further ahead in terms of understanding how it will actually help hospitals and what it will actually mean. In fact, you will recall that in our lengthy debate on Monday we learned some interesting things, that this minister and this government have been very clever in terms of creating this appearance of a major increase to hospitals to keep up with the cost of living, to address contracts, to keep ahead of the game, all the while participating supposedly in a process to meaningful health care reform, only to find out that in fact this minister has thrown in—and I think this is quite unusual; I am still checking this—all capital expenditures for hospitals in that overall increase for hospitals.

Now, if we started taking away expenditures for capital, about \$12 million the minister said, and if we looked at expansion of programs for which the minister will not provide great detail and which will not necessarily benefit all hospitals in terms of their present dilemma of keeping up with the cost of living and inflation, then in actual fact we are probably looking at a fairly small increase to the operating budgets of hospitals, which helps to explain why they are engaged in these very serious cost-cutting measures of serious bed reductions, of serious service reductions and major layoffs of staff, of nurses, of LPNs.

So, Mr. Acting Deputy Chairperson, if we could get to the bottom of those numbers in any real way, we might be able to acknowledge or not acknowledge that this government is increasing dollars to hospitals in a sizable, substantial way.

I want to ask about the information we have received today about bed cuts at St. Boniface Hospital and try to get an understanding of how that fits into some long-term overall plan. Yesterday the minister attended a press conference and rereleased a study of the Urban Hospital Council, reannounced decisions that were tabled before us, before the public last January, and one of those studies had to do with psychiatric services. The study was the outcome of a process of reviewing psychiatric services and beds among members of the Urban Hospital Council. That study recommended, as it had recommended in January and recommended in October before that, that the psychiatric ward at Misericordia Hospital be closed.

That was its only recommendation pertaining to a hospital facility.

Today we learn that among the beds being closed or in act of consideration at the St. Boniface General Hospital are 24 psychiatric beds. Now I do not know how I am supposed to have confidence that there is some sort of master plan at work here and some sense that there is a comprehensive approach to a very serious problem when we get that kind of information. It really does make one wonder if there is not, No. 1, a hidden agenda that we still have not unearthed, and No. 2, that there really has not been a consolidation and a coming together of all the different parties and aspects and players in this whole health care reform process.

We wonder if the left hand knows what the right hand is doing and how much the minister is on top of it, or whether or not his department is out of control, or whether or not the fact that his deputy minister—who is clearly in a conflict-of-interest position by trying to be the deputy minister to the Minister of Health and the chair of a council, the Urban Hospital Council, which the minister has just distanced himself from when it comes to decisions around bed cuts. We would like to know today on that one particular issue, why are we hearing now about 24 additional psychiatric bed cuts among urban hospitals when the minister just reannounced the Urban Hospital report on psychiatric services which recommends the closure of the 21 psychiatric beds at the Misericordia Hospital?

* (1630)

Mr. Orchard: Well, Mr. Acting Deputy Chairperson, you know, I guess I am getting just a little bit tired about the shallowness of my honourable friend's analysis of health care in Manitoba. For my honourable friend to conclude that my deputy, in chairing the Urban Hospital Council, is in a conflict of interest, how absolutely absurd. If that is the intellectual capacity and approach to criticizing the way we have approached consultation with the major players in the health care system, that, oh, golly, gee, your deputy minister is in a conflict of interest because he chairs the Urban Hospital Council and he works as deputy minister.

I mean, how in the world do you ever get the major spenders? My honourable friend got the figure, we expect the members of the Urban Hospital Council to spend \$723 million this year, and my honourable friend says my deputy should not be part of, let alone

chair, the Urban Hospital Council that tries to bring those eight separate spending entities around for system-wide change and reform, that we should continue à la NDP planning and let each of them run in their individual way and not have any central focus and co-ordination with government, with the deputy minister of government? How absolutely shallow my honourable friend's understanding of health care planning is.

My honourable friend might want to consider if this is such a terrible thing for us to be doing because my deputy is in this NDP-perceived conflict of interest, answer the question why Ontario is moving in exactly the same direction. You know why? Because it happens to be a good idea, an excellent policy and it happens to work, and as I have said time and time again, the only people that I know of in the length and breadth of Canada that think the Urban Hospital Council in Manitoba, chaired by my deputy minister, is a wrong approach to health care planning are New Democrats sitting in opposition in Manitoba, because every other province is envious of the Urban Hospital Council.

If my honourable friend smiles because she does not believe that, phone the Deputy Minister of Health in Ontario, one Michael Decter, who happened to be the clerk of the Privy Council when my honourable friend sat around cabinet and you can phone him up and say, hey Mike, is the Urban Hospital Council in Manitoba a good idea, yes or no? Are you trying to emulate it in Ontario, yes or no? You know what, you might finally get something informed to say at committee instead of the silliness that you brought here this afternoon of my deputy being in conflict of interest. If that is the level of understanding that you have of health care planning in this province, Lord help Manitobans if ever we get an NDP government in this province again with your current learning ability and curve.

Ms. Wasylycia-Lels: Mr. Acting Deputy Chairperson, I am going to try to ignore those insults. I would think they are pretty borderline in terms of parliamentary language. The minister seems to think he has to resort to insults and personal innuendo. You know, hurting and hitting, using the most painful words he can think of to put down another person and disregard what they have to say and discredit their positions.

Mr. Acting Deputy Chairperson, I have not been trying to make any of this personal. I have not been suggesting any lack of integrity. I did reference a

conflict of interest, and I think that is quite a legitimate question. In fact, I believe, since the minister is so wont to put down everything I suggest and to praise everything the member for The Maples (Mr. Cheema) suggests, I think he might want to recall that at yesterday's Question Period the member for The Maples also questioned the role of the deputy minister in this whole process.

It certainly seemed—I think, not just to the two of us but to many observing this whole process—curious to have this kind of situation where the deputy minister is in his capacity as chair of the Urban Hospital Council writing to the Minister of Health with reports about their deliberations and seeking further direction, when in fact that same person then will advise the minister on how he should respond to that initial letter and to those reports, and in fact will end up drafting the letter that the minister will sign, so it is not such an unusual issue to raise.

It is not silly as the minister would suggest, but I do not need to dwell on the conflict-of-interest aspect, because the real issue here is the fact that the minister really wants to have it both ways.

Whenever we raise this dual capacity of the deputy minister and suggest perhaps conflict of interest, he dismisses it as absolute silliness on the part of the opposition and particularly the NDP.

Whenever we ask questions though about decisions pertaining to bed cuts or hospital budget reductions or changes to the hospitals, the minister says—and I can point to numerous references throughout these past 50 hours of Estimates where he has done this—that those are decisions of the Urban Hospital Council. They are not his decisions, they are taking place elsewhere. They are deliberations and considerations being made by this council of which his deputy minister is the chair.

What we are saying today is the minister cannot have it both ways. He cannot deny that there is not a conflict of interest one day and the next day attempt to distance himself totally from the Urban Hospital Council. He cannot continue to pass the blame for these decisions. He has a responsibility to indicate what is the fact, what is the case, and that is that all of these decisions around bed cuts and hospitals reductions, budget reductions, are government's agenda.

They are his minister's decisions. They have been discussed at cabinet. They are being

executed by his deputy minister and his officials and that is increasingly clear. I think the minister's own reaction today to my question about conflict of interest only reinforces that position. So we are merely trying to suggest to the Minister of Health (Mr. Orchard) that he not continue to pass the buck and distance himself whenever a decision is happening that is unpopular or not understood or not explainable, which he is wont to do every time we hear of some decision around bed cuts, around hospitals being directed to reduce their budgets, about hospitals being required to contribute to this restructuring pot.

The minister pretends it is not his problem, not his decision, this has not come to his desk yet, he has not made a final decision, when in fact decisions are final, they are being executed and we hear about them after the fact when there is no chance to have any say. Just as happened today. Just on last Monday, or in the wee hours of the morning on Tuesday, the minister said this was all speculation, my questions about bed cuts, and that there was nothing decided. This was all being deliberated and discussed at the Urban Hospital Council.

Well, today now we know, and now that we have another example to clearly indicate that there is an agenda that has been determined and is being worked out, played out, in our hospitals, at the bedside, I hope the minister takes the advice of both opposition parties today, that advice being to put out a directive to all hospitals and to say, put on hold your decisions, your plans around bed cuts, around reductions in services, around staff layoffs, around changes to your institution and your facility until such time as I, meaning you the Minister of Health, have had a chance to table this long-promised, long-awaited comprehensive plan for health care reform.

I am wondering today if the Minister of Health is prepared to do that, prepared to give that directive and to say, to give us that commitment and to indicate that he is simply prepared to issue a directive to hospitals to tell them all decisions and all planning around bed cuts and hospital reductions are on hold until this minister has reported and publicly released his overall health care reform plan.

Mr. Orchard: Mr. Acting Deputy Chairperson, I would prefer that in fact we have our boards discussing all of the issues that confront them today, how they deal with less money than they have asked for, but \$53 million more than what was provided

them last year, so that, you know, I cannot instantly tell boards, administrations, hospitals and everything, stop planning, stop dealing with budget issues. That would be quite an interesting request to make, and I am afraid I cannot accede to that request from my honourable friend.

* (1640)

But my honourable friend might wonder why I got somewhat direct in my comments to her over her accusation of conflict of interest by my deputy minister. This is not the first time that these sorts of roundabout statements have been made by my honourable friend about my deputy minister, and I will take all of the hits that my honourable friend wants to lay on me, because I am here defending this government, but to indicate that my deputy is doing something that may not be acceptable is not appropriate from my honourable friend, because my deputy undertakes direction from government and from myself. To use my deputy minister in his role in trying to foster some change and new direction in the health care system is a most inappropriate direction for my honourable friend to take.

I want to tell you that the members of the Urban Hospital Council were the ones that indicated and asked to have my deputy minister chair the Urban Hospital Council. It was the members themselves who wanted that role for my deputy minister. My honourable friend probably will not accept that, that is fine, and I cannot answer for where my honourable friend thinks we should be going in terms of health care planning and working with the facilities and working with professional groups. I guess maybe if I took my honourable friend's advice literally, I would tell my deputy minister, do not meet with anybody. You just come in and talk to me every day, do not talk to hospital CEOs, do not talk to boards, do not talk to professional administration. Do not talk to anybody in the health care system because the NDP might accuse you of conflict of interest.

Well, that is the extent of silliness of my honourable friend's suggestion. Now, my honourable friend says, stop everything until you have full public consultation. Again I want to tell my honourable friend—and my honourable friend will not believe this, but I do not really care—there has been more consultation by this government around health care issues than ever before in the history of Manitoba, and I do not apologize for that. Now my honourable friend from opposition in 1992

suggested to government, well, you know, if there are going to be bed cuts, Brandon being the example, there should have been full consultation. There should have been full public input.

Well, you know what? That is wonderful advice from a New Democrat in 1992 in opposition. We are in December of 1987, the NDP government that she was a minister in, the Health minister of the day, one Wilson Parasiuk, lined up the scatter guns and said, you will close so many beds in Brandon and Health Sciences Centre and St. Boniface and Victoria General Hospital. No public consultation, just a cold, hard crass decision of government without consultation.

But now from opposition, my honourable friend says, you know, maybe you had better consult, you should go out and do the smoothing over and have the public input. Well, you know, that is interesting again from opposition, because, you know, I took a lot of time, and I searched and searched. I did not personally, but I had the Brandon Sun search to see when the member for Brandon East (Mr. Leonard Evans), the senior cabinet minister from western Manitoba, held a press conference in Brandon to explain the decision of his government to close those beds without consultation with the community, without consultation with the medical directors, the doctors, the patients or the users or the nurses or anybody, but just ordered those closures in Brandon in 1987.

I searched for the words of wisdom from the MLA for Brandon East, the Honourable Len Evans, to see what he said in Brandon when he had his press conference. Do you know what? For three months he never commented in the paper about those kinds of issues. Then finally, in January of 1988 or February of 1988, he sent out a letter to all his constituents, presumably.

Talk about consultation? My honourable friend says we should be consulting. We have done more consulting. Friday—let me give you just an example of what I did on Friday—I was, I do not know what the formal title was, keynote lecturer or whatever, at the Faculty of Medicine. It was on bioethics. I was there as Minister of Health, presenting my thoughts and, as much as possible, government thoughts on the ethics of health care expenditures.

I laid out some significant challenges to those gathered physicians and other people around the issue of where health care spending is going and

some of the severe challenges we have to face. My honourable friend would never call that consultation. The simple answer when I was invited two and a half months ago would have been to have said, no, I do not want to be there, because the issue is too hot to deal with. But I do not run away from those kinds of issues. I deal with them as best I can.

Yet my honourable friend sits from her comfortable pew of opposition and says we do not consult. Give me a break. This government, my senior ministers, my associate deputy minister, directors, assistant deputy ministers, my deputy minister, senior staff in the department have consulted more widely than has ever been consulted before in the history of this province in terms of changes, challenges and issues that we have to come to grips with.

I am proud of that record, and I have been part of it and so have my colleagues. Because my colleagues have initiated reforms in health care and other areas in their constituencies. I have been there, sometimes others have been, to bring discussion to the people on the issues of health care and where we are going in many other issues.

For my honourable friend to sit back and say there has been no consultation, is simply nothing but ill-informed political rhetoric.

Ms. Wasylycia-Lels: Mr. Acting Deputy Chairperson, the minister has clearly again distorted what I had suggested earlier, what also the member from The Maples (Mr. Cheema) had suggested. I hope that if he does want to listen to me, which I know he is not wont to do, perhaps he would heed the words of the member for The Maples who has asked for this minister to put before the public, before all of us, his plans and, in the interim, put individual hospital-by-hospital decisions to close beds or reduce budgets on hold so that we will have the benefit of seeing it, understanding it in the context.

Mr. Acting Deputy Chairperson, we have asked for information over the last 50 hours. Today we had a motion on the floor about northern patient transportation and the Liberal Health critic amended that motion asking this minister for information. We supported that resolution because it supplemented our position about condemning the government for imposing the user fee and asked for information, something we have been trying to get for the last 50 hours or more.

I want the member for The Maples (Mr. Cheema) and others to know and to remind him that if we had gotten some of that information early on and had the opportunity for the dialogue, maybe today we would not be looking at a hospital, a major hospital in the city of Winnipeg serving a broad community, cutting up to 150 beds without understanding the impact that it will have on patients and where it fits into an overall plan. In fact, I remind the member for The Maples and others that on April 16 we put forward a motion simply requesting information, not condemning, as the motion for the Liberals reads, not demanding, but simply requesting that the Minister of Health (Mr. Orchard) 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.

Mr. Acting Deputy Chairperson, where did the Liberals fall on that motion? How did they decide to respond to that motion? To condemn me and the NDP for bringing it forward, and then to vote against, voted against a resolution asking for information. In fact it should be noted that not only did the member for The Maples (Mr. Cheema) vote against that resolution, so did the member for St. Boniface (Mr. Gaudry) in whose constituency the St. Boniface General Hospital falls, which is before us today with news about massive bed cuts.

* (1650)

The request for information that we put on April 16 was mild in comparison to the motion that the member for The Maples put forward today, which first condemns the government and then seeks information. So it is getting a little hard to make any progress on this issue with that kind of inconsistent position, but I am going to try again today.

I would, therefore, move the following motion, Mr. Acting Deputy Chairperson:

I move that this committee condemn the Minister of Health (Mr. Orchard) for failing to provide full and complete information on hospital funding, thereby allowing bed cuts to proceed on an ad hoc disjointed basis in the absence of a comprehensive plan and without the benefit of public input.

The Acting Deputy Chairperson (Mr. Rose): The motion is in order.

Mr. Orchard: Well, Mr. Acting Deputy Chairperson, you know, I find with a great deal of interest that my honourable friend, in lack of any

other initiatives, is down to from time to time putting motions before committee. I find it interesting that my honourable friend is not satisfied with some of the information that I have been able to provide her. I cannot help that. I simply am providing my honourable friend with responses that she does not know quite how to deal with.

As I have said to my honourable friend time and time again, we have this circumstance in Manitoba where in 1987—and I think it might be appropriate for my honourable friends, because some of the newly elected New Democrats are fast gathering, but it might be interesting for the member for Point Douglas (Mr. Hickes) and the member for Selkirk (Mr. Dewar) and the member for Transcona (Mr. Reid) to understand that in 1987 when their current Health critic sat around the cabinet table, the Howard Pawley government passed a no-deficit policy for hospitals in Manitoba, a no-deficit policy. If a hospital incurred a deficit, it was the expectation of that policy, of the hospital, according to that Howard Pawley, New Democratic Party policy, that the deficit would be picked up by the hospital in the next year's budget or the subsequent year's budget.

I know that must be confusing to new members of the New Democratic Party, these newly elected individuals, who came in in 1990, the member for Burrows (Mr. Martindale) included, seeing as he has now arrived.

I will just repeat: Did you know that Howard Pawley and the NDP in 1987 passed a policy, which we have agreed to and maintained, that hospitals shall not incur deficits in their operations over a year? The no-deficit policy was a Howard Pawley, NDP policy. That was a policy they put in when they were in government and they had to deal with the issue of funding hospitals. Now, when they are in opposition, they want that policy thrown out and they want governments to cover deficits.

Mr. Ashton: It is a question of the funding.

Mr. Orchard: They do it under the issue of, as my honourable friend the member for Thompson (Mr. Ashton) says, it is a question of funding. Yes, it is. Oh, absolutely it is. My honourable friend will make the question, well, you know, if only the funding were more generous to hospitals, they would not be running deficits.

Well, that is exactly why the NDP under Howard Pawley put the policy in place, because no matter how much money you give the hospitals, it will never

be enough and they will run deficits. That is why you put the policy in place. I understand the member for Thompson would not know why they put the policy in place because he was not in cabinet back in 1987, but the member for St. Johns (Ms. Wasylycia-Leis) was in cabinet, agreed to that policy, a policy of the Howard Pawley government.

If the issue comes down to funding—and I want to deal with the funding issue because I think it is important for some of these new members of the New Democrats, the member for Point Douglas (Mr. Hickes), the member for Selkirk (Mr. Dewar), the member for Transcona (Mr. Reid), the member for Burrows (Mr. Martindale), to understand that in—oh, the member for Wolseley (Ms. Friesen) is here too, good. I did not mean to neglect you, I just did not see you.

I just want to indicate that in the province of Manitoba this year, to undertake funding in the hospitals across the length and breadth of the province of Manitoba, this Progressive Conservative government has budgeted \$53 million in additional funds towards our hospitals, \$53 million.

In the province of Ontario, where they have eight and a half times the population that we have, they have increased the budget to hospitals by an apparent figure of around \$162 million. That is three times the cost for nine times the people. It is roughly a 1 percent increase to hospitals in Ontario, when ours amounts to a 6.1 percent increase to hospitals in Manitoba compared to what Ontario does.

I am informed that the Saskatchewan budget—and I am only going to indicate this just briefly for these new, neophyte New Democrats who believe that NDP would in government have all the answers. Health care spending—this is highlights from the Saskatchewan budget, the good news from socialist Saskatchewan—is being trimmed by more than \$45 million in Saskatchewan. The province is reducing funding for chiropractors, and on and on.

In Saskatchewan, they reduced the Health budget by \$45 million. That is good news to the New Democrats in Manitoba, but the Progressive Conservative government in Manitoba increases the Health budget by \$102 million and that is bad news according to the New Democrats in Manitoba. Is that not incredible? Is that not absolutely incredible?

So, as I have tried to get my honourable friend around the system-wide issues, I want to—before I close my remarks this afternoon, because we have been here now for approximately 52 hours discussing Health Estimates—I want to tell my honourable friend the member for St. Johns (Ms. Wasylycia-Leis), because my honourable friend the member for St. Johns has never yet said there was anything wrong or that I was on the wrong track or that I was proposing the wrong direction for the health care system than the one I proposed in the opening remarks of introducing these Estimates, 52 hours ago, where I indicated that this government is embarking upon a transition of the health care system to meet the needs of the 1990s, moving budget with the patient from high-cost institutions to lower-cost institutions and to the individual's home; moving the budget with the patient; providing the patient, the consumer of health care services, with the services they need in the least cost area of service, which often means their homes.

That is why we increase the Home Care budget by \$7 million. That is why we have said unequivocally that we can do no more than agree with the research by the Centre for Health Policy and Evaluation where, in a report endorsed by my honourable friend the member for St. Johns (Ms. Wasylycia-Leis), they said, you cannot move services from the institution to the community in a more informed way, be it outpatient surgery, be it continuing care, unless you do what? Unless you close the bed that is inappropriately used in the institution.

My honourable friend the member for St. Johns agreed with that policy when she endorsed that document from the Centre for Health Policy and Evaluation. When I laid out in my opening remarks to introduce these Estimates, back 52 hours ago, I said that is exactly the kind of policy that we are embarking upon, to move this system from institution to community care, and with it protect the needed services to the individual and to save both taxpayer and patient by providing better services in a more effective way, so that the taxpayers are not pillaged like they are in Saskatchewan, Ontario, and any other socialist-governed province.

The Acting Deputy Chairperson (Mr. Rose): Order, please.

The time is now 5 p.m. and time for private members' hour.

Committee rise.

**COMMITTEE OF SUPPLY
(Concurrent Sections)
EDUCATION AND TRAINING**

Madam Chairperson (Louise Dacquay): Order, please. Will the Committee of Supply please come to order. This section of the Committee of Supply is dealing with the Estimates for the Department of Education and Training. We are on page 40, line 3.(e) Child Care and Development.

Would the minister's staff please enter the Chamber.

* (1420)

Mr. Dave Chomiak (Kildonan): Madam Chairperson, I do not necessarily require this information today, but I am wondering if the minister can provide me, or table for our use at the next session or subsequent sessions, any kind of listing that the minister might have of the number of child psychologists employed by divisions as well as teachers' aides by divisions across the province, if the province has that kind of statistic?

Hon. Rosemary Vodrey (Minister of Education and Training): Madam Chairperson, I am informed that we do not have that information here immediately. It will require us to be in contact with each school division to find out their employment numbers; however, we are prepared to do that and we will table it as soon as possible.

I also have, Madam Chairperson, some items for tabling. The first item for tabling, the school grants and other assistance, institutional programs, which was requested by the honourable member. In addition, the honourable member for Kildonan had inquired regarding access to the letter of comfort between MFIS and the department under the Freedom of Information Act. On May 4, further to a statement made by the member for Kildonan, I indicated that I would review whether an individual had been appropriately advised to apply for access to a record under The Freedom of Information Act.

Specifically, the individual's request was for access to the letter of comfort between the Department of Education and Training and the Manitoba Federation of Independent Schools. While the department generally releases information that is considered to be public—for example, information reports, statistical

information—because the letter of comfort implied a third party, staff at that time believed that there could very well be an issue of confidentiality.

Exemptions under the Freedom of Information legislation require that we consider third-party privacy; however, this is not an issue in relation to the letter of comfort since much of its contents has already been made public. Therefore, please encourage the individual who has been seeking access to the letter of comfort to contact the Administration and Professional Certification branch. I will give the phone number for the honourable member; the number is 945-0592. The record will be released.

Further, Madam Chairperson, I would like to respond to an issue raised earlier in the Committee of Supply. The Leader of the Liberal Party (Mrs. Carstairs) had some difficulty in equating the reduction of eight Capital Facilities positions transferred to the Public Schools Finance Board in July 1991 with the salary reduction of \$54,100.

She will recall that this transfer was done on the recommendation of the Provincial Auditor's office. When the 1991-92 budget was prepared, the salary line provided for only the months of April, May and June, which is one-quarter of the total annual salary. Since only one-quarter was built into the salary base of 1991-92, and that is \$54,100, then it stands to reason that the \$54,100 would be reduced from the base for calculating the requirements for 1992-93.

Now, by coincidence, the merit increments for the general salary increase for the remaining staff in Financial Services—and the appropriation is 16-1(e)—was exactly \$54,100. Hence, the net effect on salaries is nil.

Then, Madam Chairperson, the member for Kildonan (Mr. Chomiak) raised the issue at the end of Estimates in the last session about speech and language pathologist. His concern was that perhaps there had been up to a one-year wait for speech therapy for children in the school system. I would like to answer him now to say that there is no information in either the Child Care and Development Branch or the Child Guidance Clinic that would suggest that there is such a waiting list.

There are 59 speech and language pathologists serving schools in the Winnipeg area and 35 in the rural areas in northern Manitoba. The waiting period from the time of referral by a school to a speech pathologist to the initial assessment ranges

from two to six weeks depending on the schedule of that speech pathologist. Speech pathologists serving numerous small schools in rural Manitoba and the more isolated communities in northern Manitoba visit schools less frequently than personnel working in the larger schools in urban communities.

The students with the most severe problems are seen on a priority basis, while others may have to wait for a subsequent visit to the school by the speech pathologist. Students generally do not need to be placed on a waiting list because school staff become involved in identifying priorities for referrals and assessment. Children with severe problems are served on a priority basis.

Speech and language pathologists work on a consultation model rather than a clinical model, and only the most severe receive direct services from the speech pathologist. This means that students with speech and language problems are seen by the specialist, but the school staff and parents also get involved in delivering the program to correct disorders. It is not only the speech and language pathologist who works with the child. As the number of referrals increases, the speech and language pathologist spends more time in a collaborative and consultative model with teachers, paraprofessionals and parents who carry out some aspects of the program.

Now, it is difficult to give average caseloads, since it varies so much in the types of problems. Speech and language pathologists in the school system would have between 75 and 125 children on their caseload during any one school year, and this includes initial assessment, parent contact, program planning and follow-up activities. Due to the large number of students with speech and language problems, the service is stretched and follow-up activities are not always as extensive as we might like them to be. I wonder, in asking that question, if there had been some confusion regarding hospital services and school-based services.

I have one final information based on the previous Estimates. The member for Kildonan (Mr. Chomiak) asked me to outline the status of the preschool consultation program. At this point I would like to report that we have had some difficulty in identifying the program which he is referring to in this instance. As far as we know this preschool consultation program does not directly involve the

Child Care and Development Branch in Education and Training since it deals with preschool children.

* (1430)

From the honourable member's description, this may be a program called Special Link, which regroups the organizations mentioned plus the Child Day Care office which is in Family Services. Perhaps we could refer the honourable member to the Children's Special Services Branch in the Department of Family Services.

This question does give me an opportunity, however, to discuss an issue which is being initiated by my department, and that is to develop a process for children with special needs who will be in transition from home or daycare into the school system.

This will be a similar process to the one which was developed a couple of years ago to ease the transition of children with special needs from school to adult life. This initiative will be fully developed with other departments, such as the Department of Family Services and the Department of Health, and it will also involve other partners such as the Society for Manitobans with Disabilities, et cetera. The purpose will be to ensure that children with special needs who begin their school life will have appropriate supports in place without undue waiting periods.

Mr. Chomiak: Madam Chairperson, I thank the minister for reading those answers into the record. I am very pleased actually with the latter response from the minister with respect to the department assuming some responsibility in the co-ordination role with respect to the early identification and co-ordination of activities dealing with special needs children in particular at a very early age. Because the minister is experienced in this field, I do not have to tell the minister nor the ministry that the earlier the intervention the more likely the ability to overcome as many problems as possible and to enhance the learning responsibilities of the child. So I am very happy to hear that last response read into the record by the minister with respect to Special Link and those programs.

The minister did mention Child Guidance Clinic, and I am wondering: Is the minister aware of the fact that some school divisions have advised the Child Guidance Clinic that they would no longer be participating as of September 1993 in the Child

Guidance Clinic and may establish their own clinic or clinics?

Mrs. Vodrey: Madam Chairperson, I have been made aware, but not directly by those school divisions. The divisions have not made a direct approach to the ministry to inform me, and the information has come informally.

Mr. Chomiak: Is the minister aware that one of the major reasons cited by those school divisions with respect to their decision is the change in the funding model? Now I appreciate that the amount of money going to clinicians—the ratio figure, and we are very happy to see it has declined. In other words, more money is going for the clinicians and co-ordinators, so we appreciate that, but the administrative fee that was removed from Winnipeg School Division No. 1 has been cited by some school divisions as a reason for this change. Is the minister aware of that?

Mrs. Vodrey: Madam Chairperson, I believe the member is not correct in his interpretation, but he is correct in that we have reduced the divisor for clinician services. We have also increased the funding for clinician services. The amount of the grant from the department for each eligible clinician has also been increased from \$34,100 to \$45,000. It appears that increasing the clinician grant from \$34,100 to \$45,000 without delineating the administration portion has precipitated some questions concerning the administration and administration costs at the clinic.

Madam Chairperson: Order, please. Is it the will of the committee to have the air conditioner on, recognizing that it indeed becomes quite noisy?

An Honourable Member: Do we need it on?

Madam Chairperson: That is what I am asking. It is okay for now? Okay.

Mr. Chomiak: Is there going to be any attempt to address the administrative issue by the department of the minister?

Mrs. Vodrey: I just would like to underline again the fact that previously there was a clinician grant and an administrative grant. This year, those two grants have been rolled into one grant, and that grant has also in its total been increased. Just for the numbers, in '91-92 the grant in clinician and administrative, if we put them both together, the total was \$3,375,900. This year those two grants have been put together. The total grant is \$5,526,000. School divisions are free to use this grant in either

category. It is not a delineated category, and school divisions are, in fact, able to make that decision themselves.

Mr. Chomiak: Is the minister saying she is not aware or concerned about the effect, in terms of the effect that this granting structure and the lack of administrative tie-in could have on the Child Guidance Clinic?

* (1440)

Mrs. Vodrey: Madam Chairperson, I cannot accept the honourable member's comments that it is because of the funding formula, that these are the reasons that the changes may be made. School divisions may decide if they wish to provide their own service as a division, such as St. James-Assiniboia did over 10 years ago, and at this point I would leave him again with the information that we have in fact increased the grant and that school divisions may now determine how they wish to use it—if they wish to form their own service or not.

Mr. Chomiak: Madam Chairperson, so the department is not prepared to acknowledge the effect that the change in grant has had on the delivery of these programs. Nor does it appear is the department prepared to take any leadership role whatsoever in terms of the delivery of programs in this area. Is that correct?

Mrs. Vodrey: I think it is very important to underline the fact that the department does not deliver the programs, and that the Child Guidance Clinic is a creation of the Winnipeg School Division No. 1 and the other divisions that have determined to purchase the service. My question to the member is: Is he then saying that those divisions in making their own choices are making an error? The department, Madam Chairperson, has in fact shown leadership. We have increased the funding available for these services.

Mr. Chomiak: Madam Chairperson, what the department then says is: We do not understand, and we do not know, and we are not going to offer any opinion as to what you do on that. That is what the effect of the minister's decision and the minister's lack of attention to that decision results in. Was it not the minister and the department that initiated the guidelines, the green book, that mandated, in a certain sense, the activities of school divisions with respect to special needs children?

Mrs. Vodrey: The honourable member seems to be leading to a conclusion that he has drawn, that should the school divisions decide to deliver this service themselves there will somehow be a decrease in the efficiency of service delivery and programing delivery.

The divisions have obviously determined that they are in fact large enough to deliver a quality program of service themselves. I question him again. Is he saying that these school divisions cannot deliver this service or are not able to make that decision?

Now, as to the special needs guidelines, the special needs guidelines were developed by the department. Divisions do submit action plans and they believe, based on their action plans, should they decide to withdraw from the Child Guidance Clinic, that they can deliver programs to support their special needs students. The leadership that the department has shown is leadership in establishing the special needs guidelines.

Madam Chairperson, I am confident that the divisions will continue to provide quality education, and they will hire qualified staff.

Mr. Chomlak: At least someone is asking the questions. In Answering the Challenge, the department said that it would translate the special education policy and procedure guidelines into regulations pursuant to the PSA. When will those regulations be implemented?

Mrs. Vodrey: I am informed that this particular strategy has been discussed by the Advisory Committee for the High School Review for Answering the Challenge and that it was determined that putting these into regulations would be deferred until legislative reform was completed. As the member knows there has been a Legislative Reform Panel that has completed its hearings and is now looking at completing its report and then delivering it to the minister.

In addition, I think it is important to also state that there has been an extremely high level of compliance with those guidelines while not in regulation. I am informed that the level of compliance is very close to a 100 percent. School divisions have then said that they are complying as things are now, so we will have to wait to see the response of the Legislative Reform Panel.

Mr. Chomlak: I think I can provide the minister with some evidence at some future point, which I will,

which will indicate that there is not 100 percent compliance with those guidelines.

Last year the minister stated the Education Finance Committee would consider 80 percent funding of the special needs costs of school divisions. I am wondering if the minister would indicate what the status of that particular proposal is and when it might be achieved?

* (1450)

Mrs. Vodrey: First of all, I am informed that we do not recall a specific announcement to that effect, though it may have been something that was special to the Estimates process last year, but there is an acknowledgement by this government that the delivery of special education and delivery of education to special needs children is, in fact, very expensive and that the model has provided a way to, first of all, increase funding to recognize those costs and has also noted that as a very specific area for funding.

In the year '92-93, the funding for special needs has been increased by approximately 42 percent. I would just like to let the honourable member know that in 1991-92 the funding for special needs support program was \$51,402,531 and that was slightly under 50 percent of the total amount of the special education expenditures.

Now, the support this year has jumped up to \$73,265,160 and I believe that is a significant increase at this time. There is an estimate, I am informed that there is an estimate and I did table it in the House the other day, that the total special needs support as a percentage of allowable expenditures has moved from the 1991-92 46 percent to the estimate in '92-93 of 59.5 percent.

Mr. Chomlak: The minister has a stated commitment to the private schools that it will achieve 80 percent funding at specific rates. I asked the minister when she would live up to the commitment her predecessor made in these Estimates last year to move towards 80 percent funding, and she gave me the figures for last year and this year. It is a simple question.

Mrs. Vodrey: I would ask the honourable member to clarify the 80 percent of what, because he has not been clear on that and the other day I did table in the House information—and it was tabled, he can check Hansard—that if we include the special needs funding and the front end mill rate we are already at this point at 83 percent.

Mr. Chomlak: Time does not permit me to play word games with the minister. The minister gave me a figure earlier, 53 percent. I will ask the minister again, for the third time—and I hope it will not take another five minutes to make a response—when she will achieve the goal that her predecessor said of the 80-percent level of expenditures provided by the provincial government to cover the costs of special needs education incurred by the 53 school divisions of the province of Manitoba?

Mrs. Vodrey: Madam Chairperson, I would start by asking the honourable member to table the statements that he has been referring to, so that we will have the same opportunity to view them as he has.

Secondly, I will remind him that between last year and this year there has been a new funding model introduced. The new funding model introduced has set out a very specific interest in the area of special needs. Then I would like to say to him that I am certainly committed to providing funds in a very balanced fashion for the needs of all children in this province.

Mr. Chomlak: Madam Chairperson, I will forward those comments of the previous minister to the minister for her review. The advisory committee to the Minister of Education and Training on special needs last reported in October, 1988—will the minister outline whether or not there is a committee in place? If there is a committee in place, who are the members? If there is not a committee in place, is the minister considering the establishment of a committee?

Mrs. Vodrey: Madam Chairperson, I am informed that the committee the member has referred to was a special task force committee, and its role was to assess the requirements of special needs children in the province, and that their role was to assist the department in putting together the special needs guidelines which they have completed.

So for that committee, we thank them very much for the work that they did, and their job was done. In addition they also recommended an increase in funding in the area of special needs. That also has been acted upon. Now the committee, which is dealing with funding and special needs is the advisory committee on ed finance, and I believe I have tabled the members' names and their representative organizations.

* (1500)

Mrs. Sharon Carstairs (Leader of the Second Opposition): I just have a couple of issues that I want to discuss with the minister. It has come to my attention that there is little co-ordination between the special needs of youngsters serviced by Family Services. Those same children, when they move into the public school system—and I will give her a very specific example.

Funding for Society for Manitobans with Disabilities primarily comes through Child and Family Services. They run a nursery program. Sometimes they will make the decision that the child would be better served in a public school nursery school program, primarily Winnipeg School Division No. 1.

That child moves into that new nursery program because that is the recommendation but there is no funding that goes with that child from the department of Child and Family Services. As a result, even simple issues like transportation, which were covered while the child was going to the Society for Manitobans with Disabilities under a grant provided from Child and Family Services, now disappears.

Is the minister doing anything to try and co-ordinate the activities affecting these children so that the placement for the child will be the most correct one, that the placement does not have to be made on the basis of whether the dollars go with the child or not?

Mrs. Vodrey: Madam Chairperson, I would like to start out by acknowledging the concern raised and that as a concern for both children and families. The four educational organizations did present a brief to us as well, and they did encourage increased collaboration between, in specific, Health, Family Services, Justice and Education. I believe I mentioned the other day that the CCDB Branch of the Department of Education is participating in negotiations with representatives from these departments, and that the very specific issue raised today is one of a number of issues which is being looked at at this point.

I would just like to bring her up to date on the current actions of that committee, which I am informed are, first of all, to develop a program inventory of all four departments and with this inventory it will begin to identify gaps which may be existing, such as the one mentioned today. Then the next phase is to recommend ways to fill the gaps, that to be done through collaboration, through

co-ordination, may be the necessary point, and that has been pointed out several times, or if, in fact, there are additional services necessary.

Mrs. Carstairs: I would just like to put a piece of information, and the minister can accept it as information. One of the issues that is concerned with the transfer of these youngsters is the accessibility issue. At the present time the Public Schools Finance Board will not deal with an accessibility problem unless the youngster is in K to 12, so when you move the child into the nursery program the dollars that might go with that child one year later in terms for that access within that school building for that child, will not flow for another year.

I know of a specific case for example where a nursery child cannot get to a library on the second floor and therefore cannot participate in the library program because there is no accessibility in that school. She will be going to that school the next year. They are going to have to put in the proper accessibility the following year for her. One of the things that your committee may want to look at is the fact that sometimes, I think, within the models that we are presently doing, the rigidity of the rules do not make a great deal of sense in terms of the best program for the child at any given time in her or his academic career.

Mrs. Vodrey: I will acknowledge that this is one of the gaps in the transition, and that the transition period from Kindergarten, the entrance into Kindergarten and also that period of transition following the completion of Grade 12 or Senior 4 is another difficult area.

We certainly are examining this issue and the PSFB, because our mandate is not to fund preschool programs, then does not provide the funds in the preschool area. However, the PSFB does try to respond to divisions' requests on as timely a basis as possible and, certainly, as funds permit.

Mrs. Carstairs: Can the minister tell me what consultation went on between her department and the Department of Health with respect to the elimination of a health grant to support the audiologist at the Child Guidance Clinic?

Mrs. Vodrey: Well, this was an action taken by the Department of Health and the Minister of Health (Mr. Orchard) within their own budgetary process. However, I will let the member know that I certainly

have had several meetings with the Minister of Health.

I am aware of the potential effect on school children, and I have been informed that the hearing centres in Winnipeg should be of assistance in helping those children and families with this particular issue.

* (1510)

Mrs. Carstairs: Madam Chairperson, the minister says that she has some idea of the effects on the children. Has she had any documentation provided to her by the Child Guidance Clinic as to, specifically, the impacts on a number of children and their concerns that early detection will be prevented as a result of this decision?

Mrs. Vodrey: Madam Chairperson, I have had some letters. We have had some documentation provided to us, and we are now in the process of analyzing the information that has come forward. My department has been in touch with the acting director of the Child Guidance Clinic and will be reviewing the information that has been sent forward to us.

Mrs. Carstairs: Finally, can the minister tell me if she has any knowledge that the Child Guidance Clinic will now be hiring an audiologist either part time or full time in order to replace this position, and if so, is this not another example of an offloading of a Health expenditure onto the educational system?

Mrs. Vodrey: To our knowledge at this point, the information sent forward has not included this piece of information to us. It has not been shared with us to date, and at this point our information is that the Child Guidance Clinic is presently considering its options.

Mrs. Carstairs: Madam Chairperson, can the minister tell me if there is any analysis going on in this particular department with respect to the time which is being spent by guidance counsellors on the needs of special needs children, the needs of children with severe social problems, in comparison to providing as guidance counsellors in the school the kind of career training, not training per se but counselling on training opportunities?

I ask this question because I am told over and over again by Child Guidance workers within the school, teacher guidance people, that they have less and less time to devote to students and helping them to plan their future careers, particularly at the

junior high and senior high level. More and more of their time is being spent on the kind of social service services that more appropriately belong in a budget for Child and Family Services rather than in the budget of the Department of Education.

Mrs. Vodrey: I think it is important to clarify that the Child Care and Development Branch does not deal directly with or administer directly guidance counsellors, so those statistics would not be available to us specifically through our work.

We do deal with guidance counsellors, however, through areas such as curriculum and providing career counselling curriculum information. However, we have understood that there is some changing role in the area of guidance counsellors, and we do then work as closely as possible with other agencies as well. By way of example, I would mention the AFM, which is particularly interested in working with young people in the areas of ego strengthening and so on, for choice making.

In addition, under the new ed finance model, the province does provide a categorical portion of the base grant which recognizes the role of guidance counsellors and there is a recognition of the issue raised.

It is important for guidance counsellors though to be able to deal with students who have social and emotional problems. They do receive the support also of the clinicians from CCDB to the counsellors in the school. Clinicians often act as consultants to the counsellors, rather than doing the direct person-to-person work themselves.

Mrs. Carstairs: I think the minister is aware that there are more and more disturbed children in our school systems. There is no question about that—severely disturbed children. One of the activity identifications with regard to child care and development is the collaboration with health and social service agencies to increase the co-ordination at interdepartmental levels of services for children with multidimensional needs.

The issue that is raised with the minister, I know, over and over again by Manitoba Teachers' Society, by the Manitoba Association of School Trustees and by the Manitoba Association of School Superintendents is the issue of more and more being expected of the schools. I just encourage the minister to look at some of those services very carefully, because schools are being expected more and more to become social service agencies in and

of themselves and, in some cases, health care agencies in and of themselves. That is eroding the amount of dollars available to the education issues facing them.

With that I am prepared to move on to the next section.

Madam Chairperson: Item 3. Program Development and Support Services (e) Child Care and Development: (1) Salaries \$5,169,000—pass; (2) Other Expenditures \$1,328,500—pass.

Item 3.(f) Instructional Resources: (1) Salaries \$1,064,600—pass; (2) Other Expenditures \$529,200—pass.

Item 3.(g) Distance Education and Technology—
* (1520)

Mr. Chomlak: Madam Chairperson, I just have a few questions in this area. I guess I would like to commence by asking the minister if she could provide us with tabling some document which I am certain she has which outlines the programs offered by the Distance Education and Technology branch. I am familiar through my tours in the province that various localities in the province have listings of these programs. I am wondering if we could be provided with a comprehensive listing of the programs provided. It does not necessarily have to be today, but certainly I would very much appreciate it.

Mrs. Vodrey: Madam Chairperson, yes, that information does exist and we will put it together for the honourable member.

Mr. Chomlak: All of us, I think, recognize the significance, particularly in Manitoba or any jurisdiction in this country of ours, for the need to advance in terms of distance education technology. I am familiar from reading this document and from other discussions and other Estimates as to roughly what the department is doing in this area.

I am wondering if the minister could outline for me basically what the top three or four priorities or directions are of this branch, where she sees this branch and this department going basically in the 1990s in terms of its mandate and direction in order to expand accessibility and quality of programs to the people of Manitoba.

Mrs. Vodrey: Madam Chairperson, well, I am pleased to talk about this particular branch, because I believe that Manitoba does compare very favourably with other Canadian provinces in using

distance education delivery methods very effectively for broadening access to educational services. The province is a leader in using the telecommunication-based technologies such as the satellite technology, the audio-teleconferencing, the computer communications technology to instruct students at the K to 12 level in low enrollment areas and also in remote classrooms.

Alberta and Ontario are the only other provinces employing these technologies at the K to 12 level in any significant way. Saskatchewan and British Columbia and some other provinces are only beginning to apply these technologies to instruction at this level.

The use of the distance education technologies within the post-secondary sector of education in Manitoba has now closed the gap with Alberta, British Columbia and Ontario that existed in the mid-80s. In the first year, distance education pilot program is unique in providing a full first year of university instruction to remote communities through the use of interactive telecommunication-based technologies.

Also, the Manitoba Satellite Network, or MSN, has led the way using television and satellite technology interactively, permitting remote students and their instructors to interact freely during instruction. Other provinces on the other hand have historically used television and video technology in a broadcast-only mode for instruction purposes, and these provinces are now beginning to adopt the interactive instructional mode that Manitoba has used for the last three years.

In direct response to the question of where we would like to see the use of this department's initiatives within the next 10 years, bringing us to the year 2000, in the first area I would like to speak briefly about leadership in technology applications to education. By way of example, this year the Satellite Network will increase programming from 350 hours to 475 hours. The teleconference network will increase its capacity from 64 simultaneous sites to 108 simultaneous sites, and MINET will continue to serve more than 500 educational sites at no increase to its users.

Secondly, we are very interested in Distance Education support to small schools, and along with Partners in Education, including MAST and MASS and MTS and MASBO, we have established a task force to set policy, to identify resources and to create

opportunities for divisions with small schools to implement technology-based distance delivery systems, such as fibre optics or microwave and computer-assisted learning systems to meet students' needs in the low enrollment situation.

The taskforce will provide an interim report by the end of June, and a final report with specific recommendations for the long-term initiatives is expected in the fall of this year. Then I would like to mention the efficiencies in the Independent Study Program, which was formerly the correspondence program, as being another important initiative.

Finally, adult and post-secondary education programs: Certainly there has been evidence of a great deal of interest on the post-secondary side for the use of Distance Education, and we will be evaluating our three-year project at the end of next year. So on the post-secondary side we will also be interested in looking at the results of that evaluation of what is currently in place.

Mr. Chomlak: With respect to the first year university education program, is the minister precluding any other communities or divisions or centres from participating until the pilot is complete? That is, is the minister precluding any other participation?

Mrs. Vodrey: The FYDE program or the first year Distance Education Program is going into its third year of its pilot program, and we are beginning the process of the evaluation. We are not attempting to preclude other sites, but we are receiving a great number of requests for the use of this technology and for the use of the first year distance education by way of example. We would like to make decisions based on more holistic information and on the evaluation of this program.

* (1530)

Mr. Chomlak: I can appreciate that response, because I have long advocated analysis before making decisions that could cost a lot of time and wasted energy. Nonetheless, it seems in this area that the program by all counts certainly is successful. It is clear that school divisions are prepared to participate with the province to offer it and are prepared to help cost-share the program.

It seems to me that, in the era of tuition difficulties and the problems being experienced particularly in rural Manitoba, I would suggest the department should be extremely flexible in this area in terms of allowing those communities and those school

divisions that wish to participate to do so. I do not have to go through the varieties of reasons as to why they would want to participate.

In fact, it appears from all accounts that the program is very much a success outside of Winnipeg, certainly by accounts of individuals I have, and I am sure the minister has heard those. I am certainly urging the minister to consider these offers and the potential expansion of the program, unless there is some technical or costly reason as to why those needs cannot be accommodated.

Mrs. Vodrey: Madam Chairperson, I appreciate the comments the member has raised, but I think he would still acknowledge that there really must be an evaluation done, as everything does have a price tag. The operation of a site has a yearly cost of approximately \$100,000, so I think that is an important part to recognize that then there is potentially a resource problem in terms of funds available. The program has reached its maximum capacity or its upper limit, but again, we are going to be reviewing the process.

I think that the process, as he said, has clearly indicated the viability of distance education as a legitimate replacement for the traditional classroom-based approach. However, we really have to begin to think about this strategically in terms of the entire process and program.

Mr. Chomlak: My final question in this area: I wonder if the minister would table for us a list of those divisions and areas participating, the costs associated, what they are offering, et cetera. It does not have to be today, of course, but just an outline as to who is participating and what it costs.

Mrs. Vodrey: Madam Chairperson, I would just like to remind the honourable member that the First Year Distance Education programs are funded by the UGC area of the Department of Education, and that school divisions do not provide funding. They do provide the space, they do not provide the funding, and so what I can say to the member is that I would be happy to table for him the list of sites, if that would be helpful, and we will get that information together for him.

Mrs. Carstairs: We seem to be talking about several programs here, one being the post-secondary program and the other being the amount of distance education instruction now going on for school-age students, and that is the one that I would like to concentrate on.

I met with the Manitoba School Superintendents yesterday and one of the issues they raised with me was the cost. Who is doing the negotiation for the transmission lines with the Manitoba Telephone System? Is this being done by the Department of Education, or is this becoming the responsibility of each school division that wishes to access this distance education instruction?

Mrs. Vodrey: Madam Chairperson, I am informed that at the moment school divisions are doing the negotiation, but we do recognize that there is some difficulty around this and that is one of the reasons that the task force has been set up and it will be doing its work. The difficulty, I have been informed, is that in school divisions doing the negotiation, they have been receiving a variety of opinions on technology, by way of example: fibre optics versus microwave. So at this point the task force will be examining which of the technologies might be most appropriate or most appropriate in which area and, also, who then should do the negotiation.

I just would like to give the member the terms of reference for the task force on distance education and technology. First of all, we are asking that they identify the current and the future education program needs of small high schools, and that would be for the next five to ten years.

Secondly, we are asking that they identify the role of distance education programs and the types of technology to be employed in meeting those identified needs.

Thirdly, to identify the funding sources, any legislative changes that might be required, and administrative regulations required to provide successful distance education programs, we are asking that they identify training needs of teachers and other staff for use of distance education.

We are asking that they identify connections to post-secondary distance education delivery programs, to system cost effectiveness and mutual support, and that they identify the appropriate role, functions and organizational structure of a distance education and technology development and delivery body to provide ongoing leadership in this field.

Mrs. Carstairs: Madam Chairperson, we have talked often about the need for more co-operation between the business sector and education. It seems to me this is an obvious one, particularly as it affects Manitoba Telephone System, who seems

to feel that distance education is a profit mode for them.

Can the minister tell us if she has had any discussions with the minister responsible for the Manitoba Telephone System with respect to MTS's responsibility to help better educate the citizens for tomorrow?

Mrs. Vodrey: I am informed that the department had a meeting approximately six weeks ago with Manitoba Telephone System, and there was discussion at that time; and, secondly, that Manitoba Telephone System will be represented on a subcommittee of this distance education training force specifically in the area of technology.

* (1540)

Mrs. Carstairs: I learned recently of a Distance Education curriculum, and it may well have been the Calculus 305 program, that was being piloted. But it was being piloted in a Winnipeg school. Can the minister tell me why a Distance Education program would be piloted in a Winnipeg school and why they would not have chosen a site in Brandon or in Thompson to develop a technology which is specifically directed towards rural Manitoba?

Mrs. Vodrey: I am informed that this program is very likely the Math 30 program. The Math 30 program is initiated by Apple Canada and by Alberta Education on their own.

But I am also informed that we in the department are developing the calculus program for computer-assisted learning. This will be piloted both in rural Manitoba and in urban Manitoba. The disk that I held up, when we were in Estimates last, was the Math 30 program. Though they are very responsive to distance education, they are also very useful in computer-assisted education and learning. Therefore, they are applicable both in rural and in urban school settings.

Madam Chairperson: Item 3.(g) Distance Education and Technology: (1) Salaries \$2,055,900—pass; (2) Other Expenditures \$2,308,700—pass.

Item 3.(h) Canada-Manitoba Winnipeg Core Area Renewed Agreement: (1) Grants \$32,500—pass.

Item 3.(j) Student Support Program: (1) Salaries.

Mr. Chomlak: If I understand the minister's comments earlier in Estimates process about this particular program, it is administering a fund of \$10 million, of which \$7 million is already committed.

I am wondering if the minister can outline for me specifically where and what programs the \$7 million is committed to and what the criteria are for the utilization of the \$10-million fund.

Mrs. Vodrey: The \$7-million portion, which the member referenced, is a grant which we have called the minimum guarantee. To explain that, it is the sum total of the '91-92 compensatory inner city grants. A formula grant will be in place within the two-year implementation period and this funding is not intended to replace the regular or the base funding. For 1992-93, divisions can fund existing programs previously supported by the compensatory or inner city funding.

I do have a program summary, which I will table for the member which will outline exactly the amounts school divisions are receiving under that minimum guarantee. The further money, the approximately \$3 million further, is available through what is called a special projects I.

The amount of money to be allocated within special programs is approximately \$2.2 million. Under this area, schools eligible can apply for a \$10,000 grant for the improvement of existing services and projects must be time limited with a three-year maximum. Deadlines for those applications are May 15, 1992, so those applications are in the process of being received.

Then a third section of grants is an innovation section. There is approximately \$600,000 available in this area, and it is for collaborative demonstration projects between Manitoba Education and Training and school divisions. The focus is on programs or services that do not currently exist, and there is a significant evaluation process. It is to be time limited with a three-year maximum, and the deadline for applications is May 30, 1992.

Now, a composite index has been developed to determine the high-need schools serving at-risk students in each school division in Manitoba, and a total of 189 schools have been identified as having the highest needs. The index needed to consider not only the at-risk indicators of the community and school level, but also indicators of poor academic performance, as the circumstances and conditions that placed students at risk do not necessarily translate into poor academic performance. Consequently the index was constructed to include attributes of student performance, the school and

the community, specifically the school catchment area which the school serves.

So, I just would like to let the member know what the specific community attributes or variables would be included. First of all, the incidence of low income in the community expressed as a percentage, and, secondly, the percentage of single parent households in the community.

* (1550)

The second is specific school attributes included and that is, first of all, the school migrancy rate for the 1990-91 school year, and the number and percentage of students referred for the ELDNS support for the 1991-92 school year, and the number and percentage of students referred for ESL support in the 1991-92 school year.

Then the area of specific attributes of student performance included are the percentage of students in the school who are two or more years behind their age group in reading and numeracy skills during the 1991-92 school year, and the percentage of students who missed 30 or more days during the 1990-91 school year.

So each school was rank ordered, high to low, within its division in terms of the seven attributes, each of which was weighted equally, and each school was assigned points based on its rank on the individual attributes and received a composite or a total score. The composite score gave an indication of the school's position and need in relation to the position and need of other schools within its division. The financial and the consultative resources of the Student Support branch will then prioritize for these schools identified as having the highest need populations.

Mr. Chomlak: I thank the minister for that information. Can the minister therefore tell me, the index is obviously established and I would like an opportunity perhaps, if the minister could table the index and the list of schools, I would appreciate it.

Mrs. Vodrey: Madam Chairperson, yes, I will table for the member not only the divisions and the funding and the minimum support guarantee, but I will table for the member the list of schools. I would like the member to know that because this is still being finalized there may be an addition of six schools to the list that I have today.

I am looking at the list and I see some of it is handwritten, and I would ask the member if I could table it tomorrow for him in a final form?

Mr. Chomlak: Just for my clarification and understanding, we have the \$10 million fund. We have identified 126 or 129 schools, 180 schools, 89 schools based on a composite index. They will then have access to what was the Early Identification Support, the old Compensatory report, Inner City Support, plus an additional sum of money for innovative and other types of programs. Do I roughly understand the process?

Mrs. Vodrey: Yes, that is right.

Mr. Chomlak: This particular commitment in terms of the funding model, the minister mentioned a sunset of three years on some of these aspects of it, is this an ongoing commitment from the provincial government in terms of the funding model per se? I am saying there is \$10 million available this year so we can look for \$10 million in subsequent years or something along those lines in terms of the model itself, the funding model?

Mrs. Vodrey: In terms of the exact amount, the \$10 million discussed is, of course, subject to provincial budgeting, but the Student Support branch is in fact a fundamental part of the Education Finance model. We do it see it as integral.

In terms of his question around the three-year sunset or a limit on some programs, in the minimum guarantee programs, the funding available through the minimum guarantee, these are what is available to sustain schools through the ongoing process. The other two granting processes with the three-year time limit are for specific projects. Schools are aware that they are time-limited projects with an evaluation component built in when the application is made.

Mr. Chomlak: I have just had an opportunity of reviewing, and I thank the minister for a copy of the minimum support '92-93 students at risk. Just off the top in this, I am asking this question without a—I am not basing this on any actual factual information, but I am extrapolating.

I just look at the programs, for example, in northern Manitoba with a high percentage of aboriginal people. There is not, in a relative sense, that much money allocated to programs in the North. I know from previous statistics. I have seen that the dropout rate for aboriginal people from the

Saskatchewan Royal Commission was 50 percent to 75 percent. I just wondered if the minister might comment on just what appears to me to be incongruity in terms of the numbers of the grant money.

Mrs. Vodrey: The first part of the answer, I think it is important to say that the \$7.1 million allowed divisions to keep in place programs which they had that last year so there would be no reductions. In the next two years there will be a formula developed, a composite index, which will then be used as the basis of the guarantee.

* (1600)

Now, in addition to what the member has seen on the list which I just tabled, supports to the North are also—by way of example, we are looking at a task force on northern and sparsely populated areas in which we may need to have a look with that information at our education finance model, to have a look at those special needs, but we also take part in the federal Stay-in-School Initiative, and we also fund literacy programs which are available in northern and more remote areas. Those schools are also the recipients of the small school grants. Then I also have spoken to him about the ELDNS which I spoke about in relation to the Native Education Branch also.

Mr. Chomlak: The federal Stay-in-School Initiative, I wonder if the minister can outline for me the programs it entails, what the provincial contribution is and what the federal contribution is with respect to Manitoba?

Mrs. Vodrey: I am informed that the money is all federal money, but we do contribute by way of staff time. Staff does sit on a joint liaison committee to provide educational input. There are three programs: public affairs program, which is basically the advertising program; the Start Program, which is funding to schools and to organizations for interventions and specifically interventions such as mentorships; also a federal innovations program to look at new models.

In some instances, we will have a look at jointly or cosponsoring through the Student Support special projects and the Start projects, and there are some partnership considerations underway now.

Mr. Chomlak: The minister will note from previous questions that I have raised in the House during Question Period of our concern about the statistics

from the school learners survey, the Stats Canada document which dealt with the disproportionately high rate of women in Manitoba leaving schools relative to other provinces. The minister will also be aware that the same study indicated the single most important reason cited for leaving school was boredom.

I am wondering how the initiatives under this branch and this series of programs will address those two issues specifically.

Mrs. Vodrey: The activities of the branch are primarily directed toward all students in the focus areas, including the development of classroom instructional strategies, assistance in the implementation of curriculum for students at risk, staff development activities, parent involvement, and school organization and environment.

Some schools and school divisions may choose to specifically use funding for a project available to deal specifically with the issue relating to women, as the member raised.

We do have, however, another partnership with a charitable foundation. It is operating at Daniel McIntyre collegiate in Winnipeg No. 1, and it is called Gender-Inclusive Vision of Teaching and Learning. The intent of this project is to pilot a gender-inclusive vision of teaching and learning in mathematics, science and computer awareness classes. Specific classroom strategies will be tested to improve the learning experiences of both male and female students to effect positive changes to student self-esteem and to address the dropout rates of female students in mathematics, science and computer science courses.

In addition, the High School Review had recommended a change to the provision for funding for vocational programs on a unit basis. This was adopted in the ed finance model, and this will provide an increased opportunity for all students, especially young women, to take individual credits in the traditional nonfemale vocations. In addition, there are issues addressed directly through the Student Support branch through programs for adolescent parents and infants.

I think that is another important point when we look at the retention of young women in the school process. Two divisions received funds to assist teen parents in the development of academic and parenting skills. These issues are addressed directly through comprehensive prevention and

being sexually abused by adult males, as well. It is a second initiative. This program has been developed within the context of the multicultural population of schools and the surrounding community. A unit on date rape has been developed.

*(1610)

Mr. Chomlak: Madam Chairperson, I wonder if the minister could provide us with a list of the 10 staff people who are in this branch, together with, if possible, their brief job descriptions. I ask that question because I note that this branch is also developing specific curriculum and I would like to see the genesis, or who provides that—I guess that is a separate question. Who does provide that specific curriculum that deals with at-risk students? The examples given in the Estimates book are: reading strategies for at-risk students, co-operative learning techniques, et cetera.

Mrs. Vodrey: Madam Chairperson, I will have to table the names with the job descriptions within the next day or so that we are sitting, but I could read the names. In addition, I think it is important to note that the curriculum development, which I think the member is particularly interested in, are school-based developed and that the curriculum development is done in collaboration with the schools and with those teachers onsite to meet the direct needs of those schools in those particular areas. Then those curriculums, when developed, can be transferred if the need is similar in another area or if there is interest in applying that particular program into another school area or part of the province.

Mr. Chomlak: Madam Chairperson, a final question in this area. The minister is familiar with the recent Economic Council of Canada report on education, and I am wondering what role she sees this branch playing in terms of a response in specific areas and in specific programs to some of the recommendations and some of the conclusions of that particular report.

Mrs. Vodrey: Madam Chairperson, the Student Support branch in addressing some of the concerns that were raised by the report on the Economic Council of Canada, I think we have really some very important assistance to provide. First of all, the branch provides consultation and collaboration services for schools with students at risk and also for small schools and for school and community

organizations and agencies which serve students at risk. I think that consultation and collaboration part is important and, again, the programs that involve instructional strategies, curriculum implementation, the learning environment, staff development, student assessment and parent involvement.

Secondly, the Student Support branch provides leadership to develop provincial policy guidelines for the SAR programming and also to assist schools and divisions with their planning process, with their program development and techniques and procedures for school improvement and student outcomes.

Thirdly, the Student Support branch provides linking, a linking with the federal stay-in-school initiatives, the Canadian Job Strategy, also linkages with the Gordon Foundation which was the foundation referenced for the programming at Daniel McIntyre, which I just discussed, and government department and community agencies working with SAR and also interdisciplinary approaches.

Fourthly, the department has grant programs, Student Support grants program. I described the formula, the minimum guarantee, also the special projects and the innovation projects, and I also referenced the small schools programs.

Mrs. Carstairs: At the summary of the Economic Council of Canada's report, one of the things that they point out in terms of weaknesses is that vocational programs generally have a poor image. Can the minister tell us what this branch or any other branch of government is doing about upgrading the image that vocational programs have with respect to choices being made by young people to enter them?

Mrs. Vodrey: I am informed that the Student Support branch is not taking direct responsibility for this, but it does fall under the Curriculum branch. The Curriculum branch does provide a consultant in both vocational and industrial education who does provide in-servicing. Also, the education of the new ed finance model, which we have been discussing, now provides for a unit credit recognition, so that now individual courses may be taken and they may be taken by young women or young men. As opposed to students having to take a full vocational program, they now can take a vocational program, a vocational unit credit of interest to them, which I believe does stand to improve the profile.

In addition, the guidance counsellors do provide career counselling, and I think through that career counselling, a valuing of some of the training initiatives and the vocational programming would be very important. We also have on the post-secondary side, the STAC report, the skills training and advisory committee report which talks about the development towards a trained culture. I will be signing, in the near future, the Labour Force Development Agreement which also speaks of the trained culture.

In addition, we are moving towards college governance and a more independent governance and ability to provide select courses that are perhaps more responsive at our community colleges. In addition, I would also like to reference Workforce 2000 program, which, I think, puts training as being extremely important also to business. I think it is very important that the issue of vocational programming and training becomes recognized by all of society and not just the school system. We are also looking at the technological upgrading of all vocational programs, and those technical and vocational programs and education do provide co-operative education courses to students in high schools, which, I think, gives an opportunity for students to have very much a hands-on experience in the vocational area. There are more options in this area, a greater choice for students. There is an expansion of partnerships with business and industry, and there is more opportunity for work experience in this area which shows students then what an end point may be.

Mrs. Carstairs: I do not want to belabour this, but the minister herself referenced career counselling being provided by guidance counsellors and I raised that just a very few minutes ago. The reality is that there is less and less time in the system for guidance counsellors to be, in fact, providing opportunities for young people to get that very guidance counselling.

* (1620)

I hope the minister will take that into consideration when she recognizes that one of the weaknesses that we are seeing right now is the social service problems that counsellors in the schools are dealing with, thereby denying them that very opportunity to provide the guidance counselling and career orientation that is so very necessary for young people today.

In addition, the Economic Council of Canada came up with what I thought was quite a startling statistic. In a comparison between West Germany and Canada, they indicated two things about apprenticeship training.

First and foremost, 6.1 percent of the potential work force is in apprenticeship training in West Germany as opposed to .95, less than 1 percent, in Canada. In addition, they indicated that the average age in West Germany was 17, and the average age in Canada was 26. Can the minister tell me if there is any liaison going on with the students at risk branch and the Department of Labour, specifically with respect to opportunities for apprenticeship training and the broadening of those opportunities for young people in the province of Manitoba?

Mrs. Vodrey: Madam Chairperson, this is an area that has been of great interest and also concern to our department and to me as minister and to our government. I am looking at and will be signing in the near future a new Labour Force Development Agreement, a Canada-Manitoba Labour Force Development Agreement.

I am not able to talk about the details of that agreement at this time other than to say that nationwide there has been a concern and an interest raised around the issue of apprenticeship and a recognition that there is a need to make apprenticeship more responsive and also more accessible.

My department has met with their counterparts in the Department of Labour. They have been looking at problem-solving strategies. We are looking to enhance our role with the apprenticeship program, and we are concerned because, though the apprenticeship program does fall under the Department of Labour, high schools and community colleges are deliverers of that training. So we have been looking at the common and the current and the core curriculum, and we have been looking at the sequencing of that curriculum and particularly in a way to make it easier for students in that program to then move on to a community college program from a high school program. We are also looking at the co-ordination of testing, and I would like to reassure her that there is some active work going on right now in that area of apprenticeship.

Mrs. Carstairs: The report went on to say that the school-to-work transition is haphazard, the links

between employers and schools are poorly co-ordinated and signals are incoherent.

Can the minister comment on what is being done in this way to make that school-to-work transition easier for young people in Manitoba?

Mrs. Vodrey: Madam Chairperson, in the transition from school to work, some of the initiatives which are underway and being considered are, first of all, more work education, more co-operative education and more discussion with private-sector partners around those particular initiatives of co-op and work education.

I would just like to remind the member that some of the statistics referenced in the report by the Economic Council of Canada are somewhat dated or older. They are, in some cases, two to three years old or more. In that interim time from the collection of that data and its analysis process, the department and the schools have recognized some of these difficulties, and they have established an advisory committee from the business world to assist them in making sure that their programs are relevant.

I would just like to give a couple of examples. The first is Sturgeon Creek High School in Winnipeg which, in the teaching of plastics and fibreglass, has a partnership with Boeing. River East School Division has a partnership with some of its local major employers, Palliser and Pollard Banknote, and in the Winkler area, a partnership with Triple-E—and they are growing every day.

Madam Chairperson: With the permission of the committee, I have to revert back one line. I did not get an agreement for passing on item 3.(h)(2) Less: Recoverable from Urban Affairs \$32,500—pass.

Item 3.(j) Student Support Program: (1) Salaries \$479,500—pass; (2) Other Expenditures \$175,600—pass.

Resolution 28: RESOLVED that there be granted to Her Majesty a sum not exceeding \$20,671,900 for Education and Training, Program Development and Support Services for the fiscal year ending the 31st day of March 1993—pass.

Item 4. Bureau de l'éducation française (a) Division Administration: (1) Salaries.

Mr. Chomiak: Madam Chairperson, I am wondering if the minister, in an effort to expedite matters as best we can, might consider dealing with this entire bureau globally, since I understand it is

probably the same staff persons. We could deal with the whole matter globally rather than line by line which would, I think, assist us in getting through the process much quicker, at least from our perspective.

Mrs. Vodrey: Madam Chairperson, no, we have no problem with that at all.

Madam Chairperson: Agreed.

Mr. Chomiak: I thank the minister for that, and I thank the Leader of the Opposition for recommending it to me.

Can the minister outline for me what budgeted costs or what costs are budgeted this year for the implementation and the overall activities in this fiscal year regarding French governance?

* (1630)

Mrs. Vodrey: Yes, there was an estimate of \$160,000 and I would like to stress that is an estimate.

Mr. Chomiak: The \$160,000, will that come out of the total appropriation of \$4,267,900?

Mrs. Vodrey: Yes, \$40,000 was anticipated for this year and it was also anticipated that we would need to go forward for some supplementary funding and that we are also expecting to access, in terms of the funding, some significant money from the Secretary of State, and we have been given some quite solid assurance about this funding being available to us.

Mr. Chomiak: Just so that I understand correctly, the implementation cost this year of roughly \$160,000, of which \$40,000 is appropriated in this total of \$4.2 million and the balance of the \$120,000 is anticipated to come from the Secretary of State.

Mrs. Vodrey: Madam Chairperson, the additional \$120,000, we would have to go forward to Treasury Board for that funding in the interim, but then we would expect that Treasury Board will then be able to recover that from the Department of the Secretary of State.

Mr. Chomiak: Has the government determined at this point what the funding costs will be, and the funding formula that will be applied with respect to the school division to be created with respect to French governance?

Mrs. Vodrey: Madam Chairperson, yes, it is the same level of funding, it is the same education funding and finance model which is applied to the public school system will also be applied in the French governance division also.

Mr. Chomlak: So, from my understanding, therefore the government will be following completely the recommendations as contained in the Gallant report?

Mrs. Vodrey: Madam Chairperson, yes, in the funding area, that was the policy decision.

Mr. Chomlak: Madam Chairperson, has the implementation team been named? Can the minister outline who those individuals are, and if they are on the time frame as initially indicated by the minister in her announcement?

Mrs. Vodrey: The status at the moment is that invitations to join or be part of the implementation committee have been sent out to all those who are representatives on the Gallant committee, but at this point we have received some answers back. We have not received answers from some groups, and some groups have asked for some additional time in terms of being able to pass motions at boards and so on, to name a member. So at this point the committee is not formally constituted, but the invitations have gone out.

Mr. Chomlak: Madam Chairperson, again, just for clarification then, every representative group on the Gallant Commission has received invitations from the government to have representation on the implementation committee, and the government is awaiting responses prior to the actual formal structuring of the committee.

Mrs. Vodrey: Yes.

Mr. Chomlak: Can the minister give me just a rough idea of when she anticipates the committee being established, roughly?

Mrs. Vodrey: In terms of a time frame, I can inform the member: as soon as possible, as soon as we have heard back from those representative groups whom we have invited to name a representative. When we have those representatives named, then we will be going forward, but the time frame that I can give him right now is as soon as possible.

Mr. Chomlak: There has been some concern expressed that the Française Immersion Program or immersion programs may suffer, or may be given a back seat with the announcement of the governance. I am wondering what the minister's viewpoints are, what assurances she might give to people involved in those programs as to the status of those programs.

Mrs. Vodrey: We are not aware of the reference that the member makes to the French immersion schools. The children attending French immersion schools, our understanding, are by and large not Section 23 rights holders, children of Section 23 rights holders, and French immersion schools should be able to continue as they have in the past.

* (1640)

Mr. Chomlak: People who are involved in those schools indicate that it would help the program immensely if the government were to adopt the curriculum policy for French language immersion education, the interim policy which has been on the books, the interim report, since 1988. I am wondering if the minister will commit today to whether or not she is going to adopt this policy, and when?

Mrs. Vodrey: Madam Chairperson, at the moment I am informed that the curriculum policy is being reviewed and revised for compliance with the Answering the Challenge and the High School Review. We look forward to having that brought forward within the next few months.

Mr. Chomlak: Madam Chairperson, is the minister indicating that the policy guide will be brought forward to her desk for approval within the next few months?

Mrs. Vodrey: Yes, that is what I am saying.

Mr. Chomlak: Under the Educational Support Services the grants and transfer payments are fairly extensive, \$1.05 million. Does the minister have just a listing that she could table of where those grants and transfer payments go to?

Mrs. Vodrey: Madam Chairperson, yes, we are prepared to table that. We could table that by the next time that we sit in Estimates.

Mr. Chomlak: I thank the minister for that.

My final question in this area is: I wonder if the minister can outline for me roughly—and hopefully she can table a document or documents that will serve to enlighten me in terms of the federal money that comes in under the Official Languages Program and other related programs and the tracking of that money as it works its way through the system, simply for my purposes of clarification and understanding?

Mrs. Vodrey: Madam Chairperson, yes, we can provide that information. I would just like to say that

it is a process of reconciliation expenditures to us, a revenue to the Minister of Finance (Mr. Manness). I am not sure we will be able to have it for the next day we sit in Estimates, but we will provide it as soon as possible.

Mrs. Carstairs: I would like to begin with just a comment, and then I will ask a question. My comment is one similar to one that I raised last year with regard to the Collège universitaire de Saint-Boniface. I wonder why this department has, of all of the departments in Education, never chosen to translate the supplementary information into French since it deals specifically with a French language issue.

Mrs. Vodrey: I would just like to clarify with the member that the Supplementary Estimates information which deals with Saint Boniface College and the Bureau de l'éducation française should be also put forward in French?

Mrs. Carstairs: Is the minister going to answer? Oh, okay.

Mrs. Vodrey: Yes, I am informed that when we do submit our Estimates, they are submitted according to the standard or the requirements by government. It would be difficult for us to make a unilateral decision at this point, however, it is a point that I am certainly willing to raise and discuss.

Mrs. Carstairs: I count on the minister to go forward on that. It is a sensitivity issue, obviously, and one which the Francophone community wonders why, when it is a bureau, particularly for the education of those who speak French or choose to want to speak French, they cannot get this basic material available in their language.

In terms of the percentage times, French Immersion programs, the minister indicated that there would be an approval given to the curriculum, she hoped some time in the very near future. Will that also include very clear guidelines on the amounts of times at all levels that French immersion programs will expect to be taught in French?

* (1650)

Mrs. Vodrey: Yes, I am informed that that will definitely be included.

Mrs. Carstairs: The member for Kildonan (Mr. Chomiak) touched on this very briefly, but I would like to get into it in a little bit more detail, and that is the passage of funds from the Secretary of State to the Department of Education—well, actually in fact to

Treasury, and then out of Treasury into individual school divisions which offer a variety of programs in the second language.

The complaint frequently is that there is no ability for parents, particularly parents involved in French language education, to find out where those dollars are when they hit the local level. When they ask specifically at the school division level, what happens to the dollars that they receive from Treasury, they can never get specific answers.

Can the minister explain to us what guidelines go from her department, if any, to the school divisions with respect to maintaining this as a separate budgetary item?

Mrs. Vodrey: I am informed that those funds go forward with a set of very clear guidelines, and those guidelines go, as I said, with the money. There is an expectation that the divisions will respect those guidelines. We also ask for budgetary proposals from the divisions, and at the end we ask for a statement of accountability from those divisions to look at the accountability with the guidelines.

Mrs. Carstairs: Can those guidelines be provided to the opposition critics?

Mrs. Vodrey: Yes, we would certainly provide those guidelines. We do not have them with us today. We can table them at Estimates or send them to your office.

Mrs. Carstairs: Fine, Madam Chairperson.

In terms of the accountability that you expect from an individual school division, could that be accessed by a parent through Freedom of Information?

Mrs. Vodrey: I am informed that we have received information that the Freedom of Information does not apply to school divisions at this time, but that parents can continue to attempt to seek that information from their individual school divisions.

Mrs. Carstairs: Well, it is true that school divisions are not subject, but the province is. If the province receives, through the Department of Education, information from the school divisions then it is surely a ministerial decision as to whether that information can then be accessed.

Is the minister saying that under those circumstances they would feel obligated to the school divisions not to release that information?

Mrs. Vodrey: Madam Chairperson, yes, it is somewhat confusing to have known in the last question which end the member was asking.

If a parent did go to a school division and ask under Freedom of Information to receive that information, no, the school division is not subject to that. However, if a parent were to approach the BEF branch and ask for that kind of information, they potentially could receive that information, but it is decided on a case-by-case basis. So it would have to be determined what the information was that was required by that particular parent.

Mrs. Carstairs: When we look at the global figure of \$4.2-plus million, can we assume from that that it is all provincial money and that none of it is recoverable, because there are no recoverable lines in this particular section of the budget?

Mrs. Vodrey: Madam Chairperson, yes, I am informed that almost half of that amount is recoverable, but because it is such a large amount it is just not stated at that line.

Mrs. Carstairs: So we can assume then that about \$2.4 million to \$2.1 million comes from the province into this and \$2.1 million approximately—and we do not give the exact figures—comes in from Secretary of State.

Mrs. Vodrey: Madam Chairperson, yes, that is correct. I am informed that all costs are 50 percent recoverable under the Federal-Provincial Agreement for Official Languages in Education.

Mrs. Carstairs: Of those costs that are recovered, is there a formula by which the department is allowed to keep so much and the balance has to be passed on to schools delivering the program, or are the administration costs of the department not recoverable per se?

Mrs. Vodrey: Yes, I am informed that there is a general rubric called infrastructure including all up-front expenditures, categorical grants, operational and Collège St. Boniface, and with this infrastructure we submit the amount and that it is recoverable, 50 percent.

Mrs. Carstairs: Madam Chairperson, is there any money that goes directly through Treasury—obviously—but through Treasury that is not shown here in this figure, or do all the Secretary of State grants come through the Bureau de l'éducation française and then go from the bureau to the individual school systems?

* (1700)

Mrs. Vodrey: Madam Chairperson, yes, I am informed that there is no other sum and in fact we do not get money from the federal government and then redirect it, but instead we make the expenditures and then Treasury Board recovers those expenditures.

Madam Chairperson: Order, please. The hour being 5 p.m. and time for private members' hour. Committee rise. Call in the Speaker.

IN SESSION

Mr. Speaker: The hour being 5 p.m., time for private members' hour.

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 La Verendrye (Mr. Sveinson), that the report of the committee be received.

Motion agreed to.

Mr. Reg Alcock (Osborne): Mr. Speaker, I think if you were to canvass the House you may find there is a willingness to call it six o'clock.

Mr. Speaker: Is it the will of the House to call it 6 p.m.? [Agreed]

The hour being 6 p.m., the House now adjourns and stands adjourned until 10 a.m. tomorrow morning (Friday).

Legislative Assembly of Manitoba

Thursday, May 7, 1992

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