



Second Session - Thirty-Seventh Legislature

of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS**

**Official Report
(Hansard)**

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The Honourable George Hickes
Speaker*



MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Seventh Legislature

Member	Constituency	Political Affiliation
AGLUGUB, Cris	The Maples	N.D.P.
ALLAN, Nancy	St. Vital	N.D.P.
ASHTON, Steve, Hon.	Thompson	N.D.P.
ASPER, Linda	Riel	N.D.P.
BARRETT, Becky, Hon.	Inkster	N.D.P.
CALDWELL, Drew, Hon.	Brandon East	N.D.P.
CERILLI, Marianne	Radisson	N.D.P.
CHOMIAK, Dave, Hon.	Kildonan	N.D.P.
CUMMINGS, Glen	Ste. Rose	P.C.
DACQUAY, Louise	Seine River	P.C.
DERKACH, Leonard	Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary, Hon.	Concordia	N.D.P.
DRIEDGER, Myrna	Charleswood	P.C.
DYCK, Peter	Pembina	P.C.
ENNS, Harry	Lakeside	P.C.
FAURSCHOU, David	Portage la Prairie	P.C.
FRIESEN, Jean, Hon.	Wolseley	N.D.P.
GERRARD, Jon, Hon.	River Heights	Lib.
GILLESHAMMER, Harold	Minnedosa	P.C.
HELWER, Edward	Gimli	P.C.
HICKES, George	Point Douglas	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
KORZENIOWSKI, Bonnie	St. James	N.D.P.
LATHLIN, Oscar, Hon.	The Pas	N.D.P.
LAURENDEAU, Marcel	St. Norbert	P.C.
LEMIEUX, Ron, Hon.	La Verendrye	N.D.P.
LOEWEN, John	Fort Whyte	P.C.
MACKINTOSH, Gord, Hon.	St. Johns	N.D.P.
MAGUIRE, Larry	Arthur-Virden	P.C.
MALOWAY, Jim	Elmwood	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McGIFFORD, Diane, Hon.	Lord Roberts	N.D.P.
MIHYCHUK, MaryAnn, Hon.	Minto	N.D.P.
MITCHELSON, Bonnie	River East	P.C.
MURRAY, Stuart	Kirkfield Park	P.C.
NEVAKSHONOFF, Tom	Interlake	N.D.P.
PENNER, Jack	Emerson	P.C.
PENNER, Jim	Steinbach	P.C.
PITURA, Frank	Morris	P.C.
PRAZNIK, Darren	Lac du Bonnet	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack	Southdale	P.C.
ROBINSON, Eric, Hon.	Rupertsland	N.D.P.
ROCAN, Denis	Carman	P.C.
RONDEAU, Jim	Assiniboia	N.D.P.
SALE, Tim, Hon.	Fort Rouge	N.D.P.
SANTOS, Conrad	Wellington	N.D.P.
SCHELLENBERG, Harry	Rossmere	N.D.P.
SCHULER, Ron	Springfield	P.C.
SELINGER, Greg, Hon.	St. Boniface	N.D.P.
SMITH, Joy	Fort Garry	P.C.
SMITH, Scott, Hon.	Brandon West	N.D.P.
STEFANSON, Heather	Tuxedo	P.C.
STRUTHERS, Stan	Dauphin-Roblin	N.D.P.
TWEED, Mervin	Turtle Mountain	P.C.
WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, June 5, 2001

The House met at 1:30 p.m.

PRAYERS

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Kenaston Underpass

Mr. John Loewen (Fort Whyte): Mr. Speaker, I beg to present the petition of Garry Paliowor, Melissa Donaldson, Phyllis Brown and others, praying that the Premier of Manitoba (Mr. Doer) consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

Manitoba Hydro Lines Routes

Mr. Ron Schuler (Springfield): Mr. Speaker, I beg to present the petition of Lloyd Kolbuck, Paul Jensen, Raymond Burtnick and others, praying that the Legislative Assembly of Manitoba request that the Minister responsible for Manitoba Hydro (Mr. Selinger) consider alternative routes for the additional 230kV and 500kV lines proposed for the R.M. of East St. Paul.

Kenaston Underpass

Mrs. Myrna Driedger (Charleswood): Mr. Speaker, I beg to present the petition of Pat Lund, W. Stern, Mark Potapoff and others, praying that the Premier of Manitoba (Mr. Doer) consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

Mr. Frank Pitura (Morris): Mr. Speaker, I beg to present the petition of Larry Wiebe, Katharina Arendt, Donna Holms and others, praying that the Premier of Manitoba (Mr. Doer) consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

Mrs. Heather Stefanson (Tuxedo): Mr. Speaker, I beg to present the petition of Ivan Balenovic, Janeen Balenovic, Dean Magnus and others, praying that the Premier of Manitoba (Mr. Doer) consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

READING AND RECEIVING PETITIONS

Kenaston Underpass

Mr. Speaker: The honourable Member for Fort Whyte (Mr. Loewen), I have reviewed the petition, and it complies with the rules and practices of the House. Is it the will of the House to have the petition read?

Some Honourable Members: Yes.

Mr. Speaker: The Clerk please read.

Madam Clerk (Patricia Chaychuk): The petition of the undersigned citizens of the province of Manitoba humbly sheweth:

THAT the intersection at Wilkes and Kenaston has grown to become the largest unseparated crossing in Canada; and

THAT the volume of traffic for this railroad crossing is twelve times the acceptable limit as set out by Transport Canada; and

THAT vehicles which have to wait for trains at this intersection burn up approximately \$1.4 million in fuel, pollute the environment with over 8 tons of emissions and cause approximately \$7.3 million in motorist delays every year.

WHEREFORE YOUR PETITIONERS HUMBLY PRAY THAT the Premier of Manitoba consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

The Bank of Nova Scotia Trust Company

Mr. Speaker: The honourable Member for Elmwood (Mr. Maloway), I have reviewed the petition, and it complies with the rules and practices of the House. Is it the will of the House to have the petition read?

Some Honourable Members: Yes.

Mr. Speaker: Clerk, please read.

Madam Clerk: The petition of the undersigned, The Bank of Nova Scotia Trust Company and National Trust Company humbly sheweth:

THAT it is desired to transfer the personal trusteeship and personal agency business of National Trust Company to The Bank of Nova Scotia Trust Company. For such purposes it is necessary for The Bank of Nova Scotia Trust Company to be appointed as successor trustee to National Trust Company. The Bank of Nova Scotia Trust Company and National Trust Company wish that an act be passed to provide for the transfer of the personal trusteeship and personal agency business of National Trust Company to The Bank of Nova Scotia Trust Company and to ensure that the rights and obligations of those who have relations with National Trust Company and The Bank of Nova Scotia Trust Company with respect to that personal trusteeship and personal agency business are clearly determined.

WHEREFORE your petitioners humbly pray that the Legislature of the Province of Manitoba may be pleased to pass an act for the purposes above mentioned.

And as in duty bound your petitioners will ever pray.

Manitoba Hydro Lines Routes

Mr. Speaker: The honourable Member for Springfield (Mr. Schuler), I have reviewed the petition, and it complies with the rules and practices of the House. Is it the will of the House to have the petition read?

An Honourable Member: Yes.

Mr. Speaker: Clerk, please read.

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

THAT the R.M. of East St. Paul has the highest concentration of high voltage power lines in a residential area in Manitoba; and

THAT the R.M. of East St. Paul is the only jurisdiction in Manitoba that has both a 500kV and a 230kV line directly behind residences; and

THAT numerous studies have linked cancer, in particular childhood leukemia, to the proximity of power lines.

WHEREFORE YOUR PETITIONERS HUMBLY PRAY THAT the Legislative Assembly of Manitoba request that the Minister responsible for Manitoba Hydro consider alternative routes for the additional 230kV and 500kV lines proposed for the R.M. of East St. Paul.

* (13:35)

Kenaston Underpass

Mr. Speaker: The honourable Member for Morris (Mr. Pitura), I have reviewed the petition, and it complies with the rules and practices of the House. Is it the will of the House to have the petition read?

An Honourable Member: Yes.

Mr. Speaker: Clerk, please read.

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

THAT the intersection at Wilkes and Kenaston has grown to become the largest unseparated crossing in Canada; and

THAT the volume of traffic for this railroad crossing is twelve times the acceptable limit as set out by Transport Canada; and

THAT vehicles which have to wait for trains at this intersection burn up approximately \$1.4 million in fuel, pollute the environment with over 8 tons of emissions and cause approx-

imately \$7.3 million in motorist delays every year.

WHEREFORE YOUR PETITIONERS HUMBLY PRAY THAT the Premier of Manitoba consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

Mr. Speaker: The honourable Member for Charleswood (Mrs. Driedger), I have reviewed the petition and it complies with the rules and practices of the House. Is it the will of the House to have the petition read?

An Honourable Member: Yes.

Mr. Speaker: The Clerk please read.

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

THAT the intersection at Wilkes and Kenaston has grown to become the largest unseparated crossing in Canada; and

THAT the volume of traffic for this railroad crossing is twelve times the acceptable limit as set out by Transport Canada; and

THAT vehicles which have to wait for trains at this intersection burn up approximately \$1.4 million in fuel, pollute the environment with over 8 tons of emissions and cause approximately \$7.3 million in motorist delays every year.

WHEREFORE YOUR PETITIONERS HUMBLY PRAY THAT the Premier of Manitoba consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

Committee of Supply

Mr. Conrad Santos (Wellington): Mr. Speaker, the Committee of Supply has adopted certain resolutions, directs me to report the same and asks leave to sit again.

I move, seconded by the honourable Member for Selkirk (Mr. Dewar), that the report of the committee be received.

Motion agreed to.

TABLING OF REPORTS

Hon. Drew Caldwell (Minister of Education, Training and Youth): Mr. Speaker, it is my pleasure to table the Annual Report of the Teachers' Retirement Allowances Fund for the year 2000.

Hon. Greg Selinger (Minister of Finance): Mr. Speaker, I am pleased to table today the report to the Legislature of The Financial Administration Act relating to the Supplementary Loan and Guarantee Authority for the year ended March 31, 2001. Also I would like to table the 2001 and 2002 Revenue Estimates Supplementary Information for Legislative Review for the Department of Finance.

INTRODUCTION OF BILLS

Bill 36—The Enhanced Debt Collection (Various Acts Amended) Act

Hon. Gord Mackintosh (Minister of Justice and Attorney General): Mr. Speaker, I move, seconded by the Minister of Finance (Mr. Selinger), that leave be given to introduce Bill 36, The Enhanced Debt Collection (Various Acts Amended) Act (Loi visant à faciliter le recouvrement des créances (modification de diverses dispositions législatives), and that the same be now received and read a first time.

Motion presented.

Mr. Mackintosh: Mr. Speaker, this bill amends The Executions Act, The Garnishment Act and The Summary Convictions Act, to improve the ability of the Government to collect outstanding fines and the ability of victims and general creditors to enforce restitution orders and judgments.

Motion agreed to.

Introduction of Guests

Mr. Speaker: Prior to Oral Questions, I would like to draw the attention of all honourable

members to the gallery, where we have with us today 42 students from the Victoria-Albert School under the direction of Mr. Dave Leochko and Mr. Myron Moszynski. This school is located in the constituency of the Honourable Member for Point Douglas (Mr. Hickes).

Also we have, from the International Education Program, 32 Grades 10 to 12 students under the direction of Ms. Karen Strobel. This school is located in the constituency of the honourable Member for St. James (Ms. Korzeniowski).

Also in the public gallery we have, from J. H. Bruns Collegiate, 25 Grade 9 students under the direction of Mr. Bill George. This school is located in the constituency of the honourable Member for Southdale (Mr. Reimer).

Also we have, from Joseph Wolinski Collegiate, 26 Grade 11 students under the direction of Mrs. Linda Connor and Mr. Janicki Volickrishnen. This school is located in the constituency of the honourable Member for Tuxedo (Mrs. Stefanson).

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

* (13:40)

ORAL QUESTION PERIOD

Essential Services Act Amendments—Health Care Workers

Mr. Stuart Murray (Leader of the Official Opposition): Mr. Speaker, last week the Premier tried to downplay the idea that his Government was going to dismantle The Essential Services Act and create his own health essential services act. There was no legislation before the House he said as though to dismiss it was not part of his hidden labour agenda.

We know that the regional health authorities have been made aware of the Premier's health essential services act. We also know that they have some very grave concerns about it.

Mr. Speaker, my question to the Premier: Knowing that the existing legislation has been

working well because it was created with a focus on ensuring patient safety as the priority, why is the Premier willing to put patient safety at risk by potentially introducing this dangerous legislation of his own?

Hon. Gary Doer (Premier): Mr. Speaker, I have never heard more scare mongering over a hypothetical question on a hypothetical piece of legislation in all my days in the Legislature.

An Honourable Member: Just say you are not doing it. Just say no.

Mr. Speaker: Order.

Mr. Doer: Mr. Speaker, the member opposite will probably note that there is no proposed legislation on the Order Paper.

Mr. Murray: Mr. Speaker, the Premier will also note that there has been documentation that has been passed around, and in fact, every regional health authority that has learned of this proposed legislation has come out with a voice, a very strong voice sending a strong message. That strong message is that the health and safety of the patients may be put at risk if the Premier's proposed legislation goes through. Rather than dismantle a piece of legislation, The Essential Services Act, will the Premier today commit to scrap his plans for introducing his own health essential services act?

Mr. Doer: Mr. Speaker, the situation in Manitoba is pretty self-evident. There are employers and people responsible for management that want the situation maintained or they want essential services legislation. Employees, nurses and others want the legislation repealed. Both of those positions we find not acceptable in the sense that, between 1981 and I believe 1996, there was a voluntary essential services agreement literally covering a hundred percent of the health employees all across Manitoba. Right now, since 1996 to the year 2001, there is not one voluntary essential services agreement, and I know quite frankly last year when we were dealing with the medical technologists and a number of other people, close to 70 percent of the people were designated as essential, allegedly by the same group that the Leader of the Opposition is

talking about, and there was no remedy like arbitration to settle it under the previous government's legislation.

Having said that, the reason why we are out consulting and working on issues is patient care will remain the No. 1 priority for this Government, and it will continue to be that no matter what legislation.

Mr. Murray: Mr. Speaker, patient care will remain protected as long as it is the health care professionals that have a chance to ensure who the essential services are. That is the current legislation. We support safety of the patients before politics. This Premier is more interested in paying back his union bosses who helped him get elected rather than worrying about the safety of the patients.

Will the Premier commit today to putting the needs of patients before his politically motivated agenda and scrap any intention of bringing forward his health essential services act?

* (13:45)

Mr. Doer: Mr. Speaker, I do not know whether the Leader of the Opposition is aware, but there is an essential services act in Alberta that was defied over the last week, and services were withdrawn. Ambulance services were not provided to people.

When the former government brought in an amendment to The Essential Services Act to provide the 1996 provisions to the ambulance staff of the City of Winnipeg, we proposed an amendment to provide arbitration similar to the firefighters, which was defeated by members opposite in government. In other words, there are deficiencies in terms of a mechanism to deal with a group of people if they are deemed to be essential. What is the remedy to get a solution if there is no right to strike?

So, Mr. Speaker, we are not suggesting that we are bringing in legislation right now, but to suggest that everything is perfect is to deny the existence of some of the difficulties in the present legislation. I would say that Cam McLean, who chaired a committee of employees

and health care management, came up with a proposal dealing with life and limb situations which was developed in the early '80s, that was in existence from 1981 to 1996.

Mr. Speaker, this agreement was made up of people from both management and employees, both nurses and administrators. Mr. Quagley [*phonetic*], I believe, and Mr. Swerhone were representing the two major hospitals. I believe it was Joyce Gleason representing nurses. Clive Derham was representing health care support staff, and Cam McLean. This can hardly be considered to be "some kind of boss on one side or the other." It was just good patient care, life and limb.

The members opposite closed almost every emergency ward in the city of Winnipeg. They tried to privatize home care. We need no lecture from them on protecting patients. We will protect patients.

Essential Services Act Amendments—Health Care Workers

Mrs. Myrna Driedger (Charleswood): Well, the Premier may try to say that there is no bill before the Legislature, but in fact the Department of Health staff are currently out there meeting with people, talking about this legislation. In fact, health care—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mrs. Driedger: Certainly 10-minute conversations with an assistant deputy minister I am not sure constitutes consultation, but health care professionals in Manitoba have voiced very serious concerns about the Doer government's proposed essential services legislation. I would like to ask the Minister of Labour (Ms. Barrett) who lobbied her for these changes in this legislation.

Hon. Gary Doer (Premier): I know this is a novel idea for members opposite, but when we look at important issues of patient care we do consult a number of people: management, employees, experts in the field. We do consult a number of people.

We take the whole issue of provision of essential services very seriously. For example, in the last round of civil service negotiations when we were dealing with withdrawal of services of the whole correctional services component, rather than going through this at every set of bargaining rounds we put in place an arbitration process so public safety would be paramount.

We will ensure, whether we are dealing in the direct public service or the health care service or in the family services where there are a number of vulnerable people that require services or whether it was ambulance services with the City of Winnipeg, when we proposed an amendment to have arbitration for ambulance attendants similar to firefighters, a position rejected by members opposite, I think our record on essential services has always put patients first and will always put patients first.

Mrs. Driedger: With the Premier indicating that they consult with people, I would like to ask him: Do they listen to people? The health care professionals are expressing huge concerns about this particular legislation. Will he listen to them besides just consult with them?

Mr. Doer: Yes, we are listening to a number of people. We are listening to the fact that 100 percent of the health care staff were under voluntary agreements. Before 1996, zero percent of the health care staff, for example, were under voluntary agreements after 1996. We are looking at the fact that firefighters and police have arbitration. Ambulance attendants in the city of Winnipeg do not have any remedy under Conservative legislation for purposes of essential services.

* (13:50)

Because we are listening to people, Mr. Speaker, I can say to the House there has been no final decision whatsoever on proposed legislation. We are continuing to do our work on various ideas. I can assure members of the public that life and limb was always part of the previous government's—not the previous government's, the previous, previous government's vision on health care services, and whether it is in the direct public service, whether it is in the correctional services, whether it is in family services with vulnerable people, whether it is in

the Department of Labour that affects some members of society, the rights of patients, patient care, life and limb situations obviously is the first priority of this Government.

Mrs. Driedger: I would like to ask the Minister of Labour if she has consulted with front-line workers in the health care system and what they might have said to her about this particular piece of legislation, because I think it is the health care professionals who have something to offer. The Premier (Mr. Doer) is just backtracking on everything right now. I would like to ask her if she has consulted with front-line health care workers.

Hon. Becky Barrett (Minister of Labour and Immigration): As the Premier has said, there is a range of opinion about the essential services legislation that is currently in effect. The nurses, who are some of the front-line workers that the member is referring to, want to have the essential services legislation repealed in its entirety. As the Premier said, we are consulting with a range of people who are concerned and who are interested in this issue.

Again, to reiterate, we will do everything to ensure that life and limb, that patients are protected, that people who are in vulnerable positions are protected no matter what the situation is. We want to assure the member opposite and all members opposite that we will continue to talk with everyone who has an interest in this position before anything is finally determined.

Essential Services Act Amendments—Health Care Workers

Mrs. Bonnie Mitchelson (River East): Over the last week we have heard the Premier, (Mr. Doer) and again today, as well as his Minister of Labour, both indicate several times that they believe that the essential services legislation should be watered down to protect life and limb only.

The present legislation puts patients first. My question is to the Minister of Labour: Why do they want to jeopardize patient safety by putting union bosses first?

Hon. Becky Barrett (Minister of Labour and Immigration): We are ensuring and will continue to ensure that patient safety, that people in vulnerable positions, whether they are in hospitals or under the Department of Family Services or wherever they may be, are protected.

As the Premier (Mr. Doer) spoke earlier, we had offered an alternative, which was arbitration, for the ambulance attendants which was turned down in discussions of the last piece of legislation several years ago. Mr. Speaker, we are committed to patients, to health, to safety of all individuals in our society, and nothing we will do will jeopardize those particular principles which we believe very strongly in.

* (13:55)

Mrs. Mitchelson: My question, and a very legitimate question to this Government and his Minister of Labour is: Why would they want to go back to the '80s and talk about life and limb when the legislation that is in place today puts patients first? Why would they want to water down that legislation and remove the safety that is already there, Mr. Speaker, for patients first?

Ms. Barrett: This question, as are all the other questions, is very hypothetical, because if the member will look on the Order Paper, the member will see that there is absolutely no legislation dealing with essential services on the Order Paper. It is a hypothetical question.

Mrs. Mitchelson: Mr. Speaker, my question is very simple to the Minister of Labour: Why would this Doer government have gone out and consulted with the regional health authorities to water down the legislation and jeopardize patients' safety by changing the essential services legislation?

Ms. Barrett: Mr. Speaker, I do not know where the member gets the idea that any consultation that we do is with a view to watering down patient safety. That is absolutely not what our position is. We are committed, as we have stated in the past and continue to state, to ensure that individual citizens in our province be they workers in health and safety, be they people who are vulnerable under the auspices of people working in family services, be they patients in

hospitals, their health and safety comes first and always will for this Government.

Essential Services Act Amendments—Health Care Workers

Mr. Leonard Derkach (Russell): Mr. Speaker, we have just heard the Premier say from his seat that this is all hypothetical, yet the RHAs and the professionals in the field do not feel that this is all hypothetical or else they would not be commenting on the intended legislation.

My question has to do with the essential services that are being identified by the Labour Board, as opposed to those essential services that are identified by medical experts in the field. Can the minister tell me why she feels that the board would be in a better position to identify which services are essential, as compared to medical experts in the field?

Hon. Gary Doer (Premier): First of all, the question again is hypothetical.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mr. Doer: Thank you. First of all, again, it is a hypothetical question because there is no proposed legislation before this Chamber. Secondly, when you take 60 percent of the jail guards that may be considered essential and go to 100 percent with an arbitration process, that is enhancing what was there when we came into office, not watering down as quoted by the members opposite. Thirdly, Mr. Speaker, one of the issues, the Labour Board, is a legitimate issue. Right now, under the existing legislation, the Labour Board is the body that deals with this. This is one of the concerns from health care professionals that is inadequate in the existing legislation.

* (14:00)

Mr. Derkach: Mr. Speaker, can the minister or the Premier then, since the Premier is now answering for the minister, can I ask the Premier to tell Manitobans how in cases of extreme emergencies, especially in rural Manitoba, the Labour Board will be able to act quickly enough

to bring additional resources to prevent a fatality or a death in times of extreme emergencies?

Mr. Doer: The present legislation, as I understand it, provides the Labour Board with the final authority on these matters. Mr. Speaker, that is one of the comments coming back from a number of bodies that perhaps, and again you are talking about, quote, your existing legislation. Because the existing legislation deals with the Labour Board, they are already asking us to improve legislation that they do not want us to bring into the House. Which side do they want?

Mr. Derkach: Mr. Speaker, once again I think the Premier and his minister demonstrate the fact that they do not understand this legislation. I want to ask the Premier now: If in fact he is trying to improve the legislation that he has intended to bring forward, why is it that RHAs, why it is that medical professions have now raised issues that certainly raise serious concerns about this intended legislation and where it is taking this province?

Mr. Doer: Mr. Speaker, you have people that want certain parts of this legislation. You have other groups, like nurses, that feel the whole act should be repealed. You have concerns being raised a number of times about the Labour Board, which is the final arbiter under the existing '96 legislation. You have ambulance drivers that were scoped into this legislation by members opposite. When we proposed to really protect the public by having arbitration which the union agreed to, the employees agreed to, that citizens of Winnipeg would agree to, that certainly we had proposed in an amendment, members opposite watered down our amendment and did not provide arbitration. Like firefighters they watered it down, at the expense of public safety in the city of Winnipeg.

Essential Services Act Amendments—Health Care Workers

Mr. Stuart Murray (Leader of the Official Opposition): Mr. Speaker, the Premier at one point talked about a novel idea. He talked about the fact that he mentioned in the same breath, Alberta. I think that we on this side of the House would hope that they would understand a novel idea by understanding what it is like to be competitive the way that they make Alberta

competitive. Maybe they will find that a novel idea.

Mr. Speaker, the existing legislation on The Essential Services Act—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mr. Murray: Thank you, Mr. Speaker. The current Essential Services Act, that legislation is working. If I had to take my aunt, who broke a hip today, to the hospital I would have confidence that she would get the correct care because the health care professionals would ensure that that took place.

Under this proposed legislation, if my aunt broke her hip, how would I have the confidence that the essential services as they are proposing to change would ensure that those people are not the ones making the decisions? They are taking away the ability for the health care professionals to ensure that people like my aunt if she broke her hip would get the correct care.

I ask the Premier: Why will he not listen to the people who are telling him their concerns about his proposed legislation?

Hon. Gary Doer (Premier): Mr. Speaker, there is no proposed legislation. The whole premise of the question was false.

Mr. Murray: Mr. Speaker, then my question is very simple to the Premier: Will he tell us today that he is not going to be bringing in any changes to The Essential Services Act as was deemed his health essentials services act?

Mr. Doer: The Essential Services Act in Manitoba, I have already said that we have improved the situation on essential services. We believe that the provision of life and limb services in Manitoba is essential in any essential services legislation. We also believe as the members, and we have canvassed a number of organizations and representatives, there are some views already being expressed about the Labour Board which is the ultimate decision maker under the existing legislation, something the member opposite was critical of last week.

Should we look at something more appropriate, for example, on a body that would have both employee and management experience specifically in health care dealing with the health care sector? I want to tell the member opposite there are all kinds of issues that a government must address. There are all kinds of improvements that must be made. There are all kinds of consultations that take place. The consultations take place. We look at the consultations. We rework some of the ideas. Some of the documents members opposite are talking about are two or three documents old, four or five weeks old, and this is an ongoing process.

We do not have proposed legislation on the Order Paper, but we are certainly—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mr. Doer: Members opposite identified last week they were going on a rant about the ability of the Labour Board to make a decision on health care services. In fact, that was in place in 1996 under the legislation of the final arbiter. So, on one hand, they criticize the legislation, Mr. Speaker. Maybe they did not realize that the consultations that were going on dealing with the Labour Board, where in fact the Labour Board was in place under their legislation and exists right now in the Legislature.

Mr. Murray: I can only make reference to the fact that it was brought to our attention that there was an announcement about the proposed health essential services legislation that was made. So we find that there is a proposal that they are reversing. We find that they are not answering the questions, very straightforward questions, about proposed legislation. We know from seeing what we have read, from what the regional health authorities are saying, they are saying very clearly in one loud voice the proposals that this Premier is trying to bring forward is bad legislation because it puts patients' safety at risk.

Will the Premier today just tell all Manitobans, because all Manitobans want to know, that there is no health essential services

legislation, which is his proposed legislation, coming forward?

Mr. Doer: The member opposite now has psychic powers that he can declare something that is not even before the Legislature, something he has not even read he calls it bad. It is like a Monty Python skit dealing with this leader.

Tuberculosis Outbreak—Wildlife Status Report

Hon. Jon Gerrard (River Heights): My question is to the Minister of Conservation (Mr. Lathlin) or the Premier (Mr. Doer). My question concerns the cases of tuberculosis reported over the last several months in elk, in wildlife and in cattle in the neighbourhood of Riding Mountain National Park. In light of the very serious tuberculosis outbreak in the last several years in Michigan, which has infected almost 300 deer as well as coyotes, racoons, black bear, bobcat and red fox and now into 13 cattle herds, I ask the minister to indicate to the Legislature today the present state of tuberculosis and wildlife in Manitoba and to tell the Legislature what he is doing with respect to tuberculosis in Manitoba wildlife.

Hon. Drew Caldwell (Minister of Education, Training and Youth): Staff for Conservation and natural resources, of course, are always engaged with the field in issues such as the member mentions, tuberculosis being one of them. There is a great sensitivity vis-à-vis this disease in terms of cattle herds and so forth, but their processes have been well established in Conservation to monitor and arrest any sort of outbreak of this nature that may have a transference between domestic stock and wildlife.

* (14:10)

Mr. Gerrard: My supplementary is to the Minister of Justice (Mr. Mackintosh). Is it true what we hear that the cause of bovine tuberculosis in cattle near Riding Mountain National Park may be illegal baiting of elk near Riding Mountain National Park leading to infected elk saliva getting into the bales which are then later fed to cattle?

I ask the Minister of Justice what he is doing in the case of this alleged illegal activity.

Mr. Caldwell: Mr. Speaker, the member refers to alleged illegal activity. I will take the question as notice.

Mr. Gerrard: My supplementary to the Minister of Justice. I ask the minister what he is doing to investigate illegal activity, which is said to be going on in this province, to get to the bottom of the situation in case it has a relationship to the tuberculosis which is a concern in the area of Riding Mountain National Park.

Hon. Gary Doer (Premier): Yes, enforcement of wildlife laws, Mr. Speaker, are under the enforcement of the conservation officers in the Department of Conservation. To go over what investigative activity is going on is certainly some of the issues; the techniques that they are using, obviously, are very, very much part of their protocol.

I would say this is a very serious issue. We are aware of cases in Saskatchewan with the disease spreading from captured elk to livestock, and we are aware of situations and concerns adjacent to the Riding Mountain National Park. I met with the vet, with the Member for Dauphin-Roblin (Mr. Struthers), in Grandview a few weeks ago and went over a lot of the concerns, a lot of the precautions that are being taken by farmers, by wildlife people, by conservation people, by vets on the maximum precautions against the spreading of the disease.

There are problems with the wildlife in the livestock areas that are adjacent to Riding Mountain National Park. The Minister of Agriculture (Ms. Wowchuk) is very concerned about this, as well, in terms of preventing the spread of the disease from wildlife to the livestock. We are very concerned about taking whatever measures we can to prevent the spread of this disease.

It is a serious issue. I acknowledge the seriousness of the question that has been posed by the Member for River Heights, and we acknowledge the challenge to ensure that our livestock is protected, our wildlife is protected, and that any spread of tuberculosis from existing

stock that has it, whether it is outside of the province, is contained and prevented.

Mining Industry Government Initiatives

Mr. Gerard Jennissen (Flin Flon): Mr. Speaker, last Friday I was pleased to participate in the official opening of the Chisel North mine near Snow Lake. The mineral industry is extremely important to the economy of Manitoba.

In light of the fact that this industry is currently facing some challenges, can the Minister of Industry, Trade and Mines inform this House what initiatives this Government is undertaking to ensure that in future there will be many more mine openings such as Chisel North?

Hon. MaryAnn Mihychuk (Minister of Industry, Trade and Mines): Mr. Speaker, yes, last Friday we had the opportunity to open a new mine in Manitoba, which is good news not only for northern Manitoba and the community of Snow Lake but for all Manitobans. We rely on minerals for our day-to-day lives, and it is an important source of revenue for our overall economy.

The No. 1 thing that we need to do in terms of the mineral industry is invest in the science of the data collection that is absolutely essential for the future and the well-being of the mineral industry. One of the things that the previous government did not do is invest in that science database; in fact, they starved the Geological Services Branch for 10 years.

It took a change in government and a commitment from a government that understands the importance of the North and this sector to invest over 7 percent in the section that provides geological mapping for industry, particularly at a time when we see the major mining companies reduce exploration. So congratulations.

Labour Legislation Ministerial Responsibility

Mr. Ron Schuler (Springfield): Mr. Speaker, after the Bill 44 debacle it appears that the

Premier (Mr. Doer) of Manitoba is reluctant to let his Labour Minister steer yet another piece of labour legislation through this House. Like most Manitobans, he has clearly lost confidence in his Minister of Labour (Ms. Barrett).

Will the Premier confirm that his Minister of Labour will not be responsible for the proposed health essential services legislation?

Mr. Speaker: The honourable Government House Leader, on a point of order.

Point of Order

Hon. Gord Mackintosh (Minister of Justice and Attorney General): A point of order, Mr. Speaker. There are 20 or 30 bills on the Order Paper; this is not one. This is a question about a non-existent bill. It is entirely hypothetical.

Rule 410.(12): Questions should not be hypothetical. It wastes the time of this Legislature.

Mr. Speaker: The honourable Opposition House Leader, on the same point of order.

Mr. Marcel Laurendeau (Opposition House Leader): On the same point of order, Mr. Speaker. We already know that there are memos from the Manitoba regional health authority that speak about the proposed essential services act, which this Government is prepared to take through the House. So we do not believe this is a hypothetical question. There is a lot of discussion out there, and this legislation seems to be coming forward. We are just making sure that they put on the brakes.

Mr. Speaker: On the point of order raised by the honourable Government House Leader, at this time I am going to take the matter under advisement to check with Manitoba practices. I would ask the honourable member if at this time he would wish to rephrase his question so I can bring back a ruling to the House.

* * *

Mr. Schuler: Thank you very much, Mr. Speaker. How can patients have confidence in the Minister of Labour (Ms. Barrett) to protect

patient safety when the Premier does not have confidence in her ability to oversee substantial changes to labour legislation in Manitoba?

Hon. Gary Doer (Premier): Mr. Speaker, we have the utmost confidence in the minister and all ministers. I know there is an old memo floating around that is so dated in terms of our consultations that it is quite a bit old and, quite frankly, absolutely out of date.

Having said that, the Minister of Justice (Mr. Mackintosh) is involved in issues of essential services; the Minister responsible for the Treasury Board and the Civil Service (Mr. Selinger) is responsible for matters of the essential services; the Minister of Health (Mr. Chomiak) is responsible for matters dealing with essential services; the Minister of Intergovernmental Affairs (Ms. Friesen), Mr. Speaker, deals with some of the issues of municipal ambulance transportation and deals with issues of essential services; the Minister of Labour (Ms. Barrett) deals with issues of essential services dealing with the Fire Commissioner's office; the Minister of Family Services (Mr. Sale) deals with Family Services for Vulnerable People; the Minister of Transportation (Mr. Ashton) deals with airports that are important for people dealing with essential services, and on and on and on it goes.

I am glad last week—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

* (14:20)

Mr. Doer: And, Mr. Speaker, the Minister of Conservation (Mr. Lathlin), as we speak, is dealing with a serious situation in the community of Minnedosa, along with the Minister of Health (Mr. Chomiak), dealing with a fire and a situation of evacuation of residents. So, yes, all ministers of government deal with it. Last week the members opposite dealt with it by saying the Labour Board was not appropriate to deal with essential services which is in the legislation. That is a useful idea, and we will incorporate that into all of our thinking on essential services.

Labour Legislation Ministerial Responsibility

Mr. Mervin Tweed (Turtle Mountain): Mr. Speaker, we know that the Doer government's commitment to protect life and limb is just not selling out there in the concerns of The Essential Services Act.

Although the Premier says that there is no act coming forward, my question to the Premier is: Which minister will be sponsoring the bill?

Hon. Gary Doer (Premier): Mr. Speaker, there is no bill and there is no sale. There is just consultation. Thank you.

Mr. Tweed: Mr. Speaker, I am wondering if the Premier could tell us which minister will ensure the health and the safety of the patients of Manitoba.

Mr. Doer: Mr. Speaker, it certainly will not be a minister that will close a number of emergency wards. It certainly will not be a minister that will hire Connie Curran to fire a thousand nurses. It certainly will not be a minister that will bring in profit in home care. The whole caucus, not just ministers, cares about patient care, something members opposite forgot while they were in government.

Mr. Speaker: Time for Oral Questions has expired. I have a ruling for the House.

Speaker's Ruling

Mr. Speaker: During Oral Questions on Thursday, May 24, 2001, the honourable Official Opposition House Leader raised a point of order concerning remarks spoken by the honourable Minister of Health (Mr. Chomiak) on a previous point of order.

The honourable Official Opposition House Leader stated that the honourable Minister of Health had made reference to the honourable Member for Charleswood (Mrs. Driedger), calling the honourable Minister of Health a liar. The honourable Official Opposition House Leader then indicated that the honourable Member for Charleswood had not called the honourable Minister of Health a liar. I took the matter under advisement in order to peruse

Hansard. Subsequently the honourable Government House Leader rose on a point of order regarding the use of the word "lying" or "lies." I indicated that the matter was already taken under advisement. I thank all honourable members for their contributions to the points of order.

In looking back at this issue, on page 2241 of Hansard, the honourable Member for Charleswood stated "what does he say to the student nurses who have recently phoned me and said 'Myrna, why does the Government keep on lying about that? How do you make them stop lying?'" On page 2242, the honourable Minister of Health is recorded as saying "the member stood up in this Chamber and accused me of lying."

From my reading of this exchange, I would rule that this is a difference of interpretation over the facts, with the honourable Member for Charleswood saying one thing and the honourable Minister of Health saying another.

Concerning the issue raised by the honourable Government House Leader of whether or not the comments of the honourable Member for Charleswood were unparliamentary, I would advise the House that page 526 of Marleau and Montpetit states that "expressions which are considered unparliamentary when applied to an individual member have not always been considered so when applied 'in a generic sense' or to a party."

From rulings of previous Manitoba Speakers, Madam Speaker Dacquay noted in a ruling delivered on December 8, 1997, that Speaker Rocan had twice ruled the term "one big lie" in order, with the qualification that the phrase had not been targeted at an individual. In addition, on May 4, 1999, Madam Speaker Dacquay also ruled in order the phrase "I never encountered as many liars in one proceeding as I did during this inquiry" because the words were not used to directly or indirectly allude to specific members of the Assembly.

I would therefore rule that in this case, given that no specific members were targeted in the comments, there is no point of order regarding the use of unparliamentary language.

However, for the clarification of the House, should the words "liars," "lie" or "lying" be used in the future in the context of addressing specific members, these words could be considered unparliamentary. It would also not be in order to use these words directly to specific members while quoting from constituents or other outside sources.

MEMBERS' STATEMENTS

Environment Week

Mr. Larry Maguire (Arthur-Virden): Mr. Speaker, I am pleased to have this opportunity to put a few words on the record about Environment Week, which is being celebrated across Canada and provincially here as well this week. I am disappointed, however, that the Conservation Minister has chosen not to make a statement in this House to mark this important event.

Canadian Environment Week is held the first week of June each year to coincide with World Environment Day proclaimed by the United Nations in 1972 and celebrated on June 5. A number of events will be held across Canada and here in Manitoba to mark Environment Week. For an example, there is the commuter challenge, where people are encouraged to find more environmentally friendly ways to get to work, whether that means taking a bus, car pooling, walking, biking or using a scooter to get around. There is the Clean Air Day, which examines the importance of clean air and the implications of climate change. Locally, the Green Fair is underway, bringing together suppliers and potential purchasers of green products.

I hope the Conservation Minister takes to heart the important messages that are being discussed during this week. He has some lessons to learn about protecting the province's resources. It was only a few short weeks ago that the Canadian Nature Federation gave the NDP government a C-minus grade for its record on protecting the environment. The Government failed to meet its election promise to protect wildlife habitat, slipping below the B-plus standard set by the previous Filmon government, which led the country in turning unprotected

Crown lands into parks and wildlife reserves during the '90s.

The Conservation Minister has also come under fire for failing to properly notify the public about a major gasoline spill in East St. Paul, about failing to promptly remove lindane-contaminated soil in East St. Paul, for failing to notify the Pointe du Bois residents about an oil spill in the Winnipeg River, and he has been chastised about a wash water spill in Brandon. The Conservation Minister has also been singled out for the multitude of meetings he missed, which included several during his short time on Treasury Board. Then there is the department's backlog in processing drainage permits. Environment Week is about acting today for tomorrow.

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

* (14:30)

Chisel North Mine

Mr. Gerard Jennissen (Flin Flon): It is with great pleasure that I rise today to bring attention to a very important development for the Snow Lake region. Hudson Bay Mining & Smelting Co. has officially opened the new Chisel North mine in Snow Lake, a key project that will have many benefits for residents of the area, which includes the employment of about 80 people.

The \$32-million capital investment is part of Hudson Bay's \$400-million investment in a six-tiered expansion called the Triple Seven Group of Projects. The mine will boast a production rate of approximately 600 tonnes per day of zinc-rich ore and is expected to be in production for at least 10 years and hopefully much longer.

I had the opportunity, along with MaryAnn Mihychuk, Minister of Industry, Trade and Mines—

Mr. Speaker: Order. I would like to remind all honourable members, when referring to other members, it is by constituency or ministers by their portfolios, not by name.

Mr. Jennissen: Sorry, Mr. Speaker. I had the opportunity, along with the Minister of Industry,

Trade and Mines (Ms. Mihychuk), Peter Jones, Senior Vice-President of Hudson Bay; Bob Doak, Manager of Snow Lake operation; Robert Libbey, Project Foreman; Garry Zamzow, Mayor of Snow Lake; Tom Farrell, Deputy Minister of Labour; Hugh Eliasson, Deputy Minister of Industry, Trade and Mines; and many others, to take part in the official opening of this very special project. The Minister of Industry, Trade and Mines and I also took this opportunity to meet with Mayor Zamzow and the Town Council of Snow Lake, where we had a very productive discussion on key issues concerning Snow Lake.

The opening of the new mine is yet another example of the Snow Lake region's important economic capabilities, and I am proud to be able to take part in these important initiatives in the constituency of Flin Flon.

B.C. Election Results

Mr. Harry Enns (Lakeside): Mr. Speaker. I take a few moments to rise in the House today to mark an important occasion for all of us, certainly for our sister province British Columbia, which today officially is ending 10 years of New Democratic Party rule. It has import for all of us. It was apparent, of course, to British Columbians for far too long during those 10 years, but in the middle of that campaign that brought about that huge majority was the startling fact that this, our richest province, was about to become a have-not province. That is what 10 years of New Democratic Party mismanagement had done for it. I cite that only because of the difference of attitude that we have heard today.

Mr. Speaker, a census and census information has always been important, but for the first time I noticed when this year's census came along, the emphasis this Government and this minister put on the fact that if you did not fill out your form we would lose \$32,000. In what? In transfer payments.

One of the things that I took some pride in in the last administration was that we were getting away from that mindset. We should have been proud to become a have province instead of a have-not province. We were not there for a

while, but this Government wants to re-emphasize something like that: Let us stay on the dole. That is now ending for British Columbians. We can be thankful for that.

St. Vital Agricultural Society

Ms. Nancy Allan (St. Vital): Mr. Speaker, recently I had the pleasure of attending a wonderful evening organized by the St. Vital Agricultural Society, the Garden Booster Night, an evening celebrating the appreciation of horticulture.

The mission statement of the St. Vital Agricultural Society is to encourage excellence in horticulture, baking, handicrafts and graphic arts and to provide educational and promotional opportunities for the wider development of these skills, to instil a love of gardening, especially amongst our youth, to promote beautification of our homes and environment and to maintain an awareness of St. Vital's agricultural traditions.

The St. Vital Agricultural Society has a rich 92-year history in St. Vital and will be presenting their 93rd annual display and fair August 13, 14 and 15. This fair will recognize the importance and value of this organization and agriculture in the St. Vital community. The fair's theme for 2001 is entitled "A Walk through Nature's Garden."

I would like to take the opportunity to invite you to stop by and see the different classes up for judging, from cut flowers, paintings, photography, vegetables, fruit, preserves, and particularly the junior gardening competition. The competition is intended to make young people aware of gardening and encourage them to develop long-lasting gardening and environmental skills.

Mr. Speaker, 2001 is the Year of the Volunteer. Special thanks and recognition go out to the dedicated volunteers whose time and energy make the fair a success. Their commitment ensures the fair is still thriving.

Congratulations and special thanks to all the exhibitors for participating in this very worthwhile event and also thank you to the many sponsors who support the fair and

contribute to the agricultural community in St. Vital.

Truck Driving Competition

Mr. Jim Penner (Steinbach): Mr. Speaker, I rise today to recognize two constituents from my area who have recently won competitions demonstrating skill in their field of employment.

Steinbach residents Frank Klassen of Penner International and Jack Blatz of Big Freight Trucking won awards in their individual classes at the recent Provincial Truck Driving Championships. Both proved their superior driving skills in a competition which had participants demonstrate driving skills on a test track designed to simulate the conditions of daily driving. As well, drivers participated in events that tested their ability to detect safety hazards on the vehicle itself.

Because of their success, both Mr. Klassen and Mr. Blatz have earned spots on the provincial driving team, which will compete at the National Professional Truck Driving Championship in Surrey, British Columbia. This was the 20th Provincial Truck Driving competition for Mr. Klassen, who has previously won his category seven times and has been named Grand Champion four times. His long-time success is particularly notable at a time when driver safety, through reduced speeds and greater attention, are receiving increased attention. Indeed, those who make their living on the road know all too well the importance of safe driving and the danger that can occur from careless operation of the vehicle.

The trucking industry plays an important part in the economy of Manitoba, and I commend the many drivers in our province who are committed to improving and maintaining a high standard of driving skill, which in turn increases safety on our roads.

On behalf of the residents of the Steinbach constituency and all the members of this Chamber, I would like to congratulate Mr. Klassen and Mr. Blatz on their success and wish them well as they represent Manitoba at the upcoming National Professional Truck Driving championship. Thank you.

ORDERS OF THE DAY

* (14:40)

Hon. Gord Mackintosh (Government House Leader): Mr. Speaker, it is the intention to deal with bills today. If you could call the bills in the following order: With regard to second readings, Bill 41; and then debate on second readings, 9, 12, 14, 15, 29, 30; then second readings again, Bills 40 and 25. If there is time remaining, adjourned debate on 17.

SECOND READINGS

Bill 41—An Act to Comply with the Supreme Court of Canada Decision in *M. v. H.*

Hon. Gord Mackintosh (Minister of Justice and Attorney General): Mr. Speaker, I move, seconded by the Minister of Family Services and Housing (Mr. Sale), that Bill 41, An Act to Comply with the Supreme Court of Canada Decision in *M. v. H.* (Loi visant l'observation de la décision de la Cour suprême du Canada dans l'arrêt *M. c. H.*), be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Mackintosh: On May 20, 1999, the Supreme Court of Canada ruled that same-sex, common-law partners should be able to apply for partner support, or what some people call alimony, from each other.

The court in that decision, which was an eight-to-one ruling, one justice dissenting, ruled that the Ontario legislation which prohibited these applications was in contravention of the Canadian Charter of Rights and Freedoms. In that case, Mr. Speaker, the court looked at the legislation and the evidence that was before the lower courts in light of Section 15, which deals with equality rights, and with Section 1, which deals with reasonable limits in a free and democratic society, in coming to its determination.

Following that Supreme Court decision, both the former and the current governments in Manitoba committed to abiding by the ruling in the case which is known as *M. v. H.* Shortly after

taking government, Mr. Speaker, an analysis was begun to determine what Manitoba legislation was likely impugned or affected by the Supreme Court decision.

Now, Mr. Speaker, when the Supreme Court of Canada makes a ruling in a matter such as this, it is always incumbent on the legislatures of the provinces and territories, as well as the federal Parliament, to review legislation and ensure that there is compliance with the pronouncements of the Supreme Court of Canada.

The reason for this, Mr. Speaker, is quite straightforward. It is important that legislatures and governments act legally. Therefore, as a result of deliberations and the review of Manitoba legislation, this bill seeks to amend 10 provincial statutes. The three areas that are dealt with in the bill include obviously the extension of partner support rights and obligations; second, it deals with the issue of survivor benefits or the rights of survivors and extends the obligations and the rights to same-sex couples in relationships of some permanence; and third, deals with the issue of pension benefits.

This bill, of course, does not affect the institution of marriage as we know it. Only the federal government has that constitutional ability to affect who can marry under the Constitution Act of Canada. Indeed, the federal Parliament, as recently as in the last year or so, in the legislation which dealt with same-sex, common-law relationships, determined and made a statement in that legislation that marriage was a union between a man and a woman to the exclusion of all others.

Mr. Speaker, this bill in Manitoba recognizes a distinction between spouses on the one hand and common-law partners on the other. When it comes to defining common-law partnerships, Manitoba's bill follows the federal approach, which I think is valuable for several reasons, not the least of which is consistency in using gender-neutral definitions of common-law partner and common-law relationship which apply to both same-sex and opposite-sex conjugal relationships.

Where the term "common-law partner" is used, it is defined from act to act. We have

already used "common-law partner" in other legislation. For example, last session, amendments to The Income Tax Act and the Victims' Bill of Rights uses this definition. As I said earlier, this is consistent with federal legislation which allows for consistent application of family law, in particular, in Manitoba, whether the law is federal or provincial in nature.

The statutes which contain support provisions needing to be amended in order to comply with *M. v. H.* are The Family Maintenance Act and The Dependants Relief Act, and there are then consequential amendments, procedural amendments in The Court of Queen's Bench Act.

The Family Maintenance Act has been amended to allow a common-law partnership to be found after three years of cohabitation and to extend orders for partner support to same-sex, common-law partnerships. The act will also now allow for more flexibility in applying for support after the relationship has ended.

The Dependants Relief Act, as drafted, includes same-sex cohabitants in the definition of dependants, and actual dependency will be the determining factor in deciding what support is owing from an estate. Cohabitation must have been ongoing or subsisting for three years before death, whether the partners are same sex or opposite sex.

The Court of Queen's Bench Act is being amended to allow applications for relief respecting same-sex, common-law relationships to be heard, as I recall, in the Family Division of that court.

Acts containing support-like provisions which require amendment to comply with *M. v. H.* include The Pension Benefits Act, that is for provincial pensions; The Civil Service Superannuation Act, that is Civil Service pensions; The Teachers' Pensions Act, and that speaks for itself; and, as well, The Legislative Assembly Act dealing with MLA pensions. Amendments to these statutes will allow same-sex, common-law partners to have entitlements in relation to credit splitting, death benefit, joint

pension provisions that currently apply to common-law spouses.

The definitions applying to length of cohabitation have been changed to allow access to benefits after a cohabitation period of one year unless one of the partners is currently married to a person outside of the partnership. These acts will now also allow for a same-sex, common-law partner to have entitlement to survivor's benefits where the relationship was subsisting at the time of death.

Other acts with support-like provisions are The Fatal Accidents Act, The Manitoba Public Insurance Corporation Act and The Workers' Compensation Act. These acts allow for payment of benefits to common-law partners on the death of one partner, giving rise to a claim under one of the acts.

Under these acts the new provisions will allow for same-sex, common-law couples to claim survivor benefits where the relationship is subsisting at the time of death and has been in existence for three years prior to one partner's death.

The legislation that is being amended is not just about rights but it is also about obligations and duties. More specifically it is about the obligation of persons in dependent relationships, those obligations that can be so important to those in vulnerable economic positions in a relationship.

The Province considers it important to respect the law and the Supreme Court. It is also important to respect the dignity, the rights and the security of all Manitobans. This is the right thing to do, Mr. Speaker, both out of respect for the law and the rights of all.

* (14:50)

This is the next important step in Manitobans' struggle for greater fairness. We know that when legislation affecting human rights is introduced or there are changes in public policy that further the recognition of rights, it is always open for observers to say that the legislation goes either too far or does not go far enough. That is part of the history and the

evolution of the development of human rights in the world, Mr. Speaker, but this evolution or this journey is an important one. Indeed, there are so many challenges that remain outstanding, whether in the area of Aboriginal justice, whether in the area of disabled access, not only in respect to the physically disabled, in the area of gender discrimination. I can go on and on with examples, but this is an ongoing struggle that requires attention.

Mr. Speaker, I was just looking at The Human Rights Act of Manitoba as it then was in the early 1970s. I recognized in that act that the grounds of discrimination as listed were race, colour, religion, ethnic or national origin. When you look at the human rights code of today in Manitoba, we have in addition to those enumerated grounds age, sex, including pregnancy, marital or family status, sexual orientation, source of income, political belief, disability, of course. Indeed human rights commissions today and those who are working to improve the rights of Canadians recognize that systemic discrimination which may not be as obvious but is more pervasive is an important challenge to deal with.

So what we see is here in Manitoba, for one, a remarkable change in the recognition of human rights and those characteristics of individuals that should not be determinants of their treatment in society.

Mr. Speaker, this bill that we are introducing for second reading today is one part of that journey and one step and, I would say, an important step towards greater equality here in Manitoba in addition to recognizing the respect of Manitobans and members of this Legislature for the rule of law in Canada.

Mr. Marcel Laurendeau (St. Norbert): Mr. Speaker, I move, seconded by the honourable Member for Seine River (Mrs. Dacquay), that debate be adjourned.

Motion agreed to.

House Business

Mr. Marcel Laurendeau (Opposition House Leader): On a little bit of House business,

yesterday in Hansard on page 2550 in the second paragraph, the honourable Minister of Finance (Mr. Selinger) stated: He assures me that the Legislature, when the Public Utilities Committee of the Legislature meets on the 18th of June. I do not believe that that committee has been called yet.

I was wondering if the House Leader could inform me if we are calling it for the 18th of June. It might be more appropriate if we had it announced in the House.

Hon. Gord Mackintosh (Government House Leader): Mr. Speaker, I will confirm that date. I think perhaps as early as this afternoon we can confirm that date in the Legislature to have that committee struck.

DEBATE ON SECOND READINGS

Bill 9—The Vital Statistics Amendment and Consequential Amendments Act

Mr. Speaker: To resume debate on second reading, Bill 9, The Vital Statistics Amendment and Consequential Amendments Act (Loi modifiant la Loi sur les statistiques de l'état civil et modifications corrélatives), standing in the name of the honourable Member for Steinbach.

Mr. Jim Penner (Steinbach): Mr. Speaker, Bill 9, The Vital Statistics Amendment and Consequential Amendments Act is a bill that is amending the provisions dealing with registration of the name of a child, amending also the requirements for obtaining certificates or copies of registrations pertaining to births, marriages, deaths and stillborns. It is changing the name of the district registrars to event registrars and clarifying their duties.

In introducing the bill, then-Consumer and Corporate Affairs Minister stated: This change to naming restrictions recognizes the diverse ethnic traditions of all Manitobans. Older records are historical treasures and releasing them will facilitate genealogical research.

The minister also noted that Vital Statistics has received a number of requests from parents who wish to give their child a surname in accordance with their cultural or religious

traditions. The existing legislation provided that a child's surname could only be the surname of either parent or a combination of the parents surnames.

These changes, which respect multiculturalism, will provide parents with unrestricted choice for their child's surname. Manitoba is a province that prides itself on being respectful of other people's cultural and religious traditions. These legislative changes recognize and respect the heritage of all Manitobans.

I note that the bill also provides for the removal of restrictions to access to older records. Birth registrations over 100 years, marriage registrations over 80 years old and death records over 100 years old will be opened. I am sure this will be of interest to a number of people, particularly historians and people interested in genealogy.

In addition, the bill provides for the creation of a new type of certificate that should prove beneficial to the courts in making decisions on parentage. It should provide the court with sufficient information to make decisions while protecting the mother's privacy.

I commend the minister for attempting to modernize the language in this legislation, and thereby making the legislation easier to understand and more responsive to the needs of Manitobans, so I would move that this Bill 9 go to committee. Thank you.

Mr. Doug Martindale (Burrows): Mr. Speaker, I would just like to speak very briefly on this bill because I am a member of the Manitoba Genealogical Society, and I know that members of MGS will be very pleased to know that the bill removes restrictions on access to older Vital Statistics events records currently only available to family members. More specifically, copies of birth registrations over a hundred years old, marriage registrations over 80 years old and death registrations over 70 years old will be available to the general public.

I know that this is very important to people doing genealogical research. Anything that opens access and allows the public access to records in the past that were closed to them is an

improvement, and it is commendable that we are doing this. Thank you, Mr. Speaker.

Mr. Speaker: Is the House ready for the question?

An Honourable Member: The question.

Mr. Speaker: The question before the House is second reading of Bill 9, The Vital Statistics Amendment and Consequential Amendments Act.

Is it the pleasure of the House to adopt the motion? Agreed?

Some Honourable Members: Agreed.

Mr. Speaker: Agreed and so ordered.

Bill 12—The Real Property Amendment Act

Mr. Speaker: Resume debate on Bill 12, The Real Property Amendment Act (Loi modifiant la Loi sur les biens réels).

Mr. Jim Penner (Steinbach): Mr. Speaker, Bill 12, The Real Property Amendment Act, amends the act to eliminate the requirement for duplicate certificates of title. It enables the district registrar to destroy existing duplicate certificates of title that are on file at the Land Titles office or are presented for registration purposes.

Concerns have been raised that the reliance by the public on a duplicate title may be misleading and risky as the duplicate title may not show all instruments that are registered against the land. These could include judgments, liens and caveats. If this can provide some clarity, it should prove beneficial. I note the amendments are also aimed at keeping pace with changing technologies such as the increase of electronic record keeping. For example, the elimination of the duplicate certificates of title should assist in the development of electronic registration of instruments in the Land Titles office.

So this bill will be similar to that in provinces such as Saskatchewan, Alberta and Ontario, which no longer issue duplicate certificates of title. So I recommend that this bill pass and be sent to committee.

* (15:00)

Mr. Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Mr. Speaker: The question before the House is second reading of Bill 12, The Real Property Amendment Act.

Is it the pleasure of the House to adopt the motion?

Some Honourable Members: Agreed.

Mr. Speaker: Agreed and so ordered.

Bill 14—The Consumer Protection Amendment Act

Mr. Speaker: Resume debate on Bill 14, The Consumer Protection Amendment Act (Loi modifiant la Loi sur la protection du consommateur).

Mr. Jim Penner (Steinbach): Mr. Speaker, Bill 14, The Consumer Protection Amendment Act, is an act that offers protection to a buyer by allowing the buyer to cancel an Internet agreement if goods or services purchased under the agreement are not delivered within 30 days after the specified delivery date. When the Internet agreement is for travel, transportation or accommodation services, or for goods or services prescribed by regulation, this bill would allow the buyer to cancel the agreement that they had not provided on the date agreed upon.

This bill also makes several corrections to the French version, and since 1994 the number of Canadians using the Internet has tripled. Estimates put Manitoba Internet usage at between 44 and 48 percent of the population. This use takes many forms, including research, educational and entertainment purposes.

Another growing area of Internet usage is by e-shopper. An increasing number of Manitobans are taking advantage of the opportunity to make purchases over the Internet. It is important that we provide protection to these consumers as

governments already do in the more traditional marketplace. The Manitoba government has been active in regulating Internet commerce, providing for consumer protection in the on-line transactions.

As with any legislation that regulates a sector that is undergoing a rapid transition, one could reasonably expect the need to tinker with The Consumer Protection Act in order to better protect on-line shoppers. In this case, the changes address delivery requirements recognizing that the 30-day grace period for delivery of time-sensitive purchases needed to be improved. This is not unreasonable as consumers are making purchases with the expectation that certain goods and services need to be delivered on time or the reason for their purchase is lost.

I appreciate the effort the Government is making to update the legislation to ensure that goods and services are delivered in a timely fashion to consumers who make these purchases on-line. I would hope that the necessary steps are taken to ensure that this legislation will be enforceable. So I would recommend that this bill be passed to committee.

Mr. Speaker: The honourable Minister of Consumer and Corporate Affairs.

Hon. Scott Smith (Minister of Consumer and Corporate Affairs): Thank you very much, Mr. Speaker.

Mr. Speaker: The honourable minister will be closing debate. Are there any other speakers?

Mr. Smith: As my colleague across the way had mentioned, more and more people are starting to do transactions by e-commerce here in Manitoba and certainly all across North America. In fact, the globe is becoming a smaller and smaller place with transactions being done all around the globe very quickly.

This bill certainly does add to the protection for consumers here in Manitoba. On the time-sensitive issue, as the member had mentioned, certainly the 30-day grace period does not meet the standard that we would like to see for consumers as present. The examples of time-

sensitive transactions could be travel services or sporting goods tickets or perishable items that may be transferred via e-commerce.

Certainly, to go to this, Mr. Speaker, provides people in Manitoba, on a national basis and international basis, with much more protection in this area. We see this as a growing area that trade is picking up continually. It is becoming more and more apparent that younger and older consumers are using this form of transaction and that the 30-day grace period certainly needs to be addressed.

Mr. Speaker, the amendments as proposed will give delivery-sensitive items the appropriate recognition for consumers of protection, and we believe this bill is a protection here in Manitoba and internationally.

Mr. Speaker: Is the House ready for the question? The question before the House is second reading of Bill 14, The Consumer Protection Amendment Act.

Is it the pleasure of the House to adopt the motion?

Some Honourable Members: Agreed.

Mr. Speaker: Agreed and so ordered.

Bill 15—The Mortgage Amendment Act

Mr. Speaker: To resume debate on Bill 15, The Mortgage Amendment Act (Loi modifiant la Loi sur les hypothèques).

Mr. Jim Penner (Steinbach): Mr. Speaker, Bill 15, The Mortgage Amendment Act, allows for a reverse mortgage that allows homeowners to turn the equity in their home into cash without making mortgage payments or selling their homes. It is a type of a mortgage that I became familiar with in dealing with my wife's parents and their estate, and we found it very useful in the later years to accommodate them so that they could preserve their lifestyle and not have to move out of their home.

Reverse mortgages do have benefits as the funds may be used in any manner the homeowner chooses. In addition, since this is

classified as a loan, the funds are tax free. Under a reverse mortgage, no payments are required until the homeowner dies or sells the property that is provided as security. However, interest continues to accumulate on the principal amount, and therefore the amount of the loan increases while the equity in the home decreases.

This bill will require that reverse mortgage lenders provide full and accurate disclosure to the costs and conditions of reverse mortgages at least seven days before the borrower signs the mortgage. If the lender does not provide the required disclosure, the borrower must only repay the funds advanced and may do so at any time without notice or penalty.

This bill also provides additional protection for consumers by giving the Consumers' Bureau the power to investigate and mediate complaints about reverse mortgages. We hope and trust that the investigation people will have not only the authority but the education, training and integrity to do this correctly. While the choice on how to organize one's finances is best left to the individual, it is important that consumers receive the information that they need to assist them in making an informed decision.

I recommend this bill and move that we pass it to committee.

Mr. Speaker: Is the House ready for the question?

Hon. Scott Smith (Minister of Consumer and Corporate Affairs): Mr. Speaker, this is all about reverse mortgages, and certainly there is a need for these types of loans out there.

Mr. Speaker: Are there any other members wishing to speak because the honourable minister will be closing debate?

Mr. Jim Rondeau (Assiniboia): Mr. Speaker, I would like to put a few brief comments on the record on the reverse mortgages act.

I think this is a wonderful act because what it is doing is it is providing full disclosure and information to people so they can make informed financial decisions about their long-term well-being. It is also very important

because what is happening is that it is making sure that people have the information and the time to make a timely decision. It provides that we actually have the Consumers' Bureau being able to mediate if there is any difficulty so that if there is a company that is unscrupulous, people do have a way to deal with it.

It also allows people to continue their lifestyle. In these days when you have limited access to funds in retirement, what it does is that it does provide people an access to funds so that they can enjoy their later years, have a good standard of living and still remain in their house. They do not have to sell their house. They do not have to move away from where they are comfortable and their neighbours. They get to stay in their house and maintain their standard of living and have a good standard of living and even travel and enjoy all the efforts that they have had over the years.

I think this is great because you are providing seniors with another avenue to maintain a good quality of life within Manitoba and not having to move. Therefore, I strongly support this. I think it is a great act for people to make informed financial decisions.

Mr. Speaker: Any other members wishing to speak?

* (15:10)

Mr. Smith: As has been mentioned by my colleague previously, the reverse mortgages certainly have their place. This bill is about informed decisions. It is about disclosure up front with people who are considering this type of option. Certainly the strengthening of this disclosure clause will make it one of the strongest in Canada on disclosure and information for people considering these loans.

The equity in the homes for many of the people is their life savings and certainly with the information provided up front they can make informed decisions on the type of loans that they would like to take out.

Mr. Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Mr. Speaker: The question before the House is second reading of Bill 15, The Mortgage Amendment Act.

Is it the pleasure of the House to adopt the motion?

Some Honourable Members: Agreed.

Mr. Speaker: Agreed and so ordered.

Bill 29—The Residential Tenancies Amendment Act

Mr. Speaker: Resume debate of Bill 29, The Residential Tenancies Amendment Act (Loi modifiant la Loi sur la location à usage d'habitation).

Mr. Jim Penner (Steinbach): This was one bill that we may want to talk about a little more. The Residential Tenancies Amendment Act is a proposal by the government of the day to change the time of rent regulation, or what we often call rent controls, from five years for new buildings to fifteen years.

So what I have done in regard to this bill is I have gone to people who are landlords, a couple of people in North Kildonan, some in downtown Winnipeg, and I just asked for a reaction on this bill to see how it would affect the construction of new properties and how it would affect the old buildings. The time of extension to the 15 years is for new buildings for which the following occur after April 9, 2001. The first occupancy permit is issued after April 9, 2001, if one is required by the local government, or the first tenant occupies the first suite after April 9, 2001.

In introducing the legislation, the minister stated: we want to encourage new construction in Manitoba as well as create new rental accommodations that will address the housing needs of Manitobans. We are committed to urban revitalization and the development of quality, affordable housing. There is no doubt that a lack of new construction in private rental housing is an issue throughout Canada. One need only look at occupancy rates to recognize that there is a need for the development of a broad range of housing opportunities, be they

apartments, duplexes, townhouses, condominiums or something similar.

By the Province's own estimates, during the next 15 years, approximately 700 additional rental units will be required each year in Manitoba to house empty-nesters and the new households. The Government maintains that these legislative changes may encourage more contractors to reinvest in Manitoba. If that is the end result of the legislation, then it will have proven beneficial. I commend the minister for finally beginning to look at the issue of rent control. I would be interested to know if this measure signals the start of a larger examination of the role of rent controls in this province.

Rent control has been the subject of considerable debate in Manitoba for more than two decades under both the Progressive Conservative and the NDP administrations. There are many people out there with strong arguments, both for and against the elimination of rent controls. I believe that Winnipeg is the last place in Canada to retain rent controls. As such, a lot of tenants are being disadvantaged because landlords will not make the necessary improvements. Sometimes the buildings get so decrepit that they are taken out of service.

I think that probably there was a time when rent control, during high-inflation times, was pretty significant in protecting the tenants. Today I think it is a disadvantage to the tenants. I think it should be re-examined and restudied to see how we can adjust the rent controls.

As far as the issue of changing the exemption from rent controls from five years to fifteen years, I find nothing negative or positive about that issue, but I do feel that we can just pass this bill and see whether or not it will make a difference. At the same time, I must encourage the government of the day to take a hard look at rent controls. Listen to the Mayor of Winnipeg, listen to the people who are building in rural areas and see if we have probably outlived the usefulness of the old laws and rent controls.

So, having said that, Mr. Speaker, I would recommend that we send this bill to committee.

Mr. Doug Martindale (Burrows): I would like to put a few brief remarks on the record about

this bill, which I support. The first time that I ever came to the Manitoba Legislature was probably in June or July of 1980. In fact, I came with the Member for St. Boniface (Mr. Selinger), along with a delegation which was speaking in opposition at the committee stage of a bill introduced by the Sterling Lyon government to repeal rent control.

We know that that is one of the reasons why they lost government not very long after that. In fact, I have heard it said by staff to former ministers that one of the reasons that the former Conservative government always said no to getting rid of rent control was that the NDP won 10 seats on that issue in the November 1981 election, and that is probably true. It is probably why, in spite of intense lobbying by the rental housing business, that the former Filmon government did not get rid of rent control, because it is a very important issue to people who are renters, particularly low-income renters. *[interjection]*

The Member for St. Norbert (Mr. Laurendeau) is trying to confuse me here. I was trying to say to him, to all members, that I was part of a delegation trying to stop the Sterling Lyon government from repealing rent control. I was very pleased to go back, I believe it would be in July of 1981, when the Howard Pawley government reintroduced rent control. I was one of the people who presented a brief and spoke to the committee. I actually thought it was kind of fun answering questions from about 10 MLAs on that committee.

I was very surprised that about 15 years later the former Minister of Finance, Mr. Manness, remembered me presenting a brief to the committee on rent control. I would have thought that after the passage of a number of years that he would not have remembered me at all. In fact, I probably looked quite different because I had quite a beard at that time.

An Honourable Member: You had long hair then?

Mr. Martindale: Well, I did have a beard. My hair was probably longer than it is now, yes. I think Eugene Kostyra was the Minister of Housing at the time who brought in that legislation.

We talk about rent control legislation, but we do not strictly have rent control legislation in Manitoba. We have rent pass-through legislation, because if you read the legislation, if landlords spend money on capital costs, they can pass through those capital costs if they are identifiable, if they are proven, and they should, to their tenants. That is what they do to justify a rent increase.

I have helped tenants in the past fight rent increases of up to 40 percent, and the landlords were successful because they were able to justify their costs. Most of those costs are amortized over a fairly short period of time, three to five years, and after those costs are paid off, does the rent go down? No, it stays at the same plateau, and any new rent increases are on top of that plateau.

I have had tenants, including very high-income housing on Roslyn Road, who lobbied me when I was the Housing critic for my party, pointing out how these pass-throughs happen and how it is on a new plateau, as I was explaining, and how much money their landlord was making, because if you appeal a rent increase, you get access to all the landlord's figures, right? So they had figured out what the profit margin was.

I have even had landlords tell me that their profit margin was 70 percent on their revenue properties, which seems to me to be a very lucrative business to be in, although I must say that in this particular case it was a slum landlord who was not putting any money back into the property. It is probably a different proposition for people who are decent landlords.

I represent a very large number of low-income people for whom rent control is very important. I think it provides affordable housing. We are talking about people who do not have alternatives, who cannot afford in many cases decent, affordable housing. I think especially for lower income tenants rent control is very important. So I am pleased to speak in favour of this bill and this change that has been made, but particularly in support of rent control in general.

* (15:20)

Mr. Jim Rondeau (Assiniboia): I am also pleased to put a few words on the record on this bill. I think that this is an excellent bill, because

what it does is it allows for people to get some return on the investment that they are making. It also allows them to have a little bit of flexibility as far as the rents that they can actually charge.

I would like to speak in favour of rent controls, however. I think rent controls allow decent housing at a good, decent rate of rent. I think what our rent controls do is very important. What it does is it means that people can get increases in their rent, but they have to be justified. They have to be tied to the landlord actually making improvements to the property. The idea of having non-justifiable rent increases just means that you are putting more and more profit into the landlord's hands. So it is very important that we actually have justifiable rent increases.

The reason why we have not had a lot of investment in the province, though, is simple. We have very, very low prices for housing. If it costs \$120,000 to build an apartment you need approximately \$10,000 to \$12,000 for a return on investment. That would mean that you would need to charge rent in excess of \$1,000 to \$1,200 a month in order to make money on the investment. One of the reasons why we have not had a lot of investment is because a house in Winnipeg costs easily \$85,000 to \$100,000, and, therefore, people can buy a home for the same price as it would cost to rent. Hopefully what this does do, though, is it allows people in a tight rental market to have a chance to build new units.

It is interesting to note that our rent controls are important now because we have a very small vacancy rate, about 2.5% vacancy rate, which means that there is very little rental accommodation available. If we did not have rent controls what we would have is rents being jacked up for seniors and those on fixed incomes. So the rent controls on the older properties become essential. I am very pleased that we are keeping that part and I am very pleased that we are also allowing landlords the opportunity to increase rents on new buildings and new construction so that they can get return on their investment and get more building in Winnipeg.

It is very important also to note why we have such a low vacancy rate. Why we have it is

people are moving back to Manitoba again. It is nice to see that our population is increasing, our housing stock is improving. Actually we have a good spirit of optimism. Part of that optimism, we hope, is to build new apartment blocks, new residential rental units in Winnipeg. I certainly hope some come into Assiniboia. We are looking forward to the impact of this bill.

Hon. Scott Smith (Minister of Consumer and Corporate Affairs): If there is no one else wishing to speak, I would wish to close debate.

Mr. Speaker: Anyone else wish to speak? No other speakers.

Mr. Smith: Mr. Speaker, this bill certainly is evidence of our commitment to development of quality, affordable rental accommodation in Manitoba. I have met over the period of four months many of the stakeholders in here in Manitoba. Certainly it came back overwhelmingly that the stakeholders and people involved in the rental market industry certainly do not want to get rid of rent controls here in the province of Manitoba. That was highlighted over and over again. Certainly the Professional Property Managers' Association, which is a large association here in the province, has identified that adjustments at times need to be made.

We talked previously about an e-commerce bill and some of the changes that happened within our world. Certainly this is an ongoing process. It has been very positive for Manitoba. Obviously, the members opposite must have thought it was an awful good process, because there were no changes for a decade.

Mr. Speaker, certainly to consider looking at what the Professional Property Managers' Association identified as a potential for consideration with me when we had one of our first meetings was that reinvestment in property here in Manitoba—and I might add that certainly throughout Canada, over the last decade, be it a province that has some form of rent regulation, and I can mention that certainly there are a number of provinces through Canada that do have rent regulation, certainly they have identified provinces with or without rent regulation, there has not been a lot of construction in the last 15 years. Out of the

146 000 housing starts in Canada in '99, fewer than 5000 were by private rental housing. It is true that there will be 600 to 700 additional units needed here in the province of Manitoba over the next number of years.

One thing that was identified very clearly was the lack of new housing starts. CMHC had identified that the rate of return on other investments by many investors, certainly in condominiums, had a far greater and quicker rate of return in some of those investments. Certainly the financial markets, we know, over the last decade, had a great rate of return.

One thing that was identified and one thing that was suggested is to give the developers on new construction the ability to go in for the long term. We have done that with this change. It has certainly taken away any impediment for consideration on change, a new construction, certainly 15 years. In fact, somewhere in the period of 10 to 12 years was recognized by CMHC as a good long-term strategy for investors having the ability of markets and the market changes that certainly around a decade was what was suggested by CMHC. Fifteen years, we believe that this certainly will enable and give evidence to developers that we have lessened that certainly we would like to have new construction here in Manitoba.

There have been consultations and certainly a great deal of movement by this Government in listening and consulting with people out in the marketplace. We believe this is a positive change in the process to move ahead and get some quality affordable rental housing here in the province of Manitoba. I thank you for being able to put those comments onto the record.

Mr. Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Mr. Speaker: The question before the House is second reading of Bill 29, The Residential Tenancies Amendment Act.

Is it the pleasure of the House to adopt the motion? Agreed?

An Honourable Member: Agreed.

Mr. Speaker: Agreed and so ordered.

Bill 30—The Securities Amendment Act

Mr. Speaker: To resume debate on Bill 30, The Securities Amendment Act (Loi modifiant la Loi sur les valeurs mobilières), standing in the name of the honourable Member for St. Norbert (Mr. Laurendeau), is it the will of the House for the bill to remain standing in the name of the honourable Member for St. Norbert? Stand?

Some Honourable Members: No.

Mr. Speaker: That has been denied. The honourable Member for Steinbach, to speak to the bill.

Mr. Jim Penner (Steinbach): Bill 30, The Securities Amendment Act, harmonizes securities legislation with other Canadian jurisdictions in numerous ways. As such, as a small province, a small population province, we would be found to be more in line with what is happening in the rest of Canada.

The Manitoba Securities Commission is a special operating agency of the Government, which is responsible for the regulation of securities, markets and enforcement of The Securities Act. The commission's mandate is to act in the public interest to protect Manitoba investors and to facilitate the raising of capital while maintaining fairness and integrity in the securities marketplace.

Due to the increasingly global nature of business transactions, securities commissions across the country must work together in order to ensure that investors are protected. This bill will make the task easier by harmonizing Manitoba's Securities Act with the securities legislation in other provinces.

The global nature of business transactions has also resulted in more and more transactions being conducted electronically. This bill responds to the increased usage of new technology by facilitating electronic registrations and filing. Although investment decisions are best left to the individual, it is important that investors have all the information that they need in order to make informed choices. By clarifying

certain provisions of the act and increasing penalties for non-compliance, this bill will ensure that issuers who are regulated under the act will take their obligations seriously.

I commend the minister for attempting to modernize the language in the legislation thereby making the legislation easier to understand and more responsive to the needs of Manitobans. I think legislation of this nature has to be continually reviewed and probably should have a grandfather clause so that it comes up for review in a defined number of years, maybe three years, maybe five years, so that the bill will continue to meet the demands of the day. Although the update here probably meets the demand of 2001 to a large extent, it may not be suitable in a few years, and we should have a provision in there to continually upgrade and update The Securities Act.

With those remarks, Mr. Speaker, I would recommend that this bill go to committee.

* (15:30)

Mr. Speaker: Is the House ready for the question? The question before the House is second reading of Bill 30, The Securities Amendment Act.

Is it the pleasure of the House to adopt the motion? Agreed?

Some Honourable Members: Agreed.

Mr. Speaker: Agreed and so ordered.

SECOND READINGS

Bill 40—The Podiatrists Act

Hon. Dave Chomiak (Minister of Health): Mr. Speaker, I move, seconded by the minister of highways and transportation, that Bill 40, The Podiatrists Act; Loi sur les podiatres, be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Chomiak: Mr. Speaker, I would like to bring to the House some general information

about the new podiatry act that is now before this House. This legislation replaces the outdated chiropody act and begins the process of providing a wider range of foot care services.

As with most areas of the health system, the practice of podiatry has changed. The proposed legislation will acknowledge and include the range of services that podiatrists provide in many other jurisdictions. This bill will improve foot care services that podiatrists will be able to provide to Manitoba and aid in keeping highly skilled podiatrists practising in Manitoba.

Mr. Speaker, as a result of this legislation, regulations will be developed to allow qualified podiatrists to perform minor surgical procedures on the foot under local anesthetic and prescribe certain drugs. The regulation will be developed in consultation with the College of Physicians and Surgeons of Manitoba, the Manitoba Pharmaceutical Association and Manitoba Health.

Mr. Speaker, this is in keeping with other acts and other changes in the provision of health care services in a variety of areas, most notably, for example, the recent proclamation of The Midwifery Act.

The college of podiatrists of Manitoba will be established to administer the act. The legislation will ensure that at least one-third of the members of the governing council and committees of the college will be members of the public. The complaints and discipline process for podiatrists is also updated and strengthened.

Mr. Speaker, I would also like to outline for the honourable members other key aspects of this bill. The practice of podiatry, the new definition changes the description of the practice of chiropody to the practice of podiatry. It will allow qualified podiatrists to perform minor surgical procedures on the tissues of the foot under a local anesthetic and, as I indicated earlier, to provide certain drugs set out in regulation.

Included practices: this position enables the college to establish a category of podiatrist who will be able to perform surgical procedures on

the bones or tendons of the foot. The parameters regarding drug prescriptions, diagnostic testing and surgical procedures will be set out as well in regulations. These regulations will be developed in consultation with the College of Physicians and Surgeons in Manitoba and the Manitoba Pharmaceutical Association.

Of course this legislation entails a change of name. The name of the regulatory body will be changed from the Manitoba Association of Chiropractors to the college of podiatrists of Manitoba. This change will make it easier for the public to identify the body responsible for regulating podiatrists and will emphasize the overriding duty of the college to act in the public interest and not engage in professional promotion activities that conflict with this duty. The duty of the college in this regard and overall is to act in the public interest, and it will be clearly stated in the act.

As I indicated earlier, public representation on the governing body of the college and on disciplinary committees will be increased to at least one-third, as recommended by the Manitoba Law Reform Commission in its report in 1994. I am advised that all honourable members should know that the public representatives will be recruited and selected by a standing committee of the college. With respect to committees, Mr. Speaker, a standing committee will be established to assess the credentials of podiatrists applying for surgical privileges.

There will be an updated complaints and discipline process. The complaints and discipline process will be consistent with the recent innovations and changes that we have made to professional legislation, most notably The Medical Act, The Midwifery Act and the physiotherapy and nursing legislation. A wider range of possible dispositions of complaints will be available, including informal resolution and a mediation process. An appeal from inquiry to Court of Appeal is offered. A member's appeal and inquiry panel will be directed to the Court of Appeal rather than the Court of Queen's Bench.

The experience, I am advised, in other provinces and other professions is indicated that in many cases a person who is unsuccessful in an

appeal to a lower court will make a further appeal to a higher court. This change will lessen the burden on the member, the college and the courts, and, I can presume, will amount to more speedy disposition of the matter and conclude the matter in the interests of all sooner rather than later.

The issue of continuing competence is one of increasing importance across the entire system. The college will have increased ability to monitor the continuing competence of its members, including the authority to establish continuing competence programs and to appoint practice auditors to review the operation of a podiatry practice.

Well, finally, Mr. Speaker, the annual report will be required. The college will be required to submit an annual report to the Minister of Health. It must include information on the structure of the college, its committees, details on the number of applicants for registration, the number of complaints and their disposition, the number of members disciplined, the reason for the discipline and the sanction imposed. Such a requirement was recommended by the Manitoba Law Reform Commission and is common, I am advised, in other jurisdictions, in other provinces, where health professions legislation has recently been updated.

So, Mr. Speaker, I commend this bill to members of the House who I know will have a variety of comments and advice to offer on this particular legislation. I look forward to the continuing discussion on this particular act.

Mrs. Myrna Driedger (Charleswood): I move, seconded by the Member for Gimli (Mr. Helwer), that debate be adjourned.

Motion agreed to.

* (15:40)

**Bill 25—The Health Services Insurance
Amendment and Consequential Amendments
Act**

Hon. Dave Chomiak (Minister of Health): I move, seconded by the Minister of Family Services (Mr. Sale), that Bill 25, The Health

Services Insurance Amendment and Consequential Amendments Act; Loi modifiant la Loi sur l'assurance-maladie et modifications corrélatives, be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Chomiak: Mr. Speaker, I have the honour of introducing this piece of legislation on behalf of the Government, and I am honoured to have the opportunity of explaining to members of the House and to the public some of the reasoning behind this particular legislation and outline for the public the reasons and the advantages with this particular amendment.

There has been and there continues to be a variety of strategies dealing with the future of medicare. During the late 1990s, when members opposite formed government or were government, they attempted to deal with issues concerning private clinics and more specifically private hospitals through legislative amendment.

What they did at the time, Mr. Speaker, is amend this very act, amend The Health Services Insurance Amendment Act to designate certain surgical centres and certain facilities as designated centres under the act and permitted the payment of a contractual arrangement that was entered into between those centres and the Government of Manitoba to provide service.

This was done in response to the issue of privatized health care. This was done in response to violations of the Canada Health Act. This was done to deal with issues concerning potential erosion of the universal health care system. At the time, the Minister of Health, the present Member for Lac du Bonnet (Mr. Praznik), indicated that members opposite were not in favour of private hospitals and that members opposite were attempting to build up capacity in the public system in order to not have to deal with issues of privatized health care.

I note that, Mr. Speaker, because I think it bears discussion concerning what we have heard from the members on the opposite side of the House at present. What we have done in this legislation is we have taken The Health Services Assurance Amendment Act and closed some

loopholes that deal with third-party payment and the ability for individuals to get around perhaps legislation dealing with insured services.

What we have also done, Mr. Speaker, is ensure that surgical facilities will not perform as a matter of course procedures requiring overnight stays and thereby function as a private hospital. We have had since the 1920s in Manitoba a private hospital act that required the approval of the Minister of Health in order to operate a private hospital.

Members opposite supported that proposal up until recently. Now I am not certain. I hear varying claims from members opposite with respect to their position, but what we decided to do is to deal with the issue of potential loopholes in the private hospital legislation. What we have done is we have changed some of the definitions concerning definition of "private hospital." Essentially, what we have tried to do is to put into legislation what is common practice and what until recently I thought was a general consensus amongst all political parties but which now, I understand, is not supported by members opposite, that is that we do not want private hospitals in Manitoba for a variety of reasons, quite clearly. The provision of overnight stays is not, in our view, good health care. We have heard the arguments from members opposite that they want hotel rooms to be utilized in overnight stays. We have heard demands for a need to have overnight stays, regular overnight stays.

Mr. Speaker, it is a dangerous path if members opposite want to take us down the road of operating private hospitals. What we are trying to do is adhere to and to expand the capacity in our system to do day surgeries. Clearly, in an evolving health care system, if we look at the statistics, it was only several years ago that the volume of day surgeries increased greater than those surgeries done requiring overnight stays, and the trend is towards more day outpatient surgeries. The most recent CIHI report, to which members opposite have referred, indicates that provinces in a changing health care system ought to put more attention and more resources into those types of services.

So, Mr. Speaker, we are trying to support the trend towards more day surgeries, but we are

not going to go down the path of increasing capacities and going to the private hospital route. Hospital surgeries ought to be done, overnight surgeries, higher acuity type surgeries ought to be done in facilities that are appropriate for those surgeries. Day surgeries should be done and could be done offsite from the acute care sector and ought to be done in day surgery centres.

But to cross over and to start, as members opposite suggest, doing high-level acute care in day surgery centres is a dangerous practice and is not one that is recommended by anybody in the health care field that I know of, Mr. Speaker. It certainly is not recommended by the College of Physicians and Surgeons. It certainly is not recommended by all of the officials at the various health regions that we have talked to. So what we have done is we have tried to ensure that the provisions for private hospitals are consistent with what we believe is and what I think the consensus is, the provision of good health care.

You know, Mr. Speaker, The Health Services Insurance Amendment Act, if one looks at the entire act, it gives responsibility for the provision of services and the overall allocation of services to the Minister of Health and to the Department of Health to designate and to make allocations in those resources. A universal health care system that does not have the ability to control the types of services would not last very long. Indeed, as I have said on many occasions in this House, when I met with fellow Health ministers, regardless of political stripe, across the country, they indicated that the provision of private hospitals was one of the more difficult issues facing all jurisdictions, and it is very clear why, what it can do to a health care system.

The provision of private hospitals could very easily result and has resulted, in some cases, in a two-tier health care system where if you had the ability to pay for the service you went on one waiting list, but otherwise you went on another waiting list, Mr. Speaker.

It is very clear from all of the evidence that when you operate a private system beside a public system, a report done in Manitoba, a report done in Alberta, reviews done by the *New England Journal of Medicine* all indicate that waiting lists go up when you operate a private

beside a public and that it does not improve the situation. That is what studies show, Mr. Speaker.

* (15:50)

So the amendments to this act do nothing more than update and clarify the existing legislation and close some potential loopholes that have been suggested as difficulties and that can create difficulties in terms of the application of our universal health care system.

Specifically, Mr. Speaker, the act looks at a variety of changes, a definition of outpatient, to update the definition, a definition of a surgical facility, to, again, update and to clearly delineate what a surgical service is in a surgical facility. It updates it, and it provides a definition that is more appropriate to the services that are offered now, rather than the former definition that was left blank.

We also in this act deal with payments to ensure—and it has happened in other jurisdictions; we do not want it to happen in Manitoba—that third-party payments are prohibited, so that third parties cannot be used to get around the legislation. Additional powers are operated with respect to the ability to examine and find out information with respect to the act and to obtain information, as well as some what I would term administrative changes that deal with the issue of ensuring that the Department of Health is advised of actions concerning some claims that are taken, that permit the Department of Health to become involved in those kinds of actions which are largely administrative changes that required update, as well, with the act.

So what we have, Mr. Speaker, I think is a very clear statement by the Government of Manitoba that (a) we wanted to update and we do not want private hospitals to be proliferating in Manitoba; (b) we wanted to ensure that the integrity of the medicare system is preserved by virtue of ensuring that methods that have been used in some jurisdictions to get around the medicare payments are not utilized and are prohibited; and (c) to provide for better clarification and definitions as to what constitutes a surgical centre or surgical facility and surgical procedures.

So I find it passing strange, Mr. Speaker, I find it very strange the virulent opposition that we are hearing from members opposite. It is not dissimilar to legislation that was brought forward by members opposite. All it is is a clarification of legislation and a clear statement, I must admit, that we do not want private hospitals in Manitoba.

Now, I recognize that there are different options and different approaches that ought to be discussed and ought to be looked at with respect to the provision of health care. I have said on many occasions that when members opposite only state the mantra, the manta being private, private, private, they do a disservice to the system, that there is more to improving the system than the mantra I hear from members opposite, which is private, private, private, private. I hear that from members opposite, and that is all I hear from members opposite, no other options.

We are saying in Manitoba, Mr. Speaker, that we are taking different approaches. We are looking at taking a private surgical facility and moving it into the public sector, providing the same kinds of services but being able to do more services, provide for more services, improve the quality of service and reduce waiting lists. What do member opposite say? Private, private, private.

Mr. Conrad Santos, Deputy Speaker, in the Chair

We say that we do not think it is appropriate to have overnight stays in surgical facilities. They are not designed for overnight stays, but members opposite want overnight stays, want private hospitals, private, private, private. You know, Mr. Deputy Speaker, no matter which direction or which way we go in the health care system, I hear the continuing mantra of private, private, private.

Well, Mr. Deputy Speaker, I think there are other alternatives and other approaches that can be innovative, and that is what we are trying to do in Manitoba. We are trying to do a made-in-Manitoba solution to this situation. I said on many occasions that the Alberta experience is Bill 11. The Ontario experience is the private,

private, private. They are pursuing that path. In Manitoba, we have taken the middle ground. We are taking the private, moulding it into the public system. We are maintaining some of the private facilities and some of the private functions, and we still have the public functions provided to the hospitals.

Mr. Deputy Speaker, I do not know what the furor is from members opposite, except that they seem to be ideologically bound, ideologically bound to their private mantra. We on this side have a pragmatic approach. We are trying to be innovative, but all I hear is the response of private, private, private.

We are in a situation not dissimilar to when the former government was in the same situation. A number of entities want to come into a province and open up services. On the face of it there is appeal to that. I think we ought to utilize those services when we can, but there are some larger issues at stake here. Firstly, we have studies that show private operating beside public results in longer waiting lists. Second is the issue of private versus public. You know those people who come in here to do these services do not want to do the complex services. They do not want to take on the expensive services. They do not want to do the services that are of a huge cost and expense. No, they want to do the fast throughput, high volume, high profit margin services. Then when they do that they say, good heavens, look how efficient we are. We are only spending X dollars and we are able to do this amount of service, and you in the public system, you, are more expensive and are more cumbersome.

That just does not cut it, Mr. Deputy Speaker. That is one of the reasons why we are trying an innovative approach and we are approaching this matter from a pragmatic viewpoint. We are approaching this matter by virtue of saying in Manitoba we are going to have a pragmatic approach, an approach that will see an increase of service. I think one of the problems members opposite have is they are not even speaking to the bill. When they review this bill they are not speaking to the bill. Generally, they are speaking to a conception they have, an obsession with a particular viewpoint, and they cannot seem to get off that track. What this tries

to do is tighten up definition, ensures that loopholes are closed, ensures that we do not have overnight stays as a regular basis in private surgical centres.

Now members opposite have said why do we not? We want overnight stays in private surgical centres. It boggles my mind sometimes. A government that closed 1400 acute care beds is now saying let us bring in private beds. We closed 1400 beds in the system, but, oh, now we are supporting private beds in the system. Bring it in. Give people a choice, they say, after they gave people no choice when they closed 1400 beds and closed the largest hospital in the history of the province of Manitoba, being Misericordia Hospital. So I find it really curious in terms of logic alone that members opposite would talk about, oh, somehow we are removing people's choice by virtue of not allowing overnight stays in private hospitals when over 11 years they closed over 1000 acute care beds. Now they are saying let them back in, in terms of private hospitals. Totally contradictory, Mr. Deputy Speaker.

* (16:00)

This approach is a pragmatic approach. All we have done is update the legislation concerning private hospitals, dealt with loopholes concerning some application of the payment for services, and provided for some definitive definitions as to what proceeds and what goes on at surgical centres. Just as in the late 1990s, members opposite were forced to bring in legislation to deal with these matters. We feel going into the next few years with some of the significant changes in the system it is important to have clearly defined rules and roles under the legislation.

The fundamental issue, as far as I can understand from members opposite, is that they want overnight stays in surgical centres. We looked at the situation. We have discussed it with the experts in this field and the consensus, the overwhelming viewpoint seems to be that day surgery should be done in day surgery centres and overnight or more complex surgery should be done in the most appropriate facility, and is that not what we should be trying to do in the health care system? Does it not make more

sense to do day surgeries in day surgery centres where you can and to do more complex surgery in more complex facilities, rather than the reverse? But if we follow the logic of members opposite that would not happen, so I fail to understand the seeds of their argument except that it is based on ideology.

Now the member opposite talked about complications, and I am glad that point was made by members opposite because we were very clear in the drafting of the legislation that we provided for, if a person required services beyond what is normal—and I quote normal—they could stay overnight.

An Honourable Member: Where?

Mr. Chomiak: At the surgical facility, Mr. Deputy Speaker; they could stay overnight. What we are trying to do is prevent as a matter of course that overnight surgery is done in these facilities. If, on occasion, for health purposes or otherwise, someone has to stay overnight, no one, and this legislation does not do that, no one would prohibit that. Again, kind of a sort of issue that members opposite put up and tried to run it up the flagpole but has no validity. What we tried to do is to ensure that, as a matter of course, overnight surgery would not be done normally, but on occasion there is nothing in this act that prohibits overnight stays for health reasons, as long as the operator of the facility does not as a matter of course launch into overnight stays.

Why would they? In fact, the College of Physicians and Surgeons requires operators of these facilities to have admitting privileges to a hospital or an arrangement with a hospital. Why do you think that is? It is for very good health reasons, and I would not want to change that. I think it is the directive of the college that they have to have those kinds of processes, so that if there are instances where it is required to go to hospital there could be ready access to a hospital. Hopefully that never happens. It will happen on occasion, so the arrangement is there but the arrangement is not there as a matter of course to normally have the patient stay overnight, because once you do that you go into another definition, you become a private hospital. Once you have a private hospital, it is

something that changes the entire direction of where we are trying to go in health care and that is do services in the most appropriate location. It goes against the recommendations of experts. It goes against the recommendations of medical experts. The only people that recommend it appear to be certain individuals from the Opposition party who are advocating that.

Other than that, answer in proponents. There are proponents of surgical centres who want to have overnight stays, but I suggest it has not been practised in Manitoba. The existing surgical centres have had capacity and do not have overnight stays. I suggest it is good practice and to continue not to have overnight stays and that is what we are trying to do in this legislation. We are simply trying to ensure that what is common practice in Manitoba continues.

So, Mr. Deputy Speaker, this legislation is an update of previous changes to legislation. It does not detract or take away from any existing practices, as far as I could understand, in Manitoba. The surgical centres that are operational in Manitoba, be it Western or be it Pan Am, do not have overnight stays. I was under the impression until recently that all political parties opposed private hospitals.

The larger issue that, I think, has to be dealt with is the whole issue of private hospitals and where we are going with respect to the privatization of the health care system. As I have said earlier, the mantra that the salvation is private. I suggest that there is another way. There is a made-in-Manitoba way, which is the way we are trying to address the system, and that is it is a mix, it is a balance and it is a move toward providing some of the advantages of surgery centres without going the profit route, because once you introduce those huge elements of profit and allow a free ride on profit, I suggest that studies show the health care system suffers the worse for it.

The last time I recall a government in Manitoba tried to privatize a portion of health care significantly, I believe, was the home care experiment. Do members opposite remember that? That experiment was supposed to save \$10 million by privatizing. It did not save a dime. In fact, it cost more. The Manitoba public rose up

in opposition to members' opposite attempts to privatize home care and said we do not want our home care privatized. I remember signs all over the city. Members opposite seem to have a different viewpoint on this particular issue. I have suggested that. There seems to be an ideological position over there. They seem to be proceeding on that basis.

What we are trying to do is trying to find a balance and trying to provide maximum service for the maximum number of patients without having a lot of resources off into profit, that we want the money to go back, to be reinvested in the health care system.

This act itself does not speak to the larger issue that I have spoken of during some of the course of my comments; that is, the issue of private versus public, but I have talked about it because clearly in the comments members opposite have made about the act, they totally misunderstood the act. They totally misunderstood the intention, and I wanted to clarify what, in fact, the act is all about and what the intention is all about. The intention is to ensure that the common practice in Manitoba continues of not having private hospitals, to update and to close loopholes dealing with the provision and payment by potential third parties in order to have those parties work their way around the existing medicare system.

Until recently, I had thought that all members of this House were in agreement with those principles, Mr. Deputy Speaker, but it appears not, certainly from the Opposition's claims and from what they have been saying about this particular matter and this particular issue. I look forward to continuing debate on this particular matter.

In fact, Mr. Deputy Speaker, if I were to read back comments made by the former Minister of Health the Member for Lac du Bonnet (Mr. Praznik) on these very issues, many of the same comments that I made today were made by the Member for Lac du Bonnet, saying we do not want private hospitals and we want expanded capacity in the public sector in order to undertake the services. That is what the Member for Lac du Bonnet said. He was right

then and he is right now. That is all we are trying to do with this particular act.

So, Mr. Deputy Speaker, when I look at this particular act, I find it hard to imagine why members opposite take such strong opposition to this act. I can only speculate that it is based on what I indicated earlier, an ideological predisposition, as well as a sort of knee-jerk reaction generally to most actions that we undertake.

The comments from members opposite, the cries from members opposite do not reflect what is in this piece of legislation. This legislation is a very consistent piece of legislation that deals with the issues that we are confronted with and that updates these matters.

The most controversial area, I suggest, in the legislation is provision 64.2(1) which deals with overnight stays. Even that, Mr. Deputy Speaker, only deals with what is common practice in Manitoba. I think what makes common sense is that we do not want as a matter of course surgeries that require overnight stays to become commonplace at surgery centres.

* (16:10)

Members opposite say: Why does it matter? It matters because what we want to do is to have the appropriate service provided in the appropriate locations. The establishment of private hospitals, something that has been a cornerstone of this province, has been supported by all members opposite, has always been a condition here. I daresay that complex surgery should be done in hospitals and day surgeries, where you can, should be done in day surgery centres. When you start mixing the two in an area of scarce resources and an area of having to be very careful about every single dollar and every single step of the way, it is not appropriate. I also suggest: Why would members opposite support private hospitals when members opposite went out of their way to close so many hospital beds over the past decade? It is just totally inconsistent to me. I wish someone could explain that to me. I look forward to hearing comments as to what the rationale is.

I suggest, Mr. Deputy Speaker, we on this side of the House have not closed our eyes to the needs of the health care system and how we have to change. That is one of the reasons why we are taking our initiative with respect to Pan Am, to provide within the public sector those same efficiencies that can be realized in the private system without going down the road of having private hospitals and without going holus-bolus down the road of funding every single centre that opens up in the province of Manitoba. If that were the other alternative, that would also be contrary to Manitoba policy over the past 20 years. That is that we do not have the resources to fund every single potential centre or every single centre that wants to open up across this province. We cannot do it.

If members opposite want us to do that, it goes contrary to everything they did over the past decade, which is to try to have service go where service belongs. If we were to go that road, we would be in very serious difficulty. That in fact was the issue in Alberta which forced the Alberta government to take its stand with respect to their dealing with this issue. What in fact happened, as I understand it, was that 100 percent of the eye surgeries left the public system and went to the private system. The Government of Alberta had no means of dealing or controlling that system. They were being fined by the federal government. So what they did is they put in legislation different from ours, with a different approach to try to deal with the issue of private hospitals. Alberta, I believe they do allow overnight stays. Most jurisdictions, I do not believe, allow overnight stays.

We think we have enough capacity in our system so that we can expand surgeries at day surgery centres and we can continue the provision of services in acute care centres and by virtue of that can balance our resources to provide for a maximum number of services provided to the maximum number of individuals across the system. We think that this legislation updates the circumstances, updates the legislation formerly put in by members opposite, and deals with some of the potential loopholes that exist in legislation like this.

I should add with respect to this legislation, Mr. Deputy Speaker, that it still allows for the contractual relationships to continue between health and surgical centres. It allows for regulations to still be in place to deem and to deal with types of surgical procedures, which is a continuation of what was a common practice and former practice in Manitoba. As I indicated, it updates the definition of a private hospital that is more appropriate to the circumstances with which we are faced today. It clearly allows for the existence of surgical centres, which clearly have been recommended are one of the areas that will see growth. Day surgeries in particular will see growth. It is already happening quite dramatically. It provides for appropriate mechanisms in place to preserve the integrity of the Canada Health Act so that we are not in a situation where we found ourselves in the past and in the 1990s of being fined, with money being withheld from the federal government because insured services were being provided with a facility fee. It updates those particular provisions.

It, I think, is an update. At the same time, it is also a reflection and a message of where Manitoba has always been in this field, but simply a legislative way of making it very clear where we stand. It is not dissimilar to what practice has been in the past, except it is put into legislation. We think issues that have been raised with respect to increased surgery volumes and providing for different types and different approaches can be addressed by virtue of our policy decisions, policy decisions being (a) we still maintain contracts with private surgery centres, (b) we are moulding a significant private surgery centre into the public health care system to take advantage of some of those advantages, and (c), of course, we continue our excellent hospital care system where, as it was indicated by Doctor Postl, I believe, in his comments when he referred to the Pan Am situation, we will be able to do the more complex surgeries at the acute care centres, and day surgeries can more appropriately be done at the day surgery centres.

That is something that I think should not be lost upon members opposite. I also think what should not be lost upon members opposite or upon the public is generally the physicians and the doctors and the practitioners in the system

approve of the approach with respect to where we are going in the policy decisions in this area. For some time, both when I was Opposition critic and a Health Minister, I was approached very often by doctors who wanted the ability to undertake surgery in surgery centres and did not want to be limited to the extent that they were and felt they could provide a broader range of services. This will permit that to happen, but it will also prevent the erosion of the system by virtue of putting into place private, for-profit hospitals that have until recently, I had thought, been opposed by all members and all political parties but appears not to be and that private, for-profit hospitals, if they were to come into Manitoba, would be, I think, very detrimental to a health care system where you are trying to provide universal access and universal services. You will see funding in private, for-profit hospitals go to profit as opposed to being reinvested in the health care system, reinvested to provide more services, reinvested to pay for more practitioners, reinvested to provide for increased range of services and increased capitalization to provide for more services.

We think that our solution, both from a policy standpoint and from the standpoint of legislation, is pragmatic. It is not a dramatic departure from past practice. It clarifies the situation in the past, and it allows for future developments that we are undertaking from a policy sense that will provide for more services provided to the public and can deal with some of the issues that have been before us and that we are trying to improve across the system.

Mr. Deputy Speaker, let me just refer to some of the recent studies that have taken place. I should refer to a couple of issues that came up. Members opposite kept saying, when we were talking about this issue, that we were muddying the waters with respect to private hospitals and that they really did not, and this whole issue. Private hospitals are something that until recently I thought had been opposed by all parties, but I know that recently members opposite have suggested we should go that route. We are not ashamed of taking our position that has been consistent and makes sense within the medicare system.

* (16:20)

I would just like to quote, Mr. Deputy Speaker, there have recently been studies that have taken place over the past little while and, most specifically, studies that took place in Alberta where it was found that the introduction of a profit system beside the public system resulted in not only longer waiting lists but increased costs. That was a study that took place. Well, the studies are available. It was done by the Alberta branch of Consumers' Association of Canada. A similar study was done in Manitoba by the Manitoba Centre for Health Policy and Evaluation, an organization set up by the former government to study practices. What did it say? It said: When you operated a private, for-profit system beside a public system, what happened? Waiting lists went up. Costs increased. How did members opposite defend or counter that? They said: Oh, that is just small study. That is a Manitoba study done by an agency set up members opposite, for heaven's sake.

There are mistakes. We all make mistakes. On occasion I do remind members opposite of mistakes that have been made. I know on occasions members opposite have reminded me on a daily basis of potential mistakes they feel that I am making as well. So it kind of works both ways.

There was a 1998 study by Health Canada that concluded, quote, there is no evidence to suggest that offering a private-sector option will result in shorter waiting times in the public sector. A greater access to private care appears to be generally associated with longer public sector queues.

In American studies published in the *New England Journal of Medicine* and carried out by researchers from Harvard and Dartmouth, private, for-profit facilities are consistently more expensive to operate than public facilities. In one study of over 5000 acute care hospitals in the U.S., it was found that for-profit hospitals were 25 percent more expensive per patient than public hospitals. Then it states, which is a bastion for for-profit medicine, their system cost more per capita than our system, and yet in America 44 million people, more than the population of Canada, are without coverage.

I have already made reference to the home care experiment, which was an utter failure. The

contract did not save money. I referred to the Manitoba Centre for Health Policy and Evaluation study that took place. I referred to the study from the consumers association of Alberta. I referred to the studies from Health Canada. I referred to studies done in the *New England Journal of Medicine*. I think the evidence points pretty strongly in favour of protecting our public health care system and not going the way of for-profit, private hospitals.

This act simply clarifies existing Manitoba practice. I am disheartened that members opposite are now changing their position on that and appear to be supporting for-profit hospitals. This legislation clearly allows for maximum flexibility while protecting patient care. It provides for surgical centres. It provides for acute care centres. It provides for arrangements to be entered into. What it does not provide for is private, for-profit hospitals in Manitoba, something that since the 1920s had been supported by all parties and which we are now updating to ensure does not occur by virtue of putting in place amendments to ensure that this practice does not become commonplace in Manitoba.

The members opposite have suggested that we should fund all the private clinics that are in existence. That has not been Manitoba's practice. That is not prudent. We have to allocate our resources very carefully and very appropriately by virtue of need and by virtue of the type of service. We are trying by virtue of our policy decisions to expand the provision and the type of service that we are offering. We are enhancing the services that are offered and at the same time maintaining the integrity of the public system but going the way of a made-in-Manitoba solution.

Again, there are those that say the only way to go is to go for-profit. There are those that say the status quo must remain. We are saying in Manitoba that we have a made-in-Manitoba approach, a pragmatic approach.

You know, Mr. Deputy Speaker, Manitoba for a long time has been a leader in the health care field. We were a leader in Pharmacare and developed Pharmacare. We were a leader and developed the home care. We are known across

the country as having some of the best community-based care in the form of palliative care. We have advanced and we have outlined a whole number of community measures that are recognized across the country.

You know, Mr. Deputy Speaker, there is no reason why, in the galloping direction the members opposite want to go, there is no reason why we have to go to that extreme, to the extreme of going for-profit. We are trying to find a balance between the status quo and a balance between the extreme for-profit privatization initiative that members opposite want us to follow. This is a made-in-Manitoba solution. This is a solution that is consistent with what the public has told us, and if members opposite were not aware of what the public said during the home care experience, I reiterate, it was very clear. We also have indicated we are not going to maintain the status quo. We want to be innovative, and that is why we are embarking on some policy changes with respect to Pan Am. We think we can expand the number of services, maintain the integrity of our universal health care system and provide for safety and well-being of the population.

So, Mr. Deputy Speaker, let me sum up—

Mr. Deputy Speaker: In accordance with rule 41, the minister has unlimited time.

Mr. Chomiak: Oh, good heavens.

Mr. Deputy Speaker: It is the minister speaking on government order, unlimited time, rule 41.(d).

Mr. Chomiak: Some of the members are asking me to talk about Connie Curran. Then, if I were to go down that road, I would be utilizing unlimited time. There is so much to say. What I do want to do is reiterate some of the messages. What this legislation does is it closes loopholes, strengthens and protects public access to the system. It does not allow for-profit, private hospitals, something that used to be supported by all members of this Chamber; does not allow for third-party billing, charging a friend or relative for services provided to an individual. It is basically anti-two-tier, and it says, in Manitoba, we want no for-profit hospitals, and

we do not want people to be charged for insured services.

* (16:30)

It tightens up the definitions of out-patient surgical services, allows for regulations to be made to deal with definitions of different procedures. It serves the surgical facilities that offer insured services must have an agreement, makes explicit that no one will be charged for service via third-party billing, insures there is ability to monitor and enforce provisions against these provisions, lays out the conditions that have to be followed with agreements, disallows overnight stays in a surgical facility that are not normal procedures. Why do we need this legislation? It allows for innovation, cost-effective health care solutions. It permits us to move procedures to less expensive settings while keeping the system accessible to the public. It allows us to manage wait lists by maintaining a one-tier system and not dividing practitioners between more and more locations of practice, as has been demonstrated in the Manitoba Centre for Health Policy and Evaluation study and the Alberta study, ensures that health resources go to patient care, an important issue, will promote centralized waiting lists and allows flexibility while ensuring accessibility. You know, Mr. Deputy Speaker, it allows flexibility while ensuring accessibility.

We think that this legislation is something that is supported by Manitobans. We think that this legislation is something that the public recognizes is necessary. We think that this legislation updates previous legislation, and what it also does is it clearly defines the issue, clearly defines what constitutes for-profit, private hospitals. It only defines what has been Manitoba practice while being flexible enough as to permit a variety of circumstances to occur. This legislation permits us, in Manitoba, to look at different policy initiatives, does not mean we are hidebound to adhere to the traditional no change in the system. It does not mean we have to go for-profit private, which seems to be the only solution offered by members opposite. It allows us to be innovative and creative in the solutions. It maintains the integrity of the universal health care system, public access. It is supported by studies. It is supported, I suggest,

by the public. It is supported by people in the health care system who have looked at this. It is supported, I believe, by the majority of Manitobans, and certainly, by members on this side of the House. It is something that we are proud of. We think we have the opportunity of doing things in Manitoba in a more prudent fashion and a more flexible fashion and in a more expanded fashion.

I close—well, members opposite are urging me to say more. Perhaps I will stand my comments longer, since there seems to be such a large demand from members opposite. I move toward closure by pointing out something that we consistently set for the past year in this chamber, and that is that we recognize that there were challenges upon the medicare system.

In our discussions with ministers of health across the country, it was clearly identified that the proliferation of for-profit facilities were causing a good deal of difficulty in administering the health care system. In some jurisdictions, they followed one route, in other jurisdictions they followed another route. In the typical Manitoba fashion, we are following the prudent, middle-of-the-road, innovative route, the balanced route, something that has been the hallmark of health care in Manitoba.

Every time governments want to go to the extreme, it is not supported by the public. For example, when members opposite tried to privatize homecare, it was very clear that the public was against that. When members opposite brought in Connie Curran and tried to cut the system down by spending \$4 million plus \$800,000 in expenses to save, they did not. In fact, to this day, nurses and other professionals come up to me and say the worst thing that ever happened to health care in Manitoba was Ms. Connie Curran.

So every time you go to the extreme in this system, I do not think it causes difficulty. We saw that. We saw the Connie Curran experiment. We saw the extreme nature of the closing of so many beds. We saw the closure of nursing programs, the reduction of medical programs. We saw the closure. We saw the downsizing. We saw the attempts at privatization. Generally,

it has been my view, that it is very clear that that does not garner acceptance in the public viewpoint.

With this legislation, what we are doing is continuing the Manitoba tradition of not allowing for-profit hospitals, of clarifying some of the loopholes existing in the regulation, protecting patients, and through our policy initiatives, we will be able to increase the number of procedures and offer them in a more appropriate jurisdiction and in a more appropriate fashion.

Members opposite are suggesting all kinds of issues that are off topic. If they wish me to address those, I would be quite pleased. I would be quite pleased to spend time during the course of these debates to address those particular issues that have been raised by members opposite. I do know that members on this side of the House are certainly anxious to talk to this bill and to deal with this bill.

So I close my comments by indicating that I look forward to continuing discussions in this regard. I hope that all members of the House, particularly members of the Opposition, will look at this to put aside the ideological blinkers in this particular piece of legislation, and to look at it, to look at the way it has been drafted, to examine it, to have some kind of consistency with policies I thought they were in favour of before. They will examine it, and they will see when they examine it, that it is a fair piece of legislation, it is a prudent piece of legislation. It is a piece of legislation that allows us maximum flexibility in the future and it permits us to maintain the integrity of the health care system without going the route that has caused so many difficulties in other jurisdictions. I think if members opposite or anyone prudently examines this legislation, they will understand that the closure of loopholes, the dealing with third-party billing and the definition and the clarification with respect to private, for-profit hospitals is the kind of legislation that is supported by Manitobans.

I look forward to continuing debate in this regard. I am not bragging, but despite the encouragement from members opposite for me to continue my comments, I recognize that

members on this side of the House are very anxious to put their comments on the record. So I close by asking every member of the House to look at this legislation and look at the practices in Manitoba. Look at the exciting future that we can have by being innovative and by dealing with this, and by dealing with the innovative approach to health care and not going blindly down the road to privatization, which seems to be the mantra opposite.

I think if people look at it realistically, they will recognize that this is a realistic and a prudent piece of legislation that deserves support by all members of the House. Thank you, Mr. Deputy Speaker.

* (16:40)

Hon. Tim Sale (Minister of Family Services and Housing): Mr. Deputy Speaker, I am honoured to rise and address this very important legislation.

Let me say to members of the House, on both sides, that it has been one of the great privileges of my life and certainly of my time in office to serve with a Minister of Health who has taken such an incredibly energetic and innovative approach to the huge backlog of problems that were bequeathed to him by the previous government. This is a Minister of Health who, when he brought forward the proposals in regard to this legislation before us and the proposals in regard to the Pan Am Clinic, I cheered in Cabinet, because I saw that finally we had a Health Minister who understood the deep, deep difficulties in which the previous government was determined to lead us by forcing a privatization issue, privatization by stealth, which would wind up, according to the North American Free Trade Agreement and other legislation that deals with the issue of fair trade practices, inevitably taking us down the road to an American style of health care. There is no way that you can avoid that once you put for-profit, private hospitals in place.

The members opposite are interesting. They chuckle, but I challenge them to get a legal opinion on whether once having put a private hospital in place it is possible to do anything except allow wholesale privatization in the system.

So what does this legislation do? Well, quite simply, Mr. Deputy Speaker, what this legislation does is it says that a clinic performing day surgery is a clinic performing day surgery. It is not a hospital. It simply clarifies the difference between a place to which you can be admitted for overnight stays and a place to which you are not admitted for overnight stays.

Now that may seem a little too simple for members opposite to understand, but indeed that is the whole point of this legislation. It is to draw a line between those facilities that provide overnight stay care and those facilities which do not. The members opposite may object to that kind of clarity in legislation. They might prefer something that is less clear, but I want to commend the Minister of Health (Mr. Chomiak) for making it very plain that in Manitoba private or non-profit or government-owned day surgery centres are just that. They are not places where surgery is done that might require an overnight stay.

The members opposite, I had the dubious pleasure of listening to their leader in the hallway trying desperately to make this into a patient safety issue. Well, you know, it is a patient safety issue and that is precisely why we are saying no. It is not a good idea from a patient safety perspective to have, just as he said, just one or two beds. Not a lot of beds, just a couple of beds so that people could stay overnight. You know, in the event that they needed to do so would that not be a good idea? No, it would not be a good idea because once you licence a place for the provision of overnight care you are inviting the procedures that require overnight care to be done there. You are setting up a situation where private hospitals de facto are in place, not just a question of oh, well, we will have a bed here in case someone has to stay.

If you are doing surgery like that it should be done in a hospital like Victoria where there is a surgery centre and if you need to admit somebody from the surgery centre you can do so, not in a clinic where there is no possibility of providing the kind of intensive care that is sometimes required in response to surgery that looked routine at the beginning but turned into surgery that required extra care.

I might just say that a member of my family yesterday had a surgical procedure at the surgery centre at Victoria. It was supposed to be routine. It was supposed to be about a four-hour stay in hospital. Twelve hours later he was finally able to go home. Now I am very glad that that surgery was done at Victoria and was not done in a day surgery clinic downtown somewhere because he needed the availability of those services that protected his health, protected him from the kinds of consequences that could have happened had he not been in a hospital that could provide the full range of acute care services that hospitals do.

You know, I find it very interesting that members opposite cannot understand that the College of Physicians and Surgeons supports this legislation. They support the idea that there needs to be a clear line drawn between surgery that might require overnight stay and surgery that probably in 99 cases out of 100 does not. If that hundredth case shows up, then you need to get transported in a proper ambulance to a proper facility that has the full range of services, not simply stay overnight somewhere where there is not the range of emergency services that a hospital provides.

So, when the Leader of the Opposition (Mr. Murray) stands in the hall and tries to make just a couple of beds into a safety issue for patients, he is right. It is a safety issue. The safety is not having those beds licensed for overnight care because these little centres do not have the range of services that patients need to have safe care if that is how sick they are. So this is legislation that protects patient safety.

I want to move now to something that my honourable colleague referred to and that is the weight of evidence. Members opposite seem to have a great deal of difficulty with evidence. They stick to extremist ideology, the extremism of do it all this way because we think it would be good for profit, instead of saying what do clinicians say about this issue, what is the weight of evidence about this issue? Where is the commitment of the members opposite to what their former Health Minister said he was committed to which was evidence-based medical decision making, evidence-based policy decision making? Where is their commitment to the truth, to evidence, to the real data on this issue?

Well, it is obviously sadly lacking because ideologically they are Americans. Ideologically they wish to have the profit of medicare extracted from the pocketbooks of Manitobans. That is where they are. They are not interested in evidence. They are not interested in what the best studies tell them.

So I want to quote from a study done by Wendy Armstrong, a consumer experienced with cataract surgery in private clinics in Alberta. It is very interesting what she says. She says that—and I am quoting now in the executive summary: "For example, the Calgary Regional Health Authority currently contracts out *all* eye surgery and many types of day surgery to private providers, . . . private corporations which are often owned in whole or in part by senior managers of the regional health authority." Interesting. Just a little conflict of interest one might think, but perhaps not. They are "major beneficiaries of this process, . . . yet no conflict of interest is perceived by the government. Ironically, many of these services are being provided in facilities that were originally built with public money but were sold to the private sector at fire sale prices as a result of downsizing. In addition, both Calgary and Edmonton have contracted large regional monopolies in the private sector for the provision of regional laboratory services. The commitment of the Alberta government to increased privatization of health care stems from the common assumption"—shared by members opposite, I might say—a "common assumption that private-sector provision of health services results in cost savings." That is their assumption.

Let us see what the evidence is. The private assumption—sorry, let me continue the quote, "of health services results in cost savings, decreased waiting lists and improved quality. Yet none of these often stated benefits are apparent from the privatization of cataract surgery provision in Alberta." None of the benefits, she says. "In fact," she says, "the opposite appears to be true. The best available information"—and I invite the members opposite to listen in particular to this sentence—"the best available information indicates that private contractors are more expensive to the plan. In addition, surgeons who also operate in private facilities appear to have longer waiting lists for public facilities than

those surgeons who operate only out of public facilities." In other words, if you have a mixed or a largely private system, public waiting lists grow. Members opposite seem to think that they will go down. The evidence from Manitoba and Alberta and the United States is when you do it, public waiting lists grow. Now, why is that?

She goes on to answer: "This suggests that surgeons operating in both the public and the private sector may be artificially inflating their public waiting lists as a means of enticing their patients to receive care in private facilities." I can testify to the fact that people in my constituency were told in that period, when I was in opposition from 1995-1999, they were told by physicians, you can have your eyes done next week if you have got the bucks, or you can go on the waiting list for six months to a year. They were told, we can do your orthoscopic surgery here if you have got the bucks, or you can go on the waiting list and wait here. The same surgeon operating in two different facilities tells patients that message.

What is the result? Very clear. Public waiting lists go up, private waiting lists go down. You can make more money doing it privately. Pretty simple. "Private surgical facilities also offer opportunities for physicians enrolled in the provincial health plan to spend more of their time providing higher paying non-insured services which have uncapped fees. In terms of quality of care," and I continue to quote, "there appears to be no perceived difference in the quality of care received in either public or private facilities based on patient satisfaction."

* (16:50)

She goes on to give a great deal of detail, but let me just close my quotation from this summary of this study by quoting from the latter part of the executive summary.

"The experience by Alberta consumers, with moving the provision of cataract surgery from public hospitals to private clinics, demonstrates how a significant shift from community controlled institutions and agencies to private investor-controlled suppliers, results in the loss of price and cost controls possible, when health services are publicly financed and delivered

through public facilities. The shift of cataract surgery from public delivery to private delivery has resulted in increased prices for consumers and increased administrative overhead and transaction costs for the health care system."

Obviously, the first thing that we have to understand about this legislation is that it says that, where you are doing services in a surgery centre or in a community clinic, that is all that you do there. You do not begin to do more things that begin to turn you into a private hospital, because once you are there, the public system loses control of costs, the patient loses control in terms of waiting lists, and those providing the services have a very large incentive to increase their volume of privately provided services, because those services benefit their pocketbooks.

Having said that this bill is primarily about clarity, let me put it in some historical context. I am old enough, some members opposite may be as well, although, I think, other than the member from Lakeside, I may be the oldest one in the House, with the exception possibly of one member with whom I almost share a birthday—the member from Lakeside, yes, I think he is older. I remember the days before medicare. I remember them, specifically, because my father was involved in a farm car accident in which his car was hit broadside by a farm truck crossing from one field across a highway into another field. Unfortunately, the truck never made it to the other field. My father, on the other hand, never recovered from that accident. The result of that accident, in the private, for-profit health care system of the 1950s in this country, was that our family suffered essentially the total loss of any real income from his earning power. He had other jobs after that, but he never had a steady job.

That story is a story that older people in this country can recount for you over and over and over again. I commend to members opposite a little book that was put out a few years back called *Life Before Medicare*. It was quite simply a book of stories, stories from older people, stories from children of people who remembered their days before medicare. I defy anyone to read that little book called *Life Before Medicare* without having a tear in their eye when they

listen to the stories of even the most well-intentioned health facilities; St. Boniface Hospital, for example, a hospital operated in those days directly by and often staffed by the Grey Nuns, having to say to families: I am sorry, we cannot do the surgery on your child unless you can come up with at least part of the money.

What kind of a country does not ensure the lives and health of children and adults? Well, the answer is it used to be two countries in the industrialized world, South Africa and the United States. Now it is only one, the United States of America. If you want to see what it means not to have access to quality health care, you do not have to go far south of the border to see what for-profit medicine is all about. All you have to do is see the farmer in South Dakota who has to choose between insuring his family and feeding his family in terms of the costs of food and the costs of medical insurance.

When you drive down the for-profit road, it is virtually impossible to stop that process. That is what NAFTA is all about. It says once you drive down that road, you cannot turn around and go back. So that is why it is very important to draw the line in the sand and say surgery centres, day surgery centres, private, for-profit clinics that do day surgery, do day surgery. They do not do day surgery and some other surgery and become quasi-hospitals because once that happens there is no way to stop the progression into a two-tiered system.

So I was delighted when our Minister of Health (Mr. Chomiak) brought forward the legislation which said that we were going to have a made-in-Manitoba solution that said no private hospitals, and we will have a public, non-profit surgery centre in the community because, first of all, we can use that centre to double the number of procedures; we can use that centre to provide high-quality care, but we will also know what it really costs, because we will have access to the full understanding of what it costs to do that. We will have some sense of what the profit is in for-profit surgical centres. So we will finally understand that issue very clearly. We do not understand it clearly now. We will when we have access to that full centre.

Now, let us look at the kind of indecision and flip-flopping that has been going on across the floor here. You know, the Member for Lac

du Bonnet (Mr. Praznik) and I have had the odd disagreement over the years, but I have a great deal of respect for his intelligence and for his ability to analyze a situation and make quite a logical determination of what the options might be.

I do not always agree with his choices, but, you know, when he was the Minister of Health he was very clear about Manitobans not being interested in a two-tiered health care system, not being interested in private hospitals. He was very clear about that. I wonder what has happened to that viewpoint in the caucus of the Progressive Conservative Party.

An Honourable Member: . . . changed.

Mr. Sale: They have changed, the Member for Charleswood (Mrs. Driedger) said.

An Honourable Member: . . . changed.

Mr. Sale: They have changed, the Member for Charleswood said, and she said—

Some Honourable Members: Oh, oh.

Point of Order

Mr. Deputy Speaker: A point of order is being raised. State your point of order, please.

Mr. John Loewen (Fort Whyte): My point of order is the minister should put correct information on the record. He just pointed to the Member for Charleswood (Mrs. Driedger), saying that she indicated that the PC caucus have changed. In fact, what she did say and what we all clearly heard in this House was the NDP has changed their policy. Certainly no one on this side of the House has changed that policy.

So I would like the minister just to correct that, please.

Mr. Deputy Speaker: On the same point of order, the honourable minister.

Mr. Sale: Mr. Deputy Speaker, points of order are very important, and they should not be used frivolously. This member is clearly doing that. He cited no breach of the rules. He cited no unparliamentary language. I would ask you to call him to order.

Mr. Deputy Speaker: Differences.

Mrs. Myrna Driedger (Charleswood): On the same point of order. What I had indicated, if the

Minister of Family Services had chosen to put the full context into Hansard, is that I said the NDP changed their definition of a private hospital, and that is what they are manipulating around now, the new definition of a private hospital versus what used to be an old definition of private hospital. So, when they keep referring to the former Health Minister, they are referring to the old definition being supported, not their new one.

Mr. Deputy Speaker: Order, please. Points of order should not be used for debating. There is no point of order.

* * *

Mr. Sale: I think now we do have it, even though there was no point of order and, in fact, not much of a point at all, but it is interesting that the member has now confirmed that indeed the P.C. caucus has changed their view, and that the notion of being opposed to private hospitals is no longer the policy of that Opposition. I think that is a shame because, you know, the history of medicare in Canada began with the Hospital Insurance and Diagnostic Services Act in 1953. That act essentially moved us the first very major step towards the notion that hospitals were a public good, and so it became possible for Canada to invest through its provinces in the development of hospitals in that period of time and in the provision of services to Canadians through that historic act.

The members might want to go back and read that act. It is a very interesting piece of legislation. It was the cornerstone on which the 1963 act brought in the first stage of medicare, and that indeed was completed in 1973 by the completion of what we now call medicare in which the services provided by doctors were brought under the public system.

* (17:00)

So I think that the Conservative Party and the members opposite would do well to carefully consider their position on this issue. If they are indeed in support of private hospitals, if indeed that is their policy, they have broken with the governments of John Diefenbaker; they have broken with the governments of Lester Pearson; they have broken with the government of Brian

Mulroney. They have broken with all of their predecessors. They have certainly broken with the government of Premier Roblin. They have broken with the government of Sterling Lyon. All of those governments believed in medicare, and they believed in a single-tier system in which private hospitals did not have a place.

So I think that it is going to be an interesting debate in their caucus when they try to figure out just where they are on this particular issue. They have had difficulty on where they are in agriculture. They have had difficulty on where they are in a number of other bills. They are having a great deal of difficulty on where they are on the privatization of health care as symbolized in the bill that says a surgical centre is a surgical centre. It is not a hospital.

Let us go on just to remember what has happened in regard to waiting lists. Waiting lists as per the Manitoba study, the Alberta study, the American studies, is that when you put for-profit care up against not-for-profit care, the costs of not-for-profit care go up and the waiting lists go up because there is all kinds of incentive for the providers of care who are the same people in both cases. The doctors who do the private surgery are the same doctors who do the public surgery. There is every incentive for them in that kind of mixed system to increase the volume of private surgery. It is just obvious.

The member is a businessperson or at least that is where he was before he came here. He would understand that if somebody's income can be increased by doing procedure A versus procedure B, the logical, rational, economic person will choose to do procedure A, and that is what this legislation seeks to avoid. It seeks to avoid a situation where, in hospitals that become private hospitals, it is then much more interesting for a doctor to do the for-profit work in the for-profit centre. It is the same doctor who is doing the non-for-profit work, but, of course, if there is a higher profit they will do more of that. That is what this is all about. It is all about saying that the for-profit provision of medicine in a surgery centre will not expand to include those procedures that need to be done in a hospital. I think that members opposite will have an interesting debate in terms of that particular issue.

I also want to reflect on the fact that the College of Physicians and Surgeons supports the clarity of this legislation. They support the idea that it ought to be clear that if you are doing things that might need admission, you should be in a centre that provides for admission. If you are doing things that are day surgery, then do them wherever it is most efficient and effective to do so. But do not get the two confused.

I think that the members opposite also ought to consider whether they want to stand in the place of the College of Physicians and Surgeons and take over what, we believe, are essentially clinical decisions where it is appropriate to do various procedures and what kind of facility is required. The College of Physicians and Surgeons has that role, and, frankly, I am glad they do because they have the competence to make those kinds of decisions.

In terms of the often made comparisons that sometimes places like the very extreme group, the Frontier Centre, make in terms of European practice, it is interesting for members opposite also to reflect on practice in Europe. There is, indeed, a broad range of insurance schemes in Europe, not just single-payer systems. There is also a broad range of provider systems in Europe, but what members opposite miss is that in countries like Germany and Holland and Belgium and France, there is also extremely tight regulation of fees and charges which cannot be varied regardless of whether the procedure is done in facility A or facility B. Very, very tight regulation. So there are something like 1700 providers of medical insurance in Germany. They are mostly employee-based systems but every one of those insurance schemes is very tightly regulated.

The issues that are insured, the things that are insured, are the same in all 1700. The levels of insurance are mandated to be the same, so members might just reflect that there are different ways of getting efficient health care systems. But the American way is not it. There are different mixes of providers and different mixes of insurers possible. But look south of the border. Look at 13.5 percent of GDP going to health care. Canada is at 8.9. Let us just round it off and say 4 percent of GDP. In our country, 4 percent of GDP is \$25 billion. Is that what

members opposite think we should be doing, spending another 4 percent of GDP, so they could have a mixed private-for-profit system alongside a public system? Is that their goal here, by having private hospitals wedge their way into Manitoba? That seems to be a strange goal.

If they are so concerned about tax levels and so concerned about people's income, why would they not want the efficient single-payer service that we have in Canada that has kept our health care costs reasonable and kept them stable? If you go back to 1974 when the two countries had roughly the same systems, they spent, in 1974, roughly the same proportion of their GDP. Again, just ask members opposite to go and look at the facts instead of getting so ideologically bound, as they are.

Look at the costs in the United States in 1974 and the costs in Canada. They were virtually identical. From the time that Canada went to a single-payer system in 1974, our costs stabilized. American costs continued to escalate very, very rapidly. So we are at the point now where they are almost 50 percent higher per capita than we are. What is the result of that? Forty million Americans, that is 33 percent more than there are Canadians in total, have no health insurance. Sixty million Americans have inadequate, only catastrophic, insurance.

So in that great country which has many, many things to commend it, 100 million of the population do not have the kind of health insurance that Canadians enjoy as a matter of right. The reason they do not is because that country has never been willing to bell the for-profit health insurance schemes, the for-profit physician-dominated American Medical Association and say to them: Yes, you can still make a good living; yes, you can still provide high quality services; but you can do it through the same kind of system that Europe and Canada and all the other developed nations in the world have, and that is a universal health insurance system. So why is this bill so important? It is so important because it says that we will not go down that road. We will say, yes, we will purchase for-profit services from day surgery centres, and we will have non-profit day surgery

centres. We will not have for-profit hospitals in this province.

I am very proud to be part of a government that believes that that is the way to go, that has made that solution for Manitoba, and is willing to stand up and challenge the Opposition and say to the Opposition: Where do you stand? Do you stand in favour of for-profit hospitals, or do you stand against them? That is the simple question. How you vote on this bill will tell Manitobans whether you believe that for-profit hospitals are the way to go, or for-profit hospitals are not the way to go. That is what is at issue here. It will be interesting to see how the Opposition votes. Thank you, Mr. Deputy Speaker.

* (17:10)

Mr. Speaker in the Chair

Mr. Stan Struthers (Dauphin-Roblin): Mr. Speaker, as my colleague the Minister of Family Services and Housing (Mr. Sale) has said, the question really here today with this bill is for-profit or not for-profit. That is the question. It is going to be very interesting to see where members opposite ally themselves on this bill. It is going to be very, very, very interesting.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order, order.

Mr. Struthers: The Republicans across the way think that there is something hideous about profits, and they think that over here we are against profits. Well, in most cases, Mr. Speaker, that would be incorrect, but when it comes to health care, you bet I am against profits. I am dead set against using the people of Manitoba in a political way, by an extremist party, who is intent on having health care costs being borne by people who cannot afford them in this province. The members opposite should give their heads a shake when it comes to this, if they think, for one minute, that they should adopt the American for-profit, private health care system that they seem to be supporting across the way.

This bill is also about who we represent as members of the Legislature. This is one of those bills that is fundamental to the way we see this

province and the way our philosophies shape our lives. This is an absolutely fundamental bill for Manitobans. This is the reason why some of us get involved in public service in the first place. This is an opportunity to help people in this province. This should not be, this is not, an opportunity to help out rich corporations to make more profits. This is one of those bills where all of us, as MLAs, have to choose who it is we represent.

I know where I stand on this, Mr. Speaker. I stand right next to our Minister of Health (Mr. Chomiak) in putting forth a bill that closes the loopholes which would provide for privatized profit health care.

An Honourable Member: It is right next to the teachers' union.

Mr. Struthers: Mr. Speaker, the members opposite can throw out all the old clichés that they do about unions and teachers' unions and union bosses and all the rest of it. It is simply a very thin veneer that they are putting forward, trying to get the people of Manitoba to believe their lines that both private, for-profit and public systems can co-exist in this province. Members opposite want to, somehow, have the people of Manitoba be fooled into thinking that we can just accept both private and public, and that it is not going to have a negative impact on their daily lives. Well, that is dishonest. The members opposite should take a more honest approach than that, in my opinion. I think they have to be forthright with the people of Manitoba. They have to approach the people of Manitoba and say: Here are the facts.

I am going to help the Member for Charleswood (Mrs. Driedger), because I have noticed through Estimates that she had some problems with that. So I want to help her and her colleagues across the way with some of the facts that are there and available for them as members of this Legislature to draw upon when they speak to people in the province of Manitoba, when they speak to the people in Manitoba in this Legislature.

What I would like them to do is take a look at the studies that have been done where private and public systems have been researched, where

they have tried to exist, and the Member for Charleswood says that they have. Yes, they have. Let us learn a little bit from those experiments; let us learn and let us take a good, hard look. Let us analyze the results of those experiments. Let us start in the bastion of health care socialism. Let us start with the province that members opposite quite often in this House claim to be their Mecca, their Garden of Eden

An Honourable Member: Where they have their rolling brownouts.

Mr. Struthers: Yes, that is right, where they have rolling brownouts. They are such good managers of the public purse. Let us start in Alberta. Let us see what the Alberta branch of the Consumers' Association of Canada has said, and if that is too far afield for the members opposite, let us look at what Manitoba has said on this in the past. Let us see what the Manitoba Centre for Health Policy and Evaluation has said on this issue.

An Honourable Member: What about the RHAs?

Mr. Struthers: We will get on to the RHAs in a minute. The Member for Southdale (Mr. Reimer) would like to learn a little bit about the RHAs, and I am pleased to hear that. I will help him out with that in a minute. But I will just finish off with what the Alberta Consumers' Association of Canada has said, and I will talk a little bit about the Manitoba Centre on Health Policy and Evaluation. What did they find?

To hear the members opposite, you would think that they found that you can have a private, for-profit system coexist with a public system based on the principles of the Canada Health Act, and that it is hunky-dory. It is heaven. Everybody who wants service gets service, and there are no waiting lists. People are not put out at all, and it is not costing Manitobans much money at all. Well, the truth, quite frankly, somebody needs to speak for the members opposite because they are sure out of touch with what Manitobans are saying. Mr. Speaker, that Garden of Eden that members opposite dream about is not a reality. In Alberta and Manitoba, studies have shown that, when you introduce for-profit health care alongside the public health

care system, what happens to waiting lists? They go up. There are no two ways about that; there is no way around it. The members opposite can try to ignore that. They can try to obfuscate that in some way, but the fact remains that waiting lists go up.

In interviews that I heard on CJOB, interviews that were done with people who support us giving Manitobans the choice of a private, for-profit or public system. The interviews were clear. Yes. We are going to take people out of the public system. We are going to take doctors out of the public system and put them into private, take nurses out of the public system and put them into the private, for-profit system. We are going to take specialists, specialists already, especially in my part of the country, specialists whom we sorely need in our public system, put them in the private system. The fellow, the doctor that I heard being quoted, was pretty straightforward about that.

How on earth can waiting lists be brought down? The other thing that I was struck with when I listened to that interview was that the person being interviewed, the doctor being interviewed, who was all in favour of profit health care, would not really tell how much money a specific operation, specific surgeries were going to cost. I wondered why not. A little bit of thought on Manitobans' part would tell you. He is not telling us because he does not want us to think it is going to cost us an arm and a leg. If people think that they can afford for-profit, private health care in this province, then they have got another think coming.

Mr. Speaker, I also wanted to take a look specifically at the Manitoba study. The Manitoba study specifically said that when you had a system where there was both private, for-profit and public health care being offered, the waiting lists in the public sector became two and a half times as long, 26 weeks as opposed to 10. Waiting lists increased two and a half times. The study also found that people living in the highest income neighbourhoods were more likely to have private surgery than people living in the lower income neighbourhoods. Is that what is at the bottom of this, for members opposite? Do they see themselves here strictly to protect those who do not need the protection? Do they view

their role as someone who is elected to the Manitoba Legislature to protect those who are wealthy enough to afford their own health care, and to heck with everybody else? Is that where members opposite see their loyalties and see their responsibilities? Is that what is at the base of this?

* (17:20)

Waiting lists will go up. Only those wealthy enough will be able to afford private, for-profit health care, and the vast majority of Manitobans will be left out, as they were before medicare became a reality in this country.

I think that one measuring stick by which we measure ourselves as a society, is the way we treat elderly, the way we treat young people, the way we treat those who are sick. I think that is a pretty good measuring stick for us here in this Legislative Assembly. I think that is one of the reasons many of us are here. I know that that is one of the reasons the people of Dauphin-Roblin sent me to this place to represent them. I know the constituents of all 57 of us MLAs sent us here, not to protect the rich, but to protect a publicly funded, publicly administered, health care system for all Manitobans. *[interjection]*

You know, we have heard the lecture from the Member for Fort Whyte (Mr. Loewen) before about how we have to protect millionaires, about why it is not such a bad thing to be a millionaire. Now we hear that he has come across about us protecting millionaires, as if now, he thinks, that is a bad thing. I guess the Member for Fort Whyte figures it is his God-given right to protect the millionaires of the world and that we have no say in that matter. If that is the role that the Member for Fort Whyte thinks he has in this place, I commend him, because he is doing a fine job representing those very rich interests in this place, but I feel disappointed that he thinks that is his role around here.

Mr. Speaker, I support the Health Minister (Mr. Chomiak), and I support his moves to close these loopholes. I think it is important because I think we have to comply with the principles of the Canada Health Act, a Canada Health Act that I see as being under attack from a whole number of different angles, whether we want to get into a

discussion about free trade agreements, and whether we want to talk about further trade agreements, whether we want to talk about the approach of extremist right-wing parties at the provincial level, who do not see their role as helping to preserve medicare, whether we want to talk about the extremist views of the Canadian Alliance Party, of which members across—

An Honourable Member: Are rapidly deserting.

Mr. Struthers: Well, they jumped on that bandwagon. It seems they are jumping off it pretty quick, except for the Member for Lakeside (Mr. Enns), who is a big Liberal now, I understand. What I am getting at is that our Canada Health Act is under a lot of strain and a lot of stress. It is very much under stress by people who cannot support the principles that are contained in this bill. It is decision time for those in this country, and in this province, who think that their role is to protect vested interests and to make rules that help those who are already wealthy and already powerful.

What we prefer is to introduce a bill that would do a couple of things, just very simply. First of all, the bill that the Minister of Health (Mr. Chomiak) introduced, would change the number of beds it takes to qualify as a hospital in this province. It is not our belief that someone should come into our province and build a private hospital. So the minister very courageously, very creatively, has moved to stop that. The minister has also learned from experiences, bad experiences, in other provinces, and he is moving to close the loophole whereby companies can make profits by billing third parties. Now what is wrong with that? What is wrong with telling a company, on behalf of a sick person, that it cannot third-party bill? What is wrong with that, Mr. Speaker? How could anyone in this Legislature be opposed to that? I think there is going to have to be some soul-searching on the part of some of my colleagues on the other side of this House.

An Honourable Member: Do not worry about us, Stan.

Mr. Struthers: Oh, I very much worry about the extremist, off-the-deep-end views that have been

attacking our health care system over the last number of years. I very much worry about that, Mr. Speaker. My preference is to come up with a made-in-Manitoba solution, which is what our Health Minister has done.

We can learn the lessons from Alberta. We can learn the lessons in other provinces. We can look at the American model, which has been talked about in this House. We can learn those lessons, but I think we need to act in order to prevent the kinds of situations that have happened in those other jurisdictions.

This is not something that people are just making up. This is not something that my constituents in Sticky's restaurant in Dauphin just talk about over a cup of coffee. These people, these constituents of mine, are worried, because there are so many examples of what members opposite have been pushing for.

In 1998, Health Canada did a study of their own. This just is not something that just popped into my imagination one night. This is a study, in 1998, conducted by Health Canada, and it concluded: There is no evidence to suggest that offering a private-sector option will result in shorter waiting times in the public sector. Greater access to private care appears to be generally associated with longer public-sector queues.

So opposite to what members opposite have been saying, here is yet another study. We have seen it in Alberta. We have seen it here in Manitoba. Now here is one from Health Canada that says: Waiting lists go up and, on the other hand, the more we take on a for-profit attitude in this country, the longer those waiting lists get. *[interjection]*

Well, members opposite may not believe me when I stand here. They may not accept what I say as the gospel truth. They may disagree with what I say, but let us look at some more objective, third-party, accurate information, accurate information put together by the *New England Journal of Medicine*. What are the Americans doing on this? They have said in situations where there is a private, for-profit

system, per patient the cost goes up by 25 percent—per patient.

Mr. Speaker, all I wanted to accomplish here today was to put on the record a number of studies, a number of cases that lay the facts out for people. It is my hope that we can consider this bill within the framework of those studies that do present some problems in the for-profit, private-sector health care funding model espoused by members opposite, and I hope makes the case that we need to take this seriously and we need to take some action.

So, with those few comments, Mr. Speaker, I would like to conclude, and urge all members to take a good, solid look at this piece of legislation and vote for it. Thank you, Mr. Speaker.

* (17:30)

Mrs. Myrna Driedger (Charleswood): I move, Mr. Speaker, seconded by the Member for Fort Whyte (Mr. Loewen), that debate be adjourned.

Motion agreed to.

Mr. David Faurichou (Portage la Prairie): Mr. Speaker, I believe if we were to canvass the House, there is unanimous consent to call it six o'clock.

House Business

Hon. Gord Mackintosh (Government House Leader): Mr. Speaker, I wish to announce that the Standing Committee on Public Utilities and Natural Resources will meet on Monday, June 18, at 10 a.m., to consider the Annual Report of the Manitoba Hydro-Electric Board for the year ending March 31, 2000.

Mr. Speaker: It has been announced that the Standing Committee on Public Utilities and Natural Resources will meet on Monday, June 18, at 10 a.m., to consider the Annual Report of the Manitoba Hydro-Electric Board for the year ending March 31, 2000.

* * *

Mr. Mackintosh: Mr. Speaker, if you canvass the House then to determine if it is the will to call it six o'clock.

Mr. Speaker: Is it the will of the House to call it six o'clock? *[Agreed]*

The hour being 6 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow (Wednesday).

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, June 5, 2001

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