



Second Session - Thirty-Seventh Legislature

of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS**

**Official Report
(Hansard)**

*Published under the
authority of
The Honourable George Hickes
Speaker*



Vol. LI No. 44 - 1:30 p.m., Monday, June 11, 2001

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Seventh Legislature

Member	Constituency	Political Affiliation
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ALLAN, Nancy	St. Vital	N.D.P.
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ASPER, Linda	Riel	N.D.P.
BARRETT, Becky, Hon.	Inkster	N.D.P.
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LEMIEUX, Ron, Hon.	La Verendrye	N.D.P.
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PENNER, Jim	Steinbach	P.C.
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LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, June 11, 2001

The House met at 1:30 p.m.

READING AND RECEIVING PETITIONS

PRAYERS

Kenaston Underpass

ROUTINE PROCEEDINGS

Mr. Speaker: The honourable Member for Tuxedo (Mrs. Stefanson), 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?

PRESENTING PETITIONS

Kenaston Underpass

Mrs. Heather Stefanson (Tuxedo): Mr. Speaker, I beg to present the petition of Terri Pankala, Sean Sodonisky, Charles Lautchan 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.

Some Honourable Members: Yes.

Mr. Speaker: Clerk, please read.

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

Mr. John Loewen (Fort Whyte): Mr. Speaker, I beg to present the petition of Anita Ciulei, Karen Leuzinger, Diana Fidgeon 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.

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

Manitoba Hydro Lines Routes

Mr. Ron Schuler (Springfield): Mr. Speaker, I beg to present the petition of Brent Kurdydyk, Helen Dueck, Dieter Moser 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.

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.

Kenaston Underpass

* (13:35)

Manitoba Hydro Lines Routes

Mrs. Myrna Driedger (Charleswood): Mr. Speaker, I beg to present the petition of H. Steingart, N. Touchette, M. Stubb 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. 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?

Some Honourable Members: 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.

Kenaston Underpass

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?

Some Honourable Members: 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 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.

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, please.

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 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.

* (13:40)

MINISTERIAL STATEMENTS

Philippine Heritage Week

Hon. Becky Barrett (Minister responsible for Multiculturalism): Mr. Speaker, I have a statement for the House.

Today marks the 103rd anniversary of Philippine independence. On June 12, 1898, the first Republic of the Philippines was established, and the Philippine flag was unfurled. I would now like to read the proclamation that declares the week of June 10 to June 17 as Philippine Heritage Week in Manitoba.

WHEREAS people of Filipino descent who have settled in Manitoba number more than 40 000 and continue to contribute in many outstanding ways to our province's social, economic and political life; and

WHEREAS Philippine independence is a significant celebration for all Filipino people that reflects principles of universal significance transcending cultural and linguistic barriers; and

WHEREAS the Filipino community in Manitoba annually organizes activities to celebrate and share with all Manitobans the freedom and independence of Filipino people everywhere; and

WHEREAS the Government of Manitoba encourages the promotion of intercultural understanding, mutual respect and universal acceptance of Manitoba's cultural diversity; and

WHEREAS the Government of Manitoba encourages all citizens to respect individual, cultural and historical celebrations;

NOW THEREFORE BE IT KNOWN that we do hereby proclaim June 10 to 17, 2001, Philippine Heritage Week in Manitoba and do hereby extend greetings to all Filipinos in our province on this important occasion.

Mrs. Louise Dacquay (Seine River): I would like to thank the Minister of Multiculturalism for her statement recognizing this week as Philippine Heritage Week. I know that we all enjoy, particularly during Folklorama, the very artistic costumes, the colourful costumes, and in particular their renowned stick dance and cultural display. Also, the Filipino people have made a major contribution to Manitoba.

We recognize that there are still many of them seeking family reunification in Manitoba, and they form the bulk of the new immigrants

through family reunification to Manitoba. We in our caucus would like to welcome them all and wish them a very successful week of celebration. Thank you, Mr. Speaker.

Hon. Jon Gerrard (River Heights): I ask for leave, Mr. Speaker, to talk to the minister's statement.

Mr. Speaker: Does the honourable member have leave? *[Agreed]*

Mr. Gerrard: Mr. Speaker, I think that is fitting that this tribute is paid to the Philippine community in Manitoba. It has been said, and I think with some accuracy, that Winnipeg is the largest Philippine city outside of the Philippines, with some 40 000 or more people who are of Philippine ancestry living in Winnipeg. So it is fitting that this week be a tribute to the Philippine people in Manitoba.

I would add that I have just come from a Canadian Club luncheon where Dr. Rey Pagtakhan, of Philippine origin and a member of the federal Cabinet, was speaking. It is a tribute to the Philippine community that there is a representative of such a distinguished quality as Dr. Rey Pagtakhan and the good work that he is doing. Thank you.

Introduction of Guests

Mr. Speaker: Prior to Oral Questions, I would like to draw the attention of all honourable members to the public gallery where we have with us, from Henry G. Izatt Middle School, 125 Grade 5 students under the direction of Mrs. Joanne Eliuk, Miss Kristin Wyant, Miss Tanya Pfefferle, Miss Barbara Young and Mrs. Debbie Waddell. This school is located in the constituency of the honourable Member for Fort Whyte (Mr. Loewen).

Also in the public gallery we have, from Christ The King School, 24 Grade 5 students under the direction of Mrs. Shirley Gendron. This school is located in the constituency of the honourable Member for St. Vital (Ms. Allan).

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

* (13:45)

ORAL QUESTION PERIOD

Diagnostic Testing Out-of-Province Testing

Mr. Stuart Murray (Leader of the Official Opposition): Mr. Speaker, last Thursday, I brought a very serious issue to the House and, as is typical with this Premier when it comes to health care issues, he avoids answering the questions. He has broken almost every promise that he made during the election campaign. Of course his Health Minister indicated that when it comes to health care, he has no plans.

Can the Premier now explain, Mr. Speaker, why Mr. Froese's mother, why her urgent need for an MRI, why she was ignored here in Manitoba?

Hon. Gary Doer (Premier): Mr. Speaker, the minister indicated he would review the circumstances of the individual allegation. He also noted that there has been a 33% increase in the number of MRIs performed in Manitoba. We certainly know that individual doctors and medical experts in the health care system have to prioritize the utilization of those procedures.

We also have announced a second MRI machine at the Health Sciences Centre that would not be diverted or utilized for some of the purposes that some MRI machines are presently being used, would be totally dedicated to the waiting list, and an additional machine in Brandon.

So we continue to make progress, but there is still work ahead of us. Just last Friday, as part of the health care minister's plan, lab and X-ray technical staff training positions were announced at Red River. Every day we are trying to deal with some of the real problems that we have inherited and must be solved over time.

Mr. Murray: Mr. Speaker, the real problems during this Premier's administration are growing. We see the waiting lists are longer; we see the nursing shortages have doubled; we see that hallway medicine which was supposed to end some six months after coming into power, they failed. When it comes to health care, he has no credibility.

Mr. Froese's mother was entitled to have her urgent MRI done here in Manitoba. They had to

travel to Grafton, North Dakota, and spend \$1,540. Very simply, will the Premier instruct his Health Minister to reimburse the Froese family for the \$1,540?

Mr. Doer: Mr. Speaker, as I mentioned, the volume of MRIs without the new machinery that is scheduled to come in has increased over 33 percent. The minister has said he will look at the circumstances. The experts, neurosurgeons and others that prioritize cases, we are certainly aware of the situation where decisions are made by doctors based on medical urgency. The issue of the billing, as I understand it, has been taken as notice by the Minister of Health, and it would be prudent of him to review all the circumstances.

Mr. Murray: Mr. Speaker, the Premier led Manitobans to believe during the last election campaign that he had all the solutions to solve health care. He failed. He simply has failed. The late Mrs. Froese was entitled to have an urgent MRI done here in Manitoba recommended by a neurosurgeon, and she deserved better. Will the Premier assure the family today that they will be compensated for having to go to Grafton, North Dakota, for an urgent MRI that was supposed to take place here in Manitoba?

Mr. Doer: Well, Mr. Speaker, the Leader of the Opposition raises a number of issues in his various preambles. Point No. 1, on the issue of nurses and availability of nurses, we have doubled the number of nurses in training right now since our election, doubled the number of nurses in training in the last 18 months. We have increased the number of spots for training in technology areas. Just Friday, again we had another announcement on more young people being trained.

When we came into office, Mr. Speaker, the salaries for technologists, medical technologists in a variety of crucial professional specialty areas was either ninth in Canada or tenth in Canada. We had not only a training problem, because of reductions in training spots by members opposite, we also had a retention problem in terms of competitive salaries for people. So we are addressing both sides of those equations to make sure we have enough staff in place.

The volume of CT scans has gone up 11 percent and that is before the two replacements and the six new CAT scanners come into place, Mr. Speaker. The volume of ultrasound had gone up 16 percent since we were elected, the MRIs over 30 percent, but we have more work ahead of us. We are the first ones to acknowledge that we have been able to make a difference in the first 18 months and we are going to make more of a difference as we carry on.

Mr. Speaker: The honourable Leader of the Official Opposition, on a new question.

* (13:50)

Diagnostic Testing Out-of-Province Testing

Mr. Stuart Murray (Leader of the Official Opposition): On a new question, Mr. Speaker. Well, I hope the Premier (Mr. Doer) realizes the difference between more work and more promises, because that is not good enough for what he promised in the election campaign. People are looking for results.

During the election, Mr. Speaker, the Premier (Mr. Doer) convinced Manitobans that he had a plan to solve health care. He failed. I simply ask the Premier today: Will he turn to the Minister of Health and reimburse the Froese family for the cost of being forced to go to Grafton, North Dakota, for an MRI that should have been available here in Manitoba?

Hon. Dave Chomiak (Minister of Health): Mr. Speaker, with respect to the Froese family, the matter occurred in February. The members raised it in the House on Thursday. We are taking a look at it. There has been correspondence and we are looking at it.

Mr. Speaker, we came to office after they had cut nursing programs, cut doctor programs, cut training programs.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Point of Order

Mr. Marcel Laurendeau (Opposition House Leader): Mr. Speaker, *Beauchesne's* 417: Answers to questions should be as brief as

possible, deal with the matter raised and not provoke debate.

Mr. Speaker, this is small—

Mr. Speaker: The honourable Minister of Health, on the same point of order.

Mr. Chomiak: Mr. Speaker, the Leader of the Opposition in his preamble to his question was so wrong in terms of his characterization of the issue. The public has a right to know what information is correct. I was correcting the Leader of the Opposition with his wrong statements about doctors, his wrong statement about nurses and his wrong statement about the efforts of this Government to actually improve health care, something that did not happen over their 11 years in office.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. On the point of order raised by the honourable official Opposition House Leader, he does have a point of order. I would like to remind all honourable ministers that *Beauchesne's* 417: Answers to questions should not provoke debate. It is time for questions and answers and not for debate. I would ask all honourable members to please cooperate.

* * *

Mr. Speaker: The honourable Minister of Health, to conclude his answer.

Mr. Chomiak: Mr. Speaker, to conclude my statement, when we came into office the waiting list issue was not even acknowledged by members opposite. I am glad now that at least they acknowledge the waiting list issue.

We took action in every single area. We continue to take action, and there will be more positive developments as the months and years go on.

Mr. Murray: The only action that this minister has taken is to increase the waiting lists in hospitals. While families like the Froese family are looking for care, this Premier (Mr. Doer) stands by. While shortages of nurses occur, this

Premier stands by. While the waiting lists grow, he just stands by.

Mr. Speaker, my question to the Premier is: Manitobans want to know how many more families are going to suffer until this Government gets a health action plan in place.

Mr. Chomiak: Mr. Speaker, the member asked about the health action plan. Let me cite it: More nurses in training now than any other time in the last decade; more doctors in training than any time in the last decade taking care of the cuts that occurred in 1992-93 by the Tories; the most aggressive capital diagnostic equipment planned in the last decade; a hallway medicine plan that is cited as the best in the country and has been copied by most provinces across the country, because we have reduced hallway medicine by 80 percent; a training program announced on Friday that takes care of the programs that were cut in 1996.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

* (13:55)

Point of Order

Mr. Laurendeau: Mr. Speaker, *Beauchesne's* 417: Answers to questions should be as brief as possible, deal with the matter raised and not provoke debate. This is very small comfort for the Froese family.

Mr. Speaker: The honourable Minister of Health, on the same point of order.

Mr. Chomiak: Mr. Speaker, the member specifically asked about the plan in place, and he talked about increases and decreases. I was pointing out something that clearly is not obvious, that we have done more in 18 months than that government did in 11 years. He asked that question. They do not like the answer and they complain.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. On the point of order raised by the honourable Official Opposition

House Leader, he does not have a point of order. It is a dispute over the facts.

* * *

Mr. Speaker: The honourable Minister of Health, to conclude.

Mr. Chomiak: Yes, thank you, Mr. Speaker. Finally, just on Friday we announced the technologist program and diagnostic technician program to replace the programs that were cut by the Tories in 1996. Had they not cut those programs, we would have more people in place today to undertake those.

Mr. Murray: Mr. Speaker, it is long on rhetoric and short on plan, which is classic of what Manitobans have seen from this Government.

What does the Premier (Mr. Doer) have to say to families who are suffering because he has failed to introduce a proper plan for Manitobans in terms of health care?

Mr. Chomiak: Mr. Speaker, as I pointed out in my most recent response, there has been more action taken on this side of the House than occurred in the last 11 years. I know, with respect to waiting lists, members opposite did not cite the fact that recently in one of the newspaper media it was reported that we have the third-lowest waiting list regarding hip and knee surgery across the country. Members opposite did not point that out. We are doing more. We are doing more and trying to move services into the community.

In addition to those measures, we have done more on the community and preventative side than any time in the past decade, more vaccination programs which are preventative, a prevention program for child injuries, an eating disorders clinic in the community, a PACT program that was put off by members opposite for a decade, that for the first time we put in place to help people who have problems with psychiatric illness. We are transferring patients from where the waiting lists were long with breast and prostate cancer; we are moving them to the States while we stabilize our waiting lists here, something they did not do.

* (14:00)

**Medical Equipment Fund
Diagnostic Equipment**

Mrs. Myrna Driedger (Charleswood): We know that the Froese family had to take their mother to Grafton, North Dakota, for an urgent MRI because they could not get an urgent MRI here in Manitoba. In light of this, can the Minister of Health tell us why he chooses to sit on more than \$18 million from the federal Medical Equipment Fund when he could use it to buy more diagnostic equipment here in Manitoba so that other families are not going to have to go through the same stress that the Froese family has gone through?

Hon. Dave Chomiak (Minister of Health): Mr. Speaker, we spent 45 percent more on medical equipment in 2000-2001 than in 1997-98. We funded eight CT scanners: Victoria, Seven Oaks, Thompson, Boundary Trails, Children's, The Pas, Selkirk and Steinbach, an additional MRI at Health Sciences Centre—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mr. Chomiak: Thank you, Mr. Speaker. An additional MRI coming on with respect to Brandon. In addition, we are very proud of the Equipment Fund since Manitoba took the lead in negotiating that agreement with the federal government. If it were not for the efforts of Manitoba and some of the other provinces, that money would not be here to be used to try to deal with the legacy of the machinery over the past decade, where the members opposite allowed it to deteriorate so badly.

Mrs. Driedger: I would like to ask the Minister of Health if he will immediately commit to allocating the \$18 million of the Medical equipment fund and get serious about reducing waiting lists here in Manitoba, instead of just making all these announcements. Will he take that money and spend it on medical equipment, diagnostic equipment so that Manitobans can get better and quicker diagnostic treatment?

Mr. Chomiak: I am glad the member acknowledges and recognizes the fact that we

have put more money into diagnostic equipment than at any other time in my memory, that we have put in new equipment. I am glad we were able to negotiate that agreement, and we were able to announce it this year with respect to a number of improvements across the system. There is more to come.

Mrs. Driedger: I would like to ask the Minister of Health how he can justify, in good conscience, sitting on this money for one more year. He has the \$18 million here now. How can he sit on it for another year, depriving Manitobans of much needed diagnostic equipment? Who else has to die before this minister is going to act?

Mr. Chomiak: It is unfortunate that the member opposite has to stoop to such tactics in order to try to garner some attention. I think we are above that in this Chamber, but I can point out that Manitobans know that, in the past 18 months, we have done more to rebuild after the drastic cuts, the firings, the layoffs, the cutting of equipment, the lack of supports to augmenting the capital equipment. Manitobans know that we are working every day to improve the situation, and while there are problems that occur, Manitobans know that we acknowledge the problems and we try to work on them, not deny them and pretend they are not there, and we will continue to do that throughout the tenure of this Government.

**Winnipeg Casinos
Advertising Campaign**

Mr. Jack Reimer (Southdale): Less than a year ago the Minister responsible for Lotteries stated, and I quote: We of course do not advertise Lotteries within the province of Manitoba.

Can the Minister responsible for Lotteries advise when the Doer government officially changed its long-standing policy and is now openly urging Winnipeggers to gamble at its two city casinos?

Hon. Diane McGifford (Minister charged with the administration of The Manitoba Lotteries Corporation Act): I thank the member opposite for the question. However, there were some errors contained within his

question, and I would like to point out that members opposite did advertise Lotteries during their tenure. In fact, there was an unofficial policy with regard to the advertising of the casinos.

However, I want to give the member certain information, and that is to let him know there are 51 casinos in Canada. Forty of those casinos are within a day's drive of Winnipeg. It is an extremely competitive market. A decision was made with regard to Lotteries, first of all to introduce a responsible-use campaign, something members opposite never did. A responsible-use campaign was introduced in November of this year. The advertising—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mr. Reimer: I must remind the member that she said: We do not advertise Lotteries within the province of Manitoba. I want to ask the Minister responsible for Lotteries: Could she advise Manitobans how much money she is spending in her recent TV, radio, billboard and newspaper advertisements to ensure Manitobans are getting their fill of gambling?

Ms. McGifford: Again, Mr. Speaker—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. I am sure the honourable member who asked the question would like to hear the answer.

Ms. McGifford: Thank you, Mr. Speaker. Again, the member's question was riddled with inaccuracies.

I do want to tell the member that the responsible-use campaign began in November. Since then, we have been advertising entertainment, amenities and restaurants. I am sure the member is interested in knowing, as well, that every other jurisdiction in Canada is advertising casinos, which relates—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Ms. McGifford: Thank you, Mr. Speaker. I mention the fact that all the other jurisdictions are advertising so that the member opposite can understand the competitiveness of the market.

I might also add that if we were to compare our Lotteries with the Casino Regina, for example, Casino Regina, I understand, spent \$3.1 million in 2000 on marketing. That is quite different from anything in this jurisdiction.

Mr. Reimer: Mr. Speaker, we are now hearing from parents whose children now want to go to casinos after seeing the commercials.

Why is this Doer government going after children with gambling advertising?

Ms. McGifford: Mr. Speaker, so inaccurate is that statement, we could almost say the member is dealing from the bottom of the deck. I notice that the member has not made reference to the huge overruns that this Government needs to redress, overruns due to the administration of the previous government.

We are in a competitive market. We are in a competitive environment. In order to maintain the casinos at the current level and in order to pay off the massive cost overruns incurred by the previous government, we simply made a decision to advertise the amenities of our casinos.

Winnipeg Casinos Advertising Campaign

Mr. Jim Penner (Steinbach): Mr. Speaker, according to a letter that I have here from Manitoba Lotteries, they have spent almost half a million dollars in the past five months advertising for the two casinos targeted at Manitobans.

Why is the Doer government spending half a million dollars targeted at Manitobans and these two casinos?

* (14:10)

Hon. Diane McGifford (Minister charged with the administration of The Manitoba Lotteries Corporation Act): A simple answer. There was over \$60 million in overruns.

Mr. Jim Penner: For a party that said they would not advertise casinos, when will the Minister of Lotteries admit to Manitobans that the half million dollars spent advertising these two casinos, Mr. Speaker, is nothing more than a veiled attempt to lure more Manitobans to gamble?

Ms. McGifford: I would have thought the \$137-million expansion inaugurated by members opposite was because they wanted people to go to casinos. I want to add at this—

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. May I remind all honourable members when a Speaker rises, all members should be seated and the Speaker should be heard in silence. I would just like to remind all honourable members, and I ask for your co-operation, please.

Point of Order

Mr. Marcel Laurendeau (Opposition House Leader): Mr. Speaker, *Beauchesne's 417*: Answers to questions should be as brief as possible, deal with the matter raised and should not provoke debate. This is a very important issue that we are dealing with here today. This is about the advertising plan which this Government has put in place. This is about our children seeing advertising on television every single night that tells them to go for the fun of it to the casino, to see the little fishies, to see the Millennium train. That is what this Government is all about, advertising the casinos within the city of Winnipeg, not outside the way it is supposed to be for tourism.

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

Hon. Gord Mackintosh (Government House Leader): I do not think we had a point of order. We had an interruption.

Mr. Speaker, on the same point of order, I suggest it was an interruption. It was a little speech. And speaking of little, the little fishies, the little train, that was all put there by the members opposite. It was an answer to a bewildering question, why are we telling

Manitobans about the casinos that were built? The answer was coming. They should be patient and listen.

Mr. Speaker: On the point of order raised by the honourable Official Opposition House Leader, he does not have a point of order. It is a dispute over the facts.

* * *

Mr. Speaker: The honourable Minister responsible for Lotteries, to conclude her comments.

Ms. McGifford: To continue with my answer, I think members opposite should be aware that there is a massive advertising campaign that did not previously exist from several jurisdictions. For example, Thief River Falls, the Seven Clans Casino, I understand, Mr. Speaker, has recently hired a company in the city of Winnipeg and are spending in excess of \$40,000 a month.

Quite clearly, what we are doing in order to support the \$137-million expansion and the overrun at two casinos is to introduce a reasonable level of advertising in a responsible and balanced way. Responsible use, Mr. Speaker, and also advertising amenities, the restaurant and the facilities, not gambling.

Mr. Jim Penner: For sure we have invested money to attract out-of-province money, and I have a question to the minister: Why are we targeting Manitobans, and with half a million dollars in the last five months to lure our own people into casinos? How much more money besides that half million dollars that is admitted to is being spent on advertising, something that you denied that we would ever do?

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. I would just like to remind all honourable members that the clock is running.

Ms. McGifford: Mr. Speaker, again, inaccuracies in a question. There is no attempt on this Government's part to lure Manitobans into casinos, and the previous remarks about luring children were just too ridiculous to even

respond to. If members opposite want to seriously hear about the programs that this Government has introduced for the benefit of children, they might ask the Minister of Family Services and Housing (Mr. Sale) about those programs, or the Minister of Education, Training and Youth (Mr. Caldwell). This Government has a commitment to young people, and we have been living up to that commitment from the day we were elected. These questions are nonsense.

Health Care System Quality/Cost Efficiency

Hon. Jon Gerrard (River Heights): Mr. Speaker, in today's June 11 issue of *Maclean's*, the magazine reports its third annual ranking of health care across Canada, and the ranking shows that the Winnipeg region has moved to a worse status, from 15th to 16th. My question to the minister: When one looks at the number of areas which have the most recent data, they show that Winnipeg's health care system continues to perform poorly. I ask the minister to admit that the health care system still has huge room for improvement both in quality and in terms of cost efficiency.

Hon. Dave Chomiak (Minister of Health): Mr. Speaker, we did look at some of that data. Some of that data was related to the CIHI report which found that in terms, for example, of cardiac recovery and recovery from cardiac care, Winnipeg and Manitoba were doing relatively well vis-à-vis all other regions. We have the most recent information with respect to orthopedics which shows we are the third-best orthopedics across the country. When we took office 18 months ago, we pledged we would work every single day--

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Mr. Chomiak: Mr. Speaker, we have put in place more programs and more measures in the past 18 months designed to rebuild the health care system and expand the number of services offered, and the effect is being felt out there.

Early Discharges

Hon. Jon Gerrard (River Heights): Mr. Speaker, my supplementary to the minister: Why

is Winnipeg's ranking for early discharges so poor compared to other regions of Canada, ranking 40th out of 54 for a ranking which considers the length of time patients spend in hospital compared to national standards for particular conditions?

Hon. Dave Chomiak (Minister of Health): Mr. Speaker, we have also had the Centre for Health Policy and Evaluation examine that. If memory serves me correctly with respect to those rankings, I believe those rankings were from the period 1995 through 1997 or up to 1999, and I think most of those results were as the result of years in which we were not in office.

Preventative Care

Hon. Jon Gerrard (River Heights): Mr. Speaker, in choosing the comparisons in numbers which go up to the year 2000, my second supplementary: Can the minister explain why Winnipeg continues to do poorly in addressing preventable admissions, a measure of preventative care, when better performance here will clearly not only improve health, but save health dollars, very important for Manitoba.

Hon. Dave Chomiak (Minister of Health): Mr. Speaker, that is why we were very pleased when we launched our preventative initiatives this year in this Budget.

We undertook more preventative measures in the past year than any other time in the past decade; the most extensive vaccination program in provincial history, the first time a pneumococcal vaccination program that was recommended by the Centre for Health Policy and Evaluation, for the first time in Manitoba a preventative measure; the most extensive eating disorders community-based clinic that has ever been here in Manitoba; a PACT program that provides community-based care for people who suffer from mental illness problems, for the first time; an advertising campaign that was overwhelming in terms of its receipt out there in the public with respect to prevention of childhood injuries; all of those in the last year, all of those aimed at prevention.

In addition, Mr. Speaker, an expanded Northwest Health Community Co-op; the

opening of the Ethelbert and the Pine River community centres, more than any other time in the past decade.

* (14:20)

Winnipeg Casinos Advertising Campaign

Mr. John Loewen (Fort Whyte): Mr. Speaker, last year the minister advised this House and the people of Manitoba that she did not believe in advertising casinos to the people of Manitoba. That policy was forced to be reversed by her Cabinet colleagues, and this year we see that it is working tremendously. We see that by the fact that the calls for help to the Addictions Foundation of Manitoba have risen from 125 a month to 200 a month.

I ask the minister: How many calls a month does the foundation have to receive from people in desperate straits before she will do the right thing and stop advertising to Manitobans her casinos?

Hon. Diane McGifford (Minister charged with the administration of The Manitoba Lotteries Corporation Act): Mr. Speaker, then I am assuming the member opposite is suggesting that his government did the wrong thing in the '90s, when they were advertising casinos.

But I would like to point out, Mr. Speaker, that one of the things that I am very proud of is that the board of Lotteries is currently working on a responsible gaming policy. This will be the first responsible gaming policy in Canada. I would also like to point out that this year Lotteries increased its funding to the AFM by \$100,000.

I would also like to point out, Mr. Speaker, that the calls to the Addictions Foundation of Manitoba increased during the time that Lotteries was running its Keep It a Game campaign. The purpose of that was to help people identify a gambling addiction or a gambling problem, if they had one, so all the member is telling me is the campaign worked admirably.

Mr. Loewen: Is this the minister who is going to help people with their gambling problem by advertising to draw more and more people to casinos?

I ask the Minister of Advanced Education to tell the people of Manitoba exactly how much the budget is for the Manitoba Lotteries Corporation. How much is being spent on advertising to lure students from this province into casinos?

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

Ms. McGifford: I am not certain of the link the member has drawn between Advanced Education and Lotteries, but as far as his question we would be very happy to consider questions and details before the legislative committee.

Mr. Loewen: A simple question for this minister. We know that her department has indicated they are spending \$100,000 a month on advertising for the restaurants. I am asking this minister: How much is in the Lotteries annual budget that they will spend on advertising, luring Manitobans into the casinos during this fiscal year? How much is in that budget this year? Simple question.

Ms. McGifford: Mr. Speaker, we are spending no money at all on luring Manitobans to casinos. I have already made the point that our plan is not to lure Manitobans to casinos. It is to alert Manitobans about the amenities in casinos.

I spoke about restaurants. I spoke about amenities like the Millennium Express. There are meeting rooms that people can avail themselves of. There is the entertainment. Now this might interest the member opposite. A survey showed that most people in Winnipeg had no idea that the casinos had restaurants and had amenities like entertainment and like the Millennium Express. One of the things we plan to do through this advertising is inform people. Furthermore, much of this money, this advertising money, has been used for the Responsible Gaming program. I would have thought these members supported responsible gaming, but apparently not.

Mr. Speaker: Time for Oral Questions has expired.

MEMBERS' STATEMENTS

École Christine Lespérance

Ms. Linda Asper (Riel): Christine Lespérance n'a jamais hésité d'aider les gens de sa communauté. Elle a passé une vie exemplaire. Les parents, les élèves et le personnel sont très fiers que la nouvelle école à Saint-Vital portera son nom.

L'École Christine Lespérance ouvrira ses portes en janvier 2002. Si vous visitez 425, chemin John Forsyth, vous verrez la construction de l'école. Grâce aux efforts des parents de l'École Lavallée et à ceux d'autres personnes de la communauté francophone, la nouvelle école sera une réalité. Un nouveau concours à l'intention des élèves est maintenant lancé pour la création du logo de l'école.

Cette école sera un établissement d'enseignement remarquable pour de nombreuses années grâce à son enracinement profond dans la communauté. C'est cette fondation solide qui mènera à la réussite. Le dévouement des parents et de la communauté qui a déjà été démontré pour la construction de cette école permettra à toutes les personnes qui peuvent y contribuer de manière positive d'exercer une influence marquante sur l'éducation des élèves. Après tout, une école est bien plus que l'ensemble des matériaux qui la composent. Une école se bâtit également grâce à l'esprit de coopération qui fait de l'apprentissage une expérience vivante, une aventure stimulante et une entreprise commune.

Bonne chance aux élèves, au personnel et aux parents de l'École Christine Lespérance. Merci, Monsieur le président.

Translation

Christine Lespérance never hesitated to help the people of her community. She led an exemplary life. The parents, pupils and staff are very proud that the new school in St. Vital will bear her name.

École Christine Lespérance will open its doors in January 2002. If you visit 425 John Forsyth

Road you will see the school under construction. Thanks to the efforts of the parents of École Lavallée and others in the Francophone community, the new school will become a reality. A new contest for the pupils is now underway to create the school's logo.

This school will be a remarkable educational institution for many years because it is deeply rooted in the community. It is this solid foundation that will lead to success. The dedication of the parents and of the community, which has already been demonstrated over the construction of this school, will enable all persons who can contribute to it in a positive way to exercise a significant influence on the education of the pupils. After all, a school is much more than the sum of the materials of which it is composed. A school is built also thanks to the spirit of co-operation that makes learning a living experience, a stimulating adventure and a common undertaking.

Good luck to the pupils, staff and parents of École Christine Lespérance. Thank you, Mr. Speaker.

Valley Rehab Centre

Mr. Peter Dyck (Pembina): I am pleased to rise before the House today to say a few words about the Valley Rehab Centre, which is providing an essential service to the communities of Winkler, Morden and surrounding area. Valley Rehab has an enrolment of 113 full- and part-time participants. Their goal is to meet the needs of persons living with intellectual disabilities, provide an environment in which participants and residents become valued members of the community and to work and provide work and recreational activities to the residents.

The provision of working opportunities to persons living with an intellectual disability is an especially important aspect of developing new skills and providing meaningful opportunities. Valley Rehab Centre has embarked on the manufacture of products which serve the abilities of its residents and are environmentally friendly. They make rubber floor mats of all sizes, place mats and coasters from used tires. I have brought samples for the enjoyment of all

members, and you may keep these and you can place your orders later.

I would congratulate the staff and residents of Valley Rehab Centre on the great work that is being done there, wish them all the success in their future endeavours, and offer a special thank you to the CEO Wayne Benedict. Thank you, Mr. Speaker.

West Broadway Youth Outreach Program

Mr. Jim Rondeau (Assiniboia): Mr. Speaker, I rise today to bring all members' attention to an excellent youth outreach program that is occurring in the West Broadway area.

The West Broadway Youth Outreach Program is a recreation program for core area students from ages four to twelve. This is a free program with the goals to provide positive role models and instil a sense of community in the children. They are to learn how to be accountable, and they are to also develop local leadership skills. This program involves taking children swimming, playing games, sports and also providing a variety of arts and crafts to all children. It also provides nutritious snacks for all those involved during every day. They also plan a number of special events. Seasonal special events include swimming, taking children on four-day camping trips and excursions. The staff also goes out on home visits.

* (14:30)

It is excellent to see the work of volunteers and the staff of this program. They really care about the community and are leaving a wonderful legacy of ability with our children. It is great to see how some people can and do make a difference in Manitoba every day. I would like to congratulate Ken Opaleke and co-manager Leslie Bruce for their commitment to the community and the legacy they will leave to our province. Thank you.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order. Prior to recognizing the honourable Member for Springfield, I would like to ask all honourable members if they could

carry their conversations in the loge or in the hallways. It is very, very difficult to hear.

Mr. Jim Butts

Mr. Ron Schuler (Springfield): Mr. Speaker, I rise today to honour a constituent of mine, Mr. Jim Butts. Henry Thomas Butts was born on October 31, 1931, in Cape Breton, Nova Scotia. In 1951, he joined the army. In 1953, he was posted to Hemer, Germany. He served across Canada, and in 1968, he spent several months in Cyprus doing a tour of duty as a United Nations peacekeeper.

Mr. Butts has been decorated with the United Nations Medal, Cyprus, a Special Service Medal, and a Canadian Forces Decoration with Clasp. Canadians are eternally grateful to the sacrifices made by people like Mr. Butts. Giving your life to protect your fellow citizens and travelling around the globe as a peacekeeper is one of the most noble of professions.

Tomorrow evening in Oakbank, I will be presenting Mr. Butts with the Canadian Peacekeeping Service Medal in commemoration of his years of service to our country and to world peace. Following the medal presentation, we will march to the cenotaph and lay a wreath to honour those who gave their lives serving Canada. Canada's reputation as a great peacekeeping nation did not come without brave individuals like Mr. Butts, who had the courage to stand in the way of danger in order to defend our shared convictions. The example of great Canadians like Mr. Butts should serve as an inspiration to us all.

On behalf of all Manitobans, I would like to thank Jim Butts for his contribution to global peace and to the safety of all Canadians. Without your dedication, Jim, this world would be a very different place.

Royal Winnipeg Ballet Women's Committee

Ms. Nancy Allan (St. Vital): On Saturday, June 2, I attended a very worthwhile event in my constituency. I saw it advertised in the *Winnipeg Free Press*: 192 Kingston Row, Women's Committee of the Royal Winnipeg Ballet annual

garage sale from nine to three. Proceeds to the Royal Winnipeg Ballet.

Well, I knew I had better be on time for this one, so I jumped in my car and sped off in search of treasures while supporting a good cause. As I approached, I realized that arriving early was a good idea because the street was packed with people by ten after nine. As I roamed the tables, I was impressed with the professionalism of the volunteers. They were well organized, and when I paid for my purchases the woman handling the cash thanked me for supporting the Royal Winnipeg Ballet on behalf of the Women's Committee.

The Women's Committee of the Royal Winnipeg Ballet was founded in 1947 and is a driving force behind the Royal Winnipeg Ballet. Seventy-five women ranging in age from their mid-thirties to mid-eighties volunteer their time, energy and expertise to raise money in support of new ballets and projects.

They recently sponsored a new work by Nina Menon, one of the resident Canadian choreographers. The committee runs a shop called "Things" at 920 Grosvenor where their savvy business skills produce a very successful shop. They buy to resell, take items on consignment, and accept donations. I invite you to visit the shop. I know you will be impressed.

The majority of members volunteer in the shop in their ongoing commitment to keep the shop running. They also organize a raffle at Christmas and sell candy at every performance. Recently, this past May at their annual general meeting, the Women's Committee presented the Royal Winnipeg Ballet with a \$20,000 cheque, the total of their fundraising efforts for the year 2000.

Mr. Speaker, 2001 is the Year of the Volunteer, and I would like to thank the members of the Women's Committee for their commitment to raising money in support of a ballet company that has earned Winnipeg, Manitoba a spot on the international map for excellence.

ORDERS OF THE DAY

* (14:30)

Hon. Gord Mackintosh (Government House Leader): Mr. Speaker, would you please canvass the House to see if there is leave for a motion to be brought forward, without the usual notice, to amend a word in the French title of Bill 48, The City of Winnipeg Amendment (Pensions) Act.

Mr. Speaker: Is there unanimous consent for a motion to be brought forward without the usual notice to amend a word in the French title of Bill 48, The City of Winnipeg Amendment (Pensions) Act?

Mr. Speaker: The honourable Member for Emerson, on a point of order.

Point of Order

Mr. Jack Penner (Emerson): On a point of order. I wonder if you could ask the minister to explain what the word change would, in fact, do to the act. We have no knowledge as to what that would really mean and what it would cause. So, therefore, I think, Mr. Speaker, if you could ask the minister to give us an explanation, then we might deal with it.

Mr. Speaker: Would the honourable Government House Leader be willing to give an explanation of the change of the word?

Mr. Mackintosh: Mr. Speaker, there was a mistake. It is just correcting an error.

Mr. Speaker: It is just to correct an error that was made in the printing, I guess, a typographical error.

Mr. Jack Penner: So it is just a typographical error. Thank you.

* * *

Mr. Mackintosh: Is there leave?

Mr. Speaker: Does the honourable member have leave to make the change? *[Agreed]*

Mr. Mackintosh: I move, seconded by the Minister of Intergovernmental Affairs (Ms. Friesen), that the French title of Bill 48, The City of Winnipeg Amendment (Pensions) Act; Loi modifiant la Loi sur la Ville de Winnipeg (régime de retraite) as it appeared in the Order Paper when it received First Reading, be altered by striking out "retraite" and substituting "pension" and that the First Reading be now deemed to have been passed under the correct French title.

Motion agreed to.

Mr. Mackintosh: Mr. Speaker, would you please call Second Readings as they appear on the Order Paper at pages 4 and 5.

SECOND READINGS

Bill 24—The Liquor Control Amendment and Consequential Amendments Act

Hon. Scott Smith (Minister of Consumer and Corporate Affairs): Mr. Speaker, I move, seconded by the Minister of Education, Training and Youth (Mr. Caldwell), that Bill 24, The Liquor Control Amendment Act (Loi modifiant la Loi sur la réglementation des alcools et modifications corrélatives), be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Smith: I am pleased to make a few comments regarding Bill 24, The Liquor Control Amendment and Consequential Amendments Act. The purpose of this bill is to extend Sunday openings to all classes of liquor licences, to allow the off-sale of liquor in retail premises on Sunday and to standardize the Monday to Saturday hours for all classes of liquor licences, to allow for public input into existing liquor licences and to create new offence sections for the use of false identification and the sale or service of liquor to intoxicated persons.

* (14:40)

These amendments to The Liquor Control Act came about as a result of the public review of this act which was conducted in June of 2000

under the direction of my colleague the Minister of Advanced Education (Ms. McGifford). Members of the review panel travelled to a number of communities in Manitoba, Winnipeg, Brandon, Gimli, Thompson, The Pas, Morden and Beausejour to hear public presentations on the liquor issues. Approximately 236 private citizens and industry representatives attended this public review meeting making a total of 85 presentations and submissions.

Bill 24 contains many changes raised in the public review meetings. I am pleased to put forward amendments that create additional opportunities for operators of licensed establishments and liquor vendors while balancing the public's concern to responsible sale. The most significant change in Bill 24 is to allow beverage rooms, private clubs, including veterans associations and licensed retail premises such as hotel beer vendors, liquor vendors, liquor stores, to be open for business on Sunday. In addition to veterans' clubs being given Sunday openings, the local membership requirement for veterans organizations to hold a liquor licence has been reduced from 100 to 50 members. This provision will ensure the continuation of veterans associations, clubs in smaller communities in Manitoba.

Recognizing that needs of Manitobans differ, this bill provides municipalities with the opportunity to determine whether Sunday openings of the specific licensees and retail businesses is appropriate for their communities. We believe these changes will provide convenience not only to Manitobans but also to tourists who visit our province. It will also create additional employment opportunities in the hospitality industry. I am advised by the Manitoba Hotel Association that the change could result in a creation of well over 400 full-time equivalent jobs in the hotel industry. It is also expected that the openings of the liquor stores on Sundays will result in 22 full-time equivalent positions.

This legislation brings Manitoba into line with other liquor jurisdictions which allow beverage rooms and off-sale of liquor on Sundays, such as British Columbia, Alberta, Saskatchewan, Ontario, Québec, New Brunswick, Newfoundland and the Yukon Territory. In addition to the extension of the sale

and service of liquor on Sunday, Bill 24 as well standardizes the opening hours for all classes of licence from 9 a.m. Monday to Saturday, with the closing hours to remain unchanged at 2 a.m.

Mr. Speaker, Bill 24 adds a new section that allows the public to have input at a hearing when the existing licence and operation are being reviewed. These proposed legislative amendments also address social responsibility issues by placing an increased onus on licensees to prevent intoxicated patrons from possessing or consuming alcohol. Bill 24 also creates new offences regarding the use of false or altered identification to gain entry into bars or to purchase alcohol while under the age of 18.

We believe Bill 24 provides changes that enhance our current laws and strengthen the responsible sale, service and use of alcohol in the province of Manitoba. These amendments are a positive first step in implementing the recommendations from the public review. We expect that opportunities in the future will present themselves to build on this legislation. I therefore recommend Bill 24, The Liquor Control Amendment and Consequential Amendments Act, to the honourable members of this Legislature and look forward to their support on this bill. Thank you very much, Mr. Speaker.

Mr. David Faurshou (Portage la Prairie): I move, seconded by the honourable Member for Arthur-Virden (Mr. Maguire), that debate on this bill be adjourned.

Motion agreed to.

Bill 33—The Highway Traffic Amendment and Consequential Amendments Act (2)

Hon. Gord Mackintosh (Minister of Justice and Attorney General): Mr. Speaker, I move, seconded by the Minister responsible for the Liquor Control Commission (Mr. Smith), that Bill 33, The Highway Traffic Amendment and Consequential Amendments Act (2) (Loi no. 2 modifiant le Code de la route et modifications corrélatives), be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Mackintosh: Mr. Speaker, I am very pleased to have an opportunity to present this bill to the Legislature. I know that we will have an opportunity, of course, to discuss the bill in detail at committee stage, but there are some important points that I would like to emphasize at this stage.

Mr. Speaker, despite the introduction of a number of countermeasures, impaired driving continues to be a serious problem that threatens the safety of Manitobans. Existing measures such as roadside licence suspensions and vehicle impoundment have had some impact, but stronger measures are needed to address drivers who kill or seriously injure others and persistent repeat offenders, in particular, who have no apparent regard for the existing laws or the well-being of loved ones and fellow Manitobans.

Therefore, the first part of the bill establishes a process to enable vehicles that are used in certain serious Criminal Code driving offences, including repeat impaired driving offences, to be forfeited to the Government and sold if the driver is convicted of the offence. Mr. Speaker, under this bill, vehicle forfeiture will apply to Criminal Code driving offences that involve death or bodily injury. It will also apply when the driver has been convicted of any three or more Criminal Code driving offences within five years. Vehicle owners who commit these offences will be liable to lose their vehicle upon conviction. Owners who lend their vehicles to drivers who commit these offences will also be liable to lose their vehicle unless they can prove that they had no reasonable way of knowing that the vehicle would be used to commit an offence.

The second part of the bill is a revision of Manitoba's driver licence suspension system to increase the range of automatic suspensions for motor vehicle theft-related offences and Criminal Code driving offences. In Manitoba, as in other provinces, persons who are convicted of certain Criminal Code offences relating to motor vehicles also receive a driver's licence suspension under The Highway Traffic Act. Most driving offences such as impaired driving result in a one-year licence suspension for a first conviction and a five-year suspension for two or more convictions. The same suspension periods

also apply to convictions for motor vehicle theft-related offences.

Mr. Speaker, the amendments to The Highway Traffic Act will create two categories of suspension. One category applies to police chases, motor vehicle theft, possession of a stolen vehicle, take auto without consent where the driver is charged, motor vehicle-related arson and offences involving death or serious bodily harm offences. The suspensions for those offences will be five years for a first conviction, ten years for a second conviction, and lifetime suspensions for three or more convictions.

The other category of offences include all other Criminal Code offences that currently result in a driver's licence suspension under The Highway Traffic Act. The suspensions for those offences, excluding the offence of refusing to provide a breath or blood sample or refusal, will be one year for a first conviction, five years for a second conviction, ten years for a third conviction and lifetime suspensions for four or more convictions. The suspensions for first and second refusal conviction will remain at two years and seven years, but third convictions will result in a ten-year suspension, and four or more convictions will result in a lifetime suspension. Other amendments to The Highway Traffic Act also increase the time period for determining a repeat offender from five years to ten years. They also extend the application of suspensions for motor vehicle theft-related convictions to off-road vehicles, such as snowmobiles or all-terrain vehicles.

Motor vehicle theft is a serious problem in Manitoba and often involves dangerous driving that results in serious injuries or death. During the last election, we promised to increase the licence suspensions for auto thieves. The amendments to The Highway Traffic Act implement that election commitment and are part of the Government's comprehensive anti-motor vehicle theft program.

Mr. Speaker, the amendments in Bill 33 are also intended to address the problem of impaired driving by establishing an alcohol ignition interlock program. Ignition interlocks are breathalyser devices that can be installed in a vehicle to prevent anyone from driving it after drinking.

They also require drivers to provide random breath samples while driving and to pull over and shut off their vehicle if they fail the breath test. Ignition interlock devices are virtually tamperproof and have proven to be very effective in preventing vehicles from being used by impaired drivers. Ignition interlock use will now be required for drivers who are on a restricted conditional licence as a result of an impaired driving conviction and for drivers who are assessed as being a possible risk to commit another impaired driving offence.

The bill also deals with discriminatory provisions regarding common-law partnerships.

Mr. Speaker, as I have indicated, we will be able to discuss this bill in more detail at committee, and I will conclude my remarks at this point. We look forward to the full support of the House with regard to these initiatives.

* (14:50)

Mr. Denis Rocan (Carman): Mr. Speaker, I move, seconded by the honourable Member for Emerson (Mr. Jack Penner), that debate be adjourned.

Motion agreed to.

Bill 35 – The Improved Enforcement of Support Payments (Various Acts Amended) Act

Hon. Gord Mackintosh (Minister of Justice and Attorney General): Mr. Speaker, I move, seconded by the Minister responsible for Intergovernmental Affairs (Ms. Friesen), that Bill 35, The Improved Enforcement of Support Payments (Various Acts Amended) Act (Loi visant à faciliter la perception des paiements alimentaires (modification de diverses dispositions législatives)), be now read a second time and referred to a committee of this House.

Motion presented.

Mr. Mackintosh: Mr. Speaker, the most important obligation we have as parents is to care for our children. Today I am pleased to introduce tough new legislation that will make it easier to collect outstanding support payments,

tough new legislation that will ensure Manitoba has the most comprehensive and effective legislative framework in the country for collection of support payments.

I want to indicate at the outset that most parents do recognize the importance of child support in their children's lives and do meet their child support obligations. There are, however, those who cannot seem to see their way clear to pay what they owe even when they have the ability to pay. There are people who need tough measures as encouragement, and they are the focus of the changes in this bill.

Mr. Speaker, Bill 35 will significantly improve existing support enforcement provisions contained in Part 6 of The Family Maintenance Act and certain provisions in The Executions Act. It also establishes several new initiatives that will be considerably advancing the ability of the Maintenance Enforcement Program to collect support payments and arrears.

One critically important initiative will allow the court to pierce the corporate veil when support debtors hide their income and assets behind a company or third party. Currently, the Maintenance Enforcement Program can only garnish monies that are payable to a support debtor as named in the support order or seize assets that are legally owned by a support debtor.

With these changes in Bill 35 in place, the courts will be able to declare that the assets or income of a company or third party are the assets or income of the debtor, making it possible to garnish income payments and seize and sell assets. This is a critically important mechanism when it comes to self-employed debtors and debtors who put assets in other people's names.

For example, Mr. Speaker, a self-employed carpenter owes \$12,000 in child support. The payor has a very lucrative contract for construction work, but all monies earned under the contract are paid to a company incorporated by the payor in which the payor is the sole shareholder. There appears to be no assets in the payor's name. All of the assets are owned by the company, it appears. The company pays all of the payor's expenses. The company even owns the vehicle the payor drives.

With the new legislation, Mr. Speaker, a court could pierce that corporate veil and declare that the assets of the corporation are, in fact, the assets of the payor. The court could then direct that any monies paid to the corporation under the construction contract be garnished. The court could also direct that the vehicle driven by the payor and owned by the corporation be seized and sold. There are other jurisdictions that have relied on this innovative and necessary legislative tool.

The bill also provides for the making of orders to preserve a support debtor's assets. This change will address situations where a debtor has or will deal with assets in a manner so as to evade or hinder the enforcement of a support order.

For example, Mr. Speaker, a payor has a long history of not paying child support. The Maintenance Enforcement Program has always had to garnishee wages to ensure the payee receives support. The payor receives a \$30,000 buyout from their employer. The program becomes aware that the payor is spending the buyout and in light of the history of payment is concerned that there will soon be no means to enforce the support order. The program can apply to the court for an order that the buyout package be preserved. The court could order that the payor deposit monies from the buyout package as security for future child support payments.

Yet another important initiative will allow the Maintenance Enforcement Program to register a financing statement in the Personal Property Registry for any arrears owing under the support order. Support arrears will have priority in the Personal Property Registry system over all registrations except for certain secured interests where the financing of an item is secured by the item itself or a registration under the Employment Standards Code.

Registering support arrears in the Personal Property Registry will prevent a maintenance payor from selling or dealing with registered personal property until they have in some Mr. Speaker, registration will also provide notice to other creditors of a maintenance recipient's interest in a payor's personal property.

For example, Mr. Speaker, a payor has a \$20,000 motor home which is listed in the Personal Property Registry. The payor owes \$5,000 in support arrears. The payor desperately wants to sell the vehicle. A prospective purchaser searches the Personal Property Registry to ensure that they will receive clear title to the vehicle and discovers that the Maintenance Enforcement Program has filed a financial statement with respect to the \$5,000 support arrears owed by the payor. The purchaser tells the payor that they no longer want to buy the motor vehicle unless the registration in the registry is dealt with. The payor pays the \$5,000 in support arrears so that the motor home can be sold.

This bill, Mr. Speaker, will also enable the Maintenance Enforcement Program to seize lottery winnings of \$1,001 or greater. The Western Canada Lottery Corp will notify the program when a support debtor wins a large lottery prize. The program will then be able to seize the lottery winnings, ensuring that it is children and families who are the ultimate winners.

By the way, Mr. Speaker, this kind of legislative tool was introduced in Ontario. It came into force in 1998. I understand that approximately three-quarters of a million dollars has now been collected from over 350 debtors as a result of the lottery provision.

Mr. Speaker, currently the Maintenance Enforcement Program can obtain writs to seize and sell a support debtor's property. The bill will make critically important amendments to The Executions Act to give a writ issued for support arrears priority over most other writs issued with respect to seized property. The only exceptions will be writs issued to collect wage arrears or issued to a secured creditor.

Changes will also enable the program to update the amount of support arrears claimed under a writ once funds from the seizure and sale are available to ensure maximum benefit for the children and families to whom support is owed. The maximum fine for wilful default of support payments will triple from \$1,000 to \$3,000.

The bill significantly expands the powers the court can give a receiver appointed to collect

support arrears. The court will be able to give receivers authority to take the same steps that the support debtor could take, including taking possession of or realizing on property, pursuing legal action or applying for a benefit, credit, interest or entitlement.

The information-collecting powers of the Maintenance Enforcement Program will be significantly improved. This will help the program obtain information necessary to enforce support orders and determine effective enforcement action. The bill contains more efficient measures to ensure receipt of this necessary information and to promote the veracity of the information received. The program will be able to require that a payor or payee provide necessary information in a sworn declaration.

The program will be able to ask payees for information about persons for whom they receive support, for example, whether an older child is still attending university or living with the payee. A person convicted of swearing a false statutory declaration could be subject to a fine of up to \$2,000 and/or 90 days imprisonment.

Bill 35 puts effective legal tools in place so that parents who abandon their children financially are held to account. This sends a powerful message that those who have turned their backs on their support obligations to their families must pay what they owe.

Mr. Marcel Laurendeau (St. Norbert): I wonder if the minister might take a couple of questions.

Mr. Speaker: Would the honourable Attorney General take a couple of questions?

Mr. Mackintosh: Yes.

Mr. Speaker: Yes, the honourable minister is open to questions.

Mr. Laurendeau: Mr. Speaker, I would like just two questions answered of the minister on the bill. He was speaking of the garnishee order going to the payor's business that the payor might own. Could the minister explain: Will this be going out by registered mail, or will the

Sheriff's officers be delivering these garnisheeing orders? What is happening today is there is a refusal upon these owners to sign any registered mail that comes, so they are not being served at this time.

Will we be having an effect in having the Sheriff's officers delivering these garnishee orders?

* (15:00)

Mr. Mackintosh: Mr. Speaker, first, with regard to the corporation, that will enable an application to the court for a court order and will not directly enable process servers to proceed to seize and sell corporate assets. In terms of the process on the service of documents, the Queen's Bench rules will continue to apply, but we can have discussion on that and if the member has any suggested improvements I would certainly welcome those comments and input.

Mr. Laurendeau: The second question, basically, I am wondering how the Lotteries Corporation will know who these garnishee orders are against, or how will they be in touch with the Government to find out the information? Will they be requesting the information every time there is a lottery winner over \$1,000, or is the Government going to supply them with a list of all the deadbeat dads?

Mr. Mackintosh: We have looked at the Ontario experience with regard to how best to achieve this objective, and there has been ongoing and will continue to be ongoing discussions with the Western Canada Lottery Foundation. There will be some regulations required in order to set out in statutory form the procedure. I will be pleased to provide the member opposite with the full details of how the program will operate in terms of the information made available to the Western Canada Lottery Foundation and when they are obliged to provide us with information at committee or in advance.

Mr. Laurendeau: Mr. Speaker, I move, seconded by the honourable Member for Emerson (Mr. Jack Penner), that debate be adjourned.

Mr. Speaker: Before I move the motion, when the honourable Member for St. Norbert (Mr.

Laurendeau) asked to raise questions to the Attorney General, I should have sought leave of the House. Is there leave of the House? I am sure the House would be willing. [*Agreed*]

It has been moved by the honourable Member for St. Norbert, seconded by the honourable Member for Emerson, that debate be adjourned. Agreed?

Some Honourable Members: Agreed.

Mr. Speaker: Agreed and so ordered.

House Business

Hon. Gord Mackintosh (Government House Leader): Mr. Speaker, I wonder if you could just slightly change the order. If you could now call Bill 48 followed by Bill 43, and then we will continue with 36, 37 and 49.

Bill 48—The City of Winnipeg Amendment (Pensions) Act

Hon. Jean Friesen (Minister of Intergovernmental Affairs): I move, seconded by the Minister of Conservation (Mr. Lathlin), that Bill 48, The City of Winnipeg Amendment (Pensions) Act; Loi modifiant la Loi sur la Ville de Winnipeg (régime de pension), be now read a second time and be referred to a committee of this House.

Motion presented.

Ms. Friesen: I am pleased to introduce for second reading Bill 48, The City of Winnipeg Amendment (Pensions) Act. Bill 48 is the second amendment to The City of Winnipeg Act this session. This one allows for the implementation of an agreement entered into between the City of Winnipeg and collective bargaining agents for unionized city employees.

It would make significant changes respecting the administration and structure of the City's Employee Benefits Program. This program includes a pension plan, long-term disability plan and an early retirement benefits agreement. These amendments were developed in close consultation with representatives of the

City of Winnipeg and the unions representing city employees to ensure that the legislative framework allowed the parties to the agreement to proceed.

Existing provisions under The City of Winnipeg Act providing for the establishment of pension plans by by-law will not apply to the pension plan, as the restructured plan will be constituted under trust arrangements in a manner similar to other pension plans in Manitoba. The process will include an application to the Manitoba Court of Queen's Bench for approval. Following approval by the court under this process, the agreement may be implemented by the city and civic unions.

When the parties implement the agreement, a provision provides that the restructured pension plan will be designated as a multi-unit pension plan, or MUPP, under The Pension Benefits Act, provided that the restructured plan has met the multiunit requirements of the act. A multiunit pension plan is a plan with multiple employers or unions and must be administered by a board of trustees made up of representatives of plan members and employers. This will allow for employee representation and participation in the governance of their pension plan. A further provision will allow for pension plan surplus funds to be used to fund contributions to the long-term disability plan and the early retirement benefits arrangement.

Mr. Speaker, the amendments contained in this bill will facilitate the implementation of the agreement entered into between the City of Winnipeg and unions representing employees. Thank you.

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

Motion agreed to.

Bill 43—The Auditor General Act

Hon. Greg Selinger (Minister of Finance): Mr. Speaker, I move, seconded by the Minister of Conservation (Mr. Lathlin), that Bill 43, The Auditor General Act; Loi sur le vérificateur

général, be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Selinger: Bill 43, The Auditor General Act, is another visible step in the Government's commitment to the improvement of financial transparency and accountability in government operations. The legislation will replace the current Provincial Auditor's Act, which was passed in 1969 and has become outdated over the last 30 years.

The practice of legislative auditing has evolved considerably over the past 30 years. These changes will be reflected in the new legislation. Our starting point for this new legislation was a proposal from the Provincial Auditor based on his review of comparable legislation in other jurisdictions. As a result, he identified four primary objectives for replacing the 1969 act. One was to clarify the Provincial Auditor's mandate. Two was to strengthen the provisions regarding the right to access of various sources of information. Three was to enhance the accountability and independence of the office. Four was to clarify the scope of the confidentiality requirements that must be adhered to in conducting audits.

The act is the result of close consultation with the Provincial Auditor's office in those several areas that were identified. Much of this new act is a carry-over of provisions from the present legislation with an update to more current legal language. Elsewhere many important changes have been made. The new legislation has been strengthened and revitalized to accommodate contemporary practices and legislative auditing. This includes a change to Auditor General, which is the prevalent title used across Canada.

This bill will result in many important changes for Manitoba's Auditor General. A new section on the audit of operations clarifies the Auditor General's mandate to conduct value-for-money audits, which have become a significant part of his work over the past several years. These audits have become an important part of the Government's accountability for expenditure of public money. They are designed to focus on

the key result areas of an organizational program and often present insightful recommendations for improvements.

* (15:10)

In order to improve the Auditor General's access to the information he requires in order to do his work as effectively as possible, we have improved his access to the work undertaken by other auditors who have been appointed to audit the financial statements of many of our government organizations.

Mr. Speaker, we have also strengthened his access to the records and information he needs to obtain for the purpose of an examination or audit of the Government or a government organization. We have also clarified his access to information regarding the use of public money that has been paid to recipients outside of government who receive a grant, loan, advance, guarantee, tax credit or a transfer of property from the Government or a government organization.

The appointment of the Auditor General will be made on the recommendation of the Legislative Assembly. The selection will be made by the Standing Committee on Privileges and Elections, which currently has the responsibility for conducting the selection process for the other officers of the Assembly. The Auditor General will submit the reports prepared by his office to the Speaker for tabling in the Assembly. All reports are automatically referred to the Public Accounts Committee for review. An annual report on the operations of the Auditor General's office is required within four months of the fiscal year-end. The report is to include information on performance of the office relative to intended outcomes identified in the business plan as well as the audited financial statements of the office.

The act clarifies the Auditor General's responsibility with respect to the confidentiality of information obtained during the conduct of his duties and protects the information contained in his files. It is important that the provincial Auditor General be provided with modern methods to enable the important work his office does for this province. We believe Bill 43 will accomplish this objective. Thank you.

Mr. Denis Rocan (Carman): I move, seconded by the honourable Member for St. Norbert (Mr. Laurendeau), that debate be adjourned.

Motion agreed to.

Mr. Marcel Laurendeau (Opposition House Leader): Mr. Speaker, I wonder if we might just take five minutes to gather our thoughts.

Mr. Speaker: Is it the will of the House to recess for five minutes? [*Agreed*]

The House recessed at 3:14 p.m.

The House resumed at 3:20 p.m.

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 Conservation (Mr. Lathlin), that Bill 36, The Enhanced Debt Collection (Various Acts Amended) Act (Loi visant à faciliter le recouvrement des créances (modification de diverses dispositions législatives), be now read a second time and referred to a committee of this House.

Motion presented.

Mr. Mackintosh: Mr. Speaker, this proposed act provides the Province of Manitoba with an increased ability to enforce the payment of outstanding fines in particular. In addition, the proposed act will increase the ability for victims of crime to collect unpaid restitution and indeed for all creditors to collect unpaid debts.

The act proposes an amendment to allow for garnishment orders against wages to extend for a one-year period instead of the current one-month period. The amendment will give a priority claim to the Province for garnished money or money realized through the seizure and sale of assets for unpaid fines. The same priority will be given to victims for unpaid restitution. The priority claim will be before other unsecured creditors but after maintenance enforcement. The ability to issue one-year wage garnishments will

be given to all creditors and will assist greatly in reducing the cost and administrative effort for them. In addition, the proposal will allow the fine collectors to garnish jointly held monies similar to the provisions already legislated in The Garnishment Act for maintenance enforcement.

I have long been concerned about the number and amount of outstanding fines. We are currently attempting to collect millions and millions of unpaid fines. In the past year, Mr. Speaker, we have implemented a program to withhold drivers' licences for unpaid fines. As well, we have established a five-person Offender Debt Collection Program in March 2001 to assist with the collection of larger fines. The proposed act provides the collection program with additional options to more effectively collect these amounts.

Mr. Denis Rocan (Carman): I move, seconded by the honourable Member for Lakeside (Mr. Enns), that debate be adjourned.

Motion agreed to.

Bill 37—The Inter-jurisdictional Support Orders Act

Hon. Gord Mackintosh (Minister of Justice and Attorney General): I move, seconded by the Minister of Education, Training and Youth (Mr. Caldwell), that Bill 37, The Inter-jurisdictional Support Orders Act (Loi sur l'établissement et l'exécution réciproque des ordonnances alimentaires), be now read a second time and referred to a committee of this House.

Motion presented.

Mr. Mackintosh: We live in an increasingly mobile society. It is not uncommon, after separation, for parents to live in a different province or even country from that where their children live. With this increased mobility, Mr. Speaker, comes increasing numbers of inter-jurisdictional support cases with all the delays in recognition and establishment of support orders it can entail.

This mobility raises challenges for parents seeking to establish a support order or have an

existing order enforced. It is critically important that legislation evolve to recognize this new reality. Today, I am pleased to introduce innovative new legislation that will do just that.

As members of this House know, I have had a long interest in and concern for the challenges facing parents seeking to establish or enforce support obligations across borders. Last September, I was very proud to be able to convince my provincial and territorial counterparts to agree to an inter-jurisdictional maintenance establishment and enforcement protocol. That protocol stressed the importance of inter-jurisdictional co-operation in the family support area. It also sent a strong message about the importance of efficient mechanisms to establish and recognize support obligations across borders and the importance of timely maintenance enforcement efforts to countless Canadian families.

The Inter-jurisdictional Support Orders Act is based on a model uniform act developed by the federal-provincial-territorial family law committee, a group of family law officials that reports to Canada's deputy ministers of Justice. Manitoba was very involved in the development of the model act through this committee. I am extremely proud that Manitoba is the first Canadian jurisdiction to introduce legislation based on the model act.

This act will repeal and replace Manitoba's current legislation governing the recognition and establishment of inter-jurisdictional support orders, The Reciprocal Enforcement of Maintenance Orders Act. The new act will simplify and streamline the process by which support orders are established, varied and recognized in inter-jurisdictional cases. It will provide automatic recognition to support orders pronounced in other Canadian jurisdictions.

Existing reciprocal enforcement of support orders legislation, like Manitoba's Reciprocal Enforcement of Maintenance Orders Act and similar acts in the other common-law provinces, does two critical things. One, it enables final support orders from certain jurisdictions known as the reciprocating jurisdiction to be registered and thereafter enforced in Manitoba, and, two, provides a means for parents to obtain or vary a

support order through a cumbersome, time-consuming, two-stage hearing process.

The new legislation will significantly streamline the existing inter-jurisdictional support system by (1) eliminating the complex two-stage hearing process. Persons seeking to establish or vary support obligations will complete a support application package, including evidence, which will be forwarded to the reciprocating jurisdiction for support determination to be made. This system is more compatible with that used in the United States and familiar to many civil law jurisdictions.

(2) The new system will eliminate the ability of respondents to oppose registration of Canadian final orders by giving full faith and credit to those orders. Respondents who feel that a Canadian final order was pronounced without jurisdiction or object to the order on other grounds will need to address those issues in the jurisdiction that pronounced the order. Respondents will be able to only apply to set aside registration of foreign final orders. As under the current system, if registration is set aside, the court will be able to treat the matter as if it was a support application and, on receipt of the necessary document, establish an enforceable support obligation.

(3) The bill also contains provisions which will result in significant operational efficiencies and improvements. For example, it sets out more clearly the obligations of the parties, reciprocal officials and the court. Flexible provisions and regulation-making powers will enable jurisdictions to schedule video hearings if desired.

I am extremely proud that Manitoba is leading by example as the first province to introduce The Inter-jurisdictional Support Orders Act. This innovative new legislation will significantly streamline and improve the process by which inter-jurisdictional support orders are obtained, varied and recognized. In doing so, it will also speed up the ability to collect support payments across provincial boundaries which is of critical importance to children and families.

Mr. Denis Rocan (Carman): I move, seconded by the honourable Member for Lakeside (Mr. Enns), that debate be adjourned.

Motion agreed to.

Bill 49—The Statutes Correction and Minor Amendments Act, 2001

Hon. Gord Mackintosh (Minister of Justice and Attorney General): Mr. Speaker, I move, seconded by the Minister of Intergovernmental Affairs (Ms. Friesen), that Bill 49, The Statutes Correction and Minor Amendments Act, 2001 (Loi corrective de 2001), be now read a second time and referred to a committee of this House.

Motion presented.

Mr. Mackintosh: This bill is primarily for the purpose of correcting minor errors in the statutes. Members will note that Part 1 of the bill corrects typographical numbering and other editing errors in the English and French versions of acts. Part 2, Mr. Speaker, updates references to the names of ministers and departments to reflect the reorganization of executive government.

There are, however, some more substantive matters included in Part 1 of the bill, Mr. Speaker, which I would like to mention. The Court of Queen's Bench Act is being amended at the request of the justices of the Court of Queen's Bench to provide that matters relating to The Infants' Estates Act are heard by the Court of Queen's Bench general division, as opposed to the family division. There was previously confusion as to where proceedings under that act should be heard.

The Helen Betty Osborne Memorial Foundation Act is being amended to clarify that the foundation is acting as an agent of the Crown at all times, and the amendment reflects the department's understanding of recent considerations in the courts.

An amendment is also being made to The Law Enforcement Review Act to give provincial court judges holding a Law Enforcement Review Act hearing the same protection of a commissioner under Part 5 of The Manitoba Evidence Act.

I believe that concludes my remarks, and I will be pleased to discuss the bill further at

committee, if necessary, Mr. Speaker. Thank you.

Mrs. Louise Dacquay (Seine River): Mr. Speaker, I move, seconded by the honourable Member for Pembina (Mr. Dyck), that debate be now adjourned.

Motion agreed to.

* * *

Hon. Gord Mackintosh (Government House Leader): Mr. Speaker, I move, seconded by the Minister of Education, Training and Youth (Mr. Caldwell), that the House resolve into a Committee of Supply.

Motion agreed to.

COMMITTEE OF SUPPLY

Concurrence Motion

The Acting Chairperson (Mr. Harry Schellenberg): The Committee of Supply has before it for consideration a motion concurring in all Supply resolutions relating to the Estimates of Expenditures for the fiscal year ending March 31, 2002.

Mrs. Louise Dacquay (Seine River): Mr. Chair, I have some questions for the Minister of Education, and they are all related to the potential closure of Mountbatten School and the process that is to be followed.

First of all, could the minister please tell me when the school division has to inform the minister of its intention to close a school?

* (15:30)

Hon. Drew Caldwell (Minister of Education, Training and Youth): Mr. Chair, school divisions can inform the minister advising them of their decision to proceed for a school closure really at any time during the year. The process that is in place provides for a motion to be passed by a school division and then a 20-month period following that advisement or following the school division motion, a 20-month period to take place whereby community discussion can

occur, the disposal of the asset, if that is part of what is being proposed or renewal, in fact, of the school, so it is a 20-month period from the motion that has been passed. That has been the procedure for quite some years, Mr. Chair, and it is a process that I think works relatively well. In some cases, schools close. In other cases, the 20 months provides for a thorough analysis at the community level and the school remains open, but it is a 20-month period from the point of time when the school division makes a decision to explore closing a school to when a school would be closed, and that has been, as I said, something that has been practised in this regard for a number of years.

Mrs. Dacquay: Mr. Chair, just for clarification, I believe the minister indicated the school division should notify the minister in writing of its potential intention to close a school, and then there is a 20-month time frame within which the school division must consult with the affected parents, students, community members, then, I assume, serve notice, again, to the minister of its final intention. Is that correct?

Mr. Caldwell: Perhaps I should review more formally the entire process, Mr. Speaker, but in essence the member has got it right, although, when the 20-month notification of closure occurs, there does not necessarily have to be any further communication with the minister. It is the 20-month period and then it is basically a pro forma process after that period is up. As I said, that has been the case historically in the Province of Manitoba for the last number of years. I know, when this issue first came up, there were a number of pieces of information given to me with regard to school closures in years past, and it has involved the same process, the 20-month period.

For example, in 1996, there were six schools closed throughout the Province of Manitoba. There was a school closed in St. James; there was a school closed in Red River, a school closed in Mountain, a school closed in Pine Creek, a school closed in my home constituency of Brandon, David Livingston School, and a school closed in Fort La Bosse. In 1997, there were four schools closed. In 1998, four schools closed and so forth, but the process has been

essentially the same for the last number of years. A motion is passed by the school division, 20 months elapses for community discussion to occur around whether that course of action is the one that should be pursued or, if it is a course of action pursued, how to relocate students and teachers and so forth. The 20-month period gives time for community involvement in the process in a very formal way. Oftentimes you get motions passed by divisions to close a school that never come to fruition. I expect the previous government had the same experience. Other times we get requests that do lead to closures after that 20-month period.

Mrs. Dacquay: When I last asked the minister questions in Estimates, I believe he had indicated that the St. Vital School Division had not served him any notice of their intention to pursue the closure of Mountbatten School. Has that status changed?

Mr. Caldwell: No, it has not. To date, I have not, on my desk, had a letter from St. Vital School Division about Mountbatten School and its potential closure.

Mrs. Dacquay: I have extra copies if the minister does not have this policy guideline in front of him. If he wishes me to table it, I would be more than willing to. Are these guidelines that I am referring to, dated September 30, 1982, entitled *Guidelines for School Closure*, the only guidelines used to identify the process for a school closure?

Mr. Caldwell: If the member would table so I can get a copy of them, but I believe she is correct. The guidelines have been in place for quite some time. If the member is indicating '82 was the last time that they were reviewed, I will take her at her word. The 20-month period has been the process by which successive ministers of Education have acted in this regard.

Mrs. Dacquay: I believe, when the minister gets his copy, then he will verify that. All I have been able to find out through the department is there are no regulations attached to The Public Schools Act which govern the guidelines for a school closure, that it is a policy guideline that is used. Oh, excuse me, I think I just handed her a

single copy. I have three copies. I apologize to the table officers.

Mr. Caldwell: The member is quite right. These are guidelines around the disposition of schools in terms of potential closures. In some instances, there are schools that have an enrolment insufficient to carry on another year. From time to time, we get situations where there are less than 10 students in a school estimated for a following year, in which case obviously the 20-month period for guidelines is open to some quicker decision making in terms of schools, but they are guidelines surrounding a 20-month period.

Mr. Chair, I know, speaking from my perspective as the minister now, that the 20 months does provide for community input for about a year and a half before a school can be closed. I know that I have certainly appreciated that time for community discussions to take place, and I expect that same appreciation was shared by former ministers of Education when this very difficult issue comes to our table as ministers of Education and Training.

Mrs. Dacquay: Can the minister identify someone in the department that the parents or myself could speak to with relation to these guidelines, and maybe even the division, because there is some relative confusion as to the steps to follow? I do not know whether the minister wants me to go through the details of what has been experienced to date or whether he would prefer that I speak to somebody in his department that can help walk us through these guidelines.

* (15:40)

Mr. Caldwell: I would be pleased to discuss the matter with the Member for Seine River and have appropriate staff for that discussion, if the member wants to put her concerns into a memo form, and we can have a meeting with myself and some of the senior staff. As I said, these guidelines have been in place for a number of years. They have served a number of different ministers of Education. That is not to say that there is not room to improve guidelines; it just is to say that this has been the process for the last number of years.

Mrs. Dacquay: If I read the guidelines correctly, and the parent committee also has gone through this, there seems to be some misinterpretation either on our behalf or the school division's behalf. I will cite two examples for the minister, and then I will put the details in writing and arrange for a meeting. The minister, on several occasions, told me that it was his understanding that the board had to table something in writing to him to serve notice (a) of their intention and perhaps (b) after they have had the final decision, I would assume through motion, that they were going to proceed with the closure. St. Vital division is under the impression that they do not have to submit anything in writing to the minister until the actual final motion is tabled to close the school and their vote in favour of closing the school.

Can the minister please reiterate for me his understanding and my understanding that there probably should be two times that the division notifies the minister?

Mr. Caldwell: Certainly the process has been that the division serves notice 20 months in advance. That is where the process really starts, that when a division passes a motion to embark upon a process for closure, they advise the minister, whoever the minister may be from time to time, and that that take place 20 months before the effective date of closure.

I have not been, and I am not sure what the experience of other previous ministers has been, but that 20-month period is something that I believe in very strongly, that the community, the minister must be advised of the intent of the school division so that practicalities can be put into place around a community discussion and so forth surrounding the school and the children in the school.

So the Member for Seine River (Mrs. Dacquay) is absolutely correct, Mr. Chairperson. The process begins with a motion from a board indicating 20 months hence they will be closing a school. Subsequent to that, 20 months later, as a courtesy if nothing else, the minister should be advised of the outcome of that discussion—sometimes it occurs before the 20 months, but certainly within 20 months of the outcome of that discussion—whether or not the school is

indeed closed or whether they have decided to extend the life of the school or in fact remove the motion altogether, which has happened as well in my time here.

In any event, the Public Schools Finance Board would be advised of all relevant decisions around the school in terms of their ongoing maintenance of the 730-odd schools in the public education system right now.

Mrs. Dacquay: Is the minister aware that on May 1 the St. Vital School Division passed a motion indicating that Mountbatten School was under review for closure?

Mr. Caldwell: There has been discussion around Mountbatten School for the last number of months, but I have not got a motion beginning the process on my desk on this particular matter yet. Now, whether it is into the department or not, that is another question, but I know that there has been some public discussion around it. In fact, we had a delegation of parents in the gallery some weeks ago. I met with them for a little over an hour to talk about the Mountbatten situation. So I am aware of the issue as it is percolating in St. Vital School Division, but I have not seen a formal letter following the guidelines on my desk yet, as I said, whether or not something has occurred in the department.

The Member for Seine River is indicating that there was something from May 1. I am not certain if that was the resolution calling for the 20-month period to begin or what the member refers to specifically, but I will look into that. If something has come into the department, I will make myself aware of it.

Mrs. Dacquay: Then, pursuant to that and rule No. 4, the division is moving post-haste with having a public meeting. In fact, they published it in the local weekly. There is some concern that they are expediting the process without following the actual process as outlined in these guidelines. In fact, the meeting is scheduled for Wednesday evening, June 13, because their interpretation is that they have to act within two months of the designation of the school for a review even though my understanding and the minister's understanding and the parents' understanding was that the process should not

legally start until such time as the minister was duly notified.

Mr. Caldwell: Well, you know, as I said earlier, I think that the 20-month period to permit for a motion from a school division of an intention to close a school and then the public consultation that takes place around that division within that 20-month period is very important. It has served, as I said, the province very well for a number of different ministers of Education. I think it has also served the public interest well in facilitating discussion at the community level around decisions of school boards. So I do have, as previous ministers have had before me, faith in the process, which is arm's length and does provide for local dialogue, and it is arm's length from a political decision making or political discussion around school openings or closings.

I think it is best that we leave these decisions to the officials at the school division level to discuss this with their own ratepayers or parent groups and so forth in the community. So the details of the St. Vital situation, which have been made known to me by the Member for Seine River (Mrs. Dacquay), by some of the parents, and, as well, my personal following them within the media have led me to state on the record that I will be availing myself of the 20-month period. I want to give full scope to the school division and to the affected community to have a good discussion on it. I do have an essential faith in the system, as it has been well established in the province to provide a year and a half for community discussion around what is really a very difficult issue for communities to deal with.

I know, as I mentioned earlier in remarks outlining some of the schools that have closed in years past, in my own constituency in Brandon East, David Livingstone School closed in '96 or '97. There was a pretty good community discussion around that particular closure, as I expect there is around any school closure, wherever it may occur in the province.

Mrs. Dacquay: I thank the Minister of Education for his co-operation. I will take him up with outlining the questions we have and what has transpired to date. I am not, in any way, arguing the merits of these guidelines. All I am

saying is that I think there is some misunderstanding, and I am not sure on whose behalf, in terms of the interpretation of these guidelines. All I want to do is ensure that due process is indeed followed by all parties involved and ultimately the best decision will be made. Who knows what the outcome may be at the end of the 20-month period? Thank you, Mr. Chair.

* (15:50)

Mr. Caldwell: I appreciate the remarks of the Member for Seine River. As I indicated to her in Estimates, I do appreciate her concern as the MLA for the constituency in question. I know it is something, as a constituency representative and someone who feels very strongly about representing the constituency, the member and I both share that belief in our roles as MLAs. So I do appreciate the member's comments, her concerns as expressed. I share the desire to ensure that the proper protocol for this sort of decision making is followed wherever it may occur in the province of Manitoba. So I look forward to meeting with the member and discussing this further.

Mr. David Faurchou (Portage la Prairie): I was listening intently in review of school closures. Portage la Prairie School Division experienced a school closure this year; it has been some 30 years since they last had a school closure in Portage la Prairie. I want to relate to the minister that it was in fact done very much in a co-operative mode with the parent council that was at the school. They worked together, between the school division and the parent council, to enhance programming so that effectively a win-win situation emanated from the school closure. Not knowing or seeing the actual protocols which have been referenced in this debate, most certainly the parent council should have opportunity for input to enhance that process.

In the case of Portage la Prairie, that input was invaluable to the school division so that the students were in fact the beneficiaries ultimately of the discussions. I want to ask the minister specifically of his promotion of school division amalgamation and wonder whether the minister is using that terminology for all school divisions,

where in fact the Norrie report proposed that there are school divisions that are larger than the desired optimum administrative unit. I am wondering whether the minister could perhaps explain whether the circumstances that he has been in support of with, I believe, \$10,000 worth of monies for examination or exploratory expenditures have been afforded those school divisions that were proposed to be downsized.

Mr. Caldwell: We made available to school divisions discussion with their neighbours on issues around amalgamation and shared services as well in terms of perhaps bus services or clinical services or what have you. We wanted to have a discussion around efficiencies generally. So we made available up to \$10,000 for divisions who were entering into discussions with their neighbours around issues of amalgamation, around issues of shared services. As we sit here right now, I am not aware of any divisions requesting resources to enter into some discussion around making two divisions out of one, for example, or the splitting. I am not aware of any offhand.

We tried to maintain a process that again was a bit distant from the minister's office so it did not become political. It is still underway, frankly. We attempted to engage divisions and encourage divisions to discuss the issue of amalgamation and shared services with their neighbours. That is what we made the \$10,000 available for, to help facilitate that process. I know we did have a number of school divisions availing themselves of that opportunity. I am still waiting for some of those divisions to report back to the department about what their conclusions were as a consequence of that, but I am not aware of any offhand that said we would like to access these dollars to create two out of one.

Mr. Faurschou: Mr. Acting Chairperson, I appreciate the minister's response. I do want to emphasize though, the category 6 size of school divisions is, without question, head and shoulders administratively, cost-wise, above large school divisions that are in the urban areas of Winnipeg.

I think it would be very advantageous to extend those dollars for those school divisions to

examine whether or not the boundaries as they exist today within the urban area of Winnipeg are in fact the most efficient and cost-effective boundaries and whether he could consider that. I would appreciate his response.

Mr. Caldwell: That would have been entertained. If there was some discussion around that particular issue, about analyzing school division boundaries as to whether they should be smaller or not, I would have entertained that. I am not aware of any division coming forth with that scenario during the last 18 months. That is not to say it did not happen, I am just not aware of that happening.

Mr. Faurschou: The minister mentioned clinicians and shared services. Originally, when the personnel from Manitoba Department of Health were transferred to the school divisions for responsibility of administering those services, grants were set up at the level of \$45,000 annually. I am wondering whether the minister, through his funding formula, has in fact enhanced that level of support, being that the clinicians were remunerated under the negotiated fee schedule as teachers and actually received remuneration significantly above the level of support offered through the funding formula.

I am wondering whether the minister has adjusted that particular level of support to the school divisions for those clinicians.

Mr. Caldwell: I am aware of the previous administration undertaking what the Member for Portage suggests in terms of clinical service. It has been maintained at essentially the same levels in the last 20 months.

We have, as a government, moved into the implementation phase of the Special Education Review, which was conducted by members opposite when they were in government. That implementation phase does speak to some of the clinician issues that the Member for Portage la Prairie is outlining.

So I expect there will be some alteration in how we support clinical services as the Special Ed Review implementation phase proceeds.

Hon. Jon Gerrard (River Heights): I have a question for the Minister of Conservation (Mr. Lathlin).

Point of Order

Hon. Gord Mackintosh (Government House Leader): Just for some certainty as to how to proceed and what ministers are being questioned, are the questions for the Minister of Education, Training and Youth (Mr. Caldwell) now completed for today, Mr. Chair? Perhaps we could canvass the committee.

The Acting Chairperson (Mr. Schellenberg): On the same point of order, the Member for Ste. Rose.

Mr. Glen Cummings (Ste. Rose): As I understand it, the ministers can still be recalled for further questions. If there is not currently someone here to ask them a question, they can be called back at a future time. Is that understood or agreed?

The Acting Chairperson (Mr. Schellenberg): I understand there is no such procedure for Concurrence. That is worked out between the House leaders. There is no point of order.

* * *

* (16:00)

Mr. Gerrard: My question to the Minister of Conservation is a question related to the status of the black bear in Riding Mountain National Park and the status of a report, whether the minister can provide further details of the status of the black bear and whether, in fact, he will be releasing the report on the black bear publicly.

Hon. Oscar Lathlin (Minister of Conservation): Mr. Chairperson, I thank the member for the question. I know that the first time he asked the question during Question Period, I advised him in my response that I was in the process of pulling together whatever reports may have been done in the past on this subject.

With respect to the study that the member is referring to, apparently it was done by a person whose last name was probably Paquet, because that is how the report is referred to. The Paquet bear study in the Riding Mountain area was apparently completed sometime in the late

1990s, and the report was published in 1991. As far as I am able to understand the work that was carried out by that particular group, Mr. Paquet, or Madame Paquet maybe, that particular study was supported by what was then known as Manitoba Natural Resources Department and Parks Canada.

The main recommendations on bear harvest and the monitoring of bear harvests have been implemented, by and large, by the then Natural Resources Department and now Conservation. An example of what has been implemented include the report recommended, not a ban on baiting but a negotiated level of hunting and baiting. So, as a result of those negotiations, apparently an allowable harvest level was established and a quota on non-resident hunting licences around Riding Mountain area was also established.

I am also given to understand that, as a result of that report, it was also decided that a no-baiting period from the end of the spring season until two weeks prior to the fall season was implemented. That is my response to the member's first question.

Mr. Cummings: Just following up on the report that the Minister of Conservation just alluded to, is it correct that that would be late 1980s and early 1990s, not the late '90s?

Mr. Lathlin: Yes. The report, as I understand it, was published in 1991.

Mr. Cummings: I wonder if the minister has any more current information about bear population, although I know that was not the entire genesis of the report that he is referring to. There would or there should be more current information in the department about the state of the bear populations in the province in the late '90s and 2000. I wonder if he has any information in that respect.

Mr. Lathlin: As far as I am able to gather from the information that is provided, the bear population seems to be stable at this time. So far there have not been any suggestions made to me by my staff with regard to reducing the level of harvest or increasing it. So my information, as I

have it today, is that the bear population seems to be stable.

Mr. Cummings: So then, given a stable bear population and the importance of the bear hunt and tourism dollars and the exchange dollars that the outfitting industry brings into this province, is the minister willing to continue the current bear seasons as they have been practised over the last few years?

Mr. Lathlin: Because we do not see any big problems with respect to the bear population, Mr. Chairperson, we are going to continue with the policy that has been there. We think that the implementation of some of the recommendations that were given by this particular study would have gone a long way to alleviating some of the concerns that people have with respect to the methods used in bear harvesting.

For example, the report recommended that there be compulsory registration of kills by hunters, including the identification of sex and the mandatory submission of female reproductive tracts and premolar teeth. This has been undertaken. I think also, Mr. Chair, there has been a move, an emphasis toward educating hunters and guides with the idea that the inadvertent harvesting of females with cubs can be avoided.

Information has been placed in the hunting guide, a pamphlet called *Black Bear Encounters and What To Do*, and also we are planning to put out a video giving some information with respect to proper hunting of black bears.

* (16:10)

Mr. Cummings: The minister mentioned that if the recommendations of the report have been put in place, does that mean, except the recommendation for the practice of baiting? Is that still legal in this province?

Mr. Lathlin: Mr. Chair, I am sorry, I did not hear the member's—

Mr. Cummings: If I understood the minister correctly, one could extrapolate that when he said the recommendations of the Paquet report need to be implemented, I take it he does not

include banning the practice of baiting even after having seen that report?

Mr. Lathlin: Mr. Chair, I want to apologize to the member if I was unclear. In Conservation we are continuing with the hunting practices that had been there before. For the time being, we believe that this bear baiting is probably a good tool. It is a helpful tool in that I am told that it gives the hunter an opportunity and time to really have a good look at the bear and to try to determine whether it is a female with cubs, and once that determination has been made, then the hunter decides to let the mother bear go and wait for a male bear to come along.

I think it also, Mr. Chair, alleviates the situation where bears are wounded if they are being hunted in the bush. So if you can get a good shot at the animal, chances are it will not run away and die off somewhere else. So that is another reason why the bear baiting program is supported.

Mr. Cummings: I will turn it over to the Member for River Heights, please.

Mr. Gerrard: I would like to move to some questions for the Minister of Health. I understand the Minister of Conservation has another appointment.

My question to the Minister of Health, in the current statutes, we have a statute which governs the private hospitals in Manitoba called The Private Hospitals Act. I would ask the Minister of Health: How many private hospitals are there currently in Manitoba?

Hon. Dave Chomiak (Minister of Health): To the best of my knowledge, zero.

Mr. Gerrard: I would ask the minister: In terms of the Minister of Health's approach, gathering what I have interpreted his comments that the minister would like to see Manitoba with no private hospitals under any form, is that the minister's approach?

Mr. Chomiak: In general, we feel that we have sufficient capacity within our public health care system, within our hospital system, to offer the range of services that are required. There has

been, generally, a historical fact that there are no private hospitals in Manitoba and generally—

The Acting Chairperson (Mr. Schellenberg): Order, please. There is too much conversation. We cannot hear the speakers, so could you keep your conversation down, please. Thank you.

Mr. Chomiak: Insofar as The Medical Health Services Act does allocate a role and responsibility to the Minister of the Department of Health to look at and determine, to the best of our ability, allocation of resources, we do not think that, necessarily, it would be good public policy to have private hospitals in Manitoba.

Mr. Gerrard: In view of the minister's position with regard to private hospitals, I would ask whether the minister is planning to get rid of The Private Hospitals Act because, if there are no private hospitals, it would not be necessary.

Mr. Chomiak: The Private Hospitals Act has been in force in Manitoba since the 1920s, and the recent amendments to The Manitoba Health Services Act does amend The Private Hospitals Act to bring it more in line with current practice.

Mr. Gerrard: My understanding is that you are saying that you are proposing to amend it rather than get rid of it.

Mr. Chomiak: That is correct.

Mr. Gerrard: But, if the intent was really to get rid of private hospitals, why would you need The Private Hospitals Act?

Mr. Chomiak: There are various policy options one could adopt with respect to this particular area. One could simply abolish the act, as the member seems to be suggesting, which then could lead a policy void or could lead to an unclear situation with respect to what would be the criteria of private hospitals in Manitoba. We chose to maintain the existing act, simply to update it, to make very clear under what very limited circumstances the Province would be advocating for private hospitals.

Mr. Gerrard: In The Health Services Insurance Act, the definition of a hospital refers to "a hospital in Manitoba that is designated as a

hospital by regulation under subsection 113(1)." That fact that you can designate what is and what is not a hospital under this regulation and by regulation would provide for rather broad powers for the minister to designate what is a hospital and what is not. Is that correct?

Mr. Chomiak: There is regulatory power associated with that act for designation for various kinds of facilities.

Mr. Gerrard: I am sorry. I was interrupted here. You are indicating that in fact the definition of a hospital is subject to the minister's decision by regulation. Mr. Chairperson, is that something that may be changing or is going to stay the same?

Mr. Chomiak: Mr. Chairperson, there is the ability under the regulations to define certain categories and criteria of hospitals, as I understand it.

Mr. Gerrard: Just to clarify this situation, because what is not a hospital is quite important here, perhaps the minister could define a hospital as he would see it in Manitoba.

Ms. Bonnie Korzeniowski, Acting Chairperson, in the Chair

Mr. Chomiak: Madam Chairperson, for purposes of clarity and accuracy during the course of this discussion, I am just obtaining some specific definitions because I want to refer to the specific act so, if the member will bear with me for a couple of minutes, I will refer to specific points. Perhaps, in the interim, the member might want to suggest specifically what in particular he is searching for vis-à-vis his questioning.

Mr. Gerrard: We will come back to it.

* (16:20)

Mr. Faursehou: Madam Chairperson, I would like to ask the Minister of Health, in regard to Central Region Regional Health Authority, it is well known to the residents of that region that a deficit situation is being faced by the health authority, and it is of grave concern to everyone within that region. Originally the deficit was

considered well over \$4 million. I know the minister challenged the regional health authority to do everything in their power to reduce a projected deficit. It is now still over \$2.5 million that they are facing as a deficit.

I would like to ask the minister: Is he considerate of what Central Region is faced with being that, in all acknowledgement, the services rendered there are being delivered in a very, very cost-effective manner in relationship to other regional health authorities?

Mr. Chomiak: Madam Chairperson, yes, I am aware of the extent to which services are delivered. I would not necessarily compare one region to another. I think that all of the regions are trying their best, under very difficult circumstances, to deliver a level and range of care that they best feel needs to meet the requirements of the residents. Thank you.

Mr. Faursehou: Madam Chairperson, in light of the consideration that they are doing everything in their power to be able to bring the services that they are charged with to the residents of the area and are still faced with a deficit situation, is the minister considerate of covering the deficit of which I speak?

Mr. Conrad Santos, Chairperson, in the Chair

Mr. Chomiak: Mr. Chairperson, we are working with all of the regions, some of which have a deficit difficulty, some of which do not. We are working with all of them to try to best accommodate both their needs and the ability of the Treasury of the Province of Manitoba to fund services fairly across the wide range of services and regions that we provide funding to.

Mr. Faursehou: Mr. Chairperson, I really hope that the minister will consider that some of the services that are rendered in the Central Regional Health Authority are done, as I say, in a very cost-effective manner.

It was just two weeks ago that I experienced my first overnight stay in hospital. I fully appreciate the efforts and the measures already taken by the Portage District General Hospital in which to address their shortfall that they are going to be experiencing. Some of the

particulars that are now asked to be covered by the individuals, and I will speak very specifically of the dialysis, hemodialysis unit in Portage la Prairie. When one takes that particular procedure in the Health Sciences Centre, there is the localized anesthetic that is provided by the Health Sciences Centre, where if taken in the Portage la Prairie and District General Hospital, that particular local anesthetic is not covered. These are the types of measures that have been taken already in the central regional facilities.

I want the minister to fully appreciate that potentially a lot of the cost savings that have yet to be undertaken in the Winnipeg Health Authority have already been taken by the Central Regional Health Authority and there is not as much room to address those deficit situations. When one is comparing the actual services, one has to evaluate the cost-saving measures already taken into account by rural RHAs that have not yet been taken by the Winnipeg Regional Health Authority. I would like the minister to acknowledge that he will investigate so that he can have an analysis that is in fact comparable.

Mr. Chomiak: Yes, I understand the comments the member is making. I think that certainly when we went into this budgetary particular cycle, we were appreciative and cognizant of the particular needs and requirements outside of Winnipeg and inside of Winnipeg with respect to services. In our calculations, we did take some of these considerations into mind.

With respect to the issue as to whether or not I am aware of the impact and the extent to which RHAs, and in this case rural RHAs that the member is referring to, have attempted to be efficient and very well-run operations. That we are cognizant of. We are appreciative of their efforts and the extent to which they have gone to achieve those savings.

The fundamental issue that was faced with us both last year and this year was trying to determine to what extent what determines the actual specific base funding for a region that is appropriate to their needs and requirements. That has been one of the difficulties we are experiencing in some of the regions, some more than others. I am certainly not one of those who

likes to go out and blame regions or play one region against another with respect to how they are undertaking their services. I think all of the regions are endeavouring to do the best they can with respect to the resources they have.

I am also cognizant of the fact that we have not achieved, Mr. Chair, probably an equitable—well, equitable is such a broad word—but achieved perhaps the most appropriate base funding in all cases that in fact we should be providing. We are working with each region on an individual basis to continue to strive towards that.

Mr. Faurchou: Mr. Chairperson, I appreciate the challenges the minister is faced with, but I do want to stress that he must recognize the rural RHAs and the measures that they took to come to grips with the level of funding they were provided with year over year, that I will say the Winnipeg Health Authority did not. The Central Regional Health Authority saw they had a challenge ahead of them and met their particular level of funding and did not have a deficit. They are now facing a deficit. The way it has been going in the past is that now, for instance, the Winnipeg Health Authority has built into its base funding a higher level of funding through the deficits that were covered in the past and then worked into their base funding. The Central Regional Health Authority did not exercise or finance their operations in that manner. That is why I would like the minister to really compare apples to apples, oranges to oranges when we are looking at prescribed services.

* (16:30)

As I mentioned and I stayed in the hospital there, in the Portage District General Hospital, I was met with an extremely long list of items that are no longer provided by that facility and the person that is in care is ultimately responsible for those particular items. That is not the case if one is hospitalized in institutions here within the city of Winnipeg.

I would like, though, to ask the minister: In regard to the diploma nursing program that he initiated, has the minister thought through that particular program as to how or if or what is his position as to the rest of the province as it

pertains to that diploma nursing program offered by Red River?

Mr. Chomiak: I take it from the member's question and previous questioning the member has made in this area that the member is asking whether or not we have considered offering that particular course outside the city of Winnipeg. If that is the member's question, I can indicate yes.

Mr. Faurchou: Basically I was asking about the vision he has for that program as he has initiated, and that is really the basis of my questioning. When one establishes a program, one looks initially at its involvement at the outset, but what is the second step and third step, and subsequently. That was basically my question.

I know my honourable colleague from Ste. Rose has a question, and I would like to turn the floor over to him.

Mr. Cummings: Mr. Chairman, is the Minister of Health familiar with the announcement for funding that has recently been made regarding the Kinosota Trail ambulance service?

Mr. Chomiak: I cannot offhand, but if the member wants to provide me with a little background I can certainly endeavour to do so.

Mr. Cummings: I can appreciate the size and the complexity of his department and the fact this funding goes through regional authorities, but specifically to the Kinosota Trail ambulance, it is my understanding that they may have received funding for an ambulance but they may not have adequate funding for operations of that service, and that would be under the Central Region. I would ask the minister if he would perhaps apprise himself of the situation regarding service. It is certainly one that is badly needed in the area from Gladstone to Sandy Bay. Right now the whole area is serviced out of Gladstone into either Gladstone or Portage hospitals. Certainly the people up towards the Kinosota area, thus the name Kinosota Trail, which has some historic significance—that is where the name comes from, as I understand it—are looking forward to being able to have a fully operational service there. I will say, for the record, I hope that the minister does not find

himself in a position of incrementally dealing with this because it either has to arrive with a full understanding of what it will cost to man it and fund it, or it will not likely reach an operational capacity. I wonder if I could have that undertaking from the minister, and I might ask for that information at a future concurrence time.

Mr. Chomiak: Yes, I am familiar with that particular service, not the particular instances, that the member knows how we fund globally the regions with respect to those types of services. As the member is probably aware, it is a significant challenge with respect to the funding for ambulance services in general, if last year's budgetary allocation amounted to a doubling of the resources to ambulance services outside of Winnipeg, and we have to put significant resources in this year.

That is not to say that we are able to even, I think, come close to achieving all of the needs and requirements of all of the ambulance services across the province insofar as there is a, as the member is well aware, report that recommends a significant enhancement of ambulance services across the province. What we have tried to do is to enhance, as much as our resources will allow, the ambulance services in recognition of the fact of the significance they play. So we have enhanced coverage. I will take a look at that particular instance, but I am aware of certainly we are in some collective bargaining as well across the province with respect to EMS personnel as it relates to some of the services, and that will have an impact on some of the actual results, but, with respect to that particular service, I will undertake to get back to the member on that.

Mr. Cummings: I appreciate the answer, but I would like to add for the record that this is, of course, not a new situation in terms of funding EMS services across the province. It has always been a bit of an uneasy relationship between what was perceived to be the municipal responsibility and what is a universal responsibility in health care. But, Mr. Chairperson, as the minister probably does not need to be reminded, the fact is, as health care service changes and the regions are faced with the demand, the requirement to make changes in order to meet

the balance between budgetary demand and current modern services that are available, there is going to be in a situation such as this, where an area with a growing population and a less than top-of-the-line service, if they are going to expand a new service into this area, the region is going to have to do some pretty innovative budgeting. Perhaps it will be faced with a near impossible situation if this is not recognized in a larger way as an initiative that is supported provincially as well as a priority from what the region has put forward in terms of funding requests and demands that they see on the service.

If I could, Mr. Chairman, I am interested to know if the minister intends to continue with appointment of board members for regional management.

Mr. Chomiak: To this point we have continued the process that was introduced and carried out by the former government with the exception that we were permitting employees to sit on the particular regional health boards. That has been the process we followed for the last two rounds of appointments.

Mr. Cummings: Well, not to make too fine a point of it, but these are the minister's appointments. As a policy generally, employees and practising health care workers within the regions were not appointed. He is saying that it is his policy now that he will appoint employees if they are nominated, or is he still following any kind of a nomination process in order to acquire names for these regions?

Mr. Chomiak: We are following the same nomination process that was in place previous.

* (16:40)

Mr. Cummings: Well, I am not sure that he is. It is my recollection that in most cases there was at least an advertisement placed in order to encourage members of the public to acquire nominations or for people who in the general public wanted to nominate someone for the board that they had an opportunity to make that nomination, could get it signed by a few people in the community. Is that the process that the

minister is following, or is he going directly to an appointment?

Mr. Chomiak: The same process of that advertisement, the same forms with respect to nominations and the same follow-up have been followed by us.

Mr. Cummings: Well, I am going to have to ask specifically, other than the general answer that he says he follows the same practice, does he in fact put ads in the paper encouraging people to bring forward nominees or to seek support for their own nomination that would then be put forward to him?

Mr. Chomiak: Mr. Chairperson, as I understand it, each region undertakes that particular policy. I cannot speak definitively for province-wide issues, but, as I understand it, in most if not all cases, advertisements or some form of solicitation, if I could put it in those terms, have been undertaken.

Mr. Cummings: Well, I consider myself fairly well informed in what goes on in the communities that I represent. I really did not see any kind of public request for input of nomination in the area of Parkland and/or Marquette. I cannot speak for Central, frankly, because the area I represent is somewhat on the fringe of Central, though Gladstone and Sandy Bay are very much in the heart of my constituency. The concern I have and the reason I ask—look, it is the minister's appointment. He can follow any process that he likes. In fact, he can go out and handpick the members that he might want for the board.

I guess the reason I am asking the question is that I have a feeling and an understanding from my knowledge of what I have seen in the area in fact that that is in fact what may well have happened, that he handpicked people to replace those that he helped retire from the boards.

Mr. Chomiak: I do not think that would be a fair representation of the process. One of the things that we are very conscious of during the nomination process this year was the geographic representation across each region. A lot of attention was paid to trying to be as geographical

and balancing in terms of board appointments as possible. I will just confirm the extent to which Marquette and Interlake advertised for the particular nomination process, but I do not think it is accurate to suggest that the minister went out and handpicked the whole group of people.

From my understanding of the process, and I did stay relatively arm's length away from it with respect to the process. I have been given to understand, Mr. Chair, that the same processes—and I deliberately did that in a policy sense—that were in place previously would continue under our Government with respect to the nomination process.

Mr. Cummings: Yes, and I understand that the member mentioned Interlake. If I said Interlake, I apologize. I was talking about Parkland and Marquette. More importantly, in the area of Parkland, Mr. Chairperson, I would suggest that the minister review the geographic locations of his members. I think he has three members from one town. If he intended to do that, that is fine, but if he wants to portray it as being geographically appropriate, it is not.

He might argue that what was there before was not geographically appropriate, but it was population-wise appropriate in terms of distribution for representation relative to the population. In fact, the minister is carrying on with the process, however he interprets his version of it. I think there are probably volumes of questions and statements that were made by this now-minister when he was in opposition about the makeup of boards and whether or not they should be nominated or whether they should be elected. Does he support an elected board?

Mr. Chomiak: A couple of points. First off, I am aware of the particular instance. We were aware of the particular instance the member is referring to. We were somewhat constrained by the evolution, the way and fashion in which board appointments rotate, so that was an issue that was identified. If in my comments I was suggesting we achieve nirvana with respect to geographic representation, that is no stretch. We did try to promote and move towards as much geographic balance as we could achieve; and, to the extent that we did, I was very pleased because when we looked at the representation

province-wide, we felt we had done a pretty good job of extending the representation to areas that perhaps in the past had not been representative, et cetera.

On an individual basis, there are all kinds of difficulties in every single region with respect to some communities should have more reps, some should have less reps and how we are going to balance, but we have tried to achieve, as best we can, some kind of fair and equitable distribution.

With respect to the member's latter point, we had the same discussion, as I recall, during the course of Concurrence last year. I do not know if it was the member or the member's colleague from Minnedosa suggested that I canvass the opinion of then-Premier Romanow in Saskatchewan, and other representatives, with respect to the issue as to whether or not one should go towards elected boards. I accepted that advice.

Mr. Cummings: So is he telling me that Roy told him not to go to elected boards?

Mr. Chomiak: There certainly is a fair mixed view in Saskatchewan with respect to the utilization of elected boards.

Mr. Cummings: Well, then, I would never say that the Minister of Health was not an honourable member, but I think that he has certainly misrepresented what his position would be if he should ever form government, in terms of elected or unelected boards. He is now saying that he is comfortable with appointed boards, and I do not need a response necessarily but I can assume from his last couple of responses that that is now his position, which is a 180 from where we were at three years ago in 1999, 1998, 1997 and 1996. I do not know whether it was wisdom on his part or whether he was deliberately not being forthcoming about where he thought that management of regions should be.

I will ask one more question and then I will turn it over. The Member for Portage (Mr. Faurichou) and the Member for River Heights (Mr. Gerrard) have some questions. Does the minister intend to continue with the regional organization in the province?

* (16:50)

Mr. Chomiak: Mr. Chairperson, we have made it very clear that we were going to continue and move forward with respect to regionalization. It has been a very clear government policy that that is in fact what we intend to do. There in fact have been several recommendations in recent reports that the Government has received that have suggested taking additional steps in order to actually finalize the stages of regionalization in Manitoba. We are endeavouring to do some of those steps to move along the process.

It was quite clear that regionalization did not go to the extent that had initially been the vision. It is incumbent upon us to move it forward to actually have it function in a regionalized sense. The most notable aspect of that is the whole role and function of the Department of Health, which I discussed quite extensively during the course of this Estimates debate.

With respect to the election of boards, I was very careful to outline to the member to this point, we have continued the existing process as put in place by the previous government.

Mr. Faurichou: Mr. Chairperson, I just have one question in regard to the capital expenditure announcement that I had asked earlier in Estimates. The minister replied that it would be a short time before announcements would be made. Once again I would like to ask the minister in regard to the Portage District General Hospital, which is the No. 1 capital item as has been prioritized by the Central Regional Health Authority. I want to also ask the minister in regard to that announcement that his department expects of the regional health authorities that their prioritization of their capital needs is expected by August. The summer months are between now and then. When you are expecting staff within the regional health authorities to finalize capital prioritization requirements over that period of time, the delay is putting a great deal of pressure on staff, because everyone has those expectations that the summer months should include some holidays, and the time is growing short.

In addition, too, for the minister's own knowledge, the Portage District General Hospital Foundation had its most successful barbecue on the 1st of June that they have had in

the 23 years they have been hosting it. This is mainly to raise dollars to support a new facility in Portage la Prairie so that that facility can be equipped to meet the needs currently and into the future of the residents of the area. So the residents remain very anxious and have shown outstanding support for this No. 1 priority capital expenditure of the Central Regional Health Authority.

Can the minister give us an idea as to when we will learn whether or not this particular project is supported even in a minor fashion?

Mr. Chomiak: Mr. Chairperson, we are moving as quickly as we can with respect to the capital plans. I am also cognizant and aware of the additional factor that in Manitoba there is a relatively short construction season and that that has an impact as well on capital announcements.

Mr. Harry Enns (Lakeside): Mr. Chairperson, I want to ask the honourable Minister of Health one very specific question. But, before I do so, I do want to put on the record, and quite frankly in a thankful way, that I and many thousands of families in Manitoba experienced extremely good, competent health care help in a private facility. I speak, of course, of Concordia Hospital that was established by the Mennonite community in the mid- to late '20s. Although that served predominantly the Mennonite community, it was not exclusive. Anybody, anybody could join that health care plan. It was a very inclusive health care plan. I was born at Concordia Hospital under that plan.

It provided dental care. It provided surgical care. It provided hospital care, admittedly with restrictions. You had to use the surgeons and the facilities of that one facility, which still bears that name and did so up until the '70s, when Canada adopted, under the then-Liberal premier, Lester B. Pearson, a universal health care program that we are currently working with.

So, for the record, this debate about private and public health care system, I just want to acknowledge that, and you have to remember, this was through the difficult times of the Depression-riddled thirties. This was carried on by a community largely of immigrants who were just settling into this new land from different

parts of the world, although, in my case, my parents, principally, and those who founded the Mennonite Benevolent Society were those who came after the difficulties in the Soviet Union in the 1920s to the mid-1920s, as did my parents. Within a year or two of them coming to this part of the world, they recognized the wisdom of coming together and helping each other and providing this kind of a service.

I can remember my first visit to a dentist was under the plan. Mind you, you had to be prepared to have a GP pull your tooth, and that hurt a little bit. I would not suggest necessarily that they had the facilities that today's modern dentistry has, but, for a very modest \$65 a year, an entire family was looked after medically, surgically, and their hospital needs. We had one of the finest surgeons, a Doctor Elkers, the late Doctor Elkers [*phonetic*], who was part of that plan, among others, who was renowned in Winnipeg as being one of the finest surgeons that we had in Manitoba.

So I put that on the record that, in this debate about private and public, I do want to acknowledge that there have been some, right here in Manitoba, very good experiences with a private health care plan.

But I have a question. Now I am coming to the question, to the honourable minister. I do want to ask him this question. Mr. Chair, you know that I am approaching the minister in a kindly, gentle way. I am not fighting with him. But it is a genuine question, and it has bothered me ever since, by accident, I happened to be watching some American news. You know, we Canadians always like to spend a great deal of time convincing ourselves how different we are from the Americans. We are, of course, different in many respects, but we are all people. We all, by and large, have the same wants and needs.

So I was very surprised, and I am still surprised, I am wondering whether the minister could answer that question for me, given an opportunity to do so. Why is it, particularly in the issue of health care, we Canadians feel very smug about our system, our universal, publicly sponsored system, yet in that great country south of us, and it is a great country, which developed the technique of public opinion polling—when

they talk about Gallup polls, it is generic for the concept of public opinion.

When you ask Americans what is of their concern, as we ask ourselves here in Manitoba and Canada, I was dumbfounded and surprised that health does not make the issues. You run any public opinion poll in America, and health does not make the first of five top issues. Their No. 1 priority is education. They have others that they list higher. As you expect from a world superpower, a militaristic power, military is in that five. Debt reduction is in that five. But I was surprised. I will tell you the occasion. I was watching some CNN news at the time that President Bush was polling the nation as to where his proposal for tax deductions would stand. I think it probably disappointed him that it stood last on the issue, fifth, but that is not what was catching my attention. My attention was caught by the fact that health did not appear. Health care did not appear.

When Americans were asked what are the five most important concerns that they have in their society and what they would like to see their government improve on or do something about, health is not No. 1. Yet to be fair to this minister, in Canada, in every province from British Columbia to Newfoundland, across the nation, if you did the same poll in Canada, health is No. 1 by a country mile.

* (17:00)

I am just a modest farm boy, raise a few cattle in the Interlake. My wife raises a few sheep. We even have some goats. I would rather she gave up on the goats because I cannot keep them in any fence around the farm, but I ask myself that question. Why is there such a difference between the Americans and us Canadians on this vitally important issue, the issue that we spend virtually 99 percent of our time debating in this Chamber and attacking this minister? Mr. Minister, I am not attacking. I am simply asking a question.

One is led to believe the reasonable conclusion is that the Americans are happy with their health care system. We know for a fact that it provides the best health care in the world. When a Canadian is seriously ill, where does he

go? He goes to Mayo in a hurry. Even this Government sends them to North Dakota when our system is not working.

Yet I know the stats, that 70 percent, obviously the majority of Americans, are very happy with their health care system. There are no waiting lists. They have the best professionals. I know that because we send them ours. We send them ours in droves. They have the best equipment and they have the best technology, but I am doing what I promised the minister I would not do, and I apologize. It is kind of a gentle afternoon and I do not want to provoke unnecessary debate, but I am asking a genuine question. Why is it that when that question of health care is asked it does not rate anywhere near, does not come on the horizon with respect to the American people as it does with Canadians?

Mr. Chomiak: Mr. Chairperson, a couple of points. I thank the member for those comments. Firstly, we are very appreciative of the work that the faith-based institutions in particular provide in our health care system, which is one of the reasons why we have been very supportive of them and continue that support, including support vis-a-vis amendments that we have made to The Regional Health Authority Act. There was some concern previously, several years ago with respect to whether or not the government would be supporting the role and function of faith-based institutions. I personally think that it would be ludicrous to not continue with faith-based institutions, because they provide intangible, not only intangible but tangible benefits to the health care system that we could not duplicate. We require them in our health care system, and I am very glad that we are continuing the provision of their services in our health care system.

I sometimes have a difficult time understanding my own community of Garden City, my own family. Who am I to try to wade into heady issues of what the philosophical disposition is of Americans towards their health care system? But I have a few observations. I think if the member were to canvass and if we were to canvass most Canadians and Manitobans, they would tell you, the vast majority, that they are very appreciative of our health care

system and that their contact with the health care system has been excellent and that they believe that the health care system is the best in the world. Most Canadians will tell you that and in fact polls indicate that. The most recent poll I saw with respect to Manitobans' satisfaction level was somewhere in the 65 to 70 percent. In addition, they seemed to feel that the health care system is working very well. The general thesis is that my doctor is fine, my hospital is fine, the care I have is fine, but that guy down the street, I heard he had something really bad happen. Is that not what we hear?

So most Canadians are very supportive of the health care system and continue to be. The member knows as well as I do that it has become a very fundamental issue largely because of changes that occurred in the system during the late '80s and '90s in particular with respect to funding and the ability to keep up with that level of care.

With respect to the American system, it is my view that the American system is the best and the worst of the health care system. It is the best because they do offer the best, and it is the worst because there is a certain percentage of the population that do not receive care or are underfunded. In fact recently I heard the leading cause of personal bankruptcy in the United States is health care costs.

It is so much a case that the American system in many cases what they do is the best of what we have in the world and the worst. That is not a surprise, because they are the most powerful nation on the planet. As to why it is not a political issue in the United States, I think it has a lot to do with their political history and their breakdown. I do not want to go down that road. I am a bit of a student of history, but I am sure the member is much better informed than I am. I think in general, though, we all can probably, and this is not a political statement, agree that the vast majority of Canadians believe the health care system here is the best in the world. That is clearly evident every day.

There is something in my view to the dislocation, some of the changes that have occurred over the past 20 years, that suggest people are holding on to our health care system

and look at it as the symbol of what Canada is vis-a-vis the rest of the world. I think there are large elements of that. In fact I remember the leading pollster for the Conservative Party, Allen Gregg, during the 1980s actually isolated that particular issue. He isolated the issue that Canadians thought their health care system was the best in the world, but they were concerned about the future sustainability of it.

The fact is, Mr. Chairperson, in Canada, dare I say it, it is seen as the responsibility of the Health Minister, no matter which province you are in. Because we have a universal health care system that is largely directed by government and funded by government, obviously attention is directed toward your democratically elected officials. Naturally, when you are concerned about your health care system, you will go to the Minister of Health. In the United States when you are concerned about your health care system, you go to the HMO, and you do not get the same kind of response or the same reaction from the HMO that you get from the Minister of Health.

Those are only a few factors. I am sure the member could fill in a lot better the details, but I just close by reiterating the fact that we do support strongly, as do I think most members of this House, what the faith-based institutions have brought to our system and will continue to bring, both now and in the future. The elements of the American-Canadian disposition, the member is far more familiar with American philosophy and politics than me. We could probably discuss this for a long period of time. Those are my few observations on the member's comments.

Mr. Faurschou: Mr. Chairman, I just wanted to say, as I had mentioned in the past about my hospital stay in the Portage District General Hospital, that the care that I received from the emergency ward through the medical ward was no less than outstanding. Each individual caregiver provided the attention to myself that went well beyond my expectations. I really, truly believe that those involved in the health care system do go above and beyond in their performance of their duties each and every day.

Having stayed in the Portage District General Hospital and viewed first-hand the

challenges that are faced by the health care providers in our facilities here in Manitoba are indeed a challenge, I would like to say that I more fully appreciate the undertakings and I regard their level of service and their dedication to their profession as no less than outstanding. I thank very much the Chairman for the opportunity to place those words upon the record. Thank you.

Mr. Gerrard: To the Minister of Health, I return to his approach to the definition of what is a hospital.

* (17:10)

Mr. Chomiak: A hospital is defined in various statutes in Manitoba, and the reason I want to delay is I wanted the statute books brought here because I want to be very precise in my response to the member. A hospital is defined under The Health Services Insurance Act, as the member indicated, by regulation and by a facility that is approved by the minister and is licensed.

There is also a further definition of a hospital under The Hospitals Act. It indicates it is an institution or facility in Manitoba for the care and treatment of persons who are ill or injured but does not include a psychiatric facility, an institution owned and operated by a sanatorium board, one operated by the Government of Canada, and one a development centre defined in The Vulnerable Persons Living with a Mental Disability Act.

While I do not have The Private Hospitals Act before me, I believe it defines a private hospital presently, and I am going from memory, as one that has four beds or less.

We are amending the definition. I am going from memory, because I do not have the statute in front of me. I believe it says four beds or less and as approved by the minister, and we are changing that definition to be one bed and approved by the minister.

Mr. Gerrard: Under The Private Hospitals Act, there are various classes of licences, one which is a hospital licensed for the care of alcoholic patients. Just for clarity here, a facility like that in Sagkeeng, is that a public or a private hospital

for consideration as it would be under the acts of Manitoba?

Mr. Chomiak: Mr. Chairperson, I believe it would be excluded from our definition.

Mr. Gerrard: Well, in The Private Hospitals Act, it is very clearly a hospital licensed for the care of alcoholic patients, and it would include a private hospital, a house or building in which four or more patients are received and lodged at the same time. So, presumably, it would fall under the definition of a hospital, but the question, Mr. Chair, is whether it is private or public. Perhaps, the minister would help me of whether this is a private or a public hospital.

Mr. Chomiak: Mr. Chairperson, The Private Hospitals Act was an act that was put in place to prevent, historically, the proliferation of what at the time was centres, as I understand it, that were opening up providing service, and it was felt it was not safe. The specific issues, I cannot recall.

The point of Sagkeeng is that Sagkeeng, I believe, is on First Nations territory and, as such, would fall under the rubric and the control of the Government of Canada under which a different kind of regime would apply. The purpose of our legislative changes is not to diminish the capacity of any agency or board because, frankly, if one wants to be technical about it, as some of the hospitals that presently exist in Manitoba are essentially private acts of the Legislature, that is not the issue that we are attempting to resolve with respect to our amendments.

The issues that we are attempting to resolve with respect to our amendments concern for-profit facilities that may or may not open and offer services that we think would be contrary to the spirit and the word of the Canada Health Act and the ability of the province to fund.

Mr. Gerrard: In one of the issues which the minister has talked about in recent weeks, and that is a study looking at waiting lists in Manitoba, a study which looked at cataract surgery, and, as I interpret the minister's comments, the minister was indicating that, having public- and private-sector surgeries side by side did not decrease waiting lists. Is this a correct

interpretation of what the minister was indicating?

Mr. Chomiak: A review was done by the Manitoba Centre for Health Policy and Evaluation that compared the provision of private cataract surgery with public cataract surgery, and the study found that waits for cataract patients increased when the physician practised in both sectors.

Mr. Gerrard: As I look at the study, which I have in front of me, it is quite clear that the waiting lists in the private sector are the shortest, that there are waiting lists, that the mean wait in weeks in the public sector, where a surgeon operated only in the public sector, were indeed shorter, about 10 weeks, than when a surgeon operated in both the public and private sectors, where in the '98 to '99 period it was about 27 weeks. But the conclusions which are drawn here, in terms of the reasons for operating in both public and private sectors, may not be quite as straightforward as the minister suggests.

The report itself shows that surgeons who operated both publicly and privately made maximum use of their public-sector operating room time. That clearly is hard to explain why the wait is longer, unless those who operated in both the public and private sectors were more limited in their access to public operating room time. I would suggest to the minister, and the minister might comment, that the reasons for the findings may be in fact quite varied.

Mr. Chomiak: It is true, particularly when there is a study, that one can extrapolate a whole variety of reasons and rationale with respect to particular conclusions.

Mr. Gerrard: I would follow that up with a question to the minister, which deals with inference from one surgeon that I talked to, that in fact what was happening is that some of the surgeons are not allowed much time in the public sector, so they then went to operate in the private sector because there was a shortage of public-sector operating room time. For those surgeons, because for them there was not very much time, naturally their public-sector waiting time got longer because there was a shortage of operating time for those particular surgeons.

Mr. Chomiak: I cannot comment on that extrapolation.

Mr. Gerrard: I think the minister would agree, however, that one has to be quite careful in interpreting the statistics to suggest that it is better or worse having a public and private sector operating side by side, or whether private sector is faster or slower in terms of what happens to surgeons operating in the public sector. Would the minister not agree that one has to be very cautious in reaching conclusions in that respect?

* (17:20)

Mr. Chomiak: Mr. Chairperson, I suggest we have to be cautious in all of the conclusions we reach on a variety of issues. We have to very carefully allocate the resources we have in order to maximize the ability of the Province to provide for the widest range and the greatest number of services.

Mr. Gerrard: So, in essence, the use of this material to suggest that we are better having public versus private sector owned facilities, this study is actually not very helpful in making that sort of a judgment. Would the minister not agree?

Mr. Chomiak: No, Mr. Chairperson. I do not even know how the member even remotely comes to that conclusion. The fact is the member extrapolated a number of reasons and rationales as to why he achieves his particular conclusion. The report says one thing; the member is extrapolating another. To try to suggest that this report would not be useful in terms of how we are to view our particular process I think would be a wrong conclusion. There are a variety of reports that deal with this particular issue.

I would be curious to see what the member's position is in this regard. It would be useful to this whole debate to see what the member's actual position is in this particular regard, because there might be some useful suggestions that he might offer with respect to what we are doing. We are trying to be pragmatic and trying to deal with the various issues facing us.

I have said on many occasions that there are various responses to this issue, that they are

wide-ranging. There was the private hospital solution, as offered in Alberta, which the member's colleagues, particularly in Ottawa, did not approve of. There is the most recent suggestions by the Ontario government to privatize a lot of services. In Manitoba, we are trying to adopt a pragmatic middle-range approach to all of these issues without having a full-scale, for-profit system, and at the same time utilizing where we can the efficiencies of the system. So, no, Mr. Chair, I do not believe that the member's conclusion that he is asking me is in fact one I would be prepared to agree with.

Mr. Gerrard: The minister is agreeing that one should be very cautious in interpreting and using this data. On the other hand, the minister is using this same data which he said should be used with caution to suggest that it is inappropriate to have a mix of public and private sector because you will get worse service. I do not believe that you can conclude that from this data because, in fact, the reasons for these differences in length of waiting time for surgeons who operate in the public sector, those who were operating both in the public and private sectors, and those who operated just in the public sector are not at all clear. Quite frankly, until one understands the reasons for these differences one should be, as I suggested earlier, extraordinarily cautious in using this data to decide on how to operate a health care system.

Mr. Chomiak: Mr. Chairperson, the member suggests different extrapolations or different conclusions from reports. That is fine. The member has the right to suggest that. The member stands up on a daily basis and makes claims about the way the health care system is going from extrapolations that I do not agree with, and takes particular cases and cites that as some kind of extrapolation over a whole system. I mean, we take data and take information and we try to make the best use of that information, in some cases, for political purposes; in some cases, for policy purposes.

With respect to the particular MCHPE report in question, it was very evident that that report came out that actually looked at a case in point of operating a for-profit beside a public system and certain conclusions that occurred, actual conclusions that reiterated that actually waiting

lists went up. The member is suggesting that there were a variety of reasons for that. I do not disagree with that, but the fact is there was a study done in Manitoba that suggested a particular outcome.

We tend to try to respond to information from a variety of sources and to try to make the best policy judgments with respect to the information that is provided to us. We also think that generally the public of Manitoba is not in favour of a for-profit system. If the member feels otherwise, that is his right, but we certainly are trying to utilize our resources within the public system in the best means possible. We have various studies and information that provides that.

You know, Mr. Chairperson, I noticed that recently there were some studies in Alberta with respect to the same issue. It certainly seems to be found from the studies in Alberta that the lists went up as well when the for-profit was compared to the public. I am also aware of other examples.

The point is the Government of Manitoba realizes that health care provision must change. There are those, and I do not know if the Member for River Heights (Mr. Gerrard) is in that group, who suggest the way to solve it is to go to privatization. We dare say that that as a panacea, in our view, both from studies we have seen and from our experience, is not the panacea that some people suggest it is. We are trying a different tack, and, obviously, when you try a different path there are people who will criticize, and rightly so, and find reasons for not pursuing that.

We happen to think that our middle-of-the-road approach is probably innovative and a real alternative to (a) continuing the existing system, and (b) going wholly private. We think that generally this middle-of-the-road approach is one that is keeping generally in line with what Manitobans expect from health care and from their Government.

Mr. Gerrard: Just one more observation with regard to these particular numbers in terms of waiting times. I mean, regardless of one's point of view, one of the things which is quite clear in

this study is that the waiting times for what were private-sector patients were considerably shorter than waiting times in the public sector, no matter who was operating.

The report comes to that conclusion and says that very clearly. The average waiting time in the public sector was around 17 weeks and in the private sector was 5 weeks. Clearly, if one wants to take this study to its logical conclusion and if decreased waiting times were the critical factor, the logical conclusion would be to increase the number of private-sector facilities.

Now, I am not advocating that, but what I am saying is that that is what the study shows. Would the minister not concur with the fact that the waiting times for the private-sector patients were shorter than the waiting times for the public-sector patients?

Mr. Chomiak: The waiting times for the private sector, where individuals paid out of pocket for the service, Mr. Chairperson, were shorter.

* (17:30)

Mr. Gerrard: Sometime after this study was done, there was a change in the way the system was operated in Manitoba, as the minister is well aware; that is, the ability of individuals to contribute and to have what would then be private-sector facilities, as they were considered in this study, was removed and that even before there was any change in ownership, the Pan Am Clinic therefore came into the public system and there was no extra charge. In point of fact, what has happened subsequently means that these sorts of comparisons, because they are from a time when there were private-sector facilities, are not necessarily all that helpful in making decisions within the purely public-sector system, which we have had since those changes were made and since the facility fee was ended.

Mr. Chomiak: No, I do not agree with the conclusion of the Member for River Heights.

Mr. Gerrard: The minister would agree that the system which operated where there were private-sector facilities was ended with the end of the facility. Is that not correct?

Mr. Chomiak: Mr. Chairperson, certain facilities were designated centres, surgical centres under amended acts in the Legislature and contractual relationships were entered into between the Government and those particular centres to do a certain amount of procedures without the ability of the particular surgical centres to charge a facility fee and the penalty imposed by the Government of Canada and deductions from health payments to the Province was ended as a consequence.

Mr. Gerrard: So the difference between private sector and public sector in this study no longer exists currently, and where we may have difference in ownership, Mr. Chair, we still have one public-sector system for the operation of surgical facilities, clinics in Manitoba.

Mr. Chomiak: We have a variety of different components that offer service throughout the system.

Mr. Gerrard: I would take that one step further, although there are a variety of different components where there are facilities offering cataract surgery as an example, that they are all now operating within the public system without a facility fee and whether they are privately owned or publicly owned, they are still within the public system with the costs of the cataract being borne by the public purse.

Mr. Chomiak: Mr. Chairperson, some surgical centres are within a contractual relationship with the Government of Manitoba to provide a certain range of services on a contractual basis. Some are outside of the Government of Manitoba.

Mr. Gerrard: When the minister refers to facilities which are outside of the Government of Manitoba, is he referring to facilities which do not receive public funds?

Mr. Chomiak: Mr. Chairperson, both in part and in whole there are certainly some of the facilities—for example, even the Western Surgical and Pan Am offer services that are not paid for out of the public purse. There has recently been a surgical centre that has begun or will soon shortly begin offering services within the province as well.

Mr. Gerrard: In this case, there would be, one presumes, both surgical services which are not covered by the medicare system perhaps or there might be surgical services which would be covered by Workers Compensation Board. Is that what the minister is referring to by operating outside of the public system?

Mr. Chomiak: Mr. Chairperson, yes and no, and in addition there are some services that are not covered by medicare. I do not know if the member referred to that, but certainly some services that are covered by the Workers Compensation Board. There is a variety of combinations that are offered and applied.

Mr. Gerrard: The assessment in the role of the minister in licensing facilities, which would provide surgical services to be covered by Workers Compensation, perhaps the minister can clarify his views here in terms of the type of ownership and the type of approach that the Province of Manitoba and the Government is taking towards facilities operating those services.

Mr. Chomiak: Surgical facilities are licensed by the College of Physicians and Surgeons.

Mr. Gerrard: In the view of the minister and his Government in terms of what oversight the Government of Manitoba should have on those facilities, perhaps the minister could expand.

Mr. Chomiak: We are bringing in an amendment to The Health Services Commission Act and The Private Hospitals Act to deal with the issue of overnight stays, provision of services particularly to ensure that private for-profit hospitals will not be permitted in Manitoba. The ability of surgical centres to offer services to the Workers Compensation Board, I think that decision is made generally by the physicians in question in respect to the service that they provide.

Mr. Gerrard: Just a question to the minister, will the provision of workers' surgery to those who would fall under the compensation through the Workers Compensation Board, will that continue to be under the physician or surgeon respectively, and will it fall within or outside of

the legislation as it is now and will be after the amendments?

Mr. Chomiak: Surgical centres have operated in Manitoba and will continue to operate in Manitoba both before and after the legislation is changed. All that is changing in the legislation, in effect, is basically two things, just in general, firstly, that the definition of private hospital will go down from four beds to one bed, and we are prohibiting overnight stays for a normal range of services.

The prohibition on overnight stays is largely based on patient care and is based on matters occurring in other jurisdictions with respect to the difficulty of overnight stays in particular facilities and in keeping with the Manitoba direction partially dictated by a recent CIHI report that recommended more day surgeries ought to be undertaken in Manitoba. In fact, if one looks at the provision of service in Manitoba, the majority of surgical service is now day surgery as opposed to other forms of surgery, and there is a need for an increased capacity.

So all that will essentially change. In fact at this point no surgical centre in Manitoba generally offers any overnight service. We are just clarifying that. Secondly, we are just clarifying the definition of a private hospital from four beds to one bed.

* (17:40)

Mr. Gerrard: In the minister's approach to health care in Manitoba, one of the early actions of the minister in his mandate, relatively speaking, was the combination of the hospital authority and the long-term care authority in Winnipeg to bring together in-hospital and out-of-hospital care.

It would seem to be that the reason for doing this was to provide a seamless in-hospital, out-of-hospital care for patients in the Winnipeg area. Is that correct?

Mr. Chomiak: Mr. Chairperson, that was one of the considerations.

Mr. Gerrard: In view of these changes that were made to bring together the two types of

service into one Winnipeg Regional Health Authority, is it the minister's goal to provide then for coverage in which the public sector would provide service wherever it can be given from an optimum fashion, both in terms of quality and cost efficiency, whether in hospital or outside of hospital?

Mr. Chomiak: Mr. Chairperson, there is clearly a movement away from providing inappropriate care, what is termed inappropriate care, in acute care facilities and a move towards providing care more appropriately designated as that needed in the community to be in the community or to be outside of the acute care facilities where possible.

Mr. Gerrard: My follow-up question to the minister: Where there are options and one can provide equal quality of care in and outside of hospital but more cheaply outside of hospital, one would presume that the concept of a public system where one can achieve a similar goal in both places would be to optimize not only the quality but also the cost. Is that correct?

Mr. Chomiak: Mr. Chairperson, that particular concept was actually envisioned by the 1992 blue book on the future of health care in Manitoba, where it was determined at that time that each kind and level of care ought to be provided in the most appropriate setting, both from a health standpoint and from a cost standpoint.

Mr. Gerrard: So the minister confirms then that his approach as a minister is to continue this provision of care where it is optimum both from a quality and from a cost standpoint. Is that correct?

Mr. Chomiak: Mr. Chairperson, the policy goal has been to try to achieve that where possible. The change in producing that is not as simple as simply asserting a policy and proceeding with it. There are enormous institutional and other public policy considerations that are contrary and sometimes conflicting in regard to that.

Mr. Gerrard: I would ask for the minister to provide his approach. Where there are conflicting and contradictory things happening, is the minister's approach to continue in that vein

or to, in fact, try to follow the approach which would optimize quality and cost?

Mr. Chomiak: Our goal is to manage the health care system to provide the maximum coverage to the maximum number of people in the most appropriate settings where we can achieve that.

Mr. Gerrard: I would follow up on a question that was asked earlier with regard to the election of board members of the regional health authorities. The minister had, in the election campaign, promised to move to electing the board members of the regional health authorities. As I recall in Question Period about a year ago, the minister reaffirmed that. The comments made earlier today would suggest that the minister has now moved to a position where he feels it is better to appoint members to the regional health authorities. Mr. Chair, is the minister's position now that he will continue to appoint people to the regional health authorities?

Mr. Chomiak: No, I do not think the member accurately reflected my statements. I think the member extrapolated more into my statements than in fact I stated. I have stated publicly on many occasions that it was our commitment to go towards elected boards. I have stated that, at present, we are continuing the practice that was in place under the previous government, at this point, about 20 months into our mandate.

Just to return back to the member's previous question about community and benefits to the community, there is no doubt and my experience has shown that right across the system, no matter what one does, there are particular countervailing viewpoints with respect to how one moves into a particular area of the health care system. If one moves a service from one facility or another facility or from one venue to another venue, there are those who feel that it is the most appropriate way of care, and there are those who feel it is a disaster for the health care system. Often those concerns are expressed on a regular basis in this Chamber, but, generally, what we try to do is to manage the system and to provide the most appropriate care and the widest range of service possible.

Mr. Gerrard: The minister's answer suggests that he is still contemplating moving to an

elected board for the RHAs. Can the minister provide a timetable for doing this?

Mr. Chomiak: No, I do not have a timetable at this point to share with the member.

Mr. Gerrard: But am I to still interpret that the minister maintains a commitment to move in that direction, to have elected boards?

Mr. Chomiak: We had made a commitment during the campaign to move towards elected boards. I have said publicly on many occasions when asked, particularly at municipal meetings and the like, that our commitment in the election campaign was to do that. At present, we are maintaining the existing system.

Mr. Gerrard: A number of days ago, I had asked the minister for some information with regard to the high incidence of cancer in East St. Paul. The minister had provided some additional follow-up in terms of this looking to be an increase primarily in colorectal cancer. I wonder if the minister has any further information on this.

Mr. Chomiak: Not at this time.

Mr. Gerrard: One of the announcements the minister has made recently deals with the implementation of a technologist program, I believe a diploma technologist program. I know there has been discussion in the past of both diploma programs and a bachelor program for training technologists. I wonder if the minister could provide here just an update on the two options and what the minister's plans are.

* (17:50)

Mr. Chomiak: We announced two programs last week. One was medical technologist. We also announced a second program that will see the training of medical technologists and what is commonly referred to as diagnostic radiation X-ray technicians, which would be essentially a cross-trained program. So there are two programs essentially announced. Both of these programs, if memory serves me correctly, are on a model of degree diploma. In other words, the entry to both of those professions is via diploma, but they have an option of taking the degree at

the University of Manitoba, if I understand correctly, in both of those areas. So it is a flexible program that I think has been described as one to one, which is one year of prerequisites, two years of diploma and one year of a subsequent degree program.

Mr. Gerrard: I would like the minister to just provide a little bit more of a view here in the separate goals in terms of the positions that are being trained for under the diploma and the degree options and what the minister envisions in terms of the training outcomes and the job opportunities that would be available under the diploma option or the degree option.

Mr. Chomiak: Mr. Chairperson, with respect to those specific issues, I should probably defer to either the Minister of Advanced Education (Ms. McGifford) and/or the particular officials at COPSE and the related institutions for the precise determinations of those particular issues, but I will pass on that query and attempt to get back to the member on the specifics of that.

Mr. Gerrard: I raised early on today in Question Period the issue of the latest report which was in *Maclean's*. There are, I think, a couple of those statistics, life expectancy and I think premature births, which date, if my memory is right, from about '95 to '97, but the remaining statistics appear to be much more recent and up to the year 2000.

I would ask the minister if the minister has any specific plans with regard to addressing the relative position of Winnipeg compared with other regions in Canada.

Mr. Chomiak: Mr. Chairperson, we look at these statistical results, and most of this data is extrapolated from CIHI data that was provided to *Maclean's* magazine and which we look at obviously because we are both a participant in CIHI and the accumulation of that data. I dare say that the CIHI data is far more evidentiary to us in terms of decisions we make than necessarily the extrapolation from the *Maclean's* surveys.

I can think of in the last month at least six or seven analyses and reports that have done comparisons with respect to other jurisdictions.

The one that comes to mind is the one done by the orthopedic physicians across the country that showed Manitoba had the third-best rate of hip and knee replacements and surgeries in the entire country, only behind, if memory serves me correctly, Alberta and Newfoundland. That report came out recently. The CIHI report came out recently. There was an update of CIHI recently. The *Maclean's* review extrapolates most of the data from CIHI. So I am not diminishing, because we looked at it and we are doing an analysis of the *Maclean's* information. Most of the *Maclean's* information does relate to CIHI information. Most of it, Mr. Chair, relates to information generally over which we as a government have very little control with respect to results, but that is not an excuse. In fact we are prepared to look at all of those issues in that regard.

I think that in a whole variety of areas there has been some significant change since a lot of that data came about with respect to some of the initiatives that were undertaken. We have asked for analysis. We do do analysis of that information. We are just beginning this process as a nation. In fact these comparisons and some of this data has only recently now been accumulated. Quite frankly, it is not something that has been a major preoccupation in the health care system.

Certainly, it has been suggested both from the Sinclair commission report and the Thomas commission report and the recent federal-provincial accord that was signed in the fall of last year that we have to do a better job of looking at outcomes and doing comparisons in

order to determine how best to utilize our resources.

So, overall, we take all of the reports and reviews that come in very seriously, and we look at them all. Quite frankly, there has been a plethora of these reports in the last several weeks that have reached a variety of conclusions. I think the significant data with respect to the CIHI report, with respect to *Maclean's*, we did isolate some of the key areas and are taking a look at some of the key conclusions. I think there were some positives in that particular report as it relates to cardiac surgery and cardiac recovery, for example. There were some negatives with respect to life expectancy that actually flies in the face of a more recent report we received from the Manitoba Centre for Health Policy and Evaluation that most of the population in Manitoba, life expectancy has gone up with the exception of the North and Aboriginal people, which is a far greater, a major concern to us at the Department of Health and is quite significant.

So we have the Manitoba Centre for Health Policy and Evaluation report that looked at life expectancy and I think is of significance, as well as some of the data that we have extrapolated and are looking at from the *Maclean's* report.

Mr. Chairperson: Committee rise. Call in the Speaker.

IN SESSION

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, June 11, 2001

CONTENTS

ROUTINE PROCEEDINGS		Members' Statements	
Presenting Petitions		École Christine Lespérance Asper	2780
Kenaston Underpass		Valley Rehab Centre	
Stafanson	2769	Dyck	2780
Loewen	2769		
Driedger	2769	West Broadway Youth Outreach Program Rondeau	2781
Manitoba Hydro Lines Routes		Mr. Jim Butts	
Schuler	2769	Schuler	2781
Reading and Receiving Petitions		Royal Winnipeg Ballet Women's Committee	
Kenaston Underpass		Allan	2781
Stefanson	2769		
Driedger	2770		
Loewen	2770		
		ORDERS OF THE DAY	
Manitoba Hydro Lines Routes		Second Readings	
Schuler	2769	Bill 24—The Liquor Control Amendment and Consequential Amendments Act	
Ministerial Statements		S. Smith	2783
Philippine Heritage Week		Bill 33—The Highway Traffic Amendment and Consequential Amendments Act (2)	
Barrett	2770	Mackintosh	2784
Dacquay	2771		
Gerrard	2771	Bill 35—The Improved Enforcement of Support Payments (Various Acts Amended) Act	
Oral Questions		Mackintosh	2785
Diagnostic Testing		Laurendeau	2787
Murray; Doer	2772		
Murray; Chomiak	2773	Bill 48—The City of Winnipeg Amendment (Pensions) Act	
Medical Equipment Fund		Friesen	2788
Driedger; Chomiak	2775	Bill 43—The Auditor General Act	
Winnipeg Casinos		Selinger	2789
Reimer; McGifford	2775		
Jim Penner; McGifford	2776	Bill 36—The Enhanced Debt Collection (Various Acts Amended) Act	
Loewen; McGifford	2779	Mackintosh	2790
Health Care System			
Gerrard; Chomiak	2778		

Bill 37—The Inter-jurisdictional Support Orders Act		Caldwell	2793
Mackintosh	2791	Faurschou	2796
Bill 49—The Statutes Correction and Minor Amendments Act, 2001		Gerrard	2797
Mackintosh	2792	Lathlin	2798
		Cummings	2798
Committee of Supply		Chomiak	2799
Concurrence Motion		Enns	2806
Dacquay	2793		