



Second Session - Thirty-Seventh Legislature

of the

**Legislative Assembly of Manitoba**

**DEBATES  
and  
PROCEEDINGS**

**Official Report  
(Hansard)**

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Seventh Legislature**

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

## LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, June 20, 2001

The House met at 1:30 p.m.

### PRAYERS

### ROUTINE PROCEEDINGS

### PRESENTING PETITIONS

#### Kenaston Underpass

**Mrs. Myrna Driedger (Charleswood):** Mr. Speaker, I beg to present the petition of Vera Clendenning, Bob Hepple, R. Sanregret 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. John Loewen (Fort Whyte):** Mr. Speaker, I beg to present the petition of V. Vidovic, James Bound, John Melnyk and others, praying that the Premier of Manitoba consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

#### Manitoba Hydro Lines Routes

**Mr. Ron Schuler (Springfield):** Mr. Speaker, I beg to present the petition of Chris Kohli, Jennine Corbett, Edward Short and others, praying that the Legislative Assembly of Manitoba request that the Minister responsible for Manitoba Hydro (Mr. Selinger) consider alternative routes for the additional 230kV and 500kV lines proposed for the R.M. of East St. Paul.

#### Kenaston Underpass

**Mrs. Heather Stefanson (Tuxedo):** Mr. Speaker, I beg to present the petition of Ryan Downey, Kim McCartney, Al Wieler and others, praying that the Premier of Manitoba consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

### READING AND RECEIVING PETITIONS

#### Kenaston Underpass

**Mr. Speaker:** The honourable Member for 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:** Dispense.

**Mr. Speaker:** Dispense.

*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:** Dispense.

**Mr. Speaker:** Dispense.

*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.*

#### **Manitoba Hydro Lines Routes**

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

**Some Honourable Members:** Dispense.

**Mr. Speaker:** Dispense.

*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 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?

**Some Honourable Members:** Dispense.

**Mr. Speaker:** Dispense.

\* (13:35)

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

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

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

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

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

#### **PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES**

##### **Standing Committee on Economic Development First Report**

**Mr. Gerard Jennissen (Chairperson):** I beg to present the First Report of the Committee on Economic Development.

**Madam Clerk (Patricia Chaychuk):** Your Standing Committee on Economic Development presents the following as its First Report.

**Some Honourable Members:** Dispense.

**Mr. Speaker:** Dispense.

*Your Standing Committee on Economic Development presents the following as its First Report.*

##### **Meetings:**

*Your committee met on Monday, June 18, 2001, at 6:30 p.m. in Room 254 of the Legislative Building to consider bills referred.*

**Matters Under Consideration:**

*Bill 17—The Student Aid Act/Loi sur l'aide aux étudiants*

*Bill 19—The Crown Lands Amendment Act/Loi modifiant la Loi sur les terres domaniales*

*Bill 39—The Archives and Recordkeeping Act/Loi sur les archives*

*Bill 301—The Bank of Nova Scotia Trust Company and National Trust Company Act/Loi concernant la Société de Fiducie Banque de Nouvelle-Écosse et la Compagnie Trust National*

**Membership Resignations/Elections:**

*Your committee elected Ms. Asper as the Vice-Chairperson.*

*Substitutions received prior to commencement of meeting:*

*Hon. Ms. Wowchuk for Hon. Mr. Lathlin*

*Ms. Cerilli for Hon. Ms. Mihychuk*

*Hon. Mr. Lemieux for Hon. Mr. Robinson*

*Ms. Asper for Hon. Mr. Smith (Brandon West)*

*Mr. Maloway for Mr. Dewar*

*Mrs. Dacquay for Mr. Loewen*

*Mr. Laurendeau for Mrs. Mitchelson*

*Mr. Derkach for Mr. Reimer*

*Mr. Enns for Mr. Schuler*

**Public Presentations:**

*Your committee heard four presentations on Bill 17—The Student Aid Act/Loi sur l'aide aux étudiants, from the following individuals and/or organizations:*

*Krishna Lalbiharie and Lonnie Patterson,  
Canadian Federation of Students/Brandon  
University Students' Union*

*Patrick Desjarlais, Private Citizen*

*Leah Bannister and Brennan McIntyre  
University of Winnipeg Students'  
Association*

*Ed Janzen, Private Citizen*

**Written Submissions:**

*The committee received one written submission on Bill 39—The Archives and Recordkeeping Act/Loi sur les archives from:*

*Georgina Lewis, Chair, Association of Manitoba Archives*

**Bills Considered and Reported:**

**Bill No. 17—The Student Aid Act/Loi sur l'aide aux étudiants**

*Your committee agreed to report this bill, without amendment.*

**Bill 19—The Crown Lands Amendment Act/Loi modifiant la Loi sur les terres domaniales**

*Your committee agreed to report this bill, without amendment.*

**Bill 39—The Archives and Recordkeeping Act/Loi sur les archives**

*Your committee agreed to report this bill, with the following amendments:*

*THAT the title of the French version of the Bill be replaced with the following:*

**LOI SUR LES ARCHIVES ET LA TENUE DE DOSSIERS**

*THAT clause 5(a) be amended by striking out "of Manitobans".*

*THAT section 32 of the French version be amended by striking out "Loi sur les archives" and substituting "Loi sur les archives et la tenue de dossiers".*

*THAT clauses 36(a) and (b) of the French version be amended by striking out "Loi sur les archives" and substituting "Loi sur les archives et la tenue de dossiers".*

*THAT section 37 of the French version be amended by striking out "Loi sur les archives" and substituting "Loi sur les archives et la tenue de dossiers".*

*THAT section 42 of the French version be amended by striking out "Loi sur les archives" and substituting "Loi sur les archives et la tenue de dossiers".*

**Bill 301—The Bank of Nova Scotia Trust Company and National Trust Company Act/Loi concernant la Société de Fiducie Banque de Nouvelle-Écosse et la Compagnie Trust National**

*Your committee agreed to report this bill, without amendment.*

**Mr. Jennissen:** I move, Mr. Speaker, seconded by the honourable Member for Dauphin-Roblin (Mr. Struthers), that the report of the committee be received.

**Motion agreed to.**

### Introduction of Guests

**Mr. Speaker:** Prior to Oral Questions, I would like to draw the attention of all honourable members to the Speaker's Gallery where we have with us today Mr. Henry Enns; Mr. Sig Enns, former member of Parliament for Portage-Neepawa; Mr. Ernie Enns, former councillor and deputy mayor in the City of Winnipeg; and Selma and Peter Enns, the brother and sister of the honourable Member for Lakeside (Mr. Enns). Also in the Speaker's Gallery is his son Andrew.

I would also like to draw the attention of all honourable members to the loge to my left where we have with us Mrs. Charlotte Oleson, former member for Gladstone, and Mr. Jim Carr, former member for Crescentwood.

I would also like to draw the attention of all honourable members to the public gallery where we have with us, from the Immaculate Heart of Mary School, 23 Grade 5 students under the direction of Mrs. Debby Wittevrongel. This school is located in the constituency of the honourable Member for Point Douglas (Mr. Hickes).

Also in the public gallery, from Sun Valley School, 52 Grade 5 students under the direction of Mrs. Michelle Bodner and Mrs. Judy Rempel. This school is located in the constituency of the honourable Member for River East (Mrs. Mitchelson).

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

\* (13:40)

### ORAL QUESTION PERIOD

#### Premier's Pipeline Web Site Updates

**Mr. Harry Enns (Lakeside):** Mr. Speaker, I direct my first question to the First Minister. I

want to acknowledge and express my appreciation to the Sierra Club of Canada for this catchy phrase that is going to catch on in Manitoba: "Gary Doer is more of a talker than a do-er."

As reported in Manitoba's fastest-growing newspaper, the *Headingley Headliner*: NDP tunes out on young voices.

It was over 14 months ago that this Government announced with great fanfare and photo ops a pipeline to the Premier, yet another press release, yet another photo op. Unfortunately for young Manitobans, the Web site may say the Premier is listening but he is not. E-mails sent long ago remain unanswered.

Can the Premier explain why he has failed to respond to the concerns of youth in a timely fashion, and why has he not cared enough for our youth to update this home page since the launch some 14 months ago?

**Mr. Speaker:** Order. Prior to recognizing the honourable First Minister, I would just like to take this opportunity to remind all honourable members when addressing other members, either by their constituency or by the portfolios they hold.

**Hon. Gary Doer (Premier):** Mr. Speaker, I note in the history that was recorded publicly a few days ago the Member for Lakeside reported he has broken every rule in the Legislature in the last 35 years, and I expect he will break almost all of them in Question Period today, but we welcome that.

Speaking of photo opportunities, I am glad the member has asked that question. I have a photo that I would like to table for the Member for Lakeside to congratulate him on his 35 years: "Harry, congratulations on your 35 years. Your pal, Tony." I know the member opposite has a picture of Margaret Thatcher on his wall, and given his questions about youth, here is a youthful Tony Blair in a picture for the Member for Lakeside. Congratulations.

**Mr. Enns:** I do thank the First Minister for saying that. I must indicate to those who have seen Maggie Thatcher hanging on my wall, I

was modest enough to scratch out her personal endorsement that said, "Give 'em hell, Harry."

Mr. Speaker, my supplementary question to the First Minister: In light of the fact that this Web site's current happenings remains void of any events, one wonders is it because the Premier has done nothing to create opportunities for our youth? When will the Premier do away with the opportunistic photo ops and replace them with some meaningful action?

\* (13:45)

**Mr. Doer:** Mr. Speaker, the issue of turning out youth is a very, very important question. First of all, given the member opposite, I think he followed Margaret Thatcher's advice on swimming the Red River. I think it was Margaret Thatcher that said: If I walked across the Thames, they would say I could not swim.

Of course, the Member for Lakeside had the biggest photo op ever in the history of this Legislature with his slow swim in a wet suit across the mighty Red River to prove the quality of water, and I would defer to his experience on photo opportunities.

#### Point of Order

**Mr. Enns:** It is important not to be confused with other political leaders. I was not wearing a wet suit. I was wearing a genuine 1920s male swimming suit—donated.

**Mr. Speaker:** The honourable First Minister, on the same point of order?

**Mr. Doer:** Mr. Speaker, I have my first factual apology to make in the House this year. I stand corrected, and I will correct the record, but the Margaret Thatcher quote still stands.

**Mr. Speaker:** On the point of order raised by the honourable Member for Lakeside, I think the apology by the First Minister should deal with the matter.

\* \* \*

**Mr. Doer:** Last week we had an excellent forum with young people dealing with global warming

with Mr. Axworthy and others who are participating in the global warming task force. We are returning the e-mails. I see a lot of the responses from young people. Sometimes we have to do some work in the departments to get the actual and factual response ready for the young people. We actually were looking at updating some of the material in the pipeline as I think it should be relevant. I think every 12 months or so, it should be updated. Obviously, we will do that.

**Mr. Enns:** Well, Mr. Speaker, as you know, my responsibility is to hold this First Minister and government accountable.

#### Manitoba Youth Round Table Meeting

**Mr. Harry Enns (Lakeside):** Again another photo op, again in the city of Brandon, launching the round table, you promised those young Manitobans that you would follow it up with another meeting this summer. Why did he break that promise? Surely in the entire year that has passed, the Premier had a few hours to spare for Manitoba's youth, the future leaders of our province. Why is he tuned out on Manitoba's youth?

**Hon. Gary Doer (Premier):** I am glad the member opposite is asking questions on promises. I recall a promise made by the member opposite that by the end of the decade, the end of the 1990s, hog manure would smell like raspberry jam. Well, we will hold the member opposite accountable for that promise, and I think it is important to hold all of us accountable for the commitments we make. It is not quite raspberry jam yet. We are getting there, I hope, to fulfil the vision of the member opposite in his capacity in the Department of Agriculture.

We did set up a subsequent meeting with a new group of young people in Brandon this year. The Minister of Education (Mr. Caldwell), the Minister of Intergovernmental Affairs (Ms. Friesen) met with a number of the young people at the youth forum at the Rural Forum. The attempt to have a meeting in the summer last year, there were so many students that were excited about and moving on to post-secondary

education. The fact that we have a 10% lowering of tuition fee has meant a massive increase in the enrolment in our post-secondary institutions.

I am sure there were, among the 5000 new people enrolling, increased enrolment in the community colleges, in the universities of Manitoba. Lower tuition fees, new hope for young people, and regrettably because of these optimistic opportunities for many people, they could not attend a second meeting which we had invited them to, but I think it is important every year to be meeting with the representatives and the elected representatives, and we will do so.

**Mr. Speaker:** The honourable Member for Lakeside, on a new question.

**Mr. Enns:** I do want to assure the First Minister that had I been given the privilege of continuing on as Minister of Agriculture, hog manure would be smelling like raspberry jam today.

#### **Student Loans Nonpayment**

**Mr. Harry Enns (Lakeside):** The Doer government is spending almost \$6 million to hire 24 new staff and centrally administer student loans and bursaries. There is an issue with a minority of students who of course default on their loans for a variety of reasons.

Mr. Speaker, can the Minister of Advanced Education (Ms. McGifford) advise what action her new bureaucracy will take against an individual who refuses and neglects and still continues to refuse and neglect to pay the sums owing Her Majesty?

\* (13:50)

**Hon. Drew Caldwell (Minister of Education, Training and Youth):** I appreciate the question from the member opposite. We have, since forming government 20 months ago, undertaken a very aggressive strategy to support students in the province of Manitoba. We believe that investing in education is sound economic policy for the province, sound educational policy, in fact indeed sound health policy.

With regard to support for students, Mr. Speaker, both from a bursary perspective and a

tuition perspective as well as a student aid perspective, we have invested more I daresay than any government preceding us. In terms of bursaries, we reintroduced bursaries after many years of absence to help support young Manitobans' participation in the post-secondary system.

The issue of support and repayment of debt to lending institutions is something that is a concern, but the best solution to that is ensuring young Manitobans have jobs.

**Mr. Enns:** Mr. Speaker, I direct my supplementary question on this subject to the First Minister. Yesterday, the First Minister was kind enough to acknowledge that I do have a reasonably good memory with respect to all matters political. The other evening when we were debating a bill being presented by this Government before committee, having to do with student loans and bursaries, something triggered in my political databank. I would ask the First Minister: Did he ever repay his student loan?

**Mr. Caldwell:** Mr. Speaker, the short answer to the member's question is yes, but I should elaborate a little bit more. I still owe on my student loan for my participation in post-secondary studies. Like many Manitobans, indeed like most Manitobans, those who do not have millions of dollars at their disposal from parents and so forth, we do take student loans and we do pay them back.

#### **Brandon University Future Status**

**Mr. Harry Enns (Lakeside):** Mr. Speaker, on a new question. I had the privilege of being around the Cabinet table when the university of Brandon was created. I had the privilege of being around the Cabinet table when the University of Winnipeg was created. I sat around a Progressive Conservative government Cabinet table when our technical vocational colleges, Red River, Assiniboia, Frontier, all were being created for the improvements of our educational system.

As a rural member, Brandon University holds a special place in my heart, and it has over



the years developed programs, such as its Native Studies program, to differentiate itself from our other universities. There is a growing concern about the long-term future of Brandon University since the Doer government announced a University College of the North to be constructed in the next two years.

My question, Mr. Speaker, to the Minister of Advanced Education (Ms. McGifford): Can she advise the citizens of Brandon that there will be no loss of students or revenue to accommodate the new university in the North?

**Hon. Drew Caldwell (Minister of Education, Training and Youth):** As the Member for Brandon East and a lifelong resident, being born and raised in Brandon, I am very pleased that this Government has invested heavily in Brandon University. Indeed, a couple of months ago I was in attendance to present a cheque for \$5 million for the expansion of the nursing program at Brandon University. Brandon University is very near and dear to my heart. As president of the students union a number of years ago, in fact, I worked with the Pawley government to inaugurate the Stanley Knowles/Tommy Douglas Student Union Centre at Brandon University, Mr. Speaker, so Brandon University's future is very secure and we plan on growing that university.

\* (13:55)

**Mr. Enns:** That is all fair and good, but what specific assurances can particularly this Minister of Education, who does represent Brandon, give to the citizens of Brandon and the university of Brandon that it will not suffer downsizing as a result of the initiatives announced by this Government for new facilities in the North?

**Me. Caldwell:** It gives me great pleasure to respond to the member's question, and I note that there are now two Cabinet ministers from Brandon for the first time in Brandon's history. I certainly get great pleasure working with my colleague, the honourable Scott Smith. Both of us served on city council at the same time [interjection] sorry, you are right, Mr. Speaker, the honourable Minister of Consumer and Corporate Affairs, my colleague from Brandon West.

Enrolment in the last 20 months in the province of Manitoba has increased at every

single institution in the province due to the foresight of policies of this Government, and we will continue to invest in education at all levels.

### **Health Care System Private Sector Collaboration**

**Mr. Harry Enns (Lakeside):** Mr. Speaker, on a new question. This morning, driving in from the ranch, I as usual listened to my favourite radio programs, and I heard that former premier Roy Romanow from Saskatchewan is now designated by the federal government, by the Prime Minister, as a one-man commissioner to review Canada's health situation. I have a great deal of respect for Mr. Romanow, as I know members opposite have, and he is currently in Sweden studying its health care system on behalf of Canada.

Mr. Speaker, Sweden is often used by my socialist friends opposite as a role model for their programs and policy development. We know that Sweden has in fact come to terms with a healthy collaboration between the private sector and the public sector, so my question to the First Minister (Mr. Doer) or to the Minister of Health (Mr. Chomiak) who is not here.

**Mr. Speaker:** Oh, cannot do that.

**An Honourable Member:** You cannot refer to him not being here, Harry.

**Mr. Enns:** I apologize, Mr. Speaker. It is my relative newness to this Chamber that allows me to make these mistakes every once in a while.

So then to the First Minister, and remember it is your Government, Mr. First Minister, that is passing legislation right through this session that will make it more difficult for that collaboration to take place. What will his response be when former Premier Roy Romanow comes back and recommends to western Canada that that is the direction we must go, a healthy collaboration between the private and the public sector?

**Hon. Gary Doer (Premier):** The member talks about former Premier Romanow's visit to Sweden. I am not apprised of what has been concluded from his review of the Swedish medical system and health care system. I am

aware that recently Sweden had an experiment on private health care which they have now put on hold, if I am not mistaken, because of some of the issues. We know that everything is on the table with the present review of Premier Romanow. We certainly support the review.

I worked with Premier Romanow on a number of areas of action that we hope to carry on to the premiers' conference in British Columbia this August: The issue of human resource co-ordination and recruitment and retention; the whole issue of pharmaceutical strategies that I think are still lacking in Canada; the whole issue of Aboriginal health and its impact on the whole health care system; a more co-ordinated approach to information; a much more comprehensive approach to co-ordinated activity in health care, for example in children's pediatric care. Rather than each of us in western Canada doing everything ourselves, we are going to try to combine our efforts to have more centres of excellence for our patients, for our kids and for the effectiveness of the tax dollars.

Again, today the Conference Board of Canada came out and identified the rapid increase in budgets, but having said that, I know the Leader of the Opposition (Mr. Murray) prefers the French system of health care. I certainly prefer improving the Canadian system of health care.

\* (14:00)

**Mr. Enns:** A supplementary question to the First Minister, and I was privileged to be a part of a government that introduced medicare to Manitoba. It was the Walter Weir government, a Progressive Conservative government. But I believe, with a growing number of Canadians, to ensure that our health care system is sustainable in the long term, we must innovate, we must reform it.

I ask the First Minister this direct, simple, straightforward question: Will he commit himself not to slamming the door, not to shoving a doorstop under it, to refuse to engage with Manitobans in a discussion on the future of our medicare system, including further collaboration with the private sector?

**Mr. Doer:** We are opening the doors for more young people to go into nursing in Manitoba to deal with the shortage of nurses. We are opening

the doors in our medical schools. They have more young people trained as doctors, particularly for rural and northern Manitoba. We are opening the doors for more of our young people to go in and take lab and X-ray training. We need more sonographers, Mr. Speaker, to deal with the diagnostic shortage of staff, so in every case, by opening doors to train more young people, we will be opening doors for patients as the member opposite has proposed.

The members opposite had a policy for health care evaluation. In their 1998 report, on page 38 their own policy group said if you run a private-profit system beside a non-profit system, you will have waiting lists that are longer in the non-profit system and your costs will go up. I would wonder, Mr. Speaker, why the members opposite would conduct that evaluation and not use the results, as our Minister of Health (Mr. Chomiak) has done, for moving forward and innovating into the future.

**Mr. Enns:** Mr. Speaker, it was hard to discern a yes or no in that response, but I will accept the fact that the door is open, and I am going to make a—no, no, Mr. Speaker, that would be breaking the rules, because I was going to make a prediction. I know what the recommendations of Mr. Romanow are going to be with respect to health care in Canada.

### **Regional Health Authorities Government Position**

**Mr. Harry Enns (Lakeside):** Another question with respect to health care. It was a privilege to have been part of the last administration that brought in fundamental reforms to that health care system, vociferously opposed by members opposite. I am talking about the establishment of the regional health districts throughout rural Manitoba. I am talking about bringing the nine Winnipeg hospitals, with good and proud independent boards, under one authority, under the Winnipeg authority. They opposed it when they sat on this side. Will they now acknowledge that those reforms were fundamental to the delivery of the health care system in the province of Manitoba?

**Hon. Gary Doer (Premier):** We are now working on legislation that is before the

Chamber that we have worked with, the hospitals, every step of the way, the hospitals in the city of Winnipeg. That is after we got rid of a second health authority in the city of Winnipeg. We had two-tier health care. We had two administrative, bureaucratic health authorities in Winnipeg and one authority in many of the rural areas. We eliminated one of those authorities. We will always be opposed to having 13 vice-presidents for two Winnipeg regional health authorities in the city of Winnipeg. We eliminated one of those bureaucratic offices, we reduced the number of vice-presidents and we put more of those resources back to the front lines of Concordia Hospital and other health care facilities in Manitoba.

**Mr. Enns:** Mr. Speaker, not for a moment have I suggested our schemes were trouble-free or fully evolved, or fully concluded, but you are travelling on the same path, sir, and you are not making any fundamental changes.

#### **Misericordia Urgent Care Centre Government Position**

**Mr. Harry Enns (Lakeside):** Mr. Speaker, I ask another direct question to the First Minister. I recall too well the abuse my colleagues, whether it was Mr. Orchard, Mr. McCrae or the Member for Lac du Bonnet (Mr. Praznik), took when they were responsible for health about the changing of the status of the Misericordia facility from an acute care bed to an urgent care bed. I want to ask the minister a direct question. Is he suggesting that was a mistake at that time? Will he revert the Misericordia back to an acute care bed hospital?

**Hon. Gary Doer (Premier):** Mr. Speaker, letting a hospital know at literally 12 hours before the Budget is going to be tabled that they were going to be dramatically affected by a Budget decision and told that this would be unilaterally imposed is certainly not our way of proceeding in a much more co-operative way with the health care facilities.

Mr. Speaker, we have eliminated one of the health authorities the members opposite established. We have reduced the number of vice-presidents that were in place causing tremendous morale problems in the front-line delivery system of health care. We have reversed the firing of 1000 nurses that took place by the

previous government. We are now hiring back more nurses—

**Mr. Speaker:** Order.

#### **Point of Order**

**Mr. Enns:** Mr. Speaker, I thought we had settled this issue, that deliberate misleading position the Government puts forward about the previous administration firing 1000 nurses. I thought when we demonstrated that just a couple of months ago they fired 600 nurses in the case of the Boundary Trails nurses, that we were over that kind of nonsense. What we were doing was people were being reassigned. The First Minister knows that, and he knows better than to abuse his privileges in this House in this manner.

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, today I left *Beauchesne's* underneath there. I thought it would be too much to start getting *Beauchesne's* out today. I know the honourable member has broken every rule in the book, but we have to draw the line when he breaks every rule in the book on the same day.

Mr. Speaker, I am just wondering, can I do an omnibus point of order response? The preambles, I think we have had how many of them? Ten, Marcel? I do not know. We have about ten preambles. We have of course more than one sentence on the introductory questions. The exhibits of course.

I hearken back to one of the most famous episodes in here, and I think the former member for Gladstone might remember this. In questions, when the member was in opposition to the then-Minister of Agriculture, I believe Billy Uruski, about whether he was counselling a First Nation to burn a bridge. Would the minister not admit—I think the member asked—that he did that and that the matter had all been recorded? The member got out a cassette tape and was waving it around when he was asking these questions. Of course, the cassette tape was Englebert Humperdink. Or was it Hank Snow, or whatever it was? A master of exhibits, Mr. Speaker, no doubt about it. Of course, referring to the absence of a member, questions not being put through the Speaker, and of course bogus points of order.

Would you kindly let the member know that after 35 years, Mr. Speaker, you, Sir, would you please let him know that he has met his match?

**Mr. Enns:** On the same point of order, I do wish to withdraw the word "deliberate."

**Mr. Speaker:** On the point of order raised by the honourable Member for Lakeside, it is not a point of order. It is a dispute over the facts and I would like to thank the honourable Member for Lakeside for withdrawing the word "deliberate."

\* \* \*

**Mr. Doer:** Mr. Speaker, the legislation dealing with a more co-operative approach to regional health in all regions is before the Chamber. It is different from the existing policy. We are strengthening the recommendations that came from the Thomas commission, where they identified through the tragedy of the baby deaths that we had a sort of regional health system, that the responsibility and authority, both for health care results and management of dollars, were not connected together under the so-called perfect regional health care system members opposite are now nostalgically touting in this House.

We apologize to no one for asking the questions, and I am surprised the member opposite with all his years of parliamentary tradition would find Question Period an abuse of members opposite that sat in the benches beside the member. We think that answering questions in this House is a parliamentary privilege, Mr. Speaker, and I know after 35 years the member opposite does, as well.

Finally, we are putting in a number of preventative health care programs with babies and children and prenatal situations, and this is very different to the member opposite's hero. His hero, Margaret Thatcher, was immortalized by British school children as "Maggie Thatcher the milk snatcher" after she cancelled some of the preventative health care programs in England. That may be his vision. We respect his right to have that vision, but we believe in health care prevention. Please hug Tony Blair for us.

### **Graffiti Control Government Action**

**Mr. Speaker:** The honourable Member for Lakeside, on a second supplementary question.

**Mr. Harry Enns (Lakeside):** Mr. Speaker, I really was not finished with the First Minister, but the Minister of Justice (Mr. Mackintosh) got up and he has attracted my attention and ire. Again, more press releases, more photo ops about how he was going to—what was he all going to do? He was going to stop auto theft, he was going to stop the gangs on the streets of Winnipeg, and he was going to wipe out the graffiti that besmirches the public buildings in our fair city.

\*(14:10)

As one who has personally been subject to graffiti sprayed on some of our public buildings that said in fact "duck you, Harry Enns" during the great Oak Hammock debate with respect to Ducks Unlimited, I am asking the honourable Minister of Justice: What other than photo ops, what other than press releases is he doing to help clean up some of our city buildings?

**Hon. Gord Mackintosh (Minister of Justice and Attorney General):** Oh, I feel really bad about responding to that point of order now, Mr. Speaker. I can understand why the member opposite would feel so sensitive about graffiti if he has been named in so much of it. I have not noticed a lot of that kind of graffiti these days. I hope that continues.

**Mr. Speaker:** The honourable Member for Lakeside, on his second supplementary question.

**Mr. Enns:** I wonder if the Minister of Justice can explain why the Minister of Intergovernmental Affairs' (Ms. Friesen) constituency office is covered in graffiti. Can he not at least look after his colleagues in ridding this city of graffiti?

**Mr. Mackintosh:** I am wondering, Mr. Speaker. Does the graffiti say, "Go, Jean, go. Way to go, Jean"?

The issue of graffiti is a serious one, and we have started some dialogue across the different boundaries that exist, boundaries that have to be broken down. I have had the privilege of being able to chair and get started a committee that deals with the challenges from the point of view

of crime, from the point of view of policing, from the point of view of tourism, from the point of view of BIZ organizations, Mr. Speaker, and we are looking for innovative approaches in this province.

### **Health Care Facilities Length of Stay**

**Hon. Jon Gerrard (River Heights):** Today the Manitoba Centre for Health Policy and Evaluation released an important report on the status of health care in Winnipeg hospitals. The report indicates that after the first hospital day an astonishing 42 percent of patients occupying hospital beds in Winnipeg do not need to be in hospital and do not need to be occupying those beds.

I ask the Premier (Mr. Doer) whether he is considering replacing his present Minister of Health (Mr. Chomiak) in light of this report which says on page 68 that the present minister has failed to implement system-wide changes in the system.

**Hon. Tim Sale (Acting Minister of Health):** I am delighted to answer that question with the observation that is why we put 11 percent more funding into our community clinics this year. That is why we are buying the Pan Am Clinic, so we can increase day surgery. That is why we are expanding all of the options in the community. That is why we are going to be putting more nurses in our schools so that we have health care available in the community so that people do not need to go to hospital. That is the sorry legacy we inherited. That is what we are changing.

**Mr. Gerrard:** My supplementary to the Premier. I ask the Premier how he can fail to stand up and defend his own Minister of Health when the report so clearly indicates that his minister has failed to adequately deal with one of the fundamental issues under his responsibility, that almost four out of ten hospital beds in Winnipeg are being occupied by patients who do not need to be in hospital.

**Hon. Gary Doer (Premier):** I will check the date; I believe it is 1998-99. There are a number of challenges in health care, and one of the

initiatives that we are working on right now in the—

**An Honourable Member:** You promised that in six months and \$15 million that there will be no problems with health care. You promised that.

**Mr. Speaker:** Order.

**Mr. Doer:** The member of raspberry jam has no business talking about promises.

### **Point of Order**

**Mr. Marcel Laurendeau (Opposition House Leader):** Mr. Speaker, I did not know there was a minister of raspberry jam or strawberry jam. I am not sure who the First Minister is putting these statements towards, but I hope he realizes we are to refer to all members as honourable members.

**Mr. Speaker:** On the point of order raised by the honourable Official Opposition House Leader, he does have a point of order. All members should be referred to by their constituency or ministers by the portfolio they hold. I would like to take this opportunity to caution all members to choose their words carefully and to respect all honourable members.

\* \* \*

**Mr. Doer:** Mr. Speaker, one of the areas that is contained within the bill that is before the Legislature now dealing with the whole issue of regional health and planning and implementation in co-operation with the hospitals, particularly the faith-based institutions, is to get a much better and more effective use of beds in our health care plan, and part of that is to work more effectively with the personal care homes or home care in the health care system.

I think last year we had some success with preventing people from going into hospitals, which is our first goal. We had the most aggressive plan of all of Canada, with the flu shots and other educational measures, to keep people out of hospitals. So that is our first goal, to try to prevent people from going into hospitals who do not even need to get there if we can take measures to prevent that.

Secondly, Mr. Speaker, the member is correct in that we recognized in coming into office and in dealing with health care that there are a number of co-ordinating strategies we need to put in place to more effectively use beds. Part of that, Mr. Speaker, is some patients can go directly home with greater home care. Some patients can go home with a greater ability to have health care intervention at home. Some patients need to go to another facility, one with less acute care, and there is a serious weakness, we believe, between patients who are ready for release to a facility and no co-ordination or authority to make sure that that happens in a timely way.

So there are some real challenges that we would acknowledge. To suggest that the system is perfect would be incorrect, but this Minister of Health (Mr. Chomiak) is doing more on preventing people from going to hospitals, preventing children from becoming sick and also on the other end trying to deal with some of the legitimate concerns raised by the member opposite.

We, over time, will make a lot of difference in all of these crucial areas, Mr. Speaker.

**Mr. Gerrard:** Mr. Speaker, my supplementary to the Minister of Finance (Mr. Selinger): Given that the report on page 68 clearly indicates that the results pertain today because the system-wide changes have not been made, what is the Minister of Finance doing with respect to the tens of millions of dollars that his Government is spending on hospital costs for patients which this report says do not need to be there? The report clearly says the results pertain today.

**Mr. Sale:** The data are from 1998-99, Mr. Speaker. That is the year that this former government was in government. That is the time we are talking about. That is, however, also why this Government put in place home care co-ordinators at the discharge units, put in rapid response groups into the hospital so that we did not admit people not needing to be there.

I would say to the member opposite, Mr. Speaker, that the study also shows that 95 percent of patients who were admitted to hospital required the care of a hospital on the

day of admission. These were not inappropriate admissions. What we see, though, is that they need to move more quickly into an appropriate setting, which is why we are building supportive homes, placements for patients who do not need a nursing home but need something in between their home and a nursing home. It is why we have worked to put more home care resources into the system, so that people do get discharged as quickly as possible with care, with care plans in place.

That is the role of the teams at the hospitals, to make sure that every patient who can go home does, but does go home with the kind of care that keeps them from coming back, Mr. Speaker.

Thank you.

\* (14:20)

#### **Farm Property Assessment Government Position**

**Mr. Tom Nevakshonoff (Interlake):** As the former, and most highly respected I might add on this side of the House, Minister of Agriculture is asking all of the questions from the Opposition bench today, I would like to ask a question about one of their farm policies whereby they increased the portion of farm property assessment from 27 percent to 30 percent in 1994.

Mr. Speaker, would the First Minister rise and give this Government's position on this most important issue to Manitoba farmers?

**Hon. Rosann Wowchuk (Minister of Agriculture and Food):** Mr. Speaker, I want to thank my colleague the Member for the Interlake for raising this important issue. During the previous administration's time, they decided to raise the percentage of portioning on taxes on farmland. They raised it from 26 percent to 30 percent. This year, given the assessments, and recognizing the serious situation that farmers are facing with high input costs, low commodity pricing, we have decreased that portioning to 26 percent. This will save farmers and people in rural communities \$7 million. So we are acting proactively to help farmers with their taxation bill.

### **Winnipeg Casinos Advertising Campaign**

**Mr. Harry Enns (Lakeside):** Mr. Speaker, for the better part of this past week, we on this side have been questioning the Minister responsible for Lotteries about her multimillion-dollar media advertising blitz to lure more Manitobans into gambling casinos. Yesterday, my good friend and colleague, we used to call him "Landslide Ashton" after his first election, he was forthright and candid enough on one of our radio talk show programs at CJOB and candidly admitted that the rationale, the purpose of the multimillion-dollar advertising blitz was for gambling purposes to lure Manitobans.

My question to the Minister of Gaming: Can he help us out with it? I mean, what is the rationale for the multimillion-dollar advertising blitz, Mr. Speaker? To advertise restaurants of the casinos or, as the Minister of Gaming says, to lure Manitobans into the casinos?

**Hon. Steve Ashton (Minister charged with the administration of The Gaming Control Act):** Mr. Speaker, I really appreciate the question from the member because I have always felt that I have had the ultimate luxury of having been elected to government, then be in opposition, then be in government, but the member opposite has had the luxury of being elected to government, then to opposition, then to government, then to opposition. I say, you know, with his 35 years and his eternal optimism, you never know, maybe in another 35 years, he will be back in government again.

I do want to assure the member it is a worthy debate. In fact, if he recalls when he was first elected, I think even in those days people gambled; then it was Irish Sweepstakes tickets. I do not think the member goes quite as far back as prohibition on alcohol, but the bottom line here is we are trying to find a balance. Prohibition does not work and neither does wide-open availability, and we are trying to find the same kind of balance that I am sure members opposite wrestled with when they were in government, Mr. Speaker.

**Mr. Speaker:** Time for Oral Questions has expired.

### **Speaker's Ruling**

**Mr. Speaker:** I have a ruling for the House.

During Oral Questions on June 13, 2001, the honourable Official Opposition House Leader (Mr. Laurendeau) raised a point of order concerning the word "hypocrites" allegedly said by the honourable Member for Elmwood (Mr. Maloway). The honourable Government House Leader (Mr. Mackintosh) also spoke to the same point of order. I took the matter under advisement in order to peruse Hansard.

On page 2880 of Hansard, the words "what a hypocrite" do appear, but there is no indication of the identity of the member by whom the words were spoken or to whom the words were directed. In keeping with rulings delivered in a similar situation by Speaker Rocan on November 14, 1988, March 14, 1990, December 14, 1990, and by rulings delivered by Speaker Dacquay on April 25, 1996, May 29, 1996 and December 4, 1997, I must rule that as the Hansard record does not attribute the remarks to a specific honourable member, there is no point of order.

I would however urge honourable members to exercise caution in the choice of language used, both when they have the floor and when they are speaking from their seats. The word "hypocrite," complained of in this instance, has been the subject of a number of interventions by Speakers in the past. Although at times discussions in the House can become heated, I would request that members keep their remarks temperate and worthy of this Chamber and the office that we all hold.

### **MEMBERS' STATEMENTS**

#### **55-Plus Games**

**Mr. Edward Helwer (Gimli):** Mr. Speaker, it is with great pride that I rise in the House today to announce the overwhelming success of the 2001 MPI Manitoba Society of Seniors 55-Plus Games which took place in Selkirk this past week.

I had the honour of attending the opening ceremonies, and I must say that I was extremely

impressed with the number of participants and the volunteers who came out for the event. This year's games hosted a record number of 1700 participants and over 350 volunteers. The turnout for the events, as well as for the entertainment which ran throughout the games, was remarkable.

Everyone involved in the organization and execution of this year's games deserves a pat on the back for a job very well done. Fittingly, this year's overall winner, scoring 266 points, was the Interlake region, winning 15 gold medals, 13 silver and 11 bronze. So congratulations to everyone who participated.

\* (14:30)

Second place was awarded to the Pembina Valley region, who amassed some 229 points. Assiniboine Park-Fort Garry region placed third with 202 points.

Mr. Speaker, this wonderful event was years in the making, and I would personally like to thank the co-chairs Peggy Holt and George Plews for their tremendous effort, as well as the hundreds of other volunteers who worked hard to make this event a success.

Also, congratulations to the competitors who came from across the province to take part in this competition. You all set a wonderful example of achievement and public participation for every Manitoban. Thank you, Mr. Speaker.

### Refugee Day

**Mr. Cris Aglugub (The Maples):** Mr. Speaker, today marks the first ever World Refugee Day which will be celebrated throughout the world. The theme of the Refugee Day is respect, respect both for the rights of refugees worldwide and for the immense contributions they make to our societies.

This year is the 50th anniversary of the 1951 refugee convention, born out of the horrors of World War II and the will of the international community never to witness them again. Fifty years later, the convention still remains a necessity today. Millions of people are living in

refugee camps under difficult conditions, or are trapped within the borders of their home countries unable to escape the horrors of conflict or persecution.

Manitoba has become the home of many refugees and they have repaid many times over with the skills they brought, experiences and perspectives. Let us honour the first World Refugee Day by strengthening our commitment to refugee protection and welcoming those who come in search of the freedom and security we take for granted. Thank you, Mr. Speaker.

### Mr. Harry Enns

**Mrs. Joy Smith (Fort Garry):** Mr. Speaker, on this very special day, I would like to say a few words to honour our friend and our cherished mentor as he celebrates 35 years in the Manitoba Legislature.

Over the years, the Member for Lakeside (Mr. Enns) has blessed us with his wisdom and expansive knowledge giving our actions and demonstrating in many ways that he is truly the dean of this Legislature. So this morning I brought an apple for my teacher. I brought my favourite poem that was given to me by my father when I received my master's degree, and I bring to him in a public forum my many thanks for all the help that he has given me this year.

So to commemorate this extraordinary occasion, I would like to dedicate this poem that I shared with the Member for Lakeside, our dean, and it is written by Ralph Waldo Emerson. This is the advice, since the Member for Lakeside has given me much sage advice: To laugh often and much/ To win the respect of intelligent people and the affection of children/ To earn the appreciation of honest critics and to endure the betrayal of false friends/ To appreciate beauty/ To find the best in others/ To leave the world a bit better whether by a healthy child, a garden patch or a redeemed social condition/ To know that even one life has breathed easier because you lived/ This is to have succeeded.

On behalf of all of us here in the Legislature, please accept my sincere thank you, Member for Lakeside, for your undying devotion to this



House and for blessing us, for your wisdom and grace.

### Farm Property Assessment

**Mr. Tom Nevakshonoff (Interlake):** Mr. Speaker, it is my pleasure to rise in the House today to draw attention to a recent Government announcement that the portion of farm property assessment which is subject to taxation will be reduced from 30 to 26 percent beginning in 2002. This will reverse an initiative of the previous Tory government which in 1994 increased the portion from 27 to 30 percent, thereby increasing the tax burden on Manitoba farmers. This reduction in portioning is timely in that it follows upon the statutory reassessment which occurs every four years in accordance with The Municipal Assessment Act.

This action by the NDP government will save Manitoba farmers \$7 million in property taxes which would have been imposed due to increased land values identified by the reassessment. The Government has taken this action in recognition of the fact that Manitoba farm families are currently in a crisis situation due to exceptionally low agricultural commodity prices. It corresponds with other actions such as the increase in the Manitoba education and property tax credit from \$250 to \$400 over a two-year period. This \$150 reduction in property tax averages out to a 9.4% decrease in areas outside Winnipeg and builds on other commitments to farmers, such as equalization of Hydro rates, which will put an additional \$15 million into the pockets of rural and northern Manitobans.

In addition, two programs, which were killed by the previous Tory administration, the rural stress line and the subsidy for testing private water wells have also been reconstituted. These actions and others are solid evidence that the current NDP government takes very seriously the needs of rural Manitobans.

### Health Care Facilities

#### Length of Stay

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I rise to talk for a few moments about a report tabled today by the Manitoba Centre for

Health Policy and Evaluation and the regional health authority entitled *The Acuity of Patients Hospitalized for Medical Conditions at Winnipeg Acute Care Hospitals*. The objective of this study was to look at the proportion of medical admissions and days in hospitals that met standard criteria indicating that acute care, a regular hospital bed, was needed. The report found that 42 percent of the days in hospital after the first day were assessed as requiring an alternate level of care and therefore did not require the services provided on acute care medical units, this almost 45 percent of days on medical wards of Winnipeg acute care hospitals spent by patients who did not require the services of an acute care setting in this astonishingly high number and astonishingly high proportion.

It is disturbing to read on page 68 of this report that the results remain relevant, even though they were looking at a period a couple of years ago. The changes have not been implemented on a system-wide basis in regard to the changes which are needed. It is likely, says this report, that the proportion of days assessed as non-acute for short-stay cases has not changed, that is, that the proportion of patients who are in hospital and occupying hospital beds in Winnipeg hospitals apparently is still very high.

Some progress has been made on long-stay patients, and utilization management efforts at Seven Oaks General Hospital are noted for their improvement, but, in general, this report indicates there is a large need to improve health care utilization in Winnipeg hospitals.

### ORDERS OF THE DAY

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, would you canvass the House to see if there is leave to have a motion introduced to fix up, I understand, a glitch in terms of the committee's work the other night that did not address the issue of preambles?

**Mr. Speaker:** Is there agreement in the House?  
[Agreed]

**Mr. Mackintosh:** Mr. Speaker, I move, seconded by the Minister of Transportation and

Government Services (Mr. Ashton), that the preambles of the following bills, No. 17, The Student Aid Act; No. 39, The Archives and Recordkeeping Act; Bill 301, The Bank of Nova Scotia Trust Company and National Trust Company Act, considered by the Standing Committee on Economic Development be deemed to have been passed and reported by that committee.

*Motion agreed to.*

**Mr. Mackintosh:** Mr. Speaker, would you please call concurrence and third readings to be followed by debate on second readings with bills in the following order: 26, 18, 22, 40, 42, 50, 21. *[interjection]*

Mr. Speaker, would you please omit Bill 21.

\* (14:40)

#### CONCURRENCE AND THIRD READINGS

##### **Bill 9—The Vital Statistics Amendment and Consequential Amendments Act**

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, I move, seconded by the Minister of Family Services and Housing (Mr. Sale), that Bill 9, The Vital Statistics Amendment and Consequential Amendments Act, reported from the Standing Committee on Law Amendments, be concurred in and be now read for a third time and passed.

*Motion presented.*

**Mr. Marcel Laurendeau (Opposition House Leader):** We are prepared to see this bill pass, Mr. Speaker.

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is third reading of Bill 9, The Vital Statistics Amendment and Consequential Amendments Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

##### **Bill 12—The Real Property Amendment Act**

**Hon. Gord Mackintosh (Government House Leader):** I move, seconded by the Minister of Family Services and Housing (Mr. Sale), that Bill 12, The Real Property Amendment Act, reported from the Standing Committee on Law Amendments, be concurred in and be now read for a third time and passed.

*Motion presented.*

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is third reading of Bill 12, The Real Property Amendment Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed and so ordered.

##### **Bill 13—The Social Services Appeal Board and Consequential Amendments Act**

**Hon. Gord Mackintosh (Government House Leader):** I move, seconded by the Minister of Family Services and Housing (Mr. Sale), that Bill 13, The Social Services Appeal Board and Consequential Amendments Act, as amended and reported from the Standing Committee on Law Amendments, be concurred in and be now read for a third time and passed.

*Motion presented.*

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is Bill 13, The Social Services Appeal Board and Consequential Amendments Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

**Bill 14—The Consumer Protection  
Amendment Act**

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, I move, seconded by the Minister of Consumer and Corporate Affairs (Mr. Smith), that Bill 14, The Consumer Protection Amendment Act, reported from the Standing Committee on Law Amendments, be concurred in and be now read for a third time and passed.

*Motion presented.*

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is third reading of Bill 14, The Consumer Protection Amendment Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

**Bill 15—The Mortgage Amendment Act**

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, I move, seconded by the Minister of Consumer and Corporate Affairs (Mr. Smith), that Bill 15, The Mortgage Amendment Act, reported from the Standing Committee on Law Amendments, be concurred in and be now read for a third time and passed.

*Motion presented.*

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is Bill 15, The Mortgage Amendment Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

**Bill 29—The Residential Tenancies  
Amendment Act**

**Hon. Gord Mackintosh (Government House Leader):** I move, seconded by the Minister of Consumer and Corporate Affairs (Mr. Smith), that Bill 29, The Residential Tenancies Amendment Act, reported from the Standing Committee on Law Amendments, be concurred in and be now read for a third time and passed.

*Motion presented.*

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is third reading of Bill 29, The Residential Tenancies Amendment Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

**Bill 30—The Securities Amendment Act**

**Hon. Gord Mackintosh (Government House Leader):** I move, seconded by the Minister of Consumer and Corporate Affairs (Mr. Smith), that Bill 30, The Securities Amendment Act, reported from the Standing Committee on Law Amendments, be concurred in and be now read a third time and passed.

*Motion presented.*

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is third reading of Bill 30, The Securities Amendment Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

### DEBATE ON SECOND READINGS

#### Bill 26—The Winnipeg Commodity Exchange Restructuring Act

**Mr. Speaker:** To resume debate on second readings, Bill 26, The Winnipeg Commodity Exchange Restructuring Act, standing in the name of the honourable Member for Seine River.

Is there will to leave the bill standing in the name of the honourable Member for Seine River?

**Mrs. Louise Dacquay (Seine River):** No. There will be no further speakers on this side of the House. We are prepared to pass this bill to committee.

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is second reading of Bill 26, The Winnipeg Commodity Exchange Restructuring Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

\* (14:50)

#### Bill 18—The Teachers' Pensions Amendment Act

**Mr. Speaker:** Bill 18, The Teachers' Pensions Amendment Act, standing in the name of the honourable Member for Fort Garry.

**Mrs. Joy Smith (Fort Garry):** Mr. Speaker, it is a pleasure today to stand up and put a few words on record concerning this particular Bill 18, The Teachers' Pensions Amendment Act.

As we all know on this side of the House, Mr. Speaker, the retired teachers have a long

legacy of commitment to the education system here in Manitoba, and with that commitment comes the responsibility of a government to ensure that the pension plans put in place are ones that can ensure that the teachers do have a standard of living that is comparable to the population throughout Manitoba. Many teachers have spent years in the profession and have contributed for years to a pension plan expecting to be able to retire and still not suffer from lack of funds due to the years of work and commitment and pay scales that have been evident in the teaching profession.

Retired teachers have had some years of adequate adjustments to their pensions, but the retired teachers now feel unless the pension adjustment account is improved, these adjustments will now be either non-existent, as would have been the case last year without government intervention, or inadequate, as is the case this year.

Mr. Speaker, as we know, The Teachers' Pensions Amendment Act has a provision so that teachers who retire before turning 65 will be treated as not having retired if within 30 days after retiring they become re-employed as teachers. It does clarify that periods of part-time and full-time employment are combined to determine whether a teacher has a sufficient length of service to retire and begin receiving a pension.

This particular bill limits the period during which a retired teacher under the age of 65 can teach while receiving a pension. The limit is 120 teaching days a year. It does give the Teachers' Retirement Allowances Fund board the authority to invest funds on behalf of the Government and to administer other pension plans. It also provides for a one-time transfer from account A—that is, the account to which teachers' contributions are credited and from which pensions are paid—to the pension adjustment account. That is the account used to fund the cost-of-living adjustment.

Mr. Speaker, this particular bill has a provision to allow a teacher or a former teacher to purchase at full actuarial cost a period of past service, such as a teacher on parental leave or an employee under the Minister responsible for

Education or Advanced Education or a member of a university education faculty or a school clinician. It does update and clarify certain other provisions of the act.

Now, Mr. Speaker, we all know that the Doer government's introduction of Bill 18 provides for members on this side of the House to voice some concern that the Member for Concordia (Mr. Doer), on June 21, 1999, prior to the last election, assured the Retired Teachers' Association that his Government would assist TRAF in implementing a new governance structure. The Retired Teachers' Association did expect that a new governance structure would be in place by this time, since the present government and members opposite have been in power for the past 20 months.

The minister offered a one-year solution with a 2% adjustment last year to help retired teachers with the cost of living, but prior to the election, members opposite addressed the fact, Mr. Speaker, that they would be looking at the retired teachers receiving a full cost-of-living adjustment annually.

Mr. Speaker, this has not been addressed on a permanent basis. It must be pointed out that this legislation makes no mention of the fact that the retired teachers did need a new governance structure employed in legislation, and also the full cost of living adjustment has not been addressed at all. The question has to be asked why did the minister fail to ensure the pension adjustment account share in the overall gains of the TRAF portfolio as requested by the Retired Teachers' Association of Manitoba?

In the late '70s when the present legislation that is in place right now was written, it was written for both teachers and civil servants. The priorities of both groups at that time were taken into consideration. Teachers expressed their desire for a pension adjustment that would reflect the increase in the Canadian Consumer Price Index each year. They were prepared to make higher contributions to their pension plans and to remove the disability coverage at that time. Civil Service employees had other priorities and thus the Civil Service Super-annuation Plan was written to reflect those differences. To change the teachers' pension

legislation so that it no longer reflected the possibility of a full pension adjustment based on Canada's Consumer Price Index changes the basic premise under which this legislation was written as retired teachers and the Retired Teachers' Association has voiced their concern that they believe this priority has not changed as far as teachers are concerned.

The Retired Teachers' Association has stated quite clearly that what will happen to the standard of living of retired teachers if they consistently receive less than a full quota is quite alarming. The effects of a COLA that is two-thirds of CPI on an annual pension of \$20,000 has been outlined to all members of this House in a letter and in a chart that was given to members opposite and to members on this side of the House. So it is quite clear that the 2% increase that was put on the books for retired teachers for a one period COLA adjustment is not adequate to maintain a standard of living which can be expected by all professional teachers at this point in time.

The Retired Teachers' Association realizes that when the pension adjustment account was established, it was considered prudent that it should be allocated earnings on its funds on the basis of what was earned by only the fixed return portion of TRAF investments. At that time it was felt this would be more secure than basing them on the whole TRAF portfolio. Clearly in the year 2001 the situation has changed in that the overall funding is doing much better than the fixed portion and that this portion is now being valued at its market value instead of what those bonds or mortgages costs were when purchased. The return on the entire TRAF portfolio has been excellent. There is no longer any rationale for the original scheme, and the Retired Teachers' Association believes that the PAA should share in the overall gains. It seems to be quite a reasonable request from the Retired Teachers' Association.

The retired teachers are requesting that legislation could be changed to reflect this current economic change. They have also pointed out to members opposite that another possibility is to use some of the present actuarial surplus and perhaps any future surpluses to bolster the PAA. It is worrisome when we see

that the surplus is available, is evident, and yet members opposite have failed as a promise in their electoral platform prior to the election in 1999 where they promised very clearly that the governance structure would be changed and that the COLA problem would be addressed when the members opposite came into power.

It is important to note that more than 60 percent of these present surplus monies are a result of retired teachers' contributions to the fund, and the retired teachers believe they should have a voice in how these fund monies are distributed, for example, whether to provide COLAs or to improve benefits in this basic plan.

I acknowledge that, in concurrence when I was talking to the present Minister of Education, Training and Youth (Mr. Caldwell), he did voice a concern over this problem and has stated quite clearly that the present members are concerned and have these concerns under advisement. The present minister, Mr. Speaker, has publicly said that members opposite will be concerned about this and is expected to address this issue in the near future.

In August of 2000, the Government of Manitoba passed legislation to allow current and former public school teachers who are not already receiving a pension to purchase periods of maternity leave for pensionable service. Teachers who take maternity leave in the future will also have the option to purchase periods of that leave for pension purchases. I commend members opposite for putting this into legislation to allow this to happen, Mr. Speaker. Clearly this is a very fair approach to the situation surrounding maternity leave.

\* (15:00)

However, it is to be pointed out that teachers who retired on or before July 31, 2000, were not provided with this option. Many of these retired teachers were forced to take full year leaves of absence or even resign their positions when they became pregnant because maternity leave was seen at this time as a disruption in the workplace. To deprive these teachers of the option to purchase maternity leave for pension purposes, Mr. Speaker, seems to members on this side of the House to penalize women and to penalize teachers who have put years of dedicated service into the teaching profession.

Mr. Speaker, this particular bill, Bill 18, does address, as outlined earlier, some of the concerns. With the statements of the present minister yesterday in concurrence, it is expected that the Minister of Education will follow through on the statements made yesterday in concurrence and that members opposite will live up to their political promises that they made prior to the election in 1999, a promise to address the COLA so retired teachers do have the cost of living taken into consideration to enhance the pension payments to these retired teachers.

Overall, Bill 18 is fully endorsed by members on this side of the House. Members on this side of the House are pleased that The Teachers' Pensions Amendment Act will be put into place. At this time I would like to take the opportunity to say that members on this side of the House are prepared to pass this bill on to committee.

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is Bill 18, The Teachers' Pensions Amendment Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

#### **Bill 22—The Cancer Treatment and Research Foundation Amendment and Consequential Amendments Act**

**Mr. Speaker:** Bill 22, The Cancer Treatment and Research Foundation Amendment and Consequential Amendments Act, standing in the name of the honourable Member for Charleswood.

**Mrs. Myrna Driedger (Charleswood):** Mr. Speaker, I appreciate the opportunity to put a few comments on the record about Bill 22, The Cancer Treatment and Research Foundation

Amendment and Consequential Amendments Act. This bill amends The Cancer Treatment and Research Foundation Act and changes the name of the foundation to CancerCare Manitoba.

There certainly have been some exciting changes for CancerCare Manitoba with their name change, with the further development of the building there in order to meet current and future needs. I am proud to say that we played a large part over the last number of years in working with CancerCare Manitoba to try to help them define and move towards being able to meet the needs of Manitobans in the future.

This particular bill does require CancerCare Manitoba to submit an annual health plan to the minister and sets out requirements for the way in which CancerCare Manitoba must manage its resources. Certainly transparency and accountability in our health care system is important. We are hearing that more and more often. These amendments in this bill regarding the objectives of the foundation were certainly based on recommendations from CancerCare Manitoba to more accurately reflect CancerCare's current role. Hopefully, as all of this evolves, we will certainly see more changes coming into place in terms of a further definition of accountability in the system.

The bill itself gives the minister similar powers respecting CancerCare Manitoba as the minister now has respecting regional health authorities under The Regional Health Authorities Act. Certainly, this bill appears to be consistent with the other legislation, and we are supportive of this move in that direction.

These proposed legislative changes would certainly reflect existing practice and would be consistent with the requirements of regional health authorities. I think it is a positive thing that we see an annual health plan that would ensure that CancerCare could manage and allocate its resources according to the plan and any directions from the Government, that CancerCare would provide annual reports each year with financial and statistical information, and other relevant information about its activities would be supplied to the minister as required. Certainly, that would be helpful in terms of the needs of planning for our system in health care. The approval process for capital projects and the acquisition or leasing of

equipment would be similar to the processes followed by the regional health authorities. Again, this is something, Mr. Speaker, that we do support.

CancerCare is definitely an important research and development foundation, and now it would be able to receive faster approval to purchase or apply for patents. They have raised this as a concern of theirs, and with this particular bill it would allow for a faster approval process for the purchasing and applying for patents. This would, in effect, be more helpful to them.

Certainly, Mr. Speaker, with all of the issues that we do see in the area of cancer, with the increasing rates we see of cancer, particularly as we have an aging population, I am sure it is going to lead to many challenges in the future for all of us in health care who are dealing with some of these challenges. Certainly, the aging population and the increase in cancer rates are going to have some impact on the system.

It does beg the question, Mr. Speaker, with the promises that the Government has made on the prostate cancer and cervical cancer screening programs, it does beg the question as to where those particular programs are. Certainly, the prostate cancer program was to have been up and running a year after the election, and we still have not seen that. A comprehensive prostate cancer centre was also promised by this Government, and here we have two election promises again broken in this particular area.

The cervical cancer screening program was highly advocated by the NDP in opposition, and, again, they seem to be moving very, very slowly in terms of addressing the need for a screening program in this area. I do find that a little bit surprising, considering the strength of their arguments before. I do not know why they would be taking so long to address these two very, very significant issues, because, certainly, now, Mr. Speaker, we see that they are dead silent on the issue. We wonder where progress is in terms of them meeting their election commitments.

The news release from the minister did state that CancerCare Manitoba was consulted as part

of the legislative development process and that it welcomed the updated act. Certainly, I am supportive of consultation. Any consultation certainly in the development of any of the bills or programs within health care is a healthy way to approach the changes we need and the strengthening that we need in our health care system. So I am certainly very supportive of the consultation process, and I do commend the minister for that approach.

With those few words, Mr. Speaker, we are prepared to see this bill move to committee.

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I rise just to share a few comments with regard to this act dealing with CancerCare Manitoba. The Cancer Treatment and Research Foundation, as it was, has made a long and distinguished contribution to the health of Manitobans in treatment and in research and indeed in a variety of areas of prevention and epidemiological studies following the incidence of cancer in Manitoba and providing to Manitobans an awareness of the current situation with regard to cancer in our province.

The change in the name to CancerCare Manitoba, which has already occurred, I believe is a reasonable one. It shows that the institution has a new building and a changing direction, increasing and improving its relevance to Manitobans as we are entering and are in the early stages of the 21st century.

The new facilities provide not only for better care and an improved environment for patients but improved facilities for research. We look forward to many years of continuing and ongoing contributions by CancerCare Manitoba to the province and to the citizens of Manitoba in the years ahead.

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is second reading of Bill 22, The Cancer Treatment and Research Foundation Amendment and Consequential Amendments Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

\* (15:10)

#### **Bill 40—The Podiatrists Act**

**Mr. Speaker:** Resumed debate on second reading of Bill 40, The Podiatrists, standing in the name of the honourable Member for Charleswood.

**Mrs. Myrna Driedger (Charleswood):** I am sure the Government is waiting with bated breath to hear the statements that are going to be made on The Podiatrists Act. I do notice that the minister, in his second reading, did make some comments assuming that there would be a variety of comments and advice to offer on this legislation. He says he is really looking forward to the discussion on this particular act.

Certainly, Mr. Speaker, the area of foot care is an important one. This particular legislation does replace the outdated chiropody act and begins a process of providing a wider range of foot care services.

As we see an aging population, as we see a number of medical conditions, we will see probably more and more people accessing the services of podiatrists in taking care of ourselves, with certainly the practice of podiatry changing.

The proposed legislation will acknowledge and include the range of services that podiatrists provide in many other jurisdictions. In looking at this bill and addressing where it needed changes, bringing it in line with other jurisdictions is certainly in order. This bill is going to improve foot care services that podiatrists will be able to provide to Manitoba and aid in keeping highly skilled podiatrists practising in Manitoba. We certainly hope that that will be the case, that we will have an environment here in health care where podiatrists feel that they can have a good practice.

I note that the regulation for the bill will be developed in consultation with the College of Physicians and Surgeons of Manitoba, the



Manitoba Pharmaceutical Association and Manitoba Health as well. I also note that a college of podiatrists of Manitoba will be established to administer the act. At least one-third of the governing council and committees of the college will be members of the public. The complaints and discipline process for podiatrists is also updated and strengthened. I note also that there will be an updated complaints and discipline process. These certainly do strengthen a profession in carrying out its duties on behalf of patients.

The issue of continuing competency is certainly one of increasing importance across the entire system. I am sure that all of us in Manitoba want to be sure that this is something that is in place and that regulatory bodies are monitoring it closely. The College is to have increased ability to monitor the continuing competency of its members, including the authority to establish continuing competency programs and to appoint practice auditors to review the operation of a podiatry practice. An annual report will also be required.

Putting this in place, we do believe will help to strengthen the profession of podiatry in Manitoba. We do look forward to seeing a wider range of foot care services with the ultimate goal that we are bettering care for patients in Manitoba. Thank you.

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is Bill 40, The Podiatrists Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

#### **Bill 42—The Regulated Health Professions Statutes Amendment Act**

**Mr. Speaker:** To resume debate on second reading of Bill 42, The Regulated Health Professions Statutes Amendment Act, standing in the name of the honourable Member for Charleswood.

**Mrs. Myrna Driedger (Charleswood):** Mr. Speaker, Bill 42, The Regulated Health Professions Statutes Amendment Act, is the one I rise to speak on today.

This legislation ensures that Manitoba meets the requirements of the labour-mobility provisions under the Agreement on Internal Trade and the Social Union Framework Agreement signed by the province to promote the free movement of people across the country. Certainly when we see mobility of professions across the country, and sadly sometimes mobility where we would hope that we could retain our professions in the province, we certainly do not want to hamper their ability if they choose to move on, hamper their ability to find jobs.

I note that this legislation will be supported by subsequent regulation amendments for a number of those professions and some other health professions such as midwifery and denturists. I note also that Manitoba Health has consulted with all of the regulated health professions in the province to identify whether these amendments to legislation would be necessary. Again, I do support this kind of consultation. I hope it was to the depth that the health professions were satisfied with.

I note that the regulatory bodies for dentistry, dieticians, optometrists, pharmacists, psychologists and respiratory therapists proposed amendments to their legislation following these discussions. So certainly I do commend Manitoba Health for going the consultation route. I have always been a strong proponent of engaging people in consultation so that in the end, with more minds addressing an issue, hopefully we can have a stronger position and a stronger bill, which ultimately would then be better for the patients in Manitoba.

As the minister has indicated, The Regulated Health Professions Statutes Amendment Act will assist the Government in meeting the labour mobility obligations of the AIT.

With those few words, Mr. Speaker, we are prepared to see this bill move to committee.

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

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is Bill 42, The Regulated Health Professions Statutes Amendment Act. Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed? Agreed and so ordered.

### **Bill 50—The Regional Health Authorities Amendment (Accountability) Act**

**Mr. Speaker:** To resume debate on second reading of Bill 50, The Regional Health Authorities Amendment (Accountability) Act (Loi modifiant la Loi sur les offices régionaux de la santé (responsabilités)), standing in the name of the honourable Member for Charleswood.

**Mrs. Myrna Driedger (Charleswood):** I certainly appreciate the opportunity to put some remarks on the record in terms of The Regional Health Authorities Amendment (Accountability) Act.

I note with interest that in the news release that the minister put out on the bill, he did, and I quote, say: "This is another step in delivering effective, efficient and co-ordinated health services through regional health authorities." Mr. Speaker, certainly from those comments by the Minister of Health (Mr. Chomiak), it appears that he is strongly endorsing regionalization and regionalized health authorities.

He also went on to say in his news release, and I quote: "The recently released Thomas committee report on the pediatric cardiac surgery inquest recommended completing regionalization to provide consistent operational and accountability structures within the health care system, with this legislation helping to move that effort along." It is very important, I think, for us to pay close attention to what is said in the Thomas report, which is a reflection of what happened with the Sinclair report, which all did arise from the pediatric cardiac surgery inquest.

It is interesting to note that Mr. Thomas has made some fairly strong comments in terms of establishing accountability and strengthening accountability within our health care system. Certainly one cannot argue with the need for accountability at the levels of the hospitals, at the levels of the regional health authorities and at the level of the Minister of Health (Mr. Chomiak). All of those levels of accountability need to be well defined. We need to have a situation or a process in health where people understand who is accountable for what is happening in our health care system.

We should not have people hiding behind or ducking behind another organization or a person in order to avoid being accountable. I think with the beginning of regionalization, we all acknowledge that it was not all completed at the time that it was implemented or instituted, and that over the last few years, we have seen an evolution in terms of the evolving structure of regional health authorities, Mr. Speaker, and a better understanding of regionalization.

\* (15:20)

With all of that, as you learn more about it, you learn where your problems are, you learn where your solutions are. I think, as I have been speaking to people, while everybody may not be fully satisfied with how regionalization is actually working right now, there is at least somewhat of a general consensus that this is a good thing within health care but that we do need to be able to better define the accountability of each person and each organization within the system.

I note that this particular bill, Bill 50, probably does not take us the full distance we need in terms of closing the loop on accountability, but certainly it moves us along. I am not sure that it is going to provide all of the answers for the minister, because I still think he may find some areas that may be problematic for him, but certainly I do believe it is part of the evolution of regionalization. So generally we are supportive of the bill.

I do have some concerns which I will outline shortly, but I will also outline what I see as

positive about the bill, because I do see that there are some positives aspects to it.

One of the real challenges for regionalization is to design systems that can be responsive, efficient, effective and sustainable. We are not managing, Mr. Speaker, discreet parts anymore. We are looking at what the health system needs and examining how we can satisfy those needs as efficiently and cost-effectively as possible while maintaining quality and access.

Certainly, Mr. Speaker, within health care we are seeing the issue of access being a problematic one, because when we have patients on very long waiting lists, increasing waiting lists, not only for diagnostic assessment but also for treatment, it is a huge concern to those of us who are involved in health care. While we continue to see the problems with access growing, we have to also be able to take all of the issues of accountability around that and close the loop in accountability so that we can understand, in this case, access or lack of access plus all of the other challenges in health care, to be able to figure out in the area of accountability who is accountable for what.

Mr. Speaker, as per the Thomas committee report, this is a further step, I do think, in completing regionalization. It may not be the end step, but it is a step in the direction to provide consistent operational accountability structures within the health care system. It does move in a direction to strengthen regionalized health care delivery and is an attempt to better co-ordinate the use of health resources and service delivery in the health regions.

One of the challenges, I think, over the years is how we properly use health resources and how we ensure that service delivery is co-ordinated in health regions. As a nurse in the health care system for 23 years, one experienced the many challenges of hospitals trying in good interest to better care for patients. But what we had seen are hospitals trying to be able to provide everything for patients, to have all of the kinds of equipment that are needed to provide care for patients. That is really not a reasonable expectation that we can have of our health care system.

With the increasing challenges of resources in health care, it is certainly forcing us to address some of these challenges in health care so that

we can strengthen health care. Regionalization is certainly one of the approaches that was put into place to move it in that direction.

Hopefully, too, with this particular bill we should see or we would certainly like to see a speed-up of the decision-making process. Some of the very strong concerns raised to me by doctors and nurses at the front line with regionalization is the length of time it does take for decisions to be made. While this bill may not get us to that point as fast as we would like because not all of these decisions that doctors and nurses at the front lines are asking for are necessarily earth-shattering decisions—some of them are day-to-day decisions—looking at the whole decision-making process within regionalization I have been told is painfully slow, and the front-line workers would like see a process in that area strengthened, so that communication within the system is improved and people understand what is going on. I do not think Bill 50 is going to take us fully in that direction. In fact, it may not take us very far down that road, but, probably, for some of the major and significant decisions, hopefully that at least is sped up.

The bill itself goes one step further to strengthen and clarify lines of accountability within our regional structure, but, certainly, more needs to be done in this area. I do think this is a step in the right direction. It is a step in the evolution. As I have indicated earlier, it probably is not a panacea to the challenges we see in health care, but we do support the attempt within the bill to try to close that loop of accountability and hopefully improve the process of decision making within the health care system.

Within this bill, Mr. Speaker, when an RHA gives direction to a health corporation, it can only relate to matters that have a region-wide impact. I note that in Winnipeg, for instance, the operating agreement does go further than that and also has a clause in it that allows the corporations to have a process which they can follow for issues that do not have a region-wide impact. Certainly, when we put the operating agreement together with the bill, we seem to have almost a bigger bang with the two together than one alone.

The part of the bill that strengthens it is the fact that directions must be given by the CEO of the RHA with the minister being informed. I think this one is particularly important particularly for the corporations, for the hospitals, because they want to be sure that when an RHA is going to be asking them to do something, that full and thorough and consistent thought and direction and strategic planning has occurred within the RHA before that direction comes forward to the CEO of the hospital or corporation.

I believe that there has been some concern amongst hospitals that this may not always have happened in the past, and I think that there is a certain degree of comfort now by the corporations, by the hospitals, that at least now there is a process in place where you cannot have just an individual within the RHA try to force changes within a hospital, but that, in fact, now the CEO of the RHA is the one who, it has been determined, has to provide the direction, with the minister being informed.

I think that, as we get into more debate on this particular bill and as we get it into committee, Mr. Speaker, we will be trying to define here or find how accountability for the Minister of Health (Mr. Chomiak) is also addressed in it, because, certainly, the accountability and the transparency of that accountability is very important. We certainly will be seeking the minister's comment in that area.

The power to give directions as it is indicated in the bill would only be used in extraordinary circumstances when other processes have failed to resolve issues. Certainly, Mr. Speaker, we would be supportive of a process where there is consultation, where the RHAs work very, very hard with the hospitals and with the personal care homes to address an issue that, hopefully, with a lot of work and a willingness to work together to try to resolve an issue, that this, in fact, could happen prior to a situation that would have to occur where the CEO of the RHA would be forced to have to give a direction.

Hopefully, it is true that this would only happen in extraordinary circumstances, that all of us involved in health care would certainly

have the commitment to try to resolve these issues in the best interest of the patient and avoid serious conflict. I do note that when power is there to have a CEO give direction, it includes processes set out in the operating and/or service purchase agreements between the RHAs and health corporations, and these agreements allow for specified matters to be resolved by binding arbitration.

\* (15:30)

One of the things that is a little bit unclear in looking at the operating agreements and the bill itself, and I guess some questions have arisen from some of the health care institutions, the hospitals, wondering perhaps why the bill is needed when the operating agreements basically deal with a number of these issues. We certainly support that the faith component in the delivery of care is protected and that the proposed amendments would enable faith-based operations to refer matters to binding arbitration where they feel that a direction given by an RHA infringes on any of the faith-based agreements or principles.

Certainly, Mr. Speaker, having worked in a faith-based institution for 20 years and being part of that environment, being part of what these particular institutions feel very strongly about—faith-based institutions very much have values that they feel are absolutely significant to them in the giving of patient care. It is very imperative that their ability to deliver the kind of care they feel is necessary is protected. In my consultation with the faith-based community in addressing this issue, they are comfortable enough that the bill does address their concerns in this area.

*Mr. Conrad Santos, Deputy Speaker, in the Chair*

I do support that consultation that has taken place by Manitoba Health with the key stakeholders. I do value consultation occurring when you are dealing with such important matters as the authority, the accountability, the transparency of that accountability in health care. I think it is important that that consultation did occur, Mr. Deputy Speaker, that the key stakeholders were involved, and in my consultation

with those key stakeholders they have indicated to me a basic comfort level with this bill. I suppose what we are going to see with this bill, as with many others, how it evolves over time. But we certainly look forward to seeing this loop in accountability be further addressed.

I do have some concerns about the bill. Hopefully through the course of debate, the minister can successfully alleviate my concerns. I hope that, as I hear him address this more and we have opportunity to ask questions in committee, my comfort level in these particular areas can be addressed. I have some concern, and there are a couple of specific areas. One is around binding arbitration to resolve conflicts and how that might actually take place.

I will give you an example of a situation that is happening right now at Grace Hospital where there is a feeling there by a number of physicians that there is a takeover of 100 of their medical beds. They are extremely concerned about the effects this will have on the community it serves, especially the seniors in that area. According to the physicians in this particular facility, the Grace Hospital, there is very strong objection to this movement by the WRHA.

I am assuming that the Minister of Health (Mr. Chomiak) is involved in terms of what they are doing. It has been brought up as a question in the House. I do not feel that comfortable that the minister has articulated his response to it adequately enough. In fact, I feel it was somewhat poorly articulated, but we have to really be concerned in terms of Grace Hospital as to what would happen if they were to lose 100 of 135 medical beds and those 100 beds would become a closed unit, closed to physicians at Grace Hospital. This 100-bed closed unit would be operated by the Health Sciences Centre. It certainly might alleviate problems for the Health Sciences Centre, but I am not convinced in any way that it might alleviate the problems for the Grace Hospital and, in fact, might create more, particularly for a lot of the local people, many who are seniors.

The whole west end of Winnipeg has a large seniors population, and they are the ones that access this particular hospital. In fact, Mr. Deputy Speaker, a number of the seniors in St.

James have never left St. James. That is their home area.

We know that the emergency department at the Grace Hospital is one of the most challenged in the city in terms of hallway medicine. As a nurse, I know that patients that go to emergency are often patients that need medical beds. If Grace Hospital is going to be losing 100 medical beds, what is going to happen to all these patients in the west end of Winnipeg that would be accessing their local community hospital? What does this do to our definition of a community hospital? I appreciate the need for regionalization and making the system work better, and I do not argue that point.

I do agree that what we need to do in health care is work hard. Instead of having turf wars, we need to work hard to make the system work as a region, so I do not argue that concept, but I am not always convinced that maybe sometimes all of the decisions that are made are always the best ones, so when one looks at a decision like Grace Hospital's, I am wondering where the conflict resolution mechanism would kick in, in a situation like this, so that everybody that has a concern about this can be justly heard and fairly heard and that the best decision overall would be made rather than a slant towards any one particular hospital having more favour in terms of the outcome of the decision. I would be seeking clarification from the minister in this area.

Certainly, it begs the question of how can hospitals and personal care homes be protected if there is questionable decision making going on at an RHA. Certainly, with the dispute mechanism in place through the operating agreement, with the mediation and arbitration processes that are put in place through the bill, one would hope that situations like this could be adequately resolved. We have understood from the Grace Hospital situation that it certainly might have been a decision made by just certain individuals to ensure that this movement take place. I am glad to see the bill is going to involve other people in the decision making so that, when decisions like this are made, the CEO of an RHA is the one that would step in and indicate that this was the direction.

However, I would have a little bit of concern, I guess, in terms of the minister's role in that, you know, if the CEO were going to inform him of the decision, where is the accountability then of the minister, and I am not sure that all of that is finely articulated enough in the bill, but, as I said again, the bill is a step in the evolution. I do not think it is the end result, and I do not think that it is the panacea, but it does take us a step further in closing that accountability loop.

The other thing, I guess, that is a little bit interesting when we look at decisions that are made by an RHA and if they have the ability to make a decision in what they believe is in the best interest of regional health care and the best interest of all the patients. It does beg the question, I guess, one would be addressing political interference. Certainly we saw in the election, the Member for St. Boniface (Mr. Selinger), during the campaign, indicated at I guess it must have been, a news conference August 18, 1999, the Member for St. Boniface said that the NDP will make sure that the Grey Nuns retain control of St. Boniface General Hospital. He said they would halt plans to move the hospital cardiology program to the Health Sciences Centre.

Well, Mr. Deputy Speaker, it is interesting that, during the election, the NDP, who were in opposition, who were not part of the decision making. The decision making at the time was made by the WRHA. I was aware of how strongly the WRHA believed in a single site for cardiac surgery in Winnipeg, feeling that that would be in the best interest of health care, the best interest of patients to have that program consolidated at one hospital. It took some convincing by the head of the WRHA to convince us that should happen. He did convince us. We believed him. He had good information. He had good data. He put his argument forward strongly several times and convinced us that was the way to go.

\* (15:40)

Therefore, when the WRHA strongly believed in something like that and they made their decision, and they made it, according to them, based on good patient care, one must then ask the question: Was there political interference

then by the Government that is now trying to bring in a bill that is giving the authority for direction to be made at the WRHA, because they certainly interfered in that decision the moment they became government? They followed through with their election promise that they would halt plans to move the hospital's cardiology program to the Health Sciences Centre. So this is somewhat strange, a bill coming forward then like this after the very strong position that they took when they were in opposition running for election, and it does appear to be strongly motivated by political intentions.

I think now the bill perhaps is trying to get away from something like that, but it is certainly ironic as to how this whole process eventually did start with the NDP making their promises, politically interfering in a decision that was made by the WRHA, and now they are trying to say the WRHA has the authority to give direction to hospitals. Obviously, I guess what is not very clear in all of this is does the minister have the hammer, I suppose, and I suppose he does. As the Minister of Health, the buck stops there, but it is interesting to note the promise that was made at that time in the election.

There is a clause in the bill that I hope the minister can adequately comment on when we are in discussion with him in committee, and that is the clause that will not allow RHAs to determine if a hospital should be closed. I mean, the minister is certainly on record as saying the RHAs have the authority to make decisions. They have the authority to make decisions in the best interests of their region.

If the authorities are working very hard and diligently and addressing the issues and realizing that maybe some changes have to happen in that particular area, it is interesting to note that the minister goes this far now in the bill to prohibit them, if that was their decision, to now prohibit them from following through on their decision because, on the one hand, he is giving them accountability, and in this particular area, he has taken it away from them. So I would assume then that it would be left to the Minister of Health to be the sole person now who can be the only one making decisions such as this, and I would be interested to hear his further comment in that particular area.

The one thing that I guess does raise some concerns for me is in the whole area of bureaucracies. As I am doing more and more research in the area of bureaucracies, we find out a number of interesting facts. In a document entitled *The Changing Role of Hospitals in Europe*, the authors, M. McKee and J. Healy, inform us that economics of scale in industrialized countries are not apparent above about 400 beds. Hospitals larger than 650 beds appear to be inefficient.

Research on mergers in the U.S. undertaken to reduce total costs concludes that, first, management costs are reduced only in the short run, and, secondly, important diseconomies emerge due to the difficulty of integrating staff and systems.

It does beg the question, Mr. Deputy Speaker, when we see what is happening in Manitoba, is the Government trying to create a public-style managed health organization? Then sometimes when you start to get into that area and try to decipher what is exactly happening, you do run into some contradictions.

Beyond this, possible reductions in patient access and choice, however, may counter any advantages from centralizing hospitals. Increasing the geographic catchment area of a hospital increases travel time and costs and thus may reduce access to care. The World Health Organization has told us that there is an upper efficiency boundary for concentrated service configurations. At the upper end they say that the large 1000- to 2000-bed hospitals and the huge public health labs are characterized by overspecialization, low productivity and low quality of care.

Certainly, Mr. Deputy Speaker, when we look at information like this and we look at what happens with bureaucracies, certainly what we have with regionalization—and I know that the Government was adamantly opposed to having two health authorities in Winnipeg and then proceeded to merge the two together and then proceeded to add a large number of other employees within that structure. While they may have decreased the number of upper-level managers, there certainly is an increased number of middle managers. So I am not sure that they have eventually achieved what they thought they

were going to achieve, but what we end up with are creating bureaucracies.

I think it begs some questions of all of us. It begs some planning from the Government in terms of looking into the research on what these larger organizations create by the fact that they are so large. We certainly know that bureaucracies have trouble dealing with unanticipated problems and new issues. You know, the larger the bureaucracy, the more problems you can have. We know that bureaucracies are not flexible and adaptable, cannot assimilate new technology or methods easily, are slow to innovate. We know that rules lead to insensitive treatment of subordinates, making it hard to recruit and retain professionals, and that rules lead to inflexible treatment of patients.

We know that in bureaucracies the larger you get, the chains of command stifle information sharing. If there is one piece of what we are seeing now with bureaucracies and regionalization, Mr. Deputy Speaker, it is certainly the stifling of information sharing. That is becoming a huge concern not only within the health care system by the professionals making comment on it but also by the public, who do not have a sense of what is happening within our health care system. We know that bureaucracies are vulnerable to capture by the vested interests of the bureaucrats and providers who work in them.

It begs some serious questions too because the Minister of Health (Mr. Chomiak) is on record as saying that he has no plan for health care, he has no grand scheme for health care. That actually makes me very nervous. When we hear him say that and we hear him say, well, we are going to try this and this and this and what works we will keep and what does not work we will throw out, I think that that is a serious challenge to making a stronger health care system, creating the efficiencies that we need in it and creating the accountabilities that we need to happen in the system.

In fact, when you go down that line of not having a plan then I guess it is easy not to be accountable, because then you can just walk away and say, well, we were trying different things and if they do not work, we will try something else.

\* (15:50)

In today's day and age, with the challenges in health care, I do not think that is good enough. I do not think Manitoba patients think that is good enough. I do not think Manitobans think that is good enough.

It really is compromising patient care when you do not have a plan in place to address the challenges in health care. These challenges in health care are going to get bigger and bigger over the next several years because of our aging population, because of the advancing technology. If we think MRIs are the latest technology, all of the other pieces of equipment behind it are going to be bigger and better and more expensive. I am sure they are out there. Once they become tested and available, we are going to see more challenges in terms of the need for that technology.

Pharmacare is also increasing hugely in terms of the amount of money that it requires. As we have an aging population, again, Pharmacare prices will go up because we know that as we have an aging population, the older one gets, the larger the challenges on the health care system, to the tune of 5.4 times the amount of money it takes to care for a younger person. So we do have some serious challenges in health care.

For the Minister of Health (Mr. Chomiak) to just sort of coast along and not develop a plan is really not being accountable, and yet he is putting in place a bill that is supposedly there to close a loop in some of that accountability. So, when we look at, for instance, some of the RHAs, we have to be very, very aware of how many people work within those systems, how many beds are in those systems, and we have to pay attention to what the research, analysis and studies are showing us in this area, because it appears that you do not have the efficiencies and you do not have the good care that you need in health care if your bureaucracies continue to get bigger and bigger.

I do not think this Minister of Health is addressing that, because he said he has no plan. I mean, he is running from crisis to crisis, probably has not even gone far enough to look at the challenges that the bureaucracies create and

add to the system. I think, Mr. Deputy Speaker, that is going to create some serious, serious problems for us as we move further along.

Certainly, we see the challenges before us at the moment. Unlike their commitment to fix health care in six months with \$15 million, we have not seen that happen. In fact, Mr. Deputy Speaker, we are almost two years into their mandate. We are almost half a billion dollars into their mandate. Their health budget has increased by 22 percent or their spending is up 22 percent, and most people would say: We have not seen an improvement of 22 percent in health care, in patient outcomes.

So with our Budget in Manitoba being almost 40 percent going to health care, with the most money in Canada on a per capita basis spent here in Manitoba, this minister needs to put a plan in place if he is going to put a bill like Bill 50 forward and look at accountability. He is accountable to the people of Manitoba to have a plan that we can then evaluate and judge him on in terms of where is his vision, if there is one, taking Manitobans in the area of health care.

We have seen a nursing shortage grow from 600 to 1100. We see a doctor shortage continuing in Manitoba with four doctors recently making an indication that they are going to move from Brandon. In Charleswood alone, despite what the Member for Dauphin-Roblin (Mr. Struthers) has said, where he seems to think there is a ratio of one doctor to 600 patients in Winnipeg, I would like him to know that at a clinic in Charleswood, we have one doctor to 4500 patients. That is right next to a seniors block, and the seniors are absolutely petrified as to how they are going to access quality health care in Manitoba. It certainly does not seem appropriate to say to Manitobans that one doctor to 4500 patients, whether it is in the North or rural or the city, is acceptable at all. In fact, that is totally unacceptable anywhere in Manitoba. We also hear that in Selkirk there are no doctors accepting patients. We also hear, in Winnipeg, there are only six family physicians accepting patients.

Mr. Deputy Speaker, we have to ask what is going on. The minister is bringing in an accountability bill for the RHAs. Maybe we need to be



looking at the accountability bill for the Minister of Health (Mr. Chomiak). Certainly waiting lists continue to go up, and nurses are saying morale has never been so low. We are seeing poor decision making in terms of the purchase of the Pan Am Clinic. Hallway medicine is worse now in the last two months than it was in 1999. Despite the fact that that was an election promise, that is still in existence.

We have to look at whether the health of the community in a region is improving. Certainly that is important. The bill does take us down that road to some degree. Accountability, however, for a long-term picture is the strength of and the greatest challenge for regionalization, but not only for regionalization. I think some long-term planning is in order from the Minister of Health so that Manitobans can have some confidence that their health care system will address their needs in the future. Thank you, Mr. Deputy Speaker.

\* (16:00)

**Hon. Jon Gerrard (River Heights):** Mr. Deputy Speaker, I rise to speak on Bill 50, The Regional Health Authorities Amendment (Accountability) Act.

I think the context of this act is in relationship to three major reports of the last little while, the Sinclair report, which looked at pediatric cardiac surgery and made a whole series of assessments and recommendations. The Paul Thomas report, which reviewed the Sinclair report and then made a number of recommendations in terms of regional health authorities, made it quite clear that, after, oh, more than 18 months on the job, the Minister of Health, still has not adequately defined his role with respect to the regional health authorities. Clearly the minister is trying to act in this bill to provide some additional definition of his role versus the regional health authorities. So it is important, in rising to discuss this bill, Mr. Deputy Speaker, to discuss whether or not the minister has been able to meet the target put forward in the Thomas report of a better definition of the minister's role versus the regional health authorities.

There is also a report which I will discuss, tabled today, provided by the Manitoba Centre

for Health Policy and Evaluation and the Winnipeg Regional Health Authority. This is a report by Sharon Bruce, Carolyn DeCoster, Jan Trumble Waddell, Charles Berchill and Suzanne De Haney, entitled *The Acuity of Patients Hospitalized for Medical Conditions at Winnipeg Acute Care Hospitals*. For simplicity, I will call this the Bruce report in this speech, Mr. Deputy Speaker.

Let me begin by discussing the notion of subsidiarity. That is that, when you have a health operation, a health care system as we do in this province, it is important that decision making and responsibilities occur and activities occur at a level within the organization where they can be performed most effectively, Mr. Deputy Speaker, most cost-effectively, most efficiently and with the best possible outcomes in terms of health, which is, in fact, what we would like.

So the essence here of the question that we should ask is whether, in fact, this bill will help with the many problems which are apparent within the current health care system as it is operating in Manitoba with regard to the optimum activities occurring at different levels and different places within the system.

I think what is first of all clear is that the approach that the Minister of Health is taking is primarily what might be termed a top-down and directive approach. That is that this bill enables a whole series of directions from a regional health authority to health corporations in a variety of circumstances.

This is a vision, in essence, of the health care system operating directed from the top down. It is not particularly a vision of how component parts might act together, how one can change the system so that you facilitate and enhance the ability of component parts of the system to work together. It is not necessarily a vision which would indicate who is going to be responsible for particular areas, information technology, research, et cetera.

The question here is in terms of directives. Maybe this moves the system a step forward, but in terms of the overall vision of how the system and the components should work together, what is clear is that there is not a very clear vision

here of what function should be done by different levels. Rather, there is a vision primarily of a top-down operation of a system rather than a view in which it is tremendously important to provide the environment in which health-care professionals and others working in the health-care system can provide for Manitobans the very best quality care at the lowest possible cost. As Manitobans and as taxpayers we want to make sure that indeed we are doing things in a cost-wise and cost-attending fashion and not putting money in expenditures which, in fact, do not improve health care.

In this respect what is notably absent from this bill is any real mention of outputs of the system, in other words, measuring the performance of the system, measuring, in fact, whether we are getting quality care, whether we are having within the system adequate quality assurance.

I think it is very notable that in the Sinclair report one of the major, major emphases within that report was on quality assurance. Yet we do not see any mention of quality assurance in this bill. This is rather puzzling, given the importance of quality assurance in health care to all Manitobans. This is very puzzling, given what Mr. Sinclair, Judge Sinclair, and Mr. Paul Thomas have indicated in terms of quality of health and in terms of quality assurance. Report after report, not only here in Manitoba but elsewhere in North America and around the world, have shown that by improving quality in health care and decreasing errors, we can, in fact, save dollars.

Yet the minister does not appear to be very interested in quality or quality assurance or outputs. All he is really interested in is directives. What we would like to see is much more emphasis on that which is critical to Manitobans, that is, quality care, quality assurance, good health outputs and better health care for Manitobans at the lowest possible cost.

I think what is notable, when we are looking at questions of cost, for example, is that there really is no substantive effort here to look at budgetary matters and cost matters. I think it was clear from the discussions, which occurred at the time when the Manitoba Health provided the

budgets to the individual regional health authorities, that there continue to be real problems with the costing and the budgetary processes they are operating within the health care systems.

We had numerous complaints from all over the province, people within and around the system showing that there are, in fact, problems with the way the costing and budgeting has occurred. Now, I think what is disappointing here is that this is not really addressed at all in this bill in spite of the fact that it is tremendously important in terms of operating the whole health care system.

I think that the missing elements of this bill are quite a disappointment. Clearly, if we want the kind of quality care, quality assurance and good health output that Judge Sinclair and Mr. Thomas have emphasized that we need in Manitoba, that this amendment change to The Regional Health Authorities Amendment (Accountability) Act is only a little piece of what is needed to make sure that the health care system is working properly.

I am reminded, once again, in looking at the changes here, that they are tinkering rather than the changes that are larger, that are really needed to make this system work better. I am reminded, Mr. Deputy Speaker, in looking at this, that the minister, once again, and the Government, appears to be timid in making small changes rather than being able to introduce the changes, the substantive changes, which are really needed to make the health care system work better.

I am reminded, in looking at this bill, that what is missing is that this is a very tentative bill, that it makes relatively small and modest changes rather than looking at the substantive issues. Rather than being able to bring in advice and consultation from people around Manitoba, the minister has chosen, in a timid, tentative fashion, to tinker. You know, it is sad, but this is characteristic again and again of the present Government.

\* (16:10)

We have seen this day to day and week by week, that they are afraid apparently to make the

more substantive changes that would really help to improve the health care system. They are afraid to address the real issues of quality care and quality assurance and health outputs, as Judge Sinclair and as Paul Thomas have indicated that we need to address in this province.

Let me discuss this Regional Health Authorities Amendment (Accountability) Act in the context of the report which was issued today, the Bruce report, looking at hospital care in Winnipeg. What is interesting in this report, which goes into details and considerable investigation of the situation in hospitals in Winnipeg, this report indicates that the patients who are in the acute care beds in Winnipeg hospitals after the day of admission, that 42 percent of subsequent days in hospital were assessed as requiring an alternate level of care and therefore did not require the services provided in acute care medical units.

What this report is saying is that 42 percent of the patients in hospitals, excluding those in the very first days that they were there, were occupying beds when, in fact, they really should have been better cared for somewhere else within the health-care system. Somewhere else within the health-care system clearly would have been much cheaper as well as better quality care than them occupying a hospital bed, because all the other options are cheaper. The Minister of Health (Mr. Chomiak) and the Minister of Finance (Mr. Selinger) have racked up the budget for health care, but here is an obvious example where quality can be improved and where costs can be reduced at the same time.

Yet, as we see on page 68 of this report, even though the statistics were produced and report from 1998-99, the report very clearly says there is every reason to believe the results purported here in '98-99 still are very pertinent today. The report indicates that since changes have not been implemented on a system-wide basis in regard to diagnostic testing procedures, it is likely that the proportion of days assessed on non-acute for short-stay cases has not changed. There may have been and we do not know. There may have been some improvement in terms of long-term care situations. We certainly hope so.

I would suggest this report points out one of the real deficiencies within the current system as it is operating right now, and that is that this report is reporting data from '98-99. We have been through 1999-2000, 2000-2001 and we are now actually in the 2001-2002 fiscal year, so this is almost three years, say two and a half years behind. Clearly, making good decisions within a health care system with data which is two and a half years behind that reported today is difficult. We recognize that. This is a challenge.

The problem here is that the minister is not addressing the information gap. The information gap is a time from when we get information to the present. Two and a half years is not close enough to now to give us the ability to make changes on a rapid, ongoing basis. Clearly when you have an information gap of two and a half years, then you have got to build in an extraordinarily long delay in how you make decisions.

There is a book called *The Ingenuity Gap*, which talks about decision making with information gaps which points out that decision making with such information gaps is problematic because you are trying to decide and make decisions about how to operate when all you know is information from quite some distance ago. This is not adequate, and it points out very clearly that one of the failures of the Minister of Health is to put in place a system so that he has got day-to-day information on how beds are being used in the hospitals and how, in fact, we are doing. This is not good enough to operate well a health care system.

The problem here is that we need this sort of information on a month-by-month basis so that we can know precisely what is happening today or at least to last month instead of having to rely on information two and a half years ago. It clearly is not good enough. It creates a major problem.

This is not addressed at all in this bill, and clearly the issue would be: Whose authority is it to address the information gap? Who, I would ask, Mr. Deputy Speaker, is responsible for this? It is all too easy, as has been pointed out by Paul Thomas, when you do not clarify responsibilities, for those responsibilities to be passed

on to others within the system. Clearly when we are having a system which is as important as the health care system in Manitoba, then we need to have the information gap addressed.

So I would suggest that the noteworthy thing about this bill is perhaps less what is in it than what is not in it, that the Minister of Health (Mr. Chomiak) has tinkered, has been tentative rather than really addressing the issues which are raised by the Thomas report, the Sinclair report and the Bruce report.

I suggest that it is time for the minister, instead of doing the tinkering, to do the real job. Let us get the health care system really improved and functioning the way it should be instead of having the problems which have been outlined so clearly within the Sinclair report, the Thomas report and the Bruce report. Thank you.

**Mr. Jack Penner (Emerson):** It gives me great pleasure to be able to put a few comments on the record in respect to Bill 50, The Regional Health Authorities Amendment (Accountability) Act. I think this bill demonstrates the minister's will to ensure the authority that is, of course, given to the minister under the auspices of the Crown. The minister does have authority to give and to direct, to ensure the operations of the health authority and to provide, in fact, funding to the regional health authorities to provide services to those Manitobans who need health care services from time to time.

I find it very interesting that this bill speaks about the Winnipeg Health Authority and speaks to the religious orders that are involved in the operation of corporations that deliver health services in this province and also speaks to the authority of the religious aspects within those corporations and the operation of those corporations. It does, however, also deal with the directives and the authority to give directives by the health authority to the corporation. I think one needs to very carefully assess first of all the meaning of this bill and what is implied in this bill.

\* (16:20)

That is why I wanted to speak a little bit about this act, speak to the act, because it goes

right back prior to the election and how critical the NDP, the Doer NDP government or then-opposition was to the formation and the establishment of the regional health authority. Everybody knew when the Filmon administration, the Conservatives started talking about the regionalization of the health care system in the province of Manitoba that it would be difficult, that it would be difficult to move, what was it now, 57 health authorities in this province and merge them into the regional system that we employ today.

When you look at, for instance, the Central region, which is a fairly large region from the U.S. boundary all the way up to Minnedosa and then from the Red River all the way west to Pilot Mound and Somerset, including that area, it includes, Mr. Deputy Speaker, such towns as Altona, Winkler, Morden, Carman, Manitou, Portage la Prairie and many other communities in that region.

Each of those health facilities in that region at one time had a board of directors. When the health authority within the Central region was established, of course, all of those boards of directors were disbanded and the regional health authorities set up. The organizational structures and operational structures were adjusted to make the changes in operation that would see even the management structures disappear, in large part, within given facilities.

Is it working? The first five years were difficult. That was the adjustment period, and everybody knew that there would be significant difficulty in the application of the regional system. We all knew that. We all knew that the transition from single or from site-based management to regional management would be a difficult adjustment. We all knew of the angst that would be created within some circles of employees, be it nurses or doctors or even the administration. We also knew of the difficulty that it would cause and the debate it would cause within the community because change is always uncertainty, and uncertainty causes anxiety, but the changes were made. The then-government, the then-ministers, you know the honourable Minister McCrae and Minister Stefanson, Minister Praznik, all played key roles in the deliberation and the consultation that went on,

and they played key roles in massaging the system that it could, in fact, function and evolve.

*Mr. Speaker in the Chair*

The significant problem that we incurred at the time was that there were shortfalls in budgeting. We had run deficits for the last 20 years in government. We had borrowed huge amounts of money, and the electorate had directed the government to get their economic house in order. So what were we faced with? We were faced with a growing health care need, a change that was required, and we were faced with a severe criticism of the opposition, the now-government, the now Doer administration, severe criticism of the system and how it functioned and that not nearly all the needs could be met.

They talked about the waiting in hallways and in waiting rooms and that services were not being offered the way they should, whether it was MRIs or CT scans or operations, whether it be knee operations, eye operations or hip operations. They criticized us for the huge waiting lists. Then, when election time came, they said, oh, we can fix this. Give us \$15 million and six months, and it will all be fixed.

Well, Mr. Speaker, it is now almost two years, and the waiting lists are longer. The operational waiting lists have not decreased; they have increased. They talked about the nurses' shortage, and there is a longer list of nurses' shortages in this province today than there was two years ago. Why? Why have they not taken action? Why have they not spent the \$15 million and fixed it all in six months? I think Mr. Doer and company, the Premier of this province and his administration, indeed the minister have learned how difficult the administration of a social health care system such as we operate in this province is, not only to administer, but to fund. I believe our critic has identified clearly that we have probably spent in the last two years an additional half a billion dollars on health care instead of \$15 million, and they have not fixed anything.

They have not caused the lineups to decrease. They have not fixed the hallway medicine. People are still lining the hallways.

We are putting our patients in numbered hallways now. We have numbered them in some facilities, which we did not even before.

Have we caused the nurses' shortage to decrease? No, of course not. They talk about having opened more spaces for education. Well, if they were absolutely forthright in their comments they would have said that the previous Conservative administration moved very significantly to change the system to allow for more education. That was done under the previous Conservative administration. They will not admit to that, but that is fact.

We made allowances at the universities then to let more doctors enter the system. Will that change over six months? No, it cannot. It cannot. It takes five years to train a doctor. Have the previous Conservative administrations made efforts in other lands, in other nations, to attract their trained doctors to bring them into Canada? Yes, we did. We brought substantial numbers of trained doctors from South Africa. Some criticized us, that that was morally wrong to take those doctors from a poor country such as South Africa and bring them into Canada. Yet this administration continued the program, which we say is good, because we need those doctors to serve the people of Manitoba.

Has it been fixed in six months? Has it been fixed by \$15 million? Not even maybe. That is how wrong they were in what they told the people of Manitoba. That is what is wrong with politics sometimes, Mr. Speaker. When politicians make statements like that during campaigns and those promises are not kept or cannot be kept, then people in the general electorate become cynical. We should not blame them for becoming cynical, because it is our doing. It is our inability to tell the people exactly the way it is or our unwillingness to tell them exactly how it is. That is what is wrong.

You know, there have been many changes in the health care system. Over the last year we have gone away from the voluntary delivery of ambulance services and ambulance providers and we are not putting paid people in place.

We had a community such as my home community, the town of Emerson, that became

very upset when the Government of Manitoba came over and said: You will no longer be allowed to operate your ambulance in your town. Why would a government want to change that? These were all volunteers, spending a large number of hours training themselves, getting themselves trained, educating themselves to be ambulance service providers, and they became very good at it. As a matter of fact, some of them, since the changes have been made, that we are now paying these people in some other areas of the province, have left Emerson, those ambulance providers. They are now being hired as full-time, paid employees of the Province of Manitoba to be ambulance drivers, ambulance service people.

Is it not somewhat ironic that we would say you are not qualified to be volunteer service people, but we will hire you as full-time service staff because you are well trained, somewhat of a contradiction in the reality of the application of the provision of the service to the patient, to the emergency need of a patient? I think therein lies the problem.

\* (16:30)

This Government does not hesitate to spend money. We know that. They have added very significant amounts of money to the baseline budget of health care. How will they be able to maintain that if the economy takes a nosedive as it is now, when revenues start decreasing instead of increasing, as they saw in the first two years of their mandate, which was largely driven by the former Progressive Conservative government, those increases in revenue? We were told to get government spending under control, and we did that. Then, when you put a proper budgeting and spending control program into place, in other words, getting government spending under control, and it worked, we knew where our revenues would go, that they would go up. But these people have abandoned it. The NDP government has abandoned that process, and they are now spending, spending. Instead of spending \$15 million to fix the health care system, they have spent probably a half billion dollars and still have not been able to fix it.

I want to speak a little bit about the system, and it may be a very small part of the system of

health care. We had the opportunity to spend quite a bit of time at the ICU unit at the Health Sciences Centre this past spring. I was absolutely totally shocked and amazed at the efficiencies that I saw there and the dedication of the staff at the ICU unit at the Children's Hospital at Health Sciences Centre. I have seldom ever experienced the kind of dedication that we saw at that facility and the true professional way in which the care of a tiny little child was dealt with, a child that had to have three emergency operations in the first week of its life, and it survived. It survived, in my part, due to the expert way that the staff at Health Sciences Centre at the ICU unit at Children's Hospital dealt with that little child.

So we do have people that wear their heart on their sleeve, that provide services for the tiny ones in society. They also provide services for the seniors in our society and anybody that is in emergency needs or in need of health care. The staffing is there, and the staffing is dedicated. Yet those staff need a government that understands the need of the provider, the nurses, the need of the provider, doctors, the needs of the provider managers and the need of the emergency delivery services in this province.

That sometimes needs more than being political. That needs to, at times, have the politics set aside and the political decision making set aside. That is where we see the difference between the NDP administration and the Conservative administration. The NDP that we have seen over the last few months have been so enshrined in their ideological philosophies that they sometimes cannot see the hand in front of their faces, and they find it difficult to allow for the changes that are needed in the best interest of the patient to be able to put in place policies and programs that will change the system for the better. They are so enamoured with their own political philosophies that they cannot see the forest for the trees. That is sad, and that is unfortunate about the political system, but I guess that is the realities of a political system.

If we could just set those things aside, Mr. Speaker, we could set our political differences aside and sit down and talk to those people who are knowledgeable in the health care field, the

managers and the nurses and the doctors, and say: What is needed to build a system that will deliver the best care for the patient? Should it be private investment for the physical aspects of the needs of that system? Should we allow for the bricks and mortar to be delivered by a private sector? I think those are all questions that we should ask. Should the services be covered in all aspects? They are not, by the way, not now.

If the philosophy of the current minister would truly be upheld, he would have to drive it in that direction. Yet he knows he cannot, because we do allow for a person to go get a knee surgery at a private clinic somewhere and pay for it themselves. We do allow for that. We do allow for private eye surgeries in some facilities, if the person wants to pick up the cost themselves. We do allow our people to go to Grand Forks in droves to get MRIs if they want to pay for it themselves or CT scans, in other words, utilize the American system that this minister and this Premier (Mr. Doer) have railed against for as long as I have been in this facility.

Yet they now say to the people of Manitoba, well, if you want to go and use the American system, go, as long as you pay for it yourself. Is that two-tiered health or is it not? I suspect some would say it is. Is it condoned by our Premier and his Government, Mr. Doer and his Government? Some people would say it is. I believe it is. Why do we not take the opportunity that we have today and sit down with those people who deliver the service and say, how can we best deliver the needs of the people, not the political aspirations that we have or the social side or the non-social side, but look at a system that we could design that would, in fact, deliver the service to the patient. If we did that, I think we would all be applauded.

If we could only set aside our political differences, I think that could happen, but we cannot or we will not. That is the problem here. If we would only be straightforward with people and tell them it cannot be done for \$15 million and it cannot be done in six months because it has taken us 50 years to get to where we are, and if those—

**An Honourable Member:** It has taken 12 years to get where we are.

**Mr. Jack Penner:** I know the honourable minister from the opposite side says it has taken 12 years to get us where we are. Well, it has taken us 12 years to clean up the mess that the previous socialist government, the Pawley administration and the Schreyer administration, left us. It has taken us 12 years to clean it up.

I think, Mr. Speaker, that we should set aside even those kinds of comments, because they are non-serving. Those comments are not in the best interest of the patient. I think it is time that we as politicians paid attention to the best interest of the patient and designed a system that would actually look after the needs of the patient, not the political whims of the minister or the Premier. If we did that, I think we would get tremendous support from the general public.

\* (16:40)

When I sit down and talk to the two RHAs that I am responsible for in my area, and I always, always say to my constituents: I have been charged with the responsibility of representing your needs in government. That is my job. When they then say, as a while ago, we were told that we should not get involved in the health care debate in our regions, I say to them, if I do not get involved in that debate, I would not be responsible to the people that elected me because that is my responsibility. I need to be involved in that debate. It is my responsibility to see that their concerns are brought to this Chamber. That is my responsibility.

I want to bring some needs of my two regions to this Legislature today. There are many that say that regionalization has been good for the health care services in Manitoba. I agree with that. I happen to agree with the regionalization. I thought it was a good idea that we took the regional concept and devolved our centralized health care system and gave the powers to the region and elect or appoint boards of directors that would be made up of local people, that would give direction to the needs within their region. We did that.

It was a chance that we took. It was a political chance we took, but we did it. Quite frankly, I think it served me well. However, the one responsibility that remains with the

province, with the Government, is to ensure that proper funding be provided to those Central region boards that they can pay for the services that are required within that region. I know that the Government should also maintain some authority as to ensure that there be equality of service provisions within the region, but, Mr. Speaker, the authority to ensure that the services are provided are enshrined with the local boards now. The previous ministers, Minister Praznik, Minister McCrae, Minister Stefanson, were charged with that responsibility. Now, I believe they did an absolutely outstanding job in laying the foundations for the creation of the regions.

Have they functioned as we thought they should? Not in all cases. Sometimes it was personalities, conflicts. Sometimes it was regional conflicts. Sometimes it was institutional management conflicts, and we knew that that would happen. Yet, when you look at it today, it is functioning fairly well. Is the Government of Manitoba providing what they need to provide, the dollars? In other words, is the Government of Manitoba providing the dollars to deliver the services? Well, take a look at Central region. The Central region budgeted this year, and they budgeted very frugally, to provide the services of the needs of the health care system, and they budgeted for a \$2.88-million shortfall. That means the Province of Manitoba has a responsibility to Central region to provide them with \$2.88 million more, almost \$3 million more, to provide the services that are required, than they did.

So what does that mean? That means somebody's needs are not going to be met in that region. There is no question about that. Look at South Eastman region. South Eastman region has always argued that they have been at the short end of the stick, as far as funding is concerned, to the region. Their shortfall is going to be \$3.5 million short of the requirement to provide the services in the southeast region.

Take a look at the Brandon region. That shortfall is \$3.5 million. Take a look at the South Westman region, \$1.5 million. Take a look at the Marquette region; there is a \$1.8-million shortfall. All have budgeted for deficits. In other words, the Province of Manitoba has not kept its promise to provide the funding to deliver the services through those regional boards.

I think the RHAs are doing an absolutely fabulous job in providing the services, yet if those shortfalls are not met, it will mean, according to the chairman of the South Eastman region, that some facilities might have to be closed, in a letter that he sent to the minister.

The RHA is considering taking steps such as closing facilities, and Ste. Anne Hospital's name has been mentioned, closing beds, and 26 beds have been closed at Steinbach, cancelling services such as chemotherapy, surgical services and dialysis.

Why is the Government of Manitoba not providing the funding? Why are they not providing the funding? They were the ones that said that they could fix the whole system for \$15 million. Yet, when I look at this budget, they are \$12 million to \$13 million short just in those five regions, almost as much as they said they could fix the whole system with. I think that therein lies the problem.

When you look at some of the requirements and some of the planning that had been done in some of the other regions, the Tabor Home expansion in Morden, which had been on the books for some time, the 20-bed expansion to the Tabor personal care home in Morden was put on ice. They cancelled it. The new hospital, which was budgeted for, \$4.8 million budgeted to provide a new facility for the community of Emerson, they cancelled it. They cancelled the \$4.8-million budget that the previous Filmon administration, the Conservatives had put in place to build a new facility. Why did they do that? The Beausejour health centre seems to be on hold. Many other facilities see shortfalls in their funding requirements.

It looks like the nurses in the RHAs are short in all regions. Labs and X-ray technicians are required. Family physicians are required. Physiotherapists are required. Occupational therapists required. Pharmacists are in short supply. Psychiatrists at Portage la Prairie and Selkirk are required.

This Premier (Mr. Doer) and this Minister of Health (Mr. Chomiak) of the Doer administration told Manitobans he could fix it all in six



months. Yet it has got worse and worse and worse.

Many of our areas had noted that there were requirements and shortfalls in the health care system. All of our ministers have admitted to that prior to the previous election. We all said that. We knew that there were shortfalls in the system. However, when actions were contemplated or talked about, all we got from the now-government, the Doer government administration, all we got was criticism and criticism and criticism. Yet, when you look at the promises that the NDP made to ensure the fixing of the system, they said that they would not have any patients in hallways, they would fix hallway medicine in six months. Yet the lines are longer. The lines are longer today than they were then. More doctors and more nurses would be hired. Yet we have fewer doctors and nurses today than we had then. The list of requirements is longer and longer.

I believe there is a shortage of some thousand nurses. Then what did they do? I mean, they had a thousand nurses short in Manitoba, and then they fired 600 of them in Winkler and Morden. No, that is not true. See, that is not true, that Mr. Doer fired 600 nurses. He did exactly what the Conservative administration did when the changes were made in the Winnipeg Health Authority, did exactly the same thing.

\* (16:50)

He served notice to those nurses that they would be laid off and reinstated at another facility. That is being honest, and that is exactly what the previous Conservative administration did a few years ago when the changes were made in the health authority. They gave notice to a thousand nurses that their employment positions would change and they would be reinstated in other facilities, and the NDP administration was saying the Filmon administration had fired them.

Brandon MRI: What is happening to that? Manitobans are still travelling to Grafton, North Dakota, to get their MRIs and their CT scans. As a matter of fact, the four-lane highway has served well for the health care traffic back and forth to Grafton and to the United States and into that area.

But I believe that the process that we have seen employed by this administration and the changes that are being driven and made in Bill 50 are a true demonstration of the inconsistency of being the Opposition and criticizing, being able to be critical for as many years as they were, and then when they are given the chance to make the change, they do not have the knowledge nor have they got the will to make the changes that are required. I think this bill is a demonstration of that. This bill clearly only tinkers, only tinkers with what really needs to be done.

This bill, I think, will allow the minister to make decisions that the previous government could not make, gives the minister the authority, gives the authority, in my view, to allow for private funding to come into the health care sector, and it allows for religious freedom within the religious orders that operate and manage the facilities. It allows for that, and I congratulate the minister for that because the religious orders and organizations that we met with wanted to maintain the right to provide those religious services to the patients in their facilities. I think that this bill does that.

So having said that, I want to thank the Assembly for giving me the opportunity to put a few words on record regarding health care, and I want to remind all members in this House if and when you make promises to the people of Manitoba, if you really think that you can make a change in a system as large as our health care system for \$15 million and if you truly think that you can make dramatic change in this system in six months, I think you have learned a lesson.

I think Mr. Doer, the Premier of this province, and the Minister of Health (Mr. Chomiak) in his assessment of the total system have truly learned that it was much, much more difficult to make the application of the changes than just the rhetoric.

I know the Premier has received a bit of an award from a few of the organizations for being fast at the lip, being very good with words but very slow with action, and I think that same award should be given to Mr. Doer and his Minister of Health in the changes that they promised to Manitobans. They promised a lot

and they delivered nothing. We still have long lineups in hallways. We still have huge shortages of nurses. We have shortages, in many areas, of doctors and physicians, psychiatrists and physiotherapists.

In every aspect of health care, there are shortages. There are shortages of monies in the regions, and I think it will take a significant effort and sincerity and action by the Minister of Health and the Premier and all of the Government of the NDP administration in this province to fix the system that will ensure the delivery of health and services to those who need it in this province of Manitoba. Thank you, Mr. Speaker.

**Mr. Glen Cummings (Ste. Rose):** I am

prepared to adjourn debate on this bill, seconded by the Member for Emerson (Mr. Jack Penner).

***Motion agreed to.***

\* \* \*

**Hon. Jean Friesen (Minister of Intergovernmental Affairs):** Mr. Speaker, I understand there is a willingness of the House to call it six o'clock, if you canvass the House.

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

The hour being 6 p.m., this House is adjourned and stands adjourned until 10 a.m. tomorrow (Thursday).

# LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, June 20, 2001

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