

Fourth Session - Thirty-Ninth Legislature
of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS

Official Report
(Hansard)

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

Vol. LXII No. 29B - 1:30 p.m., Thursday, April 15, 2010

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Ninth Legislature

Member	Constituency	Political Affiliation
ALLAN, Nancy, Hon.	St. Vital	N.D.P.
ALTEMEYER, Rob	Wolseley	N.D.P.
ASHTON, Steve, Hon.	Thompson	N.D.P.
BJORNSON, Peter, Hon.	Gimli	N.D.P.
BLADY, Sharon	Kirkfield Park	N.D.P.
BLAIKIE, Bill, Hon.	Elmwood	N.D.P.
BOROTSIK, Rick	Brandon West	P.C.
BRAUN, Erna	Rossmere	N.D.P.
BRICK, Marilyn	St. Norbert	N.D.P.
BRIESE, Stuart	Ste. Rose	P.C.
CALDWELL, Drew	Brandon East	N.D.P.
CHOMIAK, Dave, Hon.	Kildonan	N.D.P.
CULLEN, Cliff	Turtle Mountain	P.C.
DERKACH, Leonard	Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DRIEDGER, Myrna	Charleswood	P.C.
DYCK, Peter	Pembina	P.C.
EICHLER, Ralph	Lakeside	P.C.
FAURSCHOU, David	Portage la Prairie	P.C.
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin	Steinbach	P.C.
GRAYDON, Cliff	Emerson	P.C.
HAWRANIK, Gerald	Lac du Bonnet	P.C.
HICKES, George, Hon.	Point Douglas	N.D.P.
HOWARD, Jennifer, Hon.	Fort Rouge	N.D.P.
IRVIN-ROSS, Kerri, Hon.	Fort Garry	N.D.P.
JENNISSSEN, Gerard	Flin Flon	N.D.P.
JHA, Bidhu	Radisson	N.D.P.
KORZENIOWSKI, Bonnie	St. James	N.D.P.
LAMOUREUX, Kevin	Inkster	Lib.
LEMIEUX, Ron, Hon.	La Verendrye	N.D.P.
MACKINTOSH, Gord, Hon.	St. Johns	N.D.P.
MAGUIRE, Larry	Arthur-Virden	P.C.
MARCELINO, Flor, Hon.	Wellington	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McFADYEN, Hugh	Fort Whyte	P.C.
McGIFFORD, Diane, Hon.	Lord Roberts	N.D.P.
MELNICK, Christine, Hon.	Riel	N.D.P.
MITCHELSON, Bonnie	River East	P.C.
NEVAKSHONOFF, Tom	Interlake	N.D.P.
OSWALD, Theresa, Hon.	Seine River	N.D.P.
PEDERSEN, Blaine	Carman	P.C.
REID, Daryl	Transcona	N.D.P.
ROBINSON, Eric, Hon.	Rupertsland	N.D.P.
RONDEAU, Jim, Hon.	Assiniboia	N.D.P.
ROWAT, Leanne	Minnedosa	P.C.
SARAN, Mohinder	The Maples	N.D.P.
SCHULER, Ron	Springfield	P.C.
SELBY, Erin	Southdale	N.D.P.
SELINGER, Greg, Hon.	St. Boniface	N.D.P.
STEFANSON, Heather	Tuxedo	P.C.
STRUTHERS, Stan, Hon.	Dauphin-Roblin	N.D.P.
SWAN, Andrew, Hon.	Minto	N.D.P.
TAILLIEU, Mavis	Morris	P.C.
WHITEHEAD, Frank	The Pas	N.D.P.
WIEBE, Matt	Concordia	N.D.P.
WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 15, 2010

The House met at 1:30 p.m.

ROUTINE PROCEEDINGS

INTRODUCTION OF BILLS

Bill 22—The Credit Unions and Caisses Populaires Amendment Act

Hon. Gord Mackintosh (Minister of Family Services and Consumer Affairs): I move, Mr. Speaker, seconded by the Minister of Entrepreneurship, Training and Trade (Mr. Bjornson), that Bill 22, The Credit Unions and Caisses Populaires Amendment Act; Loi modifiant la Loi sur les caisses populaires et les credit unions, be now read a first time.

Motion presented.

Mr. Mackintosh: The credit unions and caisses populaires of Manitoba have requested these changes that allow them to pursue options that—to gain further strength and to stay competitive, Mr. Speaker.

Mr. Speaker: Is it the pleasure of the House to adopt the motion? *[Agreed]*

Bill 223—The Jon Sigurdsson Day Act

Mr. Tom Nevakshonoff (Interlake): I move, seconded by the member for Gimli (Mr. Bjornson), that Bill 223, The Jon Sigurdsson Day Act; Loi sur le jour de Jon Sigurdsson, be now read a first time.

Mr. Speaker: It's been moved by the honourable member for the Interlake, seconded by the honourable Minister of Entrepreneurship, Training and Trade, that Bill 223, The Jon Sigurdsson Day Act, be now read a first time.

Mr. Nevakshonoff: The Icelandic people have played a pivotal role in the development of our province. Jon Sigurdsson is a very important individual to this community, and I think that we should recognize his role and their role by the passage of this act. Thank you very much.

Mr. Speaker: Is it the pleasure of the House to adopt the motion? *[Agreed]*

PETITIONS

PTH 15—Traffic Signals

Mr. Ron Schuler (Springfield): Mr. Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

And these are the reasons for this petition:

In August 2008, the Minister of Transportation stated that traffic volumes at the intersection of PTH 15 and Highway 206 in Dugald exceeded those needed to warrant the installation of traffic signals.

Every school day, up to a thousand students travel through this intersection in Dugald where the lack of traffic signals puts their safety at risk.

Thousands of vehicles travel daily through this intersection in Dugald where the lack of traffic signals puts at risk the safety of these citizens.

In 2008, there was a 300 percent increase in accidents at this intersection.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Transportation consider the immediate installation of traffic signals at the intersection of PTH 15 and Highway 206 in Dugald.

To request that the Minister of Transportation recognize the value of the lives and well-being of the students and citizens of Manitoba.

Signed by S. Gander, R. Holland, L. Dudych and many, many other Manitobans.

Mr. Speaker: In accordance with our rule 132(6), when petitions are read they are deemed to be received by the House.

Ophthalmology Services—Swan River

Mrs. Myrna Driedger (Charleswood): I wish to present the following petition to the Legislative Assembly.

These are the reasons for this petition:

The Swan Valley region has a high population of seniors and a very high incidence of diabetes. Every year, hundreds of patients from the Swan Valley region must travel to distant communities for cataract

surgery and additional pre-operative and post-operative appointments.

These patients, many of whom are sent as far away as Saskatchewan, need to travel with an escort who must take time off work to drive the patient to his or her appointments without any compensation. Patients who cannot endure this expense and hardship are unable to have the necessary treatment.

The community has located an ophthalmologist who would like to practise in Swan River. The local Lions Club has provided funds for the necessary equipment, and the Swan River Valley hospital has space to accommodate this service.

The Minister of Health has told the Town of Swan River that it has insufficient infrastructure and patient volumes to support a cataract surgery program; however, residents of the region strongly disagree.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Health to consider rethinking her refusal to allow an ophthalmologist to practise in Swan River and to consider working with the community to provide this service without further delay.

And this is signed by A. Calver, L. Neufeld, B. Zanchyshyn and many, many others, Mr. Speaker.

Education Funding

Mr. Cliff Graydon (Emerson): Mr. Speaker, I wish to present the following petition to the Legislative Assembly.

And these are the reasons for the petition:

Historically, the Province of Manitoba has received funding for education by the assessment of property that generates taxes. This unfair tax is only applied to selected property owners in certain areas and confines, including but not limited to commercial property owners.

Property-based school tax is becoming an ever-increasing burden without acknowledging the commercial property owner's income or owner's ability to pay.

We petition the Legislative Assembly of Manitoba as follows:

To request that the Minister of Education, Citizenship and Youth consider removing education

funding by school tax or education levies from all property in Manitoba, including commercial property.

To request that the Minister of Education, Citizenship and Youth consider finding a more equitable method of funding education, such as general revenue following the constitutional funding of education by the Province of Manitoba.

And this petition is signed by M. Cameron, L. Ifill and D.B. Ingram and many, many more fine Manitobans.

Medical Clinic in Weston and Brooklands Area

Mr. Kevin Lamoureux (Inkster): Mr. Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

Walk-in medical clinics provide a valuable health-care service.

The closure of the Westbrook Medical Clinic has left both Weston and Brooklands without a community-based medical clinic.

We petition the Legislative Assembly as follows:

To urge the provincial government to consider how important it is to have a medical clinic located in the Weston-Brooklands area.

Mr. Speaker, this is signed by B.A. Moreau, T. O'Malley and R. Tanchyk and many, many other fine Manitobans. Thank you.

PTH 16 and PTH 5 North—Traffic Signals

Mr. Stuart Briese (Ste. Rose): Mr. Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

And these are the reasons for this petition:

The junction of PTH 16 and PTH 5 north is an increasingly busy intersection which is used by motorists and pedestrians alike.

The Town of Neepawa has raised concerns with the Highway Traffic Board about safety levels at this intersection.

The Town of Neepawa has also passed a resolution requesting that Manitoba Infrastructure and Transportation install traffic lights at this intersection in order to increase safety.

We petition the Legislative Assembly of Manitoba as follows:

To request the Minister of Infrastructure and Transportation to consider making the installation of traffic lights at the intersection of PTH 16 and PTH 5 north a priority project in order to help protect the safety of the motorists and pedestrians who use it.

And this petition's signed by J. Hofer, E. Wollmann, S. Wollmann and many, many other fine Manitobans.

Waste-Water Ejector Systems

Mr. Larry Maguire (Arthur-Virden): Mr. Speaker, I wish to present the following petition to the Legislative Assembly.

And these are the reasons for this petition:

Manitobans are deeply committed to protecting the environment, and they want to be assured that provincial environmental policies are based on sound science.

In early 2009 the provincial government announced that it was reviewing the Onsite Wastewater Management Systems Regulation under The Environment Act.

Affected Manitobans, including property owners and municipal governments, provided considerable feedback to the provincial government on the impact of the proposed changes, only to have their input ignored.

The updated regulation includes a prohibition on the installation of new waste-water ejectors and the elimination of existing waste-water ejectors at the time of any property transfer.

Questions have been raised about the lack of scientific basis for these changes, as a *Manitoba Co-operator*-Conservation official stated in the October 8th, 2009, edition of the *Manitoba Co-operator*, quote, "Have we done a specific study? No." End quote.

These regulatory changes will have a significant financial impact on all affected Manitobans.

We petition the Legislative Assembly of Manitoba as follows:

To request the Minister of Conservation to consider immediately placing the recent changes to the Onsite Wastewater Management Systems Regulation under The Environment Act on hold until

such time that a review can take place to ensure that they are based on sound science.

To request that the Minister of Conservation to consider implementing the prohibition on waste-water ejector systems on a case-by-case basis as determined by environmental need in ecologically sensitive areas.

* (13:40)

To request the Minister of Conservation to consider offering financial incentives to help affected Manitoba property owners adapt to these regulatory changes.

And, Mr. Speaker, this petition is signed by R. Reuer, A. Campbell, J. Skelton and many, many others.

TABLING OF REPORTS

Hon. Kerri Irvin-Ross (Minister of Housing and Community Development): I'd like to table the 2010-2011 Estimates supplements for the Department of Housing and Community Development.

Hon. Eric Robinson (Minister responsible for Sport): Yes, Mr. Speaker, I'm pleased to table the 2010-2011 Estimates for Manitoba Sport.

Hon. Andrew Swan (Minister charged with the administration of The Manitoba Public Insurance Corporation Act): Yes, Mr. Speaker, I'm pleased to table the following report: Manitoba Public Insurance's Preliminary and Unaudited Quarterly Financial Report, 4th Quarter, 12 months ended February 28th, 2010.

Introduction of Guests

Mr. Speaker: Prior to oral questions, I'd like to draw the attention of honourable members to the public gallery where we have with us from the Boulton Retirement Community, we have 10 visitors under the direction of Ms. Theresa Morrison. This group is located in the constituency of the honourable member for Tuxedo (Mrs. Stefanson).

And also in the public gallery, we have with us today the six recipients of the 2009-2010 Minister's Awards in celebration of excellence in teaching, who are the guests of the honourable Minister of Education (Ms. Allan).

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

ORAL QUESTIONS

Budget Deficit Responsibility

Mr. Hugh McFadyen (Leader of the Official Opposition): Stats Canada is this morning reporting that thanks to the decisive action of the federal government through late 2008 and through 2009 the recession that we were in ended up being much shorter and milder than recessions of past years. In fact, Mr. Speaker, they said that it was much shorter and milder than the recession of the 1990s.

Mr. Speaker, now that we are in the spring of 2010, we have an NDP government that has introduced a budget with over \$2 billion in deficits over five years—a record increase in debt—10 percent this year alone on top of debt that was already at record levels in Manitoba.

I want to ask the Premier: Since he can no longer blame a recession for these massive debts and massive deficits, what is responsible for it? Is it NDP ideology? Is it incompetence? Or is it both, Mr. Speaker?

Hon. Greg Selinger (Premier): Mr. Speaker, as I've said before, provincial and federal governments have co-operated to deal with the largest recession since the Great Depression. There's been an—there's an unprecedented level of co-operation going on of governments of all political stripes. There is a broad consensus that the stimulus programming that is being undertaken by all governments, often co-funded projects, for example, through the stimulus funding, through the Building Canada funding, should proceed throughout the 2010-11 fiscal year. We are in the main all doing this together. We are providing them with those stimuli. This is generating, in Manitoba's case, an additional 29,000 person years of employment.

I know the member opposite would like to shut everything down now and balance everything on the backs of Manitobans, put Manitobans out of work, cut services, lay off nurses and drive doctors out of Manitoba. But that's not our approach; that's his approach.

Mr. McFadyen: Mr. Speaker, that might have been a convincing response if it weren't for the fact that Stats Canada's information came out this morning that said that the recession ended last fall. It was shorter and milder than the recession of the 1990s. It was shorter and milder than the recession of the 1980s.

And while the Premier was in his office, undoubtedly cooking up new left-wing science experiments with taxpayers' money, he didn't get the news that came in this morning from Stats Canada.

So I want to ask the Premier: Why it is that he's running over \$2 billion in deficit, increasing the debt this year by 10 percent, against the backdrop of rising interest rates which are putting pressure on social programs that he's cutting right now across the province. Why is he doing all of those things, Mr. Speaker?

I want to ask him again: Is it left-wing NDP ideology? Is it incompetence? Or is it both?

Mr. Selinger: Mr. Speaker, there's a third response to his little questionnaire: none of the above.

And what is really going on in Manitoba is the same thing that's going on in Ottawa with the Conservative minority government. It's the same thing that's going on in British Columbia with the Liberal government. It's the same thing that's going on in Alberta with the Conservative government. It's the same thing that's going on in Saskatchewan with the Saskatchewan Party and in Ontario with the Liberal Party, and on it goes across the country. We are providing a stimulus program that is generating employment, investment in assets, investments in people to lift the economy up.

I'm glad to hear that StatsCan thinks that the results are good. It's still a fragile recovery. Everybody but the member opposite knows that. We will continue with our program until the economy's on a sound footing, and as we do that more Manitobans will be working, more people will be getting training, and we'll be building the kinds of assets that help us come out of this stronger than when we went in.

Mr. McFadyen: Mr. Speaker, he's increasingly sounding like one of those veterans up in the jungle after the war ended. He's still running around looking for somebody to fight with.

Clearly, Mr. Speaker, he doesn't understand what Stats Canada has said today. We had a shorter, milder recession than the 1990s, than the 1980s. It ended last fall, and yet here he is coming in with more than \$2 billion worth of deficits over five years. Forty percent of his budget comes from Ottawa, no cuts to—on the revenue side from Ottawa, the other 60 percent coming from internally generated revenue.

Mr. Speaker, he is fighting a war that ended last fall. So why is he—what's the real reason he's running these huge deficits and driving us further into debt, putting social programs at risk?

And I, again, ask him: Is it socialist ideology, incompetence, or both?

Mr. Selinger: Mr. Speaker, you know, the debt-to-GDP ratio in Manitoba is significantly lower than when the members opposite were in office.

So if anybody wants to talk about bad financial management, all they have to do on the members opposite is look in the mirror when the member opposite is there. He's the guy that generated, with his colleagues, \$32 million of losses in the Crocus Fund and likes to walk away from that responsibility. He likes to walk away from the responsibility that their deficits in the '90s were a far greater proportion of the GDP or the economy than what we're doing now.

We have a plan to pay down \$600 million of debt over the next five years. We, in this side of the House, for the first time in 40 years, are paying every year the employer's cost of pension liabilities and the employer's cost of civil service liabilities, something their financial advisors told them to do and they ignored for over a decade.

We have a sound plan for Manitoba to grow the economy, a sound plan to manage the finances, and our plan will put more people to work, develop more assets and do it at a cheaper cost than they did in the '90s.

Health-Care Services Cardiac Surgery Cancellations

Mrs. Myrna Driedger (Charleswood): Mr. Speaker, it looks like the NDP have fixed the cardiac surgery program just like they fixed hallway medicine.

I'd like to ask the Minister of Health to explain why, in one month, in December, 43 heart surgeries were cancelled. That's more than one a day, and that number is absolutely through the roof. It's unsafe and the minister should know it.

So I'd like to ask her: Why did it happen?

Hon. Theresa Oswald (Minister of Health): Mr. Speaker, and I want to begin by saying that, as very many Manitobans know, the Cardiac Centre of Excellence at St. Boniface Hospital and the cardiac care that Manitobans receive here in our province is

second to none. We've recruited more cardiologists. We have Dr. Menkis at the helm of that program, and we know that it's doctors like Dr. Menkis and others that make critical judgments on prioritizing patients.

We know that somewhere in the neighbourhood of 45 to 50 percent of the surgeries that occur for cardiac surgery are emergencies, and when an emergency comes in, medical professionals will make the judgment to move another patient aside so that that emergency patients can be dealt with. I can't imagine why the member opposite would want it any other way.

Mrs. Driedger: Mr. Speaker, 43 cancellations in one month is not safe. Mr. Koshal—Dr. Koshal had indicated that when the program was amalgamated—Dr. Koshal said that once the program was amalgamated that cancelling of surgeries should decrease significantly. However, the opposite has happened. According to FIPPAs, the number of heart surgeries cancelled has gotten worse. There were 116 cancelled in 2006 and 262 cancelled in 2009. It's more than doubled I have met with several doctors recently who have told me that the reasons for these cancellations are that there are no beds.

*(13:50)

Can the Minister of Health tell us: Why aren't there any beds?

Ms. Oswald: Again, I would reiterate that decisions concerning the postponing of surgeries because another, more urgent patient arrives, you know, by ambulance, to the hospital—those decisions get made by doctors.

The member cites an example from December. She doesn't cite an example from January of 2010. Mr. Speaker, 98 percent of all cardiac patients receive surgery within the benchmark, which is absolutely consistent with the Canadian Institute for Health Information's report that 98 percent of all level 1 cardiac patients receive surgery within the benchmark.

I can tell you, Mr. Speaker, that nobody wants to have their surgery at any time postponed, but if a doctor needs to make a critical decision concerning an emergency to save a life, we want him or her to do just that.

Mrs. Driedger: Mr. Speaker, these doctors that I've been speaking with have also told me that the number of cardiac surgeries reported is not an

accurate reflection of the number of patients who have actually had heart surgery. Basically, these numbers are fudged. The doctors have told me that, instead of counting each patient separately, patients who run into complications and need a second surgery, a redo, are counted twice.

So can the Minister of Health tell us why she is allowing this false reporting of numbers? Why are they padding their numbers to look like they're doing more individual patient surgeries than they really are?

Ms. Oswald: Well, Mr. Speaker, this is a highly interesting question coming from the member from a party who made virtually no information available to the public during the time that they were in power.

We have cardiac wait times, we have hip and knee surgery wait times posted, cataract surgery, diagnostic wait times. Every year we're adding more information for public knowledge and for transparency on wait lists and wait times, Mr. Speaker.

But again, I can tell you that one of the single most important things that we can do in addition to increasing the number of cardiologists that we've brought to Manitoba, which we have, is increasing the number of nurses that we train in ICU programs.

Mr. Speaker, I notice that the member opposite today neglected to mention the numbers that have come from the nursing colleges and that we have this year had the largest increase on record on nurses to Manitoba at 498. She forgot to mention that.

Cardiac-Care Wait Lists

Mrs. Myrna Driedger (Charleswood): On a new question, Mr. Speaker.

And I would point to the Minister of Health that the reason 43 surgeries were cancelled in December was because of a shortage of nurses. Mr. Speaker, that is why the beds were not available. They didn't have the nurses to look after the patients.

Mr. Speaker, the numbers of patients waiting for heart surgery was consistently worse in 2009 than at any time over the last 10 years, and the size of the wait list is far worse than what Dr. Koshal recommended.

So I'd like to ask the Minister of Health to tell us why waits for heart surgery are getting longer.

Hon. Theresa Oswald (Minister of Health): I can say to the member again that we rely on the medical

expertise of our cardiac surgeons, our cardiologists, to make determinations about when people should get their surgery. These are prioritized by medical professionals.

We know that since 2004 we've doubled the number of cardiac surgeons in Manitoba that—from 12 to 24, and we also know that the Cardiac Centre of Excellence under construction is going to go further to help us recruit.

Further, Mr. Speaker, we've increased the number of ICU training programs for nurses to enable us to expand the program. We're going to continue to work on developing those programs.

And most importantly, we're going to continue to take the advice of our cardiac experts, who, I would argue, Mr. Speaker, are second to none in the nation.

Mrs. Driedger: Mr. Speaker, her answers are not addressing the actual problems that are actually occurring in the system. The wait for heart surgery isn't the only thing that's getting worse. The waits for echocardiograms remain dangerously long. Over 4,000 patients are waiting four months for a test that will tell them how bad their heart problem is. You can't get on the surgical wait list until you get off the echogram wait list, Mr. Speaker.

So I'd like to ask the Minister of Health: Why are these waits so dangerously long?

Ms. Oswald: And many a time the member opposite reflects upon her tenure as a nurse at St. Boniface Hospital, and I know full well that this member knows that any patient who needs an echocardiogram urgently gets one without delay, and is not put on a wait list. Doctors make this determination and anybody who needs one urgently get one. Wait times and wait lists reflect those receiving elective procedures, Mr. Speaker, but we would agree that there's more work to do.

We know that we need to develop even further expertise, not only in health human resources but in technology, in our cardiac program. That's why we committed to build the Cardiac Centre of Excellence. That's why we're continuing to train ICU nurses. That's why we're expanding our medical school, all of which members opposite have repeatedly voted against.

Mrs. Driedger: Mr. Surgery—Mr. Speaker, my mind's getting ahead of my tongue. What the Minister of Health is talking about is rhetoric and

she's not listening to what is actually happening. The wait lists are growing. There are more people waiting for surgery now consistently than in the last 10 years. There are more patient surgeries being cancelled than in the—than—since 2006. There's over 4,000 patients waiting for an echogram. And that isn't even the worst of it yet.

The patients waiting for stress tests is worse than it was three years ago. Doctor Koshal said the wait for a stress test should only be one month. That wait is now four months. So every single statistic here is mind boggling.

I'd like to ask the Minister of Health how could she have made such a mess of the cardiac surgery program in Manitoba.

Ms. Oswald: Well, Mr. Speaker, according to the Canadian Institute for Health Information and a number of other bodies, Manitoba is a leader in the nation for cardiac care. The member opposite gets very cranky on a number of issues, but independent bodies that assess our programs assess Manitoba as being No. 1 or No. 2 in the nation for cancer and for cardiac, for life-saving treatment. That's simply a fact.

Further, I can tell you that when it comes to people being put on a wait list, those determinations are made by doctors, by medical professionals. They're prioritized in that way. When status changes, cases are reviewed. We know, as I said earlier, Mr. Speaker, that somewhere between 45 and 50 percent of cases never go on a wait list because they're emergencies and they're attended to right away.

We're going to continue to work to build our program, particularly with the Cardiac Centre of Excellence, but we're among the leaders in the nation.

Child-Care Centres Safety Plan Consultations

Mrs. Bonnie Mitchelson (River East): Mr. Speaker, two weeks after all child-care centres submitted their safety plans to the minister, a new directive came from on high that the parameters had changed and centres were now required to submit, within two weeks, new plans that mandated that locked-door policies.

Mr. Speaker, simple question: Who did the minister consult with before he announced with this unrealistic policy requirement?

Hon. Gord Mackintosh (Minister of Family Services and Consumer Affairs): Mr. Speaker, we don't believe, neither do the parents of Manitoba children, that it's unrealistic to take steps to reduce the risk of harm to our children. And that is why I'm pleased to confirm with this House, that by the end of this month, Canada will have its first Child Care Safety Charter in place in the province of Manitoba.

* (14:00)

Mrs. Mitchelson: But I know this minister on the Child and Family Services side has been out of his skin many times as we see children dying in our Child and Family Services system and he hasn't implemented any directives like this in that system.

Almost half of the children in child care—half of the child-care spaces in Manitoba are located in schools. Mr. Speaker, I'd like to ask the minister a very simple question: What consultation was done with the Department of Education or school divisions before this locked-door requirement was forced on child-care centres? Was there any consultation with schools or with the Department of Education?

Mr. Mackintosh: Mr. Speaker, indeed, over the next year we're going to be working with child-care centres to—[*interjection*] I thought they had a question, I guess they just have a statement.

I think over the next year, we'll have a tremendous effort with the parents who run child care in Manitoba, actually, with the child-care centres and the schools, to ensure that between now and next April, we will be able to have stronger visitor access controls in the child-care centres of Manitoba.

Mr. Speaker, this is the first of its kind that we know of, either in Canada or anywhere, and we have heard loud and clear that it's important that we make extra special efforts to pay attention to the safety of children in our child-care centres. And I would ask members opposite to join with us in that crusade.

Mrs. Mitchelson: Well, Mr. Speaker, obviously, this minister is out of touch with the real world and the real people that are providing child care in the province of Manitoba because they think he's a joke. He wants—[*interjection*] You go and talk to them. All of you.

Some Honourable Members: Oh, oh.

Mr. Speaker: Order.

The honourable member for River East has the floor.

Mrs. Mitchelson: Thank you very much, Mr. Speaker. And this minister wants to lockdown schools and he wants to lockdown churches without any consultation with child-care providers, with schools, with school divisions or the Department of Education who didn't even know this directive existed.

Will he do a reality check? Will he step out of his ivory tower and listen to the real people who have real concerns about how unrealistic this ill-thought-out directive is?

Mr. Mackintosh: Is the member opposite saying that she thinks that child-care centres across Manitoba don't have doors that can be locked? Child-care centres, by and large, do have doors that can be locked. It's a matter of putting in place minimum standards, Mr. Speaker.

I might want to—just to let—you know, I'm so glad to have a question on child care, Mr. Speaker, because yesterday I think she was one of the 20 that voted against \$19 million for investments in child care this year.

Last time there was a downturn, Mr. Speaker, we know what happened when it came to child care: child-care dilemma, cuts to child-care subsidies have forced low-income families to go on waiting lists, angry group quits day care task force because of impending rate hikes, Tories forcing inner-city kids out of child cares, middle class will be mauled by the restructuring of child care.

There are choices to be made in this province and yesterday we made the right choice, they made the wrong one. At the same time, they made that wrong choice back the last downturn, Mr. Speaker.

Manitoba Health Cancellation of Medical Insurance

Mr. David Faurschou (Portage la Prairie): Mr. Speaker, I would like to ask the Minister of Health why her department does not follow the procedure of contacting Manitobans before she cancels their health insurance.

Hon. Theresa Oswald (Minister of Health): I get the distinct impression the member opposite is referring to a specific case which I'd be happy to discuss with him.

Mr. Faurschou: Mr. Speaker, this particular situation deals with the procedure and protocols that her department is following currently.

Mr. Glen Arnott has lived in Manitoba all his 82 years. Yet, on March the 11th, while attempting to make an appointment to see his doctor at the Portage Clinic, he was informed that Manitoba Health Services contract had been cancelled. The reason given: because he moved to Ontario. At least, the department thought so. Mr. Speaker, my constituent continues to reside at the home in Portage la Prairie in which he has lived in for over 38 years.

So, I ask the minister why her department did not confirm a residency change before cancelling his health insurance.

Ms. Oswald: Again, you know, I don't have the full details of the case, but if I were to go with what the member has told as, you know, being the entire essence of the case, it sounds like it was an error that needs to be corrected, and I apologize.

Mr. Faurschou: Well, I thank the minister very much for the apology, and I hope perhaps she might put that in writing to Mr. and Mrs. Arnott, residents of Portage la Prairie.

However, I would like to ask the minister today why she continues to follow this procedure, which is fraught with error. Mr. Arnott, after being delayed in receiving his treatment, unfortunately had to be rushed to the Portage and district general hospital with a bad case of pneumonia. He now continues to convalesce and, thankfully, he will recover.

But I would like the minister's commitment today that, before terminating any Manitoban's health-care services contract, that she make direct contact to the Manitoban.

Ms. Oswald: Well, first of all, Mr. Speaker, I want to thank the member for informing me that there is recovery going on in this case. I am very glad to hear that.

Secondly, again I'll commit to him, as I did in the first two statements, to investigate further. It does sound—based on the facts that I've been presented with, not necessarily the whole story, but what I hear—that there was an error made that was extremely unfortunate.

And further, of course, I'd be very pleased to ask the department to review procedures to ensure that our seniors, in particular, don't face any inconveniences as they endeavour to access care.

**Minnedosa Area
Need for Regional Health Centre**

Mr. Stuart Briese (Ste. Rose): Mr. Speaker, three years ago, a series of well-attended meetings led by area physicians explored the benefits of a regional hospital for the Neepawa and Minnedosa-Erickson region of Manitoba. Some 800 residents attended those meetings, and I subsequently presented petitions with over 4,000 names to this House.

I ask the minister: Has her department done any follow-up on the proposal put forward for a regional hospital, and is she personally in favour of the concept?

Hon. Theresa Oswald (Minister of Health): The concept of the hospital located between Neepawa and Minnedosa is indeed a very good one. I'm on the record as saying so a number of times.

We're going to continue to work with the regional health authority. *[interjection]* I notice an objection from members opposite. I guess they're sort of reflecting back on their time during a recession when they froze all health capital. That must be it.

Mr. Briese: Mr. Speaker, area doctors and residents believe a consolidation of hospitals would result in significant cost savings in administration, maintenance, and transportation of patients. They also believe the doctor recruitment would be easier and emergency services would improve.

I am pleased to hear the minister say today that she's committed to that type of facility, but I would like to know when they're going to move forward with further studies on this issue.

Ms. Oswald: There has been considerable analysis done on this potential project. I would agree with the member opposite that the creation of new facilities can oftentimes have a very positive influence on the recruitment of health human resources. It doesn't always necessarily translate into enormous cost savings as people might think. But we're going to continue to work with the region and with the community to look at this project.

We know that we're going to continue to move forward on commitments that we have made on capital infrastructure, and we're going to continue to build our health human resources. There are many asks out there, Mr. Speaker, and we're going to have to work with the regions to prioritize, that's true.

Mr. Briese: Mr. Speaker, this NDP government can find \$105 million for a football stadium. They can find \$640 million for a west-side Bipole III. They can find \$3 million for a failed Spirited Energy campaign. They can find another \$14 million for photo IDs that nobody wants. They can't find funding for schools and hospitals.

* (14:10)

I ask the minister: When will this government get their priorities straight?

Ms. Oswald: With respect, we have dedicated 90 percent of new spending in this budget to health, education, and so forth. We voted in favour of that budget because of care to the front line.

And you know what, Mr. Speaker? Every one of the Tories voted against it, every one.

**Chronic Disease Unit
Expenditure Reductions**

Hon. Jon Gerrard (River Heights): Mr. Speaker, as the Minister of Health should be aware, we have a diabetes epidemic raging in this province. The incidence of diabetes has been going up and up and the Manitoba health-care costs for diabetes are going up and up, and yet the minister has reduced her budget for her chronic disease unit by some \$37,000 rather than focussing provincial efforts at reducing and eliminating this epidemic.

I ask the Minister of Health: Can she give us the present number of people in Manitoba with diabetes? Can she give us a cost estimate for diabetes for the current fiscal year? Can the minister explain why she's reduced the budget for diabetes and chronic disease unit at the same time when we're fighting a raging epidemic in this province?

Hon. Theresa Oswald (Minister of Health): I want to assure the member that there has been restructuring in the Department of Health since the creation of the new Department of Healthy Living, seniors and youth.

I want to also assure him that there is a new focus on innovation in the department and the new structuring, which I have some sense we're going to be talking about later on in Estimates, is about doing more for chronic disease, not less.

Further, Mr. Speaker, I can let the member know that our work on dealing with the issue of diabetes is ongoing. It's why I met this morning with the chiefs from the Island Lake communities to talk about

issues in their communities, to talk about how to improve primary care and to talk about how we can help the people of Manitoba prevent diabetes and to receive even better treatment when they're dealing with diabetes.

Mr. Gerrard: Well, Mr. Speaker, it's rather extraordinary that the minister couldn't even provide up-to-date information on the number of people with diabetes in Manitoba or the cost of diabetes for this fiscal year.

Last year, with the H1N1 epidemic, we had weekly updates. Now, with far more people affected by diabetes and the cost far more than the H1N1 flu epidemic, the minister can't even give us up-to-date figures when asked.

Mr. Speaker, we've been hearing about these concerns about the restructuring of the chronic disease and diabetes unit. What's clear is she's reducing the budget for this unit. What else is she doing with the unit? Can you come clean?

Ms. Oswald: I can say, again, we're doing more on chronic disease management, not less. Front-line services are delivered through the regional health authorities. The regional health authorities are receiving an increase, as we committed to in the budget, Mr. Speaker. We said that prioritizing our spending would go directly to the front line. That means to doctors, to nurses, to people working in the renal program. That means to people doing outreach on education.

Mr. Speaker, we're doing more on chronic disease, not less as the member is implying. There has been a reconstructing going on. We're going to continue to have a dialogue, I'm sure, later on in Estimates today about diabetes, but we're committed to ensure that we're investing in the people in Manitoba that are most vulnerable and dealing with diabetes.

Mr. Gerrard: Mr. Speaker, the minister has a major epidemic on her hands and yet she continues to act like a novice. You know, the diabetes epidemic wasn't mentioned in the Throne Speech. It wasn't mentioned in the budget, and the minister can't give us up-to-date figures for the number of people with diabetes or the costs of the epidemic this fiscal year, and at the same time she's reducing expenditures for her chronic disease unit, and we're hearing maybe even eliminating the unit. Tell us more about this.

Mr. Speaker, I ask why the minister knows so little about the diabetes epidemic? She needs an

education on diabetes if she thinks she can strengthen and expand the unit at a lower cost when we've got such a huge epidemic going on. There's more money going to personnel in her own executive office than there is to the chronic disease unit on diabetes. What a shame.

Ms. Oswald: Mr. Speaker, I'll say, for the third time, that all chronic disease projects are continuing. All the staff that worked in the chronic disease branch will continue to work on chronic disease initiatives including the Chronic Disease Prevention Initiative, which has been recognized nationally, the regional diabetes program, our Physician Integrated Network and care link, the Manitoba Retinal Screening Vision Program, Get Better Together! Manitoba, with an increase on fitness. We're continuing to work on chronic disease.

And on the subject of personal attacks, Mr. Speaker, I suggest he gets a bushel of sticks and stones, because names will never hurt me.

Fitness Tax Credit Expansion

Ms. Sharon Blady (Kirkfield Park): Mr. Speaker, yesterday in the Rotunda, it was a pleasure to be a part of the ceremonies that recognized—where the Premier (Mr. Selinger) and members hosted the Manitoba Olympians and to see the role models that these young athletes were for so many children and so many of us in this province as a part of staying healthy.

As a mom, I know how important it is to encourage your children to be active and to stay—and maintain a healthy lifestyle. In my case, that's meant everything from cycling and snowboarding to swimming and ultimate frisbee as the activities that have gone on in our household, and that encouragement is so important.

I would like to ask the Minister of Healthy Living to advise the House of what kind of supports our government is providing for parents throughout this province to encourage our children to maintain healthy and active lifestyles.

Hon. Jim Rondeau (Minister of Healthy Living, Youth and Seniors): I'd like to inform the House that Manitoba's fitness tax credit will be extended to include claims for organized physical activities for young adults aged 16 to 24 starting in 2011. This change will encourage young people to continue in organized physical activity as they become adults and transition from school to work force. Eligible

fitness activities, as defined under federal legislation, will be for costs under \$500 or less and can be claimed by the child's spouse or parent.

And this is important to work towards ending chronic disease. This is important to keep people active so that they do not get diabetes and chronic disease. And, Mr. Speaker, this is something this side of the House believes in and will vote for, and this is what the Liberals and Conservatives will vote against. This is keeping people healthy which is what we believe.

Rural Highways and Roads Upgrade Requirements

Mr. Larry Maguire (Arthur-Virden): Mr. Speaker, rural municipalities in southwest Manitoba are concerned about their road infrastructure. With expanding oil industry and longer distances to—for grain hauling, several rural municipalities have written the Minister of Transport (Mr. Ashton) to seek his initiative to support these valuable provincial industries.

As well as others, both the R.M.s of Winchester and Brenda are concerned particularly with the deteriorating condition of Highway 21 and 251 in the Deloraine-Goodlands-Waskada region, Mr. Speaker.

As these roads are being used to greatly enhance the provincial economy, can the minister tell these rural citizens and his municipal partners whether he and his government have any plans to upgrade these routes this year, as has been formally requested of him?

Hon. Ron Lemieux (Acting Minister of Infrastructure and Transportation): As a government, we're truly pleased to invest \$4 billion over 10 years in infrastructure and transportation in this province. Millions of dollars spent on Highway No. 1—after the member took the liberty of moving his birdbath out of the way, then we could do Highway No. 1. We've spent over \$85 million on Highway 75, Mr. Speaker, over \$60 million on Highway No. 2, millions in dollars on No. 12, and millions upon millions of dollars more will be spent.

And what did they do, including the member from Arthur-Virden, yesterday? They broke a recorded vote and voted against the budget. Let him tell his constituents that—voting against millions of dollars going to rural Manitoba.

Mr. Maguire: Mr. Speaker, it's with answers like that that it's clear this government doesn't support these contributing industries to Manitoba.

Mr. Speaker, No. 10 Highway through Morton municipality and Boissevain is in deplorable condition. As a major trade route with both Manitoba's second largest U.S. border crossing and the International Peace Gardens, improvements are required on No. 10 Highway to the U.S. border.

Citizens see the NDP Premier (Mr. Selinger) is donating \$90 million for a 100 percent taxpayer funded scaled-down deal for a football stadium. They see this NDP Premier wasting \$650 million on a longer, more expensive west-side Bipole III hydro line. They see this NDP Premier forcing \$350 million on Winnipeg taxpayers to unnecessarily remove nitrogen from waste-water treatment plants.

Will the minister tell these Manitobans when their infrastructure needs will be met and assure them that his leader won't tell him to clawback his department's budget to satisfy his Premier's own deficits—overspending for this fiscal year?

Mr. Lemieux: You know, Mr. Speaker, the Minister of Infrastructure and Transportation (Mr. Ashton) from—the MLA from Thompson has a five-year plan with regard to Highway No. 10. There was a commitment made for over \$60 million on Highway No. 10, and within the first three years there was about \$59 million, approximately, spent on Highway No. 10 and projected to be spent.

* (14:20)

Mr. Speaker, there's another 10 million in this budget geared to Highway No. 10, not only to look at the Peace Gardens and all the traffic and tourism traffic, but also the truck traffic that uses Highway No. 10 back and forth from the United States into Brandon and further north.

So, as a government, I have to say that we're truly proud of the record we have on the amount of monies invested in the province of Manitoba and the infrastructure, and as a government we'll continue to do so.

Wuskwatim Dam Project Apprentice Training

Mr. Rick Borotsik (Brandon West): Mr. Speaker, the Minister of Entrepreneurship, Training and Trade seems to pay a lot of lip-service to apprenticeship programs in Manitoba. He says it's a priority but the proof is in the numbers.

On the Wuskwatim job site, a full 60 percent—six zero—60 percent of the apprentice workers are from out of province. These people are taking valuable apprentice spaces from Manitoba apprentices. Why is it that the minister is taking away their opportunity to get training that they need to complete their education here in Manitoba?

Hon. Peter Bjornson (Minister of Entrepreneurship, Training and Trade): Mr. Speaker, I'm very pleased that the members have asked a question about apprenticeship. The fact that we had a budget that included \$2 million to increase the number of apprenticeship seats by 600 this year alone, Mr. Speaker, we made a commitment to 4,000 apprenticeship seats to be added to the education system and the post-secondary education system, and we're well on our way to that.

We've also provided tax credits that will allow students in high school to be an attractive option for employees, to encourage them to get into the trades and into the apprenticeship program, Mr. Speaker.

But, of course, members opposite voted against a budget that supported the apprenticeship program, and they voted against a budget that supported the infrastructure stimulus that we need apprenticeships to build.

Mr. Speaker: Time for oral questions has expired.

MEMBERS' STATEMENTS

St. John's High School 100th Anniversary

Hon. Gord Mackintosh (Minister of Family Services and Consumer Affairs): Yes, Mr. Speaker, it's with great pleasure I rise today to share with all members of the House an important announcement: This year marks the 100th anniversary of the oldest high school in Winnipeg, St. John's High.

Originally known as St. John's Technical High School, the first classes were temporarily held in 1910 at Luxton School with only 98 students and four teachers, while construction was completed in 1912 on its own facility at Church and Salter.

Numerous graduates have left remarkable footprints in the history of St. John's High School and Winnipeg's North End. The honour rolls dedicated to the several hundred alumni who gave their lives in World War I and II still stand. Many St. John's graduates who entered into culture, politics, arts and entertainment, sports, writing and community service, have become famous nationally

and internationally. Mr. Speaker, 14 recipients of the Order of Canada attended St. John's High. The unique blend of graduates is part of the enduring character that makes St. John's an icon in our city.

Currently, St. John's High has over 1,100 students enrolled in grade 7 through 12, and 76 teaching staff. The school offers numerous programs and services, including a teen health clinic, the homework clubs, a breakfast and lunch program, a school resource officer and community liaison services. Its 30-some sports teams rally to the cheer of "Go, Tigers, Go" at numerous events. Tiger pride has spread from the school into the surrounding community.

I'd like to acknowledge those in attendance today from St. John's High School: the reunion chairs, Brian Burdy, and Carol Kurdydyk, and their committee, along with Principal Bulka—Linda, are you there?—and vice-principals Dennis Mogg and Cathy Sharrow. I wish—we wish them much success in planning the festivities to celebrate the reunion this June. It's June 17th through the 20th. I'm looking forward myself to attending the gala dinner at the Convention Centre on the Saturday evening and hope to chat with many alumni spanning the decades of the school's history, and will be there, of course, will be there reconnecting with their classmates and friends from their high-school days.

Thank you very much, Mr. Speaker.

Sport For Life Centre

Mr. Ron Schuler (Springfield): Mr. Speaker, it's with great pleasure that we applaud the grand opening of phase 1 of the Sport For Life Centre. After five years in the making, Sport Manitoba turned the dream of a Sport For Life Centre into reality. This is a first in Canada, this unique and advanced resource will offer new opportunities for our city and our province.

The Sport for Life Centre is a community resource for everyone, focussing on learning, sharing, mentoring and growing. From the development of basic skills for kids and families to the training of Manitoba's Own the Podium athletes, the centre will serve as the hub for education, skill building and research. It will help grow healthy kids, provide youth in the inner city as well as those in remote and rural areas access to much needed programs and mentors.

It will develop leaders and champions because our communities desperately need more coaches to

support programming and services. This centralized learning facility will provide the best research and education on sport and activity for grass-roots volunteers, leaders, athletes, coaches and officials.

It is anticipated that more than 23,000 school children every year will be introduced to innovative new programs. On a visit to the centre, kids could participate in a program designed to provide basic movement skills and then meet with a nutritionist to learn about how to fuel their engines, and wrap up with an inspiring look at Manitoba's great athletes.

The Sport for Life Centre will be the heart of sport research, practice and education, bringing together health and education professionals as well as sport and physical activity experts. Manitobans will now have a one-stop access to services such as therapy, psychology, nutrition, physiological and biochemical testing. In addition, thousands of Manitoba Games participants, Team Manitoba athletes and provincial team athletes will gain access to much needed sport medicine and science research.

The Sport for Life Centre is home to over 60 provincial sport organizations which collectively serve over 190,000 athletes, 100,000 program participants and approximately 25,000 volunteers, coaches and officials.

Mr. Jaring Timmerman was also honoured as a model athlete at 101 years old, who told the audience that he has never taken a pill, nor has he not needed or had any need for surgery. He just kept himself active.

We congratulate the Chair of Sport Manitoba's Board of Directors, Paul Robson; President and CEO, Jeff Hnatiuk, and all of those who made this dream a reality.

Thank you, Mr. Speaker.

Swan Valley Credit Union

Hon. Rosann Wowchuk (Minister of Finance): Mr. Speaker, I rise to bring members' attention towards a wonderful addition to the community of Swan River.

The Swan Valley Credit Union has become the first financial institute in Canada to achieve progressive leadership in energy and environmental design, or LEED Gold Certification for New Construction. Built on a reclaimed brownfield site, the 21,250 square foot building houses the credit union head office and main branch. The radiant in-floor heating, passive cooling system, a central

atrium and intelligent sensor lighting allow the space to draw 54 percent less energy and 35 percent less water than a standard building of comparative size.

Designed by Winnipeg-based Prairie Architects Inc., the building provides its workers with an innovative and conscientious healthy environment. Almost all of the occupied space has direct lighting—direct lines of sight to the outdoors and fresh air venting, and selective finishing materials that ensure pristine air quality.

Mr. Speaker, achieving the LEED designation is not an easy feat. Administered by the Canada Green Building Council, the stringent criteria for earning gold designation takes into account the sustainability of a building site, the building materials and resources, as well as the water efficiency, energy and environment, atmosphere and the quality of the indoor environment.

One of the strengths of the Swan Valley Credit Union building is its commitment to a long-term goal of securing the health, wellness and productivity of their employees and their community. As Ken Treasure, president of the credit union of directors stated, and I quote: Is—the building is a tangible expression of our commitment to the future of our community, the environment and to the staff and the members. The progress has created a building in tune with the sensitivity of the environment, the health of the workers and the demands of the business world.

Mr. Speaker, let me congratulate the board and staff of the Swan Valley Credit Union for having achieved this extraordinary distinction. It speaks to soundness of judgment, the clarity of vision and the strength of the credit union's dedication to the community of Swan River.

Thank you, Mr. Speaker.

Israeli Apartheid Week

Mrs. Heather Stefanson (Tuxedo): Mr. Speaker, I rise today to express my disappointment that members on the government side of this House refused to take a stand on a very important issue this morning during private members' hour.

I introduced a resolution to denounce Israeli Apartheid Week as a divisive and inaccurate campaign that promotes intolerance and anti-Semitism on our university campuses by marginalizing Jewish students, staff, visitors and supporters of Israel. I introduced the resolution

because in Manitoba there is no place for hate, anti-Semitism and intolerance on our university campuses. I think it is incumbent on us, as members of this Legislature, to stand up and say loudly and clearly, that we do not condone such divisive tactics. All students, regardless of their background, religion or political beliefs are entitled to attend class and participate in campus life without fear of being marginalized or targeted.

*(14:30)

I introduced the resolution because to refer to Israel as an apartheid state is inaccurate and inflammatory. It diminishes the suffering of black South Africans under the apartheid regime of that country. I cannot condone the use of that word in reference to Israel, which is a strong parliamentary democracy that respects the rule of law and the rights of its citizens.

The government's refusal to take a stand on this issue is a disappointment and frankly, a surprise, Mr. Speaker, to Manitobans who support the right of Israel to exist and support our strong Jewish community here in Manitoba. David Matas, a renowned human-rights lawyer, writer and Nobel Prize nominee has condemned Israeli Apartheid Week for the anti-Semitic campaign that it is. Even the NDP in Ontario supported a similar resolution denouncing Israeli Apartheid Week in that province, but here in Manitoba our NDP government stays silent. Martin Luther King Jr. once said, and I quote: "Our lives begin to end the day we become silent about things that matter." End quote.

I am saddened and profoundly disappointed that members opposite chose to remain silent on this issue rather than take a principled stand on an issue that matters to so many people in our community, Mr. Speaker. Thank you.

St. Norbert Trappist Monastery Ruins

Ms. Marilyn Brick (St. Norbert): It is with pride that I rise today to congratulate those responsible for the restoration of one of the most important historical monuments in my constituency, the St. Norbert Trappist Monastery ruins, for winning the 2010 Heritage Conservation Award from Heritage Winnipeg.

The site of the former St. Norbert Trappist Monastery seamlessly integrates the legacy left behind by the Trappist monks with the multipurpose needs of the area residents. A religious site from 1892 to 1978, the former St. Norbert Trappist

Monastery has since been transformed into the celebrated St. Norbert Arts Centre and a separate serene park. The monastery's ruins were designated a provincial heritage site in 1988, becoming a hub of activity for St. Norbert residents and Manitoba's artistic community.

The former Trappist monastery also houses an outdoor restaurant and a guest house. Concerts and open-air art shows often take place in the monastery during the summer.

Mr. Speaker, this Heritage Conservation Award recognizes the recent restoration work on the monastery, made possible by our government's commitment of \$1 million to the project. The Heritage Conservation Award was given to the three parties participating in the restoration: the architectural firm Bridgman Collaborative, Alpha Masonry and the Province of Manitoba.

This is not the first conservation award recognizing the former monastery. The L'Hôtellerie St. Norbert Guest House, the St. Norbert Art and Cultural Centre building committee, and Les Stechesen, the architect responsible for the guest house renovations, are former recipients of the Heritage Winnipeg Architectural Conservation Award.

I would like to congratulate those responsible for the restoration and the maintenance of the former St. Norbert Trappist Monastery on this award and thank them for their dedication to preserving our past. Thank you, Mr. Speaker.

ORDERS OF THE DAY (Continued)

GOVERNMENT BUSINESS

House Business

Hon. Bill Blaikie (Government House Leader): Mr. Speaker, I'm calling Estimates with the understanding that the House will also be considering Estimates on Friday morning.

Mr. Speaker: Okay, we will be dealing with Estimates with the understanding that the House will also be considering Estimates on Friday morning.

On further House business?

Mr. Blaikie: On further House business, Mr. Speaker, I wonder if you could canvass the House to see if there is agreement that in room 254, for the Estimates of Water—that the Estimates of Water Stewardship be set aside on Friday, April the 16th,

with the understanding that Water Stewardship will resume in that room on Monday, April the 19th.

Mr. Speaker: Is there agreement that in room 254, for the Estimates of Water Stewardship, to be set it aside on Friday, April 16th, with the understanding that Water Stewardship will resume in that room on Monday, April 19th?

Is there agreement? *[Agreed]*

* * *

Mr. Speaker: Okay, so now we will—I will call Estimates, and would the respective Chairs that will be chairing in their respective rooms—In room—in the Chamber will be Family Services and Consumer Affairs, and in room 255 will be Health, and room 254 will be Water Stewardship.

Okay. So now we will move into Estimates. *[interjection]*

Okay, and the House will resolve into Committee of Supply, and Madam Deputy Speaker, please take the Chair.

COMMITTEE OF SUPPLY (Concurrent Sections)

WATER STEWARDSHIP

* (14:50)

Mr. Chairperson (Mohinder Saran): Will the Committee of Supply please come to order. This section of the Committee of Supply will now consider the Estimates of the Department of Water Stewardship.

Does the honourable minister have an opening statement?

Hon. Christine Melnick (Minister of Water Stewardship): Yes, I do have an opening statement.

Good afternoon, everyone, and welcome to committee. I would like to very briefly highlight some priorities for the Department of Water Stewardship for this coming fiscal year, and then I'd be very pleased to answer any questions that you may have.

As you know, we're facing a challenging year financially and it's important that we all do our part to ensure that priorities are supported and that budgets are managed wisely. Despite the financial challenges ahead, our vision for Water Stewardship remains, and I quote: The best water for all life and lasting prosperity. This implies that for lasting

prosperity we must ensure the sustainable use of water and we must not impair its life-giving capacity.

To achieve our vision this year, we are maintaining our staff resources and expertise, and I'd like to take this opportunity to thank staff very much for everything that you do, day in and day out, and I ask you to extend my gratitude to your staff. We had a very active spring last year. We had planned for an active spring this year—fortunately, it wasn't as active as we thought it might be—but for all the work that's done every day in every section of our department, be it Fisheries, be it drainage, Water Resources, quality, managing the financials and working with the multitude of issues we have in the Office of Drinking Water and the water resource officers—and if I've missed anyone, I apologize—and most in particular to our deputy, who is somehow able to pull all the strings together. So thank you very much to everyone.

To achieve our vision this year, as I mentioned, we are maintaining our staff resources and our expertise. We are continuing to increase the capacity of our Conservation Districts program through the rollout of integrated watershed management planning. We're continuing to maintain the health of our fisheries, and we are focussing on improved flood protection and increased flood forecasting capacity.

So I wanted to take a few moments to speak about some of the highlights in the coming year. As I mentioned, we continue to build the capacity of conservation districts. This is a program that I and the government hold in high esteem and thank every conservation district and member of the CDs for their partnership. We know that they deliver high-quality land and water programming throughout municipal Manitoba, and I'm very pleased that, despite financial challenges, we're recognizing the high priority of the CD program through maintaining our level of funding. And I think it's important to note that the funding for the CDs—while the number of CDs since 1999 has increased by 50 percent, the funding has increased by over 50 percent.

We will continue to work again with CDs to roll out the integrated watershed planning processes that are going by—that are going on throughout the entire province, and this will help to make source water protection a top priority in the watershed planning process. I am pleased to let committee know that, currently, 23 of the scheduled 30 integrated watershed management plans are currently under

development. We will continue to develop and implement a comprehensive wetland restoration and protection initiative that will strike the right balance between regulation and incentives.

We will also work with other departments and agencies to develop new policies and incentive programs to ensure that the true value of the ecological services provided by aquatic ecosystems are recognized in our market economy.

We'll continue to address the need for new funding mechanisms, for water-related infrastructure and water-protection investments, that reflect the true value of water and drive economically efficient and environmentally sustainable decision making. And we will also continue with the progress that we have started in implementing the 135 recommendations of the Lake Winnipeg Stewardship Board, thereby reducing nutrient loading to Lake Winnipeg.

And, at this time, I'd like to thank all the members of the Lake Winnipeg Stewardship Board, as well as the Lake Manitoba Stewardship Board, for their vision, their intelligence and their co-operation.

We will also continue to work to establish long-term, ecologically based, nutrient-reduction objectives for Lake Winnipeg and collaborate with the federal government and other jurisdictions in the basin toward achieving them.

We'll continue to do everything possible to ensure that Manitoba's water is protected from the potential adverse effects of water projects developed in upstream jurisdictions. As you may know, about 70 percent of our surface water comes to us from our upstream neighbours. We will work to establish and manage new frameworks for the sustainable co-management of our fisheries, and we will continue to work with the fishers throughout Manitoba.

We have developed a new transparent framework and criteria for guiding water-control and drainage-infrastructure investment and drainage-infrastructure investment planning and programming, and we'll continue to improve and implement new drainage licensing and enforcement policies.

And I'd like to take a moment to thank our partners in the AMM, KAP, MCDA and individual municipalities who took the time to work with us to develop the expedited licensing process for minor works that has been a great help in this very wet period. And I know a lot of people have worked very hard to make that happen.

We believe that the enforcement of drainage will take into account environmental effects on drainage while enhancing agricultural productivity where it is most appropriate. We will continue to work to complete regional groundwater studies, and we'll work with our federal, provincial and municipal partners toward a framework for water and wastewater infrastructure investment planning.

And more, we will continue to work to identify and prioritize upgrades required to drinking water systems to enable them to consistently meet our high drinking water quality standards.

Despite the difficult budget year, we are adding an additional two staff members to the Office of Drinking Water in recognition of the vital importance of effective regulatory oversight in ensuring the safety of public water supplies.

And we will work to develop a water-related climate change adaptation strategy for Manitoba. This will include a comprehensive water conservation initiative, a long-term drought-protection plan strategy, and we will continue to build on our flood and ice mitigation strategy.

*(15:00)

And I'd like to thank our partners, north and south of Winnipeg and within Winnipeg itself, again, for the tremendous effort that everyone put in last spring, and we had all hands on deck for this spring. So thank you to the mayors and reeves north and south of Winnipeg. Thank you to the City of Winnipeg for its continuing partnership and the inherent wisdom that in times of difficulty, that we must all work together and we do all work together.

We will continue to strengthen our Hydrological Forecasting Centre and expand our hydrological monitoring.

In response to the flood of 2009, I have said a few words. I think it's important for committee to recognize this was the second largest flood in over 150 years, and we are under negotiations with the federal government for a major cost-shared flood mitigation strategy. My colleague the Minister of MIT is the lead in these negotiations, and certainly I want to extend my support to him but also let him know that in the partnership, Water Stewardship will certainly play our role.

We will be making the operating funds available that are required for the provincial share of this essential strategy as a top priority. Certainly, we've

increased our capacity to mitigate ice jams and this spring our ice-cutting equipment and flood mitigation infrastructure was used effectively to significantly reduce the impacts of flooding in Manitoba.

Just in conclusion, I wanted to make the committee aware, as most are, that ministers are already receiving a 20 percent reduction in salary, as was announced in Budget 2010. This is a year earlier than what is required under the current law. As committee members will note, this reduction is included in the total calculation of expenditures and is reflected on pages 8, 9 and 11 of the Budget 2010 Estimates of Expenditure and Revenue. The 20 percent reduction will continue if the applicable legislation is enacted by the Legislative Assembly.

So those are some opening comments, and I wonder if—well, I guess we could open for questions and then I could call up staff? Is that—*[interjection]* Okay.

Mr. Chairperson: We thank the minister for those comments.

Does the official opposition critic, the honourable member for Arthur-Virden, have any opening comments?

Mr. Larry Maguire (Arthur-Virden): Yes, thank you, Mr. Chairman. I do have a few. I'll be brief. I as well want to say how pleased I am to be the critic for Water Stewardship and look forward to dealing with the minister on these issues as we move forward.

I think that, you know, she made one comment that there is a value to water, and I would say it's priceless. I think that, you know, she's very accurate, that the water is a very valuable commodity in our province as it is around the world, and we need to do everything we can to make sure that we are monitoring and providing stewardship in that jurisdiction to the greatest benefit and opportunity that we can in this province.

You know, we don't have 100,000 licence plates on our—or 100,000 lakes on our licence plates and others for nothing, and it's—I certainly commend all of those throughout the industry, not just here in Water Stewardship, but in Conservation, in Local Government, in Infrastructure and Transportation and even Agriculture because of the drainage involved in it as well, with the part of the budget that the member from Dauphin will be dealing with there, and as is announced every year, I think water, while I commend the minister for her work in Water

Stewardship and a number of those areas, look forward to the questions that we'll have and the opportunity to seek some information for myself and others on this.

But I think we've got a—water crosses all boundaries. It crosses a number of portfolios in the government and many, many organizations throughout the province that work on either a paid or a volunteer basis to make sure that it's maintained, and I want to commend all of them as I would like to reiterate the minister's comments about thanking all of the staff that work so diligently every day in regards to our needs in water management throughout the province.

I know there can be trying times, particularly around floods, and I want to, particularly—I know that there's the Red River and the Assiniboine and we have flooding in the north, but particularly last year before I got into this responsibility in Conservation and Water Stewardship, I want to commend the former premier and members of Water Stewardship for coming to Melita, for making the decision to enhance the dam process on the Souris River and building it up to Highway 3, with the Minister of Highways involved in that as well, the member from La Verendrye at the time. And I know how much it's appreciated in regards to making plans to look ahead on some of those issues because I don't think that one will ever have to be dealt with again. If the water goes over the dam that's been built in Melita now, there's going to be one huge flood somewhere else this fall. So I commend that. I may ask some critical questions at some point, but I commend the department for all of the work that's been done, not only there but in regards to updating of the Winnipeg Floodway and a whole host of other areas around the province and in the protection of our—not only the city of Winnipeg, but our smaller communities as well.

And so I, you know, while there is—as I said, water crosses boundaries. It comes in from Saskatchewan. It comes in from Ontario. It comes in from the United States. And so we are the beneficiary of a great deal of that, which makes it even more of a responsibility in our management and how we need to be very, very sincere and succinct in how that is managed and make sure that we carry forward with good sound planning.

I had the opportunity, through the legislative forum, to be on the *Namao* myself last summer in Lake Winnipeg to look at how they take the tests in

regards to the issues around Lake Winnipeg, and look forward to some questions that I may have for the minister in that regard as well.

I guess—I was just in the House and listening to my colleague from Springfield today read a private member's statement which, you know, this may be a stretch, Madam Minister, but it's—the private member's statement was about a 101-year-old gentleman named Jaring Timmerman, who just received the Order of the Buffalo from your government. And I commend you for that because I've known Mr. Timmerman for a while, and anybody that can be 101 years old and get an Order of Buffalo—he got that for swimming, and that's the only connection I can make to water on this one.

An Honourable Member: Have you known him for 101 years?

Mr. Maguire: No, I wasn't around. Like the member on her colleague's side was reading the statement today about St. John's School and I kidded him about being there and still having the shovel when he broke the ground about a hundred years ago on that one, but we won't go there.

I commend the minister for—I hope that was an attempt at humour.

But, anyway, I look at Devils Lake and those issues with it as well. And there are a number of issues that I know that we are dealing with as we move forward in these issues. And so, I think, with those words, Mr. Chairman, I will leave it at that for now. And I just wanted to commend all of the people involved in Water Stewardship in their daily work. I know that there are two sides to most issues in regards to issues around water, and I look forward to being able to ask the minister questions on some of those issues in an effort to help Manitobans more clearly understand some of the issues that are facing them in our province today.

Mr. Chairperson: We thank the critic from the official opposition for those remarks.

Under Manitoba practice, debate on the Minister's Salary is the last item considered for the department in the Committee of Supply. Accordingly, we shall now defer consideration of line item 25.1(a) contained in the resolution 25.1.

At this time, we invite the minister and staff to join us at the table and we ask that the minister introduce the staff in attendance.

* (15:10)

Ms. Melnick: Mr. Chair, I'd like to read into the record the staff that we have today is our Deputy Minister Don Norquay; Assistant Deputy Minister, Corporate Services, Lynn Zapshala-Kelln; Assistant Deputy Minister, Ecological Services Division, Dwight Williamson; Executive Director of Regulatory and Operational Services Steve Topping; Director of Regulatory Services Kim Philip; and Director of Fisheries Branch Joe O'Connor.

Mr. Chairperson: Thank you. Does the committee wish to proceed through the Estimates of the department chronologically or have a global discussion?

Mr. Maguire: If it's—I would urge ourselves to proceed on a global basis if we—if the minister would agree to that.

Ms. Melnick: Yes, that's fine.

Mr. Chairperson: So that's agreed.

The floor is now open for questions.

Mr. Maguire: I just wanted to thank the minister for the introductions and welcome everyone, and I wonder if—you know, there's a flowchart on page 5. That's about the easiest way for me to deal with it.

And I just wonder if the minister has a list of her political staff that she could provide to me today as well, and before I get into the actual chart here as well, if she could maybe provide for me some of the political staff she has in her office and—

Ms. Melnick: I have a special assistant, Chris Pawley.

Mr. Maguire: I didn't catch the last name. Pardon me.

Ms. Melnick: Pawley, quite a popular name in the—little while ago.

Mr. Maguire: And do you have other political staff in your office here in the Legislature or outside in your constituency office as well?

Ms. Melnick: In the constituents' office—the constituency office, the executive assistant is Cindy Edmunds and the—and also within the constituency office is the constituency assistant, Catherine Cumming.

Mr. Maguire: And could the minister provide me with any detail as to how long each of those three people have been with her?

Ms. Melnick: Chris Pawley has been here for over a year, about a year and a quarter, January '09. Catherine Cumming has been for about the last nine months in the constituency office, and Cindy Edmunds started about a month ago.

Mr. Maguire: So are they all now full-time equivalent staff persons with the minister?

Ms. Melnick: Two are full-time, Chris and Cindy, and Catherine is part-time.

Mr. Maguire: What would the amount of the part time end up being, half time, quarter time? Just roughly.

Ms. Melnick: It fluctuates, depending on what's happening in the constituency.

Mr. Maguire: What type of work would that person do, then, as opposed to Cindy, I know?

Ms. Melnick: She maintains the financial records and often comes out canvassing with me. If there's a special event happening, she'll help to prepare that as well.

Mr. Maguire: The minister says canvassing with her. I hope that—she knocking door-to-door with you or is she working at events?

Ms. Melnick: Going to the door.

Mr. Maguire: Mr. Speaker, or Mr. Chairman—pardon me—and those are then the full—the equivalent persons—how are those persons all paid? I'm assuming that Chris Pawley comes out of your ministerial staffing.

Ms. Melnick: Both Chris Pawley and Cindy Edmunds are paid from the ministerial budget and Catherine is paid from the constituency office.

Mr. Maguire: And so, by the constituency office account, that's the same as the rest of us have, as far as a minister—or a constituency amount for staff and for representation allowance, and that sort of thing?

Ms. Melnick: That's from member's allowance.

Mr. Maguire: Just in regards to the staffing on page 5, can the minister just fill in the names of the people between herself and the deputy minister there on that flow chart? Conservation Districts Commission, Prairie Provinces Water Board, is there chairmans of each of those groups? Did she—could provide them?

Ms. Melnick: The chair of the Conservation Districts Commission is our deputy, Don Norquay. The chair of the Prairie Provinces Water Board, it's actually a federally appointed chair, Randal Cripps, who is a regional director in Environment Canada. And the chair of the Manitoba Water Council is Jean Friesen.

We also have the Manitoba Habitat Heritage Corporation, which is chaired by John Whitaker, and the Lake Manitoba Stewardship Board is chaired by Bill Barlow. Oh, I'm sorry. Lake Manitoba, the chair is Gordon Goldsborough of the University of Manitoba.

Mr. Maguire: So, Mr. Goldsborough is the chairman of the Lake Manitoba Stewardship Board, and these—a number of these folks have been there for some time. Have they—have there been many changes in these recent times?

Ms. Melnick: The chairs have been in place for Gordon since the striking of the Lake Manitoba Stewardship Board. Manitoba Habitat Heritage Corporation, I believe the chair has been there for the last number of years. Yeah, since the start of the—*[interjection]* Pardon? Okay.

Manitoba Water Council, Jean Friesen has been there since the striking of the council; I believe it was two, two and a half years ago.

The Prairie Provinces Water Board, I believe Randal Cripps has been chair for one year due to the retirement of the previous chair. Again, that's a federal appointment.

* (15:20)

And Conservation Districts Commission, the deputy has been—the deputy minister of Water Stewardship has been chair for—since Water Stewardship became a department on its own. It was previously held by Gerry Berezuk and has been held by Don Norquay since his appointment roughly three years ago.

Mr. Maguire: Thank you, and I know under Mr. Williamson's Assistant Deputy Ministership, there's three boxes there as well and I wonder if he could just inform me about the planning and co-ordination of Fisheries Branch and Water Science and Management in regards to staff leads in those areas.

Ms. Melnick: The three positions that the member from Arthur-Virden was asking about: for Planning and Co-ordination, it is Rhonda McDougal; and for the director of Water Science and Management

Branch, it is Nicole Armstrong; and the director of Fisheries is Joe O'Connor.

Mr. Maguire: If we could just move to the right and just keep with the Financial Services administration *[inaudible]* under Lynn's department. While you're doing that, I'll practise the name.

Ms. Melnick: For Financial Services, it is Giselle Martel; for the Administration Support, it's Christina Hnat; for Information Technology, it's Hartley Pokrant; Library Services is Wendy Barber; Distribution Centre, Valerie Borkowsky; and Safety, Health and Risk Management is Douglas Perrin.

Mr. Maguire: Yes, and if we could just move under Mr. Topping's department with Water Control and the other ones in that area as well. First of all, those two, at least, and then the ones in Ms. Philip's area as well.

Ms. Melnick: The Water Control System Management is Eugene Kozera and Flood Forecasting and Flood Response Co-ordination is Alf Warkentin and Philip Mutulu. And you said under Kim Philip's area as well, the regulatory services? Kim Philip is working in the capacity of Office of Drinking Water manager as well. We have Perry Stonehouse, under manager, Water Control Works and Drainage Licensing, and Rob Matthews, manager, Water Use Licensing.

Mr. Maguire: Just to go back to, Mr. Chairman, flood forecasting and flood response coordination, Alf Warkentin, and you mentioned another name as well?

Ms. Melnick: Phillip Mutulu. Do you want me to spell it?

Mr. Maguire: No that's fine. Yes, and Eugene Kostyra was in Water Control System Management?

Ms. Melnick: Eugene Kozera. Eugene Kostyra retired, again.

Mr. Maguire: My mistake, Madam Minister. I thought maybe there was another well-known name in your department.

The other ones are just in relation to some staffing that may be—you don't have to maybe provide me with the names today, but I wonder if I could get a list of the specific staff in the deputy and the deputy minister's offices that might work with—other than the people in these areas, if there are others. If there aren't any, that's fine but if it's support staff—in their offices.

Ms. Melnick: I just want to clarify. You're wanting the names of the people who work in the deputy minister's office?

Mr. Maguire: Yes.

Ms. Melnick: We have in the deputy minister's office, Grace Wereta, who is the admin assistant to the deputy minister. We have Huguette Lacroix, who is correspondent secretary, and we have Jason Senyk, who's senior policy and issues management coordinator.

Mr. Maguire: Of these ones, the people that you just listed for me—thank you—are they pretty well—have they all been there—were there many staff changes in that area in the last year, and if you could just point out which ones if there were any?

Ms. Melnick: The only change is the addition of Jason Senyk, who started roughly a month ago.

Mr. Maguire: Can the minister inform me who might have replaced Jason in the office, I believe it's *[inaudible]*. Was he around before or is he—has there been a replacement there?

Ms. Melnick: I believe the replacement process is under way now.

Mr. Maguire: Could she provide me with the total number of staff then that would be employed in the department at this time or the number of full-time positions? I know there's a line in the items here as well, but—

* (15:30)

Ms. Melnick: The total FTEs for Water Stewardship are 224.06.

Mr. Maguire: And that's a—what would be a full—is that a full complement of employees in the department, or is that how many are employed right now?

Ms. Melnick: That's the total number of FTEs in the department, which I think was your question.

Mr. Maguire: I'm just wondering if she can provide me with the number of vacancies that might be in the department at this time.

Ms. Melnick: There are currently 23 FTEs.

Mr. Maguire: So about 10 percent—23 of them it would be.

Ms. Melnick: It's 10.76 percent.

Mr. Maguire: Thank you for the accuracy of that, Madam Minister. How long have—is that a rotating vacancy or how long have they—have those positions—I haven't looked back to a year ago yet to see what might have been there at that time—is that been consistent throughout the year? Is it varied? And if the minister can provide me with that information first.

Ms. Melnick: This—the number I've given you is as at March 31, 2010, so this fluctuates during the year. It fluctuates as positions might come open and the process we're going through filling other positions, so it's a bit of a moving target, actually.

Mr. Maguire: I wonder if the minister can indicate to me, then, if that's sort of an average number. Is it roughly 23 for the year? I know that they'll be up and down in some departments if you hire, but if she could provide me with an average number.

Ms. Melnick: At times it has been higher, such as when we've created new positions, such as the water resource officers which was about 18 to 24 months ago, and then that took a while to fill those new positions, so there you would have seen a higher fluctuation. Right now we're in the process of filling some positions, so we've created, I think, two new positions this year. So it really, really moves around quite a bit.

Mr. Maguire: Can she indicate to me what those two new positions would be in?

Ms. Melnick: These are two positions in the Office of Drinking Water; they are both in the Office of Drinking Water. One is for enforcement and compliance. The other is a civil engineering technologist in the Approvals branch focussing mainly on licensing of existing and new construction.

Mr. Maguire: And have these both been since—they wouldn't both have been here in April—since the end of the '09-10 year, or were they hired in '09-10?

Ms. Melnick: The process is ongoing. They are newly created positions, in this budget year, yes.

Mr. Maguire: And so what's the procedure then as far as these and other rotating positions that may have been filled in the previous year, since our last estimates? Are they all filled by competitive processes or are any of them by appointment?

Ms. Melnick: They all go through the Civil Service Commission so there would be an analysis of the position, an analysis of the skill set. That then would

be rated against the pay scale so there would be a determination made there. They would be posted. They would all be through competition. There wouldn't be any appointment that I'm aware of.

Mr. Maguire: I have a few more questions in that area, Mr. Chairperson, but I want to, in respect of my colleague's time as well, we have some questions around drainage licensing. And I wonder if I could just ask the minister how many—there's a number of—there's a couple of issues here, but around drainage licensing, am I—I'm—I get calls—I had calls before I became Conservation and Water Stewardship minister obviously, from around the province on—as Infrastructure and Transportation critic before, in Government Services, in regards to drainage to, and I know that the minister has dealt with a few of them that I brought before on individual cases.

And I wonder if the minister can indicate to me how the drainage licensing program is going, and just what her thoughts are on its efficiency and where it's at right now.

Ms. Melnick: Well, as the member knows, we're in a near unprecedented wet period, not so much this year as we experienced last spring. But there still is some rather high levels, water levels throughout the province. I don't know that there is as much water on the land as there was last spring. But the result of what happened over the last 10 years, I think we can go back certainly the last six.

There has been a real increase in the number of drainage requests. To deal with this, we've invested considerable effort and resources into improving the drainage licensing process. Since 2007 we've more than doubled the number of water resource officers throughout the whole province, bringing the total number of staff members to 24. We worked in partnership with AMM, KAP, MCDA and various other partners to develop as was requested, actually through AMM, to create an expedited licensing process for minor works.

This means that a water resource officer can go to a location, can do a visual inspection, and if there will be no negative effect on those downstream, he can issue—he or she can issue a licence on the spot. During this same time period, we've significantly increased the number of water resource offices in Manitoba, going from three to 13, and the number of resources, the increased resources have resulted in a substantial increase in the number of drainage projects that have been reviewed.

* (15:40)

In 2008, we issued 460 licences. In 2009, we issued well over 1,200 licences. So that's almost a threefold increase. In 2009, the Province processed more applications than it had received, so we are aware that there's a backlog and we're working to clear that backlog up.

We've committed to working with municipalities and stakeholders to ensure that unauthorized drainage does not have a serious negative effect on the downstream landowners or the environment. So, as the member would know, representing a rural constituency, that drainage can be pretty tricky and there's always somebody downstream, so we want to make sure that in issuing licences upstream, we're not inadvertently creating a problem for downstream.

Mr. Maguire: Yes, and I will have questions on conservation districts and watershed management areas in subsequent time frames here in Estimates around the water—the management of those veins of water in the province, but the minister indicated that she'd taken in, or that they had actually licensed more permits in '09 than they'd taken in requests for them, which helps, I'm assuming, catch up some. Can she indicate to me, then, how many licences are backlogged at the present time?

Ms. Melnick: As of the beginning of March, 2010, we had, roughly, 2,000 files that were open. There was a lot of work done over the winter to catch up. Often there's a lot of requests that come in at the end of the season and then a lot of work gets done through the winter to review and to either give licence or give reasons why a licence can't be awarded at that time. So that's about March 9 is actually when this note came in, so that's roughly the number then. I don't have the number for today.

Mr. Maguire: So what the minister is referring to as the end of the season when a number come in would be the fall season, the freeze-up period of time? Is that correct?

Ms. Melnick: Correct.

Mr. Maguire: I know my colleague has—from Morris—has some questions in this area and so I'll turn the mike over to her.

Mrs. Mavis Taillieu (Morris): Just want to follow along just with some issues in regard to the backlog in the permits for the drainage. I know, in my constituency around the area of Elie, I know last year was a very significant situation for them because

they had quite a bit of flooding in the area. This year wasn't as bad, fortunately, but they are concerned with this inability to get these permits to do the drainage and I'm just—can the minister say what is the—there's no office in Elie, I understand—but what is the nearest office for them to get the permit from?

Ms. Melnick: The nearest office—we're just debating geographically, kilometres—I think would be Stonewall. But, I'm just wondering, could the member be a little more specific about difficulties and getting licences that you refer to in your question?

Mrs. Taillieu: Yes. What I'm told from local farmers in the area around Elie and south of that area is that they are having difficulties finding people in an office if an office is open, or, even if an office is open, there's not staff there to actually do anything with the permit, so whether that is a symptom of the backlog or whether that's a staffing issue, I'm not sure, and I guess I'm asking those questions. And, as well, Stonewall is a very significant way from Elie, so, you know, Portage is even closer.

So is there a Portage office? Is there a Starbuck office—the Ag office in Starbuck? Where would be the best place to go, and is there a staffing issue?

Ms. Melnick: We were looking for a list of the offices. I was going to read them to you. We'll—we can undertake to get that.

In the difficulties in contacting folks, I did confirm that there is certainly is a messaging capability within the offices. It's not surprising that they may not be there because a lot of their work is out on the road actually having—performing physical inspections. There is also a capability for forwarding through to cell phones, so I'm not sure if the folks that you're talking to are aware that it does flip over to cellphones.

But—oh, great. We have on the org chart all the offices, and I'll just read them into the record and the member can see if one might be preferable for her constituents over another, some obviously won't be: Gimli; Arborg, two in Arborg; Morris, there's an office in Morris; Brandon, there are three water resource officers; Dauphin may not be particularly helpful; there's a senior water resource officer also in Brandon; two in Dauphin, which, again, may not be helpful for the member's constituents; Swan River; Neepawa; Deloraine; Shoal Lake.

So, perhaps Morris, Brandon might be—again: Gimli, St. Laurent, Grosse Isle, Ste. Anne,

Stonewall, there's two in Stonewall. So there's some options there.

Mrs. Taillieu: Yes, Morris, I guess, would be the closest area, but it sounds like they have a fairly significantly large area to cover.

So I'm wondering, right now with the backlog, how long it is expected to take a person to be able to get a drainage permit.

Ms. Melnick: That would depend on the—whether it's a straightforward licensing that maybe could be covered under the minor works licensing process. Some licensing issues are in fact very complicated, include a lot of landowners, include a lot of territory that they cover. So it really depends on the nature of the drain itself.

Mrs. Taillieu: Is there any way that this process can be helped along, like with Internet or on-line activity?

It seems that what's happening is people aren't able to reach people and aren't able to actually get into the system. So—and you did explain about cell phones, and I'm really not sure whether they rolled over to the cell phone or not—but the issue seems to be they're not being able to just get into the system, so they wouldn't even be able to access and find out where—what kind of a permit that they would need.

So I'm wondering if there's any way to make some more use of the Internet maybe.

*(15:50)

Ms. Melnick: There are a variety of ways they can, in fact, be accessed on-line. So on the provincial Web site—if people are wanting to do that. There—applications are also available at R.M.s, R.M. offices. So if that's—another way for people to get them and certainly at the offices themselves. I think we have about 13 offices that could be providing information to these folks, so.

Mrs. Taillieu: I think I can just leave it at that, but I don't think it's getting the actual form. I think it's just actually being able to get the person that they need to do to get the actual permit and get the actual permit to get the work done. So—but I'll pass on the information.

I just had one more question which is just a little bit off that but—and it may not be—it might not be Water Stewardship, but it's in regard to the provincial drain in the R.M. of Morris. It's the Kronsgard drain.

I'm not sure if these drains fall under Water Stewardship or infrastructure, but maybe you can—

Ms. Melnick: That would actually fall under MIT. I think it's a provincial waterway drain so that question might be best put to the minister of MIT.

Mr. Maguire: Mr. Chairman, I guess there are a few more questions that I have in that area. Just—sorry, I need to speak into the mike. Thanks, Ray.

I'm just—I know I'd written a letter to the minister earlier where I'd indicated that there was about—from information that you've replied to my predecessor, the member from Tuxedo, that there were about 1,750 active drainage files in Manitoba. And that's the letter that I wrote to you, so it's the number that you provided to her a year ago in this circumstance, and I just wonder, then, if we're up to 2,000 now, have we really lost ground or—in that area or is it just that there's been that many more files applied for?

Ms. Melnick: I think we're gaining ground now. There were many—there was a real increase over the last five years. So that's why we brought in, basically, the new work force of the water resource officers. We have moved officers around to acute areas of need throughout the province. We did bring in the expedited licensing process from minor works.

Last year we processed more than we had requests but, you know, there still is a backlog that needs to be worked on and is being worked on.

Mr. Maguire: Does the minister have any indication—I mean that's a provincial number but can she provide me with any kind of a breakdown of that regionally throughout the province? You know, if she indicated that—while the mike's still on that the—when she's looking—that there was a—you know, we know that there was an extremely wet area in the Interlake over the last two years—or pardon me, probably in '08, but certainly more—some last year as well, and other areas maybe perhaps didn't have as much of an urgent or emergent situation in regards to the requirement for drains. Excess water always would lead, I would assume, to an increase in the filings of applications for drainage purposes but, you know, I just wondered if she could provide me with some kind of a breakdown of that 1,700 or 2,000 number that she just provided me.

Ms. Melnick: We will—we can come back to you on that to make sure that I have an up-to-date number. Just—the member was asking a few questions ago about the number of licences. The number of licences issued has doubled in consecutive years with

approximately 250 licences issued in 2007, approximately 460 licences in 2008, and over 1,000 licences in 2009.

So, again, we go back to an increase in number and I think we're starting to see a bit of a catch up, but we know that it'll take time.

Mr. Maguire: I understand that, yes. You had given the 460 and 1,200 number there, I believe, for '08-9, and I appreciate the increase, and I'm just—I was just curious in regards to where that would be in around the province.

Can the minister provide me with a number, then, in sort of an average time that it takes to get a licence approved now then? Is it—

Ms. Melnick: Again, it depends on the sort of licence that's needed. If it's a minor works that won't have any effect downstream, it can be issued on the spot. That's our new licensing process. If it's very complicated and includes many downstream properties and includes many landowners, then it can be pretty complicated and can take quite a while.

Again, when we're in a high water period, the request for licensing becomes more acute simply because there's more water. That's the reality of it.

Certainly, we know there was an increase, as the member mentioned, in the Interlake. We did send in extra staff to that geographic area to help to expedite the licensing process, whatever the licensing needs were. And, you know, we did show some good progress there.

I don't have the sense that this year is going to be the same water-wise as the last couple of years have been or—I think it's three of the last five years have really affected the Interlake folks quite seriously, and we've been aware of that and responding to that. I'm kind of hoping we'll have a bit of a reprieve so we can really do a lot of catch up maybe over the next year or two.

Mr. Maguire: And so is there a period of time of a year, six months, three months, that would be relevant? I know the minister has sort of defined it as minor works and those that are more heavily involved, say a minor works program or a minor works, it's—you've indicated they can be done on the spot?

Ms. Melnick: Yes, the minor works can be done on the spot. That would include the water resource officer going, reviewing, maybe asking a few questions, maybe making sure that neighbours

downstream won't be affected. So that could be—to do that sort of review process might take a week, two weeks, 14 days, just to cover off all the bases, and then the licence, can, in fact, be given.

Mr. Maguire: Madam Minister, I wonder, if these are all done then by the water resource officers, they can make the decision on the spot in regards to a minor works. What is the criteria that they work with then in regards to the definition? Perhaps the minister can more clearly provide a definition of the—of what a minor works is?

Ms. Melnick: We have a very detailed policy that—I don't know if the member wants me to read into the record, or we could provide him with a hard copy—that is the guidelines. The overriding concern in drainage, as the member knows, is how is the downstream affected. So that's a major point of consideration. But I'm just wondering, would the member like me to read the policy into the record or would he like to receive a hard copy?

Mr. Maguire: I assume that the hard copy is available—just on-line. So I can get that for sure. But I'm just more curious as to just the minister explaining to me, just how it was achieved or what principles or practices did they use? What research was done in regards to determining what a minor works is? I mean, it may be as simple as how is everyone affected downstream, and if that's the case, so be it. But I know that there are many, many more complicated circumstances, and so the 2,000 number that you've provided us here as of March the 9th, wouldn't include any minor works.

* (16:00)

Ms. Melnick: Just to clarify, I was referring to sort of an overall principle of no effect downstream. So that's not the only criteria. The policy was developed in partnership with AMM, KAP, MAFRI, MCDA. So it took actually quite a while to develop.

Some of the other principles are low hydraulic impact, no environmental—no negative environmental impact. The—if the water does not leave the quarter section, that's a big piece to determine the minor effect. We can work with more than a quarter section, but again that becomes a little trickier.

We can have exchanges of like-for-like culverts, that the water doesn't go into the mineral soils, that the depth of the drain is not more than a foot. There is the ability to license under this policy some small dams.

So those are some more criteria, but again it's really spelled out in the policy that we were talking about a few questions ago.

Mr. Maguire: So whether or not the water all stays on the quarter section, regardless, a minor works couldn't be more than a foot deep.

Ms. Melnick: Generally, yes.

Mr. Maguire: The number of staff the department has at the present time—you've outlined, I believe it was 13 licensing officers and 24 water resource officers. Is that correct?

Ms. Melnick: It's 13 offices.

An Honourable Member: Offices.

Ms. Melnick: Offices, and 24 staff in the entire unit.

Mr. Maguire: So those have been—were those offices existing as a—as another office with another department in the past, or is there shared office space, or are these 24 new positions?

Ms. Melnick: They're mostly shared with MIT, MAFRI. The vast majority are co-locations. I think there's one co-located with a CD. Not one of these positions resides within the city of Winnipeg. They're all out beyond the Perimeter.

I'll just go through—Stonewall, Morris, Gimli, St. Laurent, Grosse Isle, Ste. Anne, Arborg, Brandon, of course, Dauphin, Shoal Lake, Deloraine, Neepawa, Swan River. So they're all out in areas that we had felt they would be most effective. And we have two bilingual staff, I believe. One in the St. Laurent office, and the other resides in the Ste. Anne office.

Mr. Maguire: Are all those positions filled at the present time?

Ms. Melnick: We have one retirement which has recently been announced.

Mr. Maguire: Mr. Chairman, the minister indicated in the reply to the letter that I wrote her, when I look further here, that the length of time it takes to process an application varies from approximately four months in the Western region to approximately one year in the Interlake region, given the larger backlog. So does that help in regards to—I appreciate that she's going to provide me with the numbers and breakdown in the areas. It's certainly available. And, are—is that still an accurate time frame? Four months in the Western region and a year—

Ms. Melnick: A new application, so this is starting from scratch, is generally up to the four months. It

can be shorter, depending, again, when we go back to previous discussions that we've had.

Mr. Maguire: Yes, that's what it said for the Western region, but it said approximately a year for the Interlake region, given the larger backlog. And I'm assuming that that's accurate, as well.

Ms. Melnick: Yes, the Interlake saw a very large increase in requests and that's where we moved staff in to complement the existing staff to try to work very hard to get that backlog down now. Where we were issuing more licences, we were also getting more requests. So it was requests coming in, licences going out. So a busy time up there.

Mr. Maguire: Yes, I guess I'd just like to just check on a few of the issues that I was speaking about before I got into the—some of the drainage questions here. I wonder if the minister could indicate to me if there's been any positions relocated in the last year that—from, say, rural Manitoba to Winnipeg, or Winnipeg out to rural Manitoba, one part of rural Manitoba to another, just some of the staff changes that might have been taking place there. Not from town to town, I guess, but more rural to northern or vice versa, with Winnipeg involved in that.

Ms. Melnick: There was one position which we've actually already discussed. It's Jason Senyk from Brandon to Winnipeg recently to fill this position. His position will be filled as it was in Brandon.

Mr. Maguire: Mr. Chairman, in relation to out-of-province ministerial meetings, and that sort of thing that you may have had, I understand you've had very little, but I wonder if you can elaborate on any out-of-province trips that you may have had in the past year, where they would have taken you.

Ms. Melnick: Right. Are referring specifically to ministers' meetings?

* (16:10)

Mr. Maguire: Well, ministerial meetings, and I'm not sure what parameters that—whether it was a ministerial meeting for another watershed—stewardship. It may not have been a ministerial meeting for that, but for Conservation meetings that you may have attended, anything to do with water in that regard, and just the purpose of the meetings and when they were.

Ms. Melnick: The only meeting I attended was the Manitoba-Israel Water Experts Symposium in Israel in January.

Mr. Maguire: And the details of the cost involved in that? Can the minister provide that or is—are there any other details? I guess she's outlining what the purpose of the trip was for, but was—can she outline who else went with her, and I'm assuming that that came out of her department's expense, and if it's otherwise can she provide me with those details as well?

Ms. Melnick: This was the second Manitoba-Israel Water Experts Symposium. The first was in August '08. As I'm sure the member knows, the Israelis have a lot of expertise on water, and when I became Minister of Water Stewardship and looked at some of the issues that were facing us, I thought, you know, why reinvent the wheel? Why start from scratch, or why—you know, if there's somewhere that has some answers to the questions that we were pondering, could we work with them?

So I connected with the Jewish National Fund here and talked about could we form a partnership on water. They very graciously said yes, that we could, and so we brought, in August of '08, a scientist from Manitoba and from Israel together. I believe there were 10 and 10, could have been 12 and 12. The Israelis invited us to Israel. We accepted that invitation and went for the second symposium in January 2010.

The individuals who came from the Department of Water Stewardship included myself as the minister, and Dwight Williamson. Otherwise we had joining us the Jewish National Fund local leadership. We had the representation from U of M, from IISD, from various other institutes throughout Manitoba, including DFO, including Environment Canada and we, again, looked at issues that were of importance to each jurisdiction, and there were more partnerships formed there, which was very positive and we'll continue to grow on it—to grow on this partnership.

The details of the costs, I believe, we'll have on Monday, and we can present them then.

Mr. Maguire: If the minister can provide me with the amount of the costs at that particular time, that would be good, for Monday, but can she also elaborate as to whether the cost of the trip was paid for out of her department?

Ms. Melnick: Costs for myself were.

Mr. Maguire: Yes, has the minister participated in any of the discussions with our American neighbours in regards to Devils Lake, the northwest water

situation, as well, or any other pertinent water circumstances that may have arisen in her department's purview, or Conservation as well?

Ms. Melnick: We had, a few weeks ago, a very special and welcome guest, Mayor Walaker from Fargo, who came up to view the floodway, the Manitoba floodway, and we—I, with the Premier (Mr. Selinger) and the Minister of MIT, gave him a tour of the floodway control structure in the inlet just south of Winnipeg. We then went to the floodway offices and had a presentation from Ernie Gilroy and his people, and there was a bit of a question and answer, so a good discussion there. We then went up to the Benson building in East Selkirk. The mayor was quite interested in the Amphibex and the ice cutters in our ice-jam mitigation strategy, so that was a full day there.

I did attend the Red River Basin Commission dinner about six weeks ago just south of Winnipeg, had good discussion with Lance Yohe and some other members of the Red River Basin Commission. We do have staff on the Red River Basin Commission who communicate on an ongoing basis with issues around the Red River basin. We also have the International Red River Board that sees the—deals with issues around the Red River, so there's also provincial staff on that.

Last year, just past this time—I remember because it was the swearing in of President Obama, that we had the International Joint Commission opening up its 100th year celebrations in Winnipeg. That was with the Red River Basin Commission, and so I met with—well, we had commissioners from the IJC. It was very good to see them in Winnipeg. Again, it was good to see members of the board in Winnipeg as well. So there is ongoing discussion and ongoing communication.

Mr. Maguire: So I appreciate the meetings that were here. My question was about the minister's travel and so there was the one trip to Israel that you haven't been in on and I'm assuming it was Grand Forks you were at with the other one. You said you were close to south of Winnipeg.

Ms. Melnick: The dinner I was referring to was in Dugald.

Mr. Maguire: Not too far from home, and east not south. Okay, that's fine. Yes, and so I just wanted to, I guess, elaborate a little bit on that. There is a—we're talking about our American neighbours, and that sort of thing, with the circumstances around the

discussions on Devils Lake and, of course, the Sheyenne River, the Red River coming north.

First of all, can the minister indicate if she's been to Devils Lake or—I know many of staff have and I look forward—I've been through it a number of times myself, but I just wondered if you've had the opportunity to see first-hand the situation in Devils Lake, and I know that Mr. Balfour has been to Winnipeg a number of times, met with you and others and the staff, and your staff has kind of taken some of our colleagues, my colleagues, in the past there as well, so I appreciate that, but can you just elaborate on your personal experience with that as well as any update on where we're at with this spring's runoff into Devils Lake and any of the discussions around the filter system that they have indicated they have as well.

* (16:20)

Ms. Melnick: Yeah, I'm sure the member is aware of the International Joint Commission's International Red River Board three-year study that's nearing completion, and we hope to see the final reports perhaps in the fall of this year. This is a joint study being conducted between the United States and Canada. So far, the study has identified two fish parasites found in fish from Devils Lake but not in fish from Red River or Lake Winnipeg, and the study has so far identified that seven out of 12 pathogenic bacteria included in the study have been found in Devils Lake fish but not in fish from the Red River or Lake Winnipeg.

And we participated in a multiagency biota study of Devils Lake in 2005 and found that there were four types of harmful blue-green algae in that group that have not been found in Devils Lake or in Lake Winnipeg—that were found in Devils Lake that have not been found in Lake Winnipeg.

Currently—and this is as of April 15th, so as of today—Devils Lake is now at an elevation of about 1,451.3 feet. This is an all-time high level. It's expected to rise perhaps another one and a half to two feet this year.

As you know, the North Dakota Department of Health implemented an emergency rule to increase the sulphate standard in the Sheyenne River from 450 to 250. I believe the IJC level was 200–200 and 250–250 milligrams per litre of sulphate as a safe level. So this is three times what the IJC has recommended.

So we're quite concerned about that. We submitted our comments directly to North Dakota health. They were the ones asking for comment about this proposed change, and we urge that it not be implemented.

We're concerned for two reasons about Devils Lake. One is the experiencing of severe flooding. We're aware that damage can be caused to the agricultural property in the region. This, of course, would create stress throughout the Devils Lake community. And, secondly, we know that rising waters in Devils Lake will create additional pressure on the state of North Dakota to increase its pumping rate to attempt to provide some relief to its citizens.

So we're concerned that—we understand that the state is setting about to increase its pumping capacity from a 100 cubic feet per second to up to 250 cubic feet per second. The small amount of water that this would actually reduce in Devils Lake would provide very, very minor relief and very significant harm to Manitoba's ecosystem.

So what we have done is we have made the federal government very, very aware of our concerns. We've asked them to very seriously engage with the federal government of the United States and I think the federal government of the U.S. today has more of a focus on environment and environmental safety than perhaps the previous administration did.

So we're hoping, perhaps you could urge your colleagues in Ottawa to work with us to get the filter in place, to look at the issues that we have around disinfection, to look at the issues that we have around the pumping of Devils Lake water into the Sheyenne, running ultimately into Lake Winnipeg, and help us to work on this issue.

It is a very significant issue. It's been a long-standing issue, we are very thankful and grateful to the friends that we have both north and south of the 49th parallel but we really need our federal government pushing very hard on this as well.

Mr. Maguire: Yes, Mr. Chairman, can the minister indicate to me, then, if the level of the lake was to come up another couple of feet this year—I think the last time I spoke with the persons in charge there, that it was about, I believe, eight feet from, perhaps, a level that might cut through the old sand channel that was there filled in centuries ago and come busting out of the east end of the facility on its own.

And I wonder if the minister can provide us with any kind of discussions on an emergency plan, in

case that happens, or what levels will be—sort of, at what level does the—I would say, it's almost at a catastrophe stage now—but at what level does a catastrophe take over and implementation begin in relation to doing whatever the Americans can to prevent the water from starting to trickle through that natural runway that was there centuries ago that when that water did come into the Hudson Bay area naturally centuries ago, and what steps are being taken to guard against that?

Ms. Melnick: Well, again, we would urge partnership with the federal government to really move on the items that I spoke of before, talking about the filter, a filter that really meets the needs. You know, our premise here and our preferred choice is that there be no inter-basin transfer, which was one of the first pieces of legislation the then-Doer government covered after—brought through after coming to power in 1999. So what we're, again, needing is the federal government should really step up to the plate and work with us on this issue. The natural spill level, which I think the member is referring to, at Devils Lake is 1,458 feet. There is about an eight to 10 percent probability of the lake naturally overflowing within the next 10 years. The preventative measures would reside within the North Dakota state legislature.

We have made recommendation about the sulphate—concerns we have about sulphate, the rise in the sulphate levels, and what the Department of Health in North Dakota is allowing us as compared to what the IJC have recommended would be a recommended healthy level. But, you know, we are watching very closely and we're hoping that North Dakota, the federal government in the U.S. and our own federal government will really work with us on this.

Mr. Maguire: In order to work together, Madam Minister, I understand that there is probably a criteria that your department would want to see put in place. Can you outline that to me?

Ms. Melnick: Well, again, we've talked about the filter. We've talked about working in partnership. We've given our criteria as to what would be an effective filter. I don't know if the member wants me to run through that. If he wants me to, I certainly could. Again, we have to be a bit careful with jurisdiction here. The responsibility would be in North Dakota, and I know that a lot of work has been done on the levy systems there and continues to be done, and I know Joe Belford, who I think the

member from Arthur-Virden mentioned a few moments ago, has dedicated a good part of his life to this and I really have admiration for him. He's someone who really keeps working on it. I know he has concerns as well. So, again, we need that level of government at the state level to move forward on whatever protections they feel would be put in place.

We need the Council on Environmental Quality in the U.S. to really work to make sure that there's funding found for the filter, that what we have put forward as criteria is taken very seriously, and I think they are taking it seriously, and that the United States Environmental Protection Agency perhaps could take back some of the responsibility that had been given to North Dakota, such as setting their own level of phosphate—sulphate level. This was quite concerning to us when they did designate that responsibility to the state level. I think it would be appropriate to take that back and look at what the IJC is recommending and make sure that that is in fact being respected by North Dakota.

* (16:30)

Mr. Maguire: I appreciate there are discussions that North Dakota state will, you know, ultimately make many of the decisions, but I'm assuming as well, and I could be assuming wrongly, but international discussions and the International Joint Commission, we would all like to see some commonality, I would assume, come out of their purview.

But I have, from my experience in other jurisdictions when I've dealt with Americans in relation to trade issues in the past, and before I got into politics—and this level of politics, at least—usually we sat down across the table from each other and discussed, you know, laid out on the table what our ultimate concerns were and tried to find a common ground as to how we could come to a consensus.

And I'm wondering if the minister has met with Governor Hoeven in North Dakota, or if any of her counterparts have, as well, on this issue.

Ms. Melnick: Certainly, there are discussions that go on at many levels.

One of the discussions that we are trying to engage all parties in is, currently with the IJC, you need both parties to agree to a referral. What we have asked is: Would the IJC entertain one party asking for a scientific review of the situation so that the action could be determined on a scientific basis—and a completely non-political basis. Just a scientific

basis itself to determine whether there should be an actual referral to the IJC. So that's something that I talked about when I was meeting with the members of the IJC at the start of the hundred celebration of the Boundary Waters Treaty, and this is something that I think has been raised to the federal government as well. Unfortunately, we haven't had the response that we would like to have. So we're hoping that we can see the federal government move on these issues.

There are—it's actually not just one fix. When you look at Devils Lake, it's not kind of one decision. There's a whole string of decisions, and as I was just mentioning, there could be some process changes within the IJC that help to expedite some of these issues.

So there's all kinds of discussions at all kinds of levels going on.

Mr. Maguire: But the minister, then, hasn't met with Governor Hoeven, herself?

Ms. Melnick: No, I have not.

Mr. Maguire: Is she aware of whether the Premier (Mr. Selinger) has met with him on this issue?

Ms. Melnick: I know there has been communication.

Mr. Maguire: But they haven't had a face-to-face meeting?

Ms. Melnick: I know there has been—I believe they've met a couple of times. I know that there's been discussion in other ways, so.

Mr. Maguire: But the new Premier, since he took over as Premier of Manitoba, probably hasn't had an opportunity to meet face-to-face since he became the Premier?

Ms. Melnick: This is the Premier I'm referring to, the current Premier.

Mr. Maguire: And so have they had a face-to-face meeting?

Ms. Melnick: My understanding is they have met on at least one occasion, and there have been other communications as well.

Mr. Maguire: Can she indicate to me where and when that would have been?

Ms. Melnick: I don't have the dates in front of me.

Mr. Maguire: Can she supply me with those Monday, or so?

Ms. Melnick: I can look into that.

Mr. Maguire: Thank you, Mr. Chairman, and I, as well, I understand that there's an International Joint Commission. I understand that both levels of federal governments we'd like to see come to a greater agreement.

And I'm only asking these questions between the Premier and the governor around the—around my personal experience. If you've been able to sit down with these people and negotiate—we talked about things when I was a farm leader around wheat, wheat trade, flour movement, pesticide use, fungicide use. We were able to come to many agreements in certain issues, and some of them were pretty thorny at the time, marketing circumstances and the differences we have and everything else; access on trade.

But, you know, around an issue like water such as this, as well, I mean it does, as we've discussed in both your and my opening remarks, it supersedes boundaries.

So I guess we need to look at, you know—and the minister well knows that from the plans that you've got on watershed stewardship in the province as well—watershed management areas.

So what kind of criteria, then, would the minister, or the Premier (Mr. Selinger) and yourself talk to your American counterparts in North Dakota? We may have the opportunity, as my colleague and I here to, you know, to visit with some of their American counterparts at time to time, and it would be helpful to us to know what the government was discussing in relation to just what criteria you might want around a filtration system. And I know that they've made some unilateral decisions in North Dakota around the flow and a number of those things and sulphite levels, but what would be acceptable to you and the Premier on those issues?

Ms. Melnick: If the member is wanting criteria on the filtration system, we can certainly provide that for him. That is on the public record. But if you're wanting a copy of what we have proposed that would be fine.

Mr. Maguire: No, I have—you know, we have access to that and have read some of that, but I wondered to know, you know—and we have won a number of these positions. I mean, the situations with the Northwest Area Water Supply, as well, affects not just the Red River but the Souris out where I am, as well, the diversion of water out of the Missouri River basin or over into the Mississippi basin, Hudson's Bay route—Hudson's Bay situation here, as well.

And—can the minister indicate—I mean, from my—from what I've been able to ascertain from the 'disferences' there that, of course, the water coming out of the Missouri basin up to the city of Minot is being, you know, there's quite a difference in filtration systems. It's 95 percent, I understand, qualification there. And that's the type of thing that is acceptable, I think. And, you know, we'd like to see 99.9 from that perspective as well, but the filtration process of a—that's taking place at Devils Lake is nothing like that.

And I just wondered if the minister would—you know, if we're asking our federal counterparts for—our American counterparts to be a part of this process, what would we be asking them for? What have you been asking them for? And I guess that is just—without going into a dissertation on it, just what kind of criteria can we help you with in those areas?

Ms. Melnick: Well, we've asked the federal government of Canada to engage in this file, to really work with the federal government in the U.S. to get moving on the filter that we have—you say you have the criteria for it so that's fine—to really engage in that.

We've also asked them to engage the IJC in the one-party referral for a scientific review, to determine if a full referral is necessary. So engaging in those actions would—may be very helpful with your counterparts in Ottawa.

Mr. Maguire: So, what would the criteria be around a filter, if we were to ask that? And then, of course, they—that—given that something like that works or doesn't work, if this is going to reach a natural level for flood stage at 1,458, as you indicated to us, that—and it starts to cut a channel through here on its own, all the filters in the world aren't going to stop the whole biota from coming through into Lake Winnipeg.

So, I guess, that's, you know, part of the concern. Part of the reason why I ask the question is as to avoid that catastrophe. What would—what is your recommendation right now to avoid some of those areas—some of these things from happening?

I would hope it stays dry enough that they never reach 1,458 but the way that place is rising, it just doesn't seem to work that way.

Ms. Melnick: Well, again, we can provide the detailed technical report that outlines exactly what we would—what we have submitted in terms of

filtration, both for NAWS and for the Devils Lake situation.

Mr. Maguire: Okay, then. Yeah, that'll be fine. You can supply us with that, again. I know it's available, but—has the minister been in discussion with the new U.S. consulate in Winnipeg in regards to Devils Lake?

* (16:40)

Ms. Melnick: There has been some brief discussion. I've met with her a couple of times. She was at the dinner for the Red River Basin Commission.

Mr. Maguire: And I'm assuming, with our former premier being the ambassador, that he has a handle on this in Washington. Can you indicate to me your discussions with him and recommendations as to where you would see him working with the Americans in regards to moving it forward as well?

I know he worked with trying to push the IJC to make the federal government—to have further discussions and talks with—and do more co-operation through the IJC when he was premier, but have you been able to speak with him on this since he went to Washington?

Ms. Melnick: There have been discussions with the Canadian ambassador to the U.S. A lot of the discussion has gone through the Premier, Manitoba's Premier Selinger. Certainly, the Ambassador is well aware of these issues and there is discussion ongoing.

You know, there's always the hope, the positive resolution for both jurisdictions, will be reached. Certainly we recognize that there is an abundance of water down in the Devils Lake area. We're not wanting to bring hardship on the folks down there. We're wanting to simply protect the water here in Manitoba.

So that's where, when you ask about the criteria for the filtration system, I'll get you that criteria that's written out. It will be certainly of a scientific nature, talking about safe levels, talking about the different phases of filtration. That's what we would really like to see. That's what we really need to see.

And again, the engagement between the two federal governments is parallel in this. It's very positive to have connection at the North Dakota and Manitoba level. The agreement for the filter was made between the federal governments in August of 2005. And, unfortunately, we haven't seen the sort of action that would have been most appropriate, I feel,

quite a while ago. So, again, engaging at the federal level is a key point here.

Mr. Maguire: Okay. Can the minister just—there was a couple of comments—a couple of things you made comment to earlier, that I wonder if I can get some more detail on, and that is the two fish parasites that you talked about. Can you—and it doesn't necessarily have to be today, but can you provide me with the names of those as well as the seven out of 10 pathogens—seven out of 12 pathogens, I believe, four harmful types of blue-green algae. And I wonder if you can supply me with names to those in those areas.

Ms. Melnick: Sure. And before I do, I can assure *Hansard* will give these to you in writing. Okay.

So far, the study has identified two fish parasites found in fish from Devils Lake but not in fish from the Red River or Lake Winnipeg. These parasites are *Diplostomum spathaceum* and *Spiroxys*. Okay?

So far, the study has identified that seven of the two pathogenic bacteria included in the study have been found in Devils Lake fish but not in fish from the Red River or Lake Winnipeg. These include *Brevundimonas diminuta*, so I think they're small—*diminuta*. *Corynebacterium renale*, *Pseudomonas* sp., *Pseudomonas mendocina*, *Shewanella putrefaciens*, *Streptococcus sobrius*, *Yokenella regensburgii*, and I think that may be all of them.

We do have another area which I'll also read into the record again. Manitoba participated in a multiagency biota study of Devils Lake in 2005 and found four types of harmful blue-green algae in the group *Microcystis* in Devils Lake that have not been found in Lake Winnipeg.

Mr. Maguire: I'm extremely glad I asked.

Thank you and I look forward to being able to get that out of *Hansard* as well in regards to the spelling of those. Thank you for articulating them to us. Didn't mean to put you on the spot by that, but thank you.

The Northwest Area Water Supply, can you just indicate to me how the—what I referred to earlier, the situation of the water coming up through Minot and the waste water coming out of the city into the Souris River and how you've been dealing with that and where it is presently at as well. I know the U.S. district courts ruled in our favour in those cases, but can you provide me with information as to the

ongoing issues around that area and how soon you expect to see some of those dealt with?

Ms. Melnick: The question that you asked, I think was one of timing. I'll just run through some basic comments and if I haven't touched on what you asked, then—the Northwest Area Water Supply project or NAWS, as it's commonly referred to, would be the first project to transfer water across the Continental Divide from the Missouri River water to the Minot area where it would be treated to full drinking water standards. Canada and Manitoba do oppose—they both oppose this project on the basis that the minimal level of pre-treatment being proposed in the Missouri River basin, which is chlorine and UV only, and a filter would not be effective either in ensuring adequate biota inactivation or removal and that harmful invasive species could survive and could contaminate the Hudson's bay basin.

We have fully participated in the recent environmental impact review process for NAWS and we have provided comments at all stages. So we've been very active.

Manitoba has indicated that the environmental impact statement for the NAWS project is significantly and seriously scientifically flawed and that it does not, in fact, satisfy the National Environmental Policy Act's legal requirements for an environmental impact statement. The preferred alternative did not address Manitoba's concerns regarding adequate biota inactivation and removal.

So we were very pleased with the recent March 2010 ruling from Judge Collyer in the district court in Washington, D.C. We now look forward to working with the U.S. Bureau of Reclamation and with North Dakota as they carry out Judge Collyer's order, which is basically to properly assess the impacts of foreign biota being transferred to the Hudson Bay basin by this project. Our estimate is that this—to really do a complete analysis would take at least two years. So if that's part of the timing issue that you had asked about.

And that would—we're confident that the court would continue to rule in a way that would recognize the concerns of Manitoba. So again, we were very pleased with this ruling, and I also—when I was interviewed by the press at the time of the ruling, we were very open to wanting to be a part, in any way that we could, to aid any of the assessment that needs to go on. So we want to be partners in this and to play as positive a role as we can.

* (16:50)

Mr. Maguire: I know the afternoon is moving on, so I wanted to just ask about the water coming up the Red River. We've got a situation where we may have alleviated a major flood this particular year. It was close, but I appreciate the work that was done by everyone.

There's been discussions about diverting some of the water around the town of Morris, and my colleague represents that area, and I just wonder if I could turn it over to her to ask a question or two on that area.

Mrs. Taillieu: Well, thanks very much, but I should just start to see whether or not this is the right department to ask the question in, because I know this hydraulic study has been announced, and we're thankful for that. But there's going to be—and we hope that it will be not just a study, but it will result in some meaningful action and make sure that that highway is opened and that the town of Morris is protected. So it is the Department of Water Stewardship that will be overseeing this study?

Ms. Melnick: It's, in fact, MIT.

Mrs. Taillieu: Okay, thanks. I will ask the questions there, then. Thanks.

Mr. Maguire: Yes, I do recall Mr. Ashton making comments on that but, as I said, water covers many jurisdictions and what input have you had with the minister in regards to the community of Morris and diversion of the river or the diking systems that may be there, and have you had input into that with him?

Ms. Melnick: Certainly, MIT will be the lead department. We will be participating in the development of the hydraulic impact study that the member from Morris just referred to. Also, before the waters came up from the south, I did a swing through the south, southern Manitoba, and met with the mayor of Morris. And he presented me with a, I guess, a vision of what he and the council would like to see.

I know that the minister of MIT will be leading consultations into the late spring, early summer around and in the Morris area, and we really encourage at that time because we had the Town of Morris and the R.M. there in the meeting. We really encourage people to take this very seriously and seriously participate in what may be, what we hope will be, the final resolution to the difficulties during

times of high water for Morris and, hence, southern Manitoba.

So we will be participants. The lead will be MIT, and the community input will be paramount to this as well.

Mrs. Taillieu: Thanks very much. Just—I want to clarify, will the Department of Water Stewardship have input into the criteria for any tender that's put out for this study?

Ms. Melnick: MIT would be the lead, and we would be certainly having input into that.

Mrs. Taillieu: So MIT will be calling the tender then?

Ms. Melnick: Correct.

Mr. Maguire: Just to go back to a couple of quick questions in regards to staffing and work and details on contracts that have been let out for the year, Madam Minister. I just wondered if you could tell me how many and what type of contracts are being awarded directly, if any.

Ms. Melnick: I'm sorry. Could you clarify the question?

Mr. Maguire: Well, how many—I'm just asking details of many and sort of what types of contracts are being awarded by the department, and are they all going to tender? Are there any contracts that have gone out directly without tender or that you're aware of at this time—or, if you're not aware of, I guess, would be a better way of putting it?

And thank you—while the minister is looking at that, I'm not interested in, you know—I guess we probably should put a, you know, something over the \$25,000 value or something to that effect. I'm not just looking for anything—*[interjection]* Yeah, the larger contracts that you might have.

Ms. Melnick: We'll bring information back on Monday.

Mr. Maguire: Pardon me. I apologize. I missed the answer from the minister.

Ms. Melnick: We'll bring information back on Monday.

Mr. Maguire: Thank you very much.

And just in regards to details about the department's annual advertising budgets, can you just fill me in on what you've had for advertising, how much budget you've had in that area and what you—

what the details of the campaigns that you've had over the last year?

Ms. Melnick: Are you including job postings?

Mr. Maguire: Not so much, no, just any advertising that you might have done in regards to Water Stewardship, I guess. Advertising would be one area; a particular policy that you may have wanted implemented might be another. I don't want a breakdown of every ad you put out in regards to advertising for positions.

Ms. Melnick: Would you be including, for example, if we were putting out for well water testing? So, are you saying anything other than job postings then?

Mr. Maguire: Yes, anything other than job postings. I know that all of that would go out as natural hiring through the department.

Ms. Melnick: Again, we'll get back to you on Monday.

Mr. Maguire: And can the minister include the costs and where those ads may have aired, or whether they were print or voice?

Ms. Melnick: Yes.

Mr. Maguire: A quick question, excuse me. The issue of boil-water orders around the province, Madam Minister, is one that—when I was first elected in 1999, I was the Environment critic for the province of Manitoba, and I think we had something like 60 boil-water orders, or 62 boil-water orders in those days. I see that—from the listing—that we've got about 72 today that I see, as of April the 12th on the last sheet that I have here, and, anyway. And I wonder if the minister can just indicate to me progress on that, and I see that a couple of them, one of them in particular in my area, the Medora, was the one that was there when I was virtually first elected. It was issued in October of '06—October 6th of 2000—and it's still there. I wonder if—and there's three from 2000.

Can the minister just indicate to me criteria around moving forward with dealing with boil-water orders—which seems to be growing instead of shrinking.

Ms. Melnick: To date, 144 water advisories issued in Manitoba have been satisfactorily addressed and lifted. The current total number is 86.

One of the reasons that the member may be seeing an increase is because we have more observation now. We have—we've hired—well,

through the 1980s there were two drinking water officers. Today there are—today we have an office of 23. So there's a lot more vigilance out there. There's a lot more recognition that there are issues, that there are advisories. They're actually boiled-water advisories, just to clarify the terminology.

The surveillance that's—that has been done over the last decade has increased the number, and this is a good thing. It's a good thing that people are being made more aware of any concerns that there may be with their drinking water. Certainly, we've had a campaign of making well water users aware that they should be tested annually for their drinking water for E. coli. The labs were privatized during the 1990s, and the subsidy was wiped out. We haven't bought the labs back—that's now a very expensive proposition—but what we have done is we have provided a package for folks encouraging them to get their well tested at least once a year. We do pay a subsidy and in times of, say, spring flooding or flooding of any kind when there may be contamination, we do make sure that we pay 100 percent so that we ensure that people will get their well water tested.

So there is a lot of co-operation that goes on with municipalities. There's a lot of work that goes on with the Office of Drinking Water around the safety of drinking water throughout the province of Manitoba.

Mr. Maguire: Can the minister tell me—and I appreciate that. I'm fully aware that Walkerton changed the life of all of us in regards to being more attentive to boil-water orders and boil-water advisories, as the minister's pointed out.

One of the ones on the list from just lately is the Glenboro Health Centre, and I wonder if she could provide me with criteria around why these are on a priority list, because it certainly is a circumstance that I think a health centre should rise to the top in this issue.

Mr. Chairperson: Order, please. The hour being 5 p.m., committee rise.

HEALTH

*(14:40)

Mr. Chairperson (Rob Altemeyer): Will the Committee of Supply please come to order.

This section of the Committee of Supply will now consider the Estimates for the Department of Health.

Does the honourable minister have an opening statement? Please proceed.

Hon. Theresa Oswald (Minister of Health): It's been a very busy year in the Department of Health and in health care across Manitoba with challenges, of course, progress, successes and achievements. The health-care system was tested last year in two significant ways, one of the most serious floods that we've seen in the last 100 years and, of course, a global pandemic.

The flood created a need for the health-care system to do further planning to be certain that emergency medical services would be available to those in areas difficult to locate. Public health resources needed to be at the ready, as did all facets of the health-care system. I would say we saw some of the very best of our health-care system on display during the management of the flood, and I would like to make special note of the contribution of the Office of Disaster Management during that time.

It's also worth noting that, as preparations and plans for the flood came to a close and the Office of Disaster Management was quite literally folding their tent, around noon one day news across the globe broke of pandemic H1N1, and that tent went up again. I want to, of course, say thank you to the people in the Office of Disaster Management, as well as officials within our Public Health branch who are tasked with organizing and supervising Manitoba's pandemic response.

During both of these crisis, our front-line health workers, doctors, nurses, health-care aides, medical technologists, all allied health professionals continued to be the backbone of our health-care system. The front-line staff and volunteers were particularly essential to our mass immunization clinics organized across Winnipeg and across the province.

Manitobans were also served very well by our former deputy minister, Arlene Wilgosh. Manitobans were not the only ones served well by her. She was the lead provincial deputy minister last year and, of course, all of Canada benefited from her professionalism and expertise, particularly during pandemic H1N1.

We are pleased, of course to welcome our new Deputy Minister, Milton Sussman, who is well known to many of our members, having previously served as deputy minister of Health from 2001 to 2005. Before returning to the deputy's office in

March, Mr. Sussman was vice-president, community health services and chief operating officer of the WRHA, and we are very pleased that he's agreed to return.

Although our health-care system handled unprecedented events over the last year, including changes in leadership, we also continue to move the health-care system forward and make important investments to improving the care Manitobans receive.

In this time of worldwide economic uncertainty, we know that Manitoba is positioned well to weather the impacts of the global economic downturn. Our focus in Manitoba, of course, will be to sustain the quality health-care system we have and to maintain the improvements that we've made over the last 10 years. We know that Manitobans expect to maintain their health-care services and that this is the time for a balanced approach with continued, strategic investments.

Innovation, of course, will be our priority going forward as we strive to improve patient care, while also working to increase efficiency and managing costs.

As signalled in the budget speech, we'll create a Health Innovation Network to link system leaders, local health providers, researchers, the business community and, of course, importantly, advice from patients. We're going to look at their ideas and look for leading practices from across Canada and around the world to advance our health-care system and provide even better care for patients.

We're going to expand the use of lean management and process improvement in the health-care field to find even more efficient ways of delivering care and improving the patient journey.

We know that we've spent over \$1.2 billion to expand and modernize the approximately 100 health-care facilities across Manitoba since 1999, and we are—presently have a number of projects under construction, including renovations to the Victoria Hospital emergency room, an Aboriginal personal care home in south Winnipeg and renovations to the cardiac centre at St. Boniface Hospital.

Of course, the health capital investments don't stop at Winnipeg's Perimeter, we have focussed on revitalizing facilities and adding specialized equipment in rural and northern Manitoba.

In the past year, we completed construction of the new Portage la Prairie emergency department, started construction on a new dialysis unit in Gimli and started construction on a new wellness centre in Eriksdale, just to name a few of the rural capital projects we're moving forward on. Soon we're going to begin construction on a new dialysis unit in Russell.

In September of '09, we started construction on the \$24-million cancer treatment centre in Brandon which will include the first linear accelerator outside of Winnipeg.

We won't abandon our infrastructure plans during these tough economic times, planning will not be frozen and progress will continue on projects including the mental health crisis response centre, new access centres in northwest Winnipeg and St. James, dialysis in Berens River and Peguis, a new Flin Flon clinic and many others.

We know that we've worked very hard to bring more doctors to Manitoba, and since '99, we've seen a net gain of 345 more here in the province of Manitoba. In 2009, we saw a record increase of 57 more doctors in one year. We committed to hire a hundred more doctors over this mandate and at 110, we've met this commitment, but we'll continue to work to hire more.

This past fall marked the second intake of 110 first-year medical students to the Faculty of Medicine, continuing to deliver on our election commitment to expand medical school spaces up to 110 from 70 in 1999.

We made a conscious decision to maintain this level of training because of how important we know it is to the future of our health-care system.

Coming on the heels of a record-breaking 57 doctors in 2008, Manitoba saw another record-breaking year for health human resource recruitment in '09.

As many of you may have seen today, according to our most recent independent data provided by Manitoba's nursing colleges, Manitoba had a record-breaking net gain of 498 nurses in '09, bringing the total to 2,532 nurses added since 1999.

We've added 124 nurse-training spaces since '07. Our investments in nurse training have resulted in nearly a doubling of the number of nurse-training seats in Manitoba.

There are many aspects of the health-care system we're going to have a chance to speak about, no doubt, Mr. Chairperson, our improvements in maternal care, our efforts to continue to bring down wait times and our continued focus on improving patient safety.

I do want to make one more note before I close, Mr. Chairman. I want, for the information of the committee, I want to put on the record that ministers are already receiving a 20 percent reduction in salary as announced in Budget 2010, a year earlier than what is required under current law. As committee members will note, this reduction is included in the total calculation of expenditures and is reflected on pages 8, 9 and 11 of Budget 2010 Estimates of Expenditure and review. The 20 percent reduction will continue if the applicable legislation is enacted by the Legislative Assembly.

* (14:50)

In those few seconds I have left in my allotted time, Mr. Chairperson, I just wanted to extend my sincere thank you to all of those working on the front line, to those people working so hard in our regional health authorities, to those individuals that go to work for the people of Manitoba every single day in the Department of Health who may not often hear public thank you's extended to them.

I want them to hear mine today. These people are dedicated individuals that care about the well being of their neighbours and of our community. And, for that, they are in all of our debt. That you very much, Mr. Chair.

Mr. Chairperson: We thank the minister for those comments.

Does the official opposition critic have an opening statement? Please proceed.

Mrs. Myrna Driedger (Charleswood): Mr. Chair, I think the only comments that I would make at this point, because there are so many questions so I don't want to take up any of my questioning time with an opening statement. So I will forgo any of that.

But I do want to indicate, as has the minister, a very sincere expression of thanks to the front lines of health care. I think that we see an awful lot of dedication and commitment coming from the front lines of health care. We see, you know, a strong desire by many of them to make sure that the patient gets good care in this province.

And I've spoken to lots of front-line, health-care professionals. And more, lately, than in the past, have been wanting to talk about some of the problems and challenges they're seeing in health care. And they're drawing our attention to some very, very critical issues out there.

And I just want to say that I have a great deal of admiration for all of those on the front lines, whether they are the people in Manitoba Health, whether they are the health-care professionals at the bedside, whether they are the health-care professionals in the community, in the personal care homes, you know, wherever they might be.

Within clinics, I think there's a great deal of good things that are happening out there for patients in this province, and I hear about that a lot. I talk to a lot of people I know in the system, and I do want to acknowledge that. I know sometimes, as the minister has alluded, you know, there's a tendency more for negative stories to play out rather than a lot of the good things that happened to health care. And, unfortunately, that's the nature, I guess, of politics and what makes the news, but there are a lot of people out there that are making a huge difference. They have a lot of good-news stories to tell, and I just want to commend them for their dedication and their commitment.

And I would also, at this time, like to welcome back the deputy minister who's come back for a second run at this job, and I wish him well. I'm sure he's got a huge challenge, seems that all of us in health care have a huge challenge and, you know, I appreciate the effort.

I've said this before, too, that I think efforts that are made by the Minister of Health are efforts that are being made, I think, with the best intention of making patient care better. I don't think she may always be getting there, but I think the intentions are there and the effort is there.

And health care is just going to be a challenge no matter who's in government, and I know that. There's no government that will ever, anywhere, be able to be perfect in health care or to achieve all that we would ever want to see in health care. That's just never going to happen. It's too big of a beast.

There are so many factors that come into play and, you know, one has to, you know, at least credit the intentions of people to try to make things better. And, you know, I do acknowledge that today and just look forward to our opportunity over the next

number of hours to, you know, be able to find out some of the answers to our questions. So thank you, Mr. Chair.

Mr. Chairperson: We thank the official opposition critic for those comments.

Now, under Manitoba practice, debate on the Minister's Salary is the last item considered for department in the Committee of Supply. Accordingly, we shall now defer consideration of line item 21.1(a) contained in resolution 21.1.

And, at this time, we will invite the minister's staff to join us at the front table.

Minister, if you'd be so kind to introduce your staff to the committee.

Ms. Oswald: Mr. Chair, I am pleased to introduce Deputy Minister Milton Sussman and Chief Financial Officer Karen Herd.

Mr. Chairperson: Thank you very much. Now, a question for the committee: Is it the will of the committee to proceed through this Estimates process for this department chronologically or to have a global discussion?

Mrs. Driedger: I think we'd probably get through a lot quicker if we just went through it globally.

Mr. Chairperson: Honourable Minister, is that amenable to you?

Ms. Oswald: Agreed.

Mr. Chairperson: Okay, therefore, the—it is agreed that the questioning for this department will proceed in a chronological manner; sorry, in a global manner. I was close. And all resolutions will be passed once questioning has concluded. The floor is now open for questions.

Mrs. Driedger: Mr. Chair, I would normally start in a different place in Estimates and get right into some of the org chart issues, but I'd like to continue—*[interjection]* What did I say?

An Honourable Member: No, I'm just teasing.

Mrs. Driedger: So I'm going to just—I'd like to pick up on some of the questions that were asked in question period today before I lose those thoughts, and try to see if there are some explanations to some of the concerns that we have around the issue of the cardiac surgery program.

I know that in Interim Supply, I had asked a number of questions about the construction that was

going on at St. Boniface Hospital, so I'll—the minister did indicate at that time, which was several weeks ago, that she would provide responses to that because she wasn't able to answer any of those in Interim Supply. So I haven't received that letter yet and I don't want to belabour a lot of that, so I may only touch on a few points related to the renovations.

But I would like to go back to some of the questions that I was asking earlier. And, you know, I guess here in Estimates, I'm hoping we have a more of a chance for dialogue rather than just rhetoric that tends to flow in the House. And I wonder if the minister can explain why, in fact, we are seeing cardiac surgery cancellations on the rise.

Ms. Oswald: Yes, Mr. Chair, and I thank the member for the question, which I will get to expeditiously. But, you know, at the risk of getting us off completely on the wrong foot in Estimates and saying nice things to each other, you know, that—it would really destroy everybody's expectations, I'm going to do that.

I appreciate the comments that the member made about intention, and I'll thank her for them. And I think it's appropriate to say that, in some respects, there are probably no other two people sitting in the Legislature right now that have as much understanding for each other's roles. I know what it—or I imagine what it must be like to be the critic for Health, ten times more work than any of your other colleagues have to do.

And I say that with no disrespect to your colleagues. I know that they work hard. But when—I am acutely aware of the breadth and depth of the files that I have to carry, it is no different for the member opposite. And I would even go further, to say that I've got a few more people to help me than she does—quite a few, which she may be remarking on later.

*(15:00)

However, I would also want to extend to her that, you know, while we will thrust and parry in the House and in the media, I don't think I've ever said to her out loud that probably more than most people, I get that. I'm pretty sure she's not getting a big, fat merit paycheque every month for all the extra work she's doing as the Health critic, and it is a little bit different than some of the other critic responsibilities. So, you know, while, arguably, I wish sometimes she wouldn't work so hard, I can say that I acknowledge that she does. And so it's

important for debate to go on in the province of Manitoba and I wanted to put on the record that I do have an understanding of that.

On the issue of some of the questions that arose in Interim Supply on capital construction at the cardiac centre of excellence, there is a letter being drafted right now with those responses. And it should be, you know, coming to her imminently, so I will follow her lead and not, you know, go through those answers just now knowing that they're coming to her in writing.

On the issue of cardiac wait times, I can say to the member that we know that wait-time information from February 2010 shows the cardiac wait list down to 119 people, which, by calculation, would be well within the Koshal recommendation. And, you know, we do acknowledge that the list itself will go up and will go down.

December is a time with people taking time away with their families that, traditionally, not always, but traditionally we do see an up tick in that list. We are pleased that it is coming down but, as the member suggested today, that the work can never stop on that issue, and that recruitment of professionals, not just cardiac surgeons, cardiologists, but highly trained and skilled nurses is a critical part of ensuring that throughput on these lists is expedited and we're committed to do that.

Mrs. Driedger: Mr. Chair, I would ask the minister to try to explain, though—and I understand that things change from month to month; that always happens. And what, though, is troubling when we look at cardiac surgery cancellations is that, since 2006, they have been going up year after year, and the intent with the cardiac review program was to look at it and make recommendations.

The indication at the time was that if the program was amalgamated, and Dr. Koshal said that we should see a decrease in the number of surgeries that were bumped or cancelled. But instead we've seen it double since 2006 and, you know, rather than looking just sort of at the, you know, the month—you know, I'm picking one good month, I'm looking at it year after year.

Now, I did zero in on 43 surgeries being cancelled in December because that was probably—if I look back, and I am looking back—since 2006, that was the highest month ever in a period of four years. Other Decembers, you know, would actually contradict what the minister was saying.

In '06 there were only 19 cancelled. In '07 there were 18 cancelled. December of '08 there were 23 cancelled but December '09 there were 43 cancelled. So I think that knocks her argument out about December. But if we look month, you know—or, sorry—year over year, we're seeing a trend here that is actually concerning because—and I'm sure the minister probably remembers, you know, that Diane Gorsuch died after her surgery was cancelled twice.

And what ends up happening is, when your surgery is cancelled, you could end up getting sicker and then you could end up, instead of being an elective, you're ending up having emergency surgery. And I'm not even sure we track how many patients that had been cancelled that have ended up becoming an emergency case. I imagine there are a number of them.

I don't even think we've got public information—maybe the minister does—on what mortality rates are, but what I can see from the FIPAs that we get is that the number of surgeries cancelled is really—and I don't even think the minister can probably defend that because this wasn't what was supposed to happen, and it has more than doubled since 2006.

So my questions to her, you know, are back to why is this happening year over year? There has to be some basic problems within the program that is contributing to this. And I wonder if she can provide us with what those problems are.

Ms. Oswald: I can assure the member that when we too saw the number, we asked immediately for an investigation of, you know, why that number was as it was, and the folks in the cardiac sciences program did say that in that month there was an inordinate number of high-acuity patients. It wasn't usual, but it was something that did present at that time.

I can also touch on what the member is saying regarding the issue of multiple bumping. That was, of course, something that was directly recommended by Dr. Koshal, and I can let her know it has been almost eliminated entirely—almost, not quite. Changes have been made to the process to ensure that, if a patient's surgery is cancelled due to an emergency case, that the patient is rescheduled as the first patient of the next day, which we think is a very important step. I will not say that multiple bumping has been eliminated in its entirety. There are, on occasion, you know, medical factors for why this first case of the next day cannot be accommodated. But that certainly is the goal of the cardiac program

to follow the intent of that recommendation by Dr. Koshal to work to eliminate multiple bumping.

Mrs. Driedger: Can the minister tell us if the program tracks how many bumped patients actually become emergency cases?

Ms. Oswald: I have occasion to meet with Dr. Menkis on a regular basis, and I know that he and his team are working very hard in developing further data sets, capturing a variety of pieces of information that are not presently publicly available and, I believe that this is one area that is being explored. I would, you know—I would want to confirm that absolutely, but based on my last meeting with him and our conversation about new ways to capture data, how that can inform policy and form system changes—there's quite a bit of work being done in that area. So I, again, would want to double-check, but certainly it is my best recollection that that is some work that's going on right now.

Mrs. Driedger: Can the minister tell us what the mortality rates are for cardiac surgeries, inclusive of all surgeries, I guess, would probably be the easiest way to look at it?

Ms. Oswald: I don't have that information at my fingertips here in committee today, but we can endeavour to gather the best information that we have and provide it to the member.

Mrs. Driedger: Now, one of the other questions I asked today was related to the number of patients waiting for cardiac surgery and, if we look again, almost going back to the year 2000, if we look month over month again and look at trends, in 2009, month over month, we consistently had a significant number of patients waiting on the list than in any other year since 2000. So, obviously, the numbers of patients waiting over the last year, in particular, have really gone quite a bit, and, obviously, higher than they have been in other years. So, again, that's pointing to something that is just not right within the program.

So I'd like to ask the minister what her understanding is of why so many patients are now on that waiting list.

* (15:10)

Ms. Oswald: Mr. Chair, I think there are two important factors in play when we have this discussion.

The first one, of course, is the issue of wait list versus wait time. And we know that, when you do

significant recruitment and you have more cardiologists in the province, that they are going to be doing work that reaches out and identifies problems, you know, arguably earlier, and thus increases the number of people identified and on the wait list. And, of course, those people are prioritized according to medical expertise.

What we measure as being critically important is the wait time. If there are two million people on the wait list but they all have a wait time that is within the medically recommended benchmark, then you're still doing okay. Thank goodness we don't have two million people on a wait list.

But I can say that, you know, as I said in question period today, Manitoba, to be fair, along with Alberta, has the shortest wait time for cardiac bypass surgery in Canada, and, of course, urgent cases don't wait.

Manitoba's median wait time for all levels of cardiac surgery are still, you know, well within the national medical benchmarks which are set by doctors. You know, 98 percent, as I've cited today, getting that care within that benchmark, and, again, emergency cases don't ever appear on that wait list.

So, again, that in combination with the work that we are doing with constructing the cardiac centre of excellence, which we know is going to be a really important tool in recruiting even more top-notch staff, is suggesting that, you know, we are continuing to move in the correct direction.

So wait time is really an important thing that we're tracking. Wait lists will increase when you have more professionals reaching out and identifying problems, but we have to keep our eye on the time, and that's really where our focus is.

Mrs. Driedger: Can the minister indicate what the established benchmark is for a median wait time?

Ms. Oswald: I'm sorry. Could you repeat that for me please?

Mrs. Driedger: I just wonder if the minister could tell us what was the nationally established benchmark for a median wait time.

Ms. Oswald: So priority level 1, the national benchmark, zero to 14 days; the priority level 2, 15 to 42 days; priority level 3, 43 to 180 days. I think that's it. That's what you asked, right?

Mrs. Driedger: I thank you. Can the minister indicate—I note that in the year 2000 most of the

average wait seemed to be anywhere from, oh, let's say, looks like here 10 to about 26 days, and then in 2010 it—those numbers actually escalated in February to 36 days.

Was there something—and it's never—you know, when I go back and look, actually back over the last 10 years, I think there was only one other time that the average wait ever got that high, and it was back in August of '07 where the average wait was 37 days. The second highest in the last 10 years was this past February, and the average wait was 36 days.

Was there any particular reason the average wait became so high in February?

Ms. Oswald: Yes, two points that I want to make. As was the case when we were talking about those December numbers, we did ask questions about why there seemed to be an uptick in numbers and we—I will go back and check to see what—I think it was February that you said, you know, what, if anything, a specific could be pointed to to be an explanation for that. But, again, I would like to reiterate and go back to that analysis that 98 percent are getting that care within the medically recommended benchmark and that's, you know, such an important thing. Of course, as we work to improve the program, you know—and of course these are median weights. Priorities of course go to the front of the list.

And the other thing I neglected to mention before, and a really important point that the member raised, is that there are programs in place now to be monitoring folks that are on this elective list, to be checking in with them, to be evaluating status and to just be making sure that, as the member says, if the condition changed—changes and they don't alert their health-care provider, that there is a monitoring going on, which we believe is also working to improve outcomes.

We know that, according to the Manitoba Centre for Health Policy last year, there are actually a thousand fewer heart attacks in the period ending '05-06 compared to the 1990s, which is interesting, statistically significant. I suppose statisticians would need to analyze and judge that, but, you know, we are seeing a roughly 13 percent drop in heart attacks which I think can fairly be attributable to improvements in cardiac care. It's not a perfect science but earlier intervention, certainly advances in technology that wouldn't have existed then, but we are seeing a cardiac care program that is very, very good in Manitoba. And I know the member has—needs to ask questions and wishes to seek answers

and I appreciate that, but I would, you know, really hate to, you know, have our dialogue today cast a pall over what is a very, very good program and known to be such across the nation.

Mrs. Driedger: And I'd indicate to the minister that asking questions is, I think, very prudent when one sees some of these numbers changing, particularly through FIPPAs, and I would hate to ignore that there could be some challenges in the program and, you know, ignore asking the questions and doing my job. Because I think that is the expectation of the role in opposition—is to be monitoring programs and it has been a sensitive program in the past. It probably will continue to be. And I think that is a responsible position to have and, you know, I'm certainly not looking to create any problem for the program, but I think there are some very, very legitimate questions that have to be asked. And I would indicate to the minister that some of my concerns are being driven by the medical profession themselves. There are a number of physicians that have been talking to me lately, and I would indicate quite a few, and some of the concerns that I'm bringing forward at this time are related to some front-line conversations I'm having. So, based on those conversations, based on the FIPPAs that we're getting, based on the trends that we're seeing, I think there's a lot of legitimate concern, and I think those questions have to be asked. They can't just be brushed away.

Now the minister was indicating that the more cardiologists you have, the greater your wait list will be. Is that in fact what she is saying?

* (15:20)

Ms. Oswald: I'm suggesting that it can be attributable to an increase of patients that have been identified. It's again, I didn't suggest it was a perfect arithmetic science, but when you have more professionals doing outreach to patients, you are inclined to identify more people with issues who require care than if you have fewer people that can identify those issues. I'm not trying to suggest an exclusive cause and effect, but it is one point that needs to be taken into consideration, in my view.

Mrs. Driedger: Dr. Koshal had indicated that the wait list should not exceed 10 percent of surgeries done, and when we're looking at approximately 1,200 surgeries being done a year, this list actually, for all of 2009, exceeded that recommendation from Dr. Koshal. Can the minister indicate why?

Ms. Oswald: Yes, we know that the goal, certainly, is to have that target at any given time of people on the wait list to be that 10 percent number. In fact, I think there has been some discussion about where the origin of that 10 percent number has come from, but we all, I think, conventionally refer to it as the Koshal number, and indeed, we adopt that as the goal, absolutely. We know that in a given year there are between 12 and 13 hundred surgeries that are completed, some years closer to 13, some years closer to 12. But I can indicate that the goal is to be within that benchmark, and, indeed, under wherever possible, and if it turns out that the list exceeds that as a result of emergency patients taking priority time in with the surgeons and cardiologists and so forth, then we know that we have to continue to work to build our capacity, and that's what we're working to do.

Mrs. Driedger: Dr. Koshal had indicated that by the year 2008, I believe it was, that this program should be able to do 1,500 surgeries per year, and he made that statement based on looking at the aging population and knowing that this, you know, issues with—related to heart problems would be increasing. So he had indicated by 2008 we should be doing 1,500 surgeries here a year. Can the minister indicate why we aren't achieving that number?

Ms. Oswald: Again, we are working very hard with our cardiac program to build that capacity. We know that Dr. Koshal made that estimation. We want to have more capacity in the system, and, certainly, that's why we're building the cardiac centre of excellence in the first place that's going to see an increase in space. That's why we're working very aggressively to recruit cardiac surgeons and cardiologists, and we've seen some very good success at that. Since '04, we've seen a doubling of the number of cardiac surgeons from four to eight, and cardiologists from 12 to 24, working in the cardiac sciences program.

And we know, of course, as the member well knows, that you cannot only have increased bed capacity, increased physician capacity, that if you're going to look after a critically ill patient recovering from cardiac surgery, you need to have highly trained nurse. And that's why we're working hard to build our capacity of ICU nurses. This is a real challenge, but we are continuing to do that. We are seeing good success across the board, but, admittedly, there is more to do and we're committed to do it.

Mrs. Driedger: The group of doctors that I've been speaking with, a number of them have indicated to me that what we are seeing in the counting of the numbers of surgeries done every year that, in fact, there's a double counting of some patients.

As an example, if a thousand patients had heart surgery, if a hundred of them had run into trouble and were bleeding and had to go back for a redo, they're counted as a second number. So rather than saying you only had 900 patients that you actually did their surgery on, and the other hundred were the same patients that had to have a redo. I am told that this is what is happening, and that's how those numbers are actually being presented to make it look like there are more patients that are having surgery than there really are. And this is certainly concerning physicians out there, and they're wondering why that kind of padding of numbers is being allowed.

Ms. Oswald: Mr. Chairperson, yes, I do want to assure the member that surgeries are what get counted, and I don't believe, to the best of the information I have, that that has ever changed in the time that cardiac numbers have been posted.

Mrs. Driedger: Well, I guess I find that troubling, because that skews, certainly, the kind of information and understanding that should be present with the program. You know, if Dr. Koshal is indicating that we should be doing surgery on, you know, 1,500 patients a year, I'm not sure he meant that we should be looking at redos in that number. So I think if the minister is saying that that is acceptable, and that is historically what's been done, does the minister not think that maybe we need to revisit that?

Ms. Oswald: Yes, Mr. Chairperson, I am informed—because, of course, I wasn't minister at the time—that Dr. Koshal was fully aware of how patients were counted and measured, that he reviewed the whole program. So this was not a mystery to him, and nor, in my view, did he offer a criticism of that particular accounting. But I'm going to go back and review that.

I think that, you know, while it hasn't changed over time, that if there is a way to analyze data in a way that would improve the system, analyze data or capture data in a way that would be more helpful to our surgeons or more helpful to people that need to have this information, that it's worth being open to—absolutely. And so we would most definitely, you know, be open to ways to improve counting and look at counting. I—but I think it's significant to note that

when we're talking about health human resources, you know, how many cardiac surgeons do you need?

I think you need to be tracking how many surgeries do you need to do, and that's, I think, not an irrelevant number. I am not aware of any cardiac surgeons that do a surgery and then come back and do a follow-up surgery on the same patient and say, I don't need to be paid because this is the same person. At least I haven't found one yet. If the member knows of some, I'd be very interested in meeting them.

*(15:30)

But, you know, I'm not trying to be glib about this. I think it's relevant to say that if there's another way of looking at data differently than Dr. Koshal looked at it, a new way, you know, with emerging technologies, that data should be captured in a different way because it will be with a view to improve patient care, then I think that any leader in the system should be open to a discussion about that and to find ways to improve the system.

We don't have to remain entrenched in one way of counting or doing things if there are better ways to do it. Certainly, I can hear everybody in my health information systems area now screaming, saying, you know, don't change the way you're doing things because you lose that historical connectivity, and I understand that, but I think the goal here is clear, and that is endeavouring to improve patient care. So I would be open to it, if there was a way that counting differently than has historically been counted would improve care to the patient.

Mrs. Driedger: My question to the minister, then, would be: Why couldn't we keep both sets of numbers? The number of patients that are actually having surgery, the number of redos that actually occurred, you know, the number of surgeries in total, the number of redos—the actual number of patients, I mean. You—without losing any data, you could probably track all of that information. In fact, I think it probably is tracked now because somebody is tracking the number of redos, the number of patients that bleed and have to go back. I am sure that number is probably out there, so I wonder why those type of numbers cannot be numbers that are, like all of them, made public.

Ms. Oswald: Well, as I said earlier, in our discussions with Dr. Menkis and folks in the cardiac program, we know that there's work going on in capturing data that hasn't been posted before that can

be very useful, and so we're going to continue to work with them. It's—I believe that some of the data that the member is speaking of is likely captured through the surgical program, but I think that our commitment on posting information publicly has been quite clear. We have, you know, more now than we ever have before, and we are going to work to go forward to provide even more information.

You know, certainly, we know that, and the member would know from speaking to her colleagues and contacts in the health system, that the subject of redos can be kind of a touchy one with physicians that, you know, want that explanation provided in context, and I can understand that, certainly. But that doesn't mean that it's necessarily impossible to do, and we'll continue to work on our commitment to bring as much time forward as—or as much information forward as is reliable and that we can, and we're open to providing more and more material to be publicly available.

Mrs. Driedger: In mentioning Dr. Koshal's report, I just pulled it out and as I opened to one of the pages he had indicated—because he was concerned at the time, I know, about the number of patients who had their surgery cancelled. And he indicated that there was an inordinate number of surgery cancellations at the time he was looking at that. And when I look now, we're seeing even higher numbers.

And he indicated that the high cancellation rate appears to be related both to wait management and the lack of dedicated intensive care beds, compounded by the shortage of critical care nurses. Well, if that was the problem then, and the problem appears to be worse now, what has happened in that period of time, that we haven't resolved that intensive care bed problem and we haven't resolved the shortage of critical care nurses? What happened?

Ms. Oswald: Well, there are a number of components, I think, to be addressed related to the comments made by the member opposite.

I think, first of all, we need to remember that one of the central issues that Dr. Koshal raised was that issue of the multiple bump. And we know that, as I put on the record earlier, that we are very, very close now to eliminating the multiple bump entirely, and that's through a lot of dedication and hard work done by the people in the cardiac program. We're not there yet, but we're very close.

Secondly, I can say that, you know, there has been very significant work done since that report—the

consolidation of the programs, the hiring of new individuals, the training of new individuals, the cardiac sciences capital construction project which will be done, we are informed, by the end of this year—December, I think—the ongoing education of ICU nurses. It's, you know, agreed it's a dynamic entity. You know, nurses will leave the program; more nurses will come to the program.

What we need to continue to work to do is make sure that we build that capacity and keep the focus on the intent of his report—Dr. Koshal's report—which, of course, was very much in the zone of addressing that multiple bumping issue and paying attention to the wait times, as I said before, the making sure that we are within those medically recommended wait times.

So, Mr. Chair, we know right now we're somewhere in the neighbourhood—I think there were 42 recommendations that were made in that report. Thirty of them are completed, you know, and counting. We think many more of them will be realized once the centre opens. I don't think Dr. Koshal had an expectation that all of the issues would be addressed overnight. And there has been a lot of hard work that has gone on in that program, and I commend the people that have done that work.

Mrs. Driedger: Interesting, I just flipped to another page and, again, Dr. Koshal said, insufficient numbers of critical care beds is the main reason for cancellations at the St. Boniface site. And I'm not sure—I don't believe that we've added any beds to the program at all. And seeing as he has raised it as an issue that there weren't enough critical care beds, I am wondering why, in fact, we wouldn't have more beds to deal with the problems. He's indicating that it's the insufficient beds that is the main reason for cancellations at St. Boniface Hospital, but we do know that a shortage of ICU nurses impacts on the number of beds that are open. Even if you had a lot of beds, if you didn't have enough nurses, you're still not going to solve the problem.

What I also note in Dr. Koshal's report is a number of areas that are blacked out, so it's hard to get an absolutely full picture and, I'm sure, that there are, perhaps, some sensitive areas in here. Considering that this report was now done in 2003, is the minister at all prepared at this time to provide me with a copy of Koshal's report that doesn't have any of the areas blacked out?

Ms. Oswald: Mr. Chair, I'm informed by my officials that the elements that are blacked out

involved individuals' names that would have, you know, been blacked out at that time for a purpose, so I don't think it would be appropriate for me to retract that decision that was made at that time.

* (15:40)

Mrs. Driedger: The report was also very critical of an inappropriate wait for echograms, and I notice now that the problem of increasing echocardiograms has actually been going up again. I would indicate in 1999 there were 1,700 patients waiting for an echo, and now there are over 4,000. The wait in weeks has actually gone quite high again. It was being controlled there for—well, I wouldn't even say control—but it was at least being maintained at a lower level for a while, but now it seems to be trending upward again, and, certainly, as it's trending upward, we're seeing quite a large number of patients now on the waiting list.

I noticed that in '09 things seemed to have been a little bit better in terms of number of patients waiting, but now it's back up over the 4,000 mark, and I wonder if the minister could indicate, is there a particular reason? Is there a shortage of staff for doing the tests? Are we—do we have a shortage of qualified technologists?

Ms. Oswald: Mr. Chair, again, let's begin the conversation with context about those that need echocardiograms urgently receive it without delay. They don't go onto a wait list. That's always very important when you're having a discussion about wait lists that that can sometimes get lost in the shuffle. So let me just put that on the record right away.

We know that we have seen the wait list for echocardiograms increasing, and so we put some measures in place to work on addressing this issue. Again, the scheduling for these patients, they're prioritized based on clinical urgency and scheduled tests change if they—the urgency or the situation changes.

We saw waits for an echocardiogram decrease to between 13 and 19 weeks in late '09 and early 2010 from a high of 47 back in '07. So that's movement in the right direction, but we would like to see it come down further.

We know that we have provided the Winnipeg Regional Health Authority in the neighbourhood of \$2 million in wait-times funding for staffing and equipment and supplies between '05-06 and '09-10 to assist with the demand for echocardiography. These

investments have helped increase the number of echo scans that are being done, you know, up by about 3,500 a year, which is important.

We've also worked with Doctors Manitoba to deal with medical remuneration concerning a targeted increase volume in their agreement. So, you know, we're working with the doctors as well.

In Brandon, the other RHA that provides echocardiograms, the addition of extra staff in recent years has helped bring the wait list down as well.

But, admittedly, the work needs to continue. You know, we need to continue to invest, continue to provide our front-line workers with the tools that they need, the time that they need, and the assistance that they need to keep bringing these lists down.

I'm not going to suggest for a moment that, even though somebody isn't put on an emergency list and immediately gets an echocardiogram, if they are concerned about their cardiac health and they are waiting, it can be very stressful. And so the amount of work that we need to continue to do to bring this list down is noted, and we're going to continue to work to bring the list down.

Mrs. Driedger: I guess it gets frustrating sometimes when the minister keeps saying, you know, we've got work to do, we've got work to do, and meanwhile we're seeing, you know, some of these numbers actually get worse instead of better. And I guess I just wish she'd, you know, treat these with a higher priority because, you know, you're not going to have your treatment plan put in place and—until you get off the diagnostic wait list.

And I know Dr. Koshal, you know, he even acknowledges back at that time that, you know, yes, we know that some people have their problems addressed at an early stage because they are urgent. And, you know, there is an acknowledgment of that, and I acknowledge it too. Yes, people that have an urgent need should be done, but he was still indicating even then that the wait list was too long even for the rest of the patients, and I guess I'm feeling somewhat that way too.

And then, in 2007, the accreditation review of the WRHA had indicated that wait times for heart diagnostics were a problem, and they urged health officials to minimize long waits to prevent patients from deteriorating to the point where they require emergency surgery.

And that's the problem with all of this. The longer somebody's on a wait, the longer you go from being an elective where you could handle your surgery better, you could handle your recovery better, and all of a sudden you become an emergency case where that's not the same ballgame—you're being put at risk the longer you're left on a list. So, you know, the 'creditation' review is even backing up some of the concerns I'm raising.

And certainly the stress test was another one that Dr. Koshal had brought forward, and he was indicating that wait times for stress tests should not exceed one month and yet we're sitting at four months. Now, that seems way out of line from what he was recommending.

Again, what is the cause of that? Is this, again, a staff shortage or a funding shortage or what is leading to this problem?

Ms. Oswald: Again, I want to be absolutely clear about the fact that providing resources and support and looking toward innovation and making sure that Manitobans get the best possible cardiac care is a priority, and I think that it is evidenced by the numerous investments that are being made in the past and as we speak in the recruitment efforts that have been made, in the work that has been accomplished to date on the Koshal recommendations and that will be made on the Koshal recommendations.

We know that since 1999 the focus on dealing with wait times for lifesaving issues like cardiac and cancer have been a major priority, and quality-of-life issues have come second to that. So I'm not going to suggest that all the work is done and that we need to hang out a mission accomplished sign. I would never do that.

We need to work diligently to target areas like stress test, like echoes, and if we are seeing numbers increase in wait times and wait lists, we need to make sure that there are professionals that are working to, you know, reprocess and re-engineer how the tests are being done, where the tests are being done. There is a process in place right now to better distribute, indeed redistribute echoes between HSC and St. B. That work is ongoing.

And, again, I think most important of all is that we need to be working together in the system to prevent people from needing cardiac care in the first place, to be placing a very strong emphasis on healthy living and good primary care, so that

interventions can be made long before anybody needs to have any of the diagnostic tests because they are in cardiac trouble.

And, again, we know when we see studies coming out of the Manitoba centre referencing declines in cardiac episodes in Manitoba, 13 percent, I think we can be very encouraged by the fact that investments in healthy living are also making a difference.

We're going to continue to work to bring these times down. We're going to continue to work on the recommendations from the Koshal report. We know that the completion of the cardiac centre—we're going to be able to do even better on recruitment. We know that we also have to work on innovations in scheduling, innovations in improving information that we have in our database to increase efficiencies.

I think that there are opportunities not just at the bedside but throughout the system to provide improved care, and we are committed to do that.

* (15:50)

Mrs. Driedger: It's interesting, going back through Dr. Koshal's report as I'm sitting here listening to the minister, and it's making me ask the next question as I read one of his lines.

He says that with the provision of adequate resources, the need to bump cardiac surgical cases will be substantially reduced. Well, if I take that sentence, I would have to ask the next question then.

Is it a lack of resources that is leading to the number of cancellations that we're now seeing? Because he's basically saying that if you have enough resources, then you shouldn't be bumping patients. And I'm sure the resources are probably more than just monetary. They're probably related to a number of things, I would assume.

So, if I take his statement, you know, as fact, I would have to extrapolate from that that we do not have the resources in place. Otherwise, we wouldn't be seeing so much bumping.

So I'd ask the minister: Where are the shortages in resources, then, that are leading to the number of cardiac surgery cases being bumped?

Ms. Oswald: Yes, Mr. Chair, again, I'll reiterate that the issue of the multiple bumping, which was a concern of Dr. Koshal's, because of the work that has been done—very, very good work in the cardiac sciences program—has been almost eliminated. So

that has been achieved through innovation and through the provision of resources, as the member says.

We know that—we've had this discussion before, about how important it is to have more ICU nurses working, because, again, the availability of a bed and the availability of the nurse is inextricably linked, as the member has pointed out.

We've got 14 more ICU nurses working in Winnipeg than in June of '08. And we know that we have to continue. There's a course in flight right now of even more ICU nurses. So that's a provision of more resources, investing in training more of these nurses.

We have to go back and remember that 98 percent of patients are getting the care that they need within medically recommended wait times and so we certainly have our eye on that wait time all of the time.

In the statement that the member reads out of the Koshal report, I can't imagine a facet of the health-care system—a facet of any system, in fact—where you wouldn't see an improvement in a situation, if every single morsel of resource request was fulfilled. I mean, the more resources you have, the more you're going to be able to do. That's just a statement of fact in any system.

And, of course, part of working through a system is trying to achieve a balance where people are getting the best possible care and people are sharing the resources that are available. So it—that's really what the job is, as I understand it, is making sure that the resources that are available are distributed in ways that are of the greatest benefit to patients.

So we have continued to increase resources to the cardiac program. That's not going to stop. We are going to work on bringing wait times down even further, bearing in mind that we are 98 percent within the recommended—medically recommended benchmarks. And our work in the cardiac program isn't going to stop.

Mrs. Driedger: Looking again at Dr. Koshal's report, he indicated at the time that morbidity and mortality reviews should be conducted within surgery and cardiology as a standard of practice and that information be collected.

Does the minister know if, in fact, that that is now happening?

Ms. Oswald: Yes, Mr. Chair, I can inform the member, within the WRHA, there are reviews of deaths that occur routinely. If they, you know, proceed exactly as described by Dr. Koshal, I would want to double-check and get back to the member with an answer, review the document myself and see if, as described, that's the shape that they take in the region. But, certainly, reviews of deaths that occur do happen in the region, yes.

Mrs. Driedger: At the time that Dr. Koshal was looking at this, there were few, if any, morbidity or mortality reviews within cardiac surgery and he had certainly been recommending that this should be happening. So if the minister could back to me on that, I would be very interested.

Dr. Koshal also recommended that a quality assurance officer position for Cardiac Sciences be created. Can the minister indicate if that has happened?

Ms. Oswald: Yes, thank you. I'm going to confirm for the member the existence of quality assurance officer by that name or the role. I need to—I'll get back to the member.

Mrs. Driedger: Mr. Chair, one of the major issues that was also identified by Dr. Koshal was in the area of communication. And he was identifying that communication between the regional administration and physician leaders in anaesthesiology in intensive care appears to be very limited. Individuals involved in day-to-day care of patients at both sites do not feel part of the decisions made by the region with respect to cardiac care. Can the minister indicate if any of this has been resolved, now that the program has been amalgamated?

Ms. Oswald: Yes, thank you. Just going back to the previous question. According to my most recent—I think it was the most recent in July—update from Dr. Menkis, the quality assurance officer does exist. So we can move that along.

Certainly in the area of communication, you know, bringing in Dr. Menkis to head the program and to work with cardiac experts, cardiac surgeons, cardiologists, nurses who have extraordinary expertise at the bedside and the hospital, and across the system. One of his key functions, of course, is to improve the lines of communication to improve the ways that professionals can transfer information, data sets, updating information when handing off patients. That is unquestionably a process that's ongoing. There's continuous improvement in that and multiple

efforts are being made to streamline, and to make as efficient yet comprehensive, the information that a—that an individual working within the program and within the system can receive on a given patient. So this is not a recommendation on whom—on which one would ever end their work.

Mrs. Driedger: With the amalgamation of the program at St. Boniface Hospital, is the minister aware of any patients that might have died at Health Sciences Centre because there was no cardiac surgery program there?

* (16:00)

Ms. Oswald: As I'm sitting here in the committee room, I certainly can't point to a specific case of somebody at HSC or another presenting at another hospital in Winnipeg, you know, with, you know, a serious, you know, fatal heart attack that, you know, has died or otherwise. So I'm not ruling it out as possibly having happened, but I'm, you know, not able to sit in the committee room today and say, yes, I know of this specific case where this happened at HSC.

Mrs. Driedger: Because the Health Sciences Centre is a trauma centre and they certainly deal with various types of trauma, there are instances where patients come in and because of trauma, they have run into some heart problems, whether it was a stab in the chest or something like that.

Is the minister aware that there are a number of physicians that are quite concerned about the fact that a number of sick patients are being put into ambulances and transferred or—to different ICUs and feeling that because of that process that's in place and because it's happening so often, they feel that there is—there are a number of patients being put at risk because of this interfacility transfers?

Ms. Oswald: Well, certainly, we know the 42 recommendations by Dr. Koshal were extensive and complex, but, indeed, one of the central recommendations was, in order to improve a number of issues across the board, to indeed consolidate the program, and that is, in fact, what has been done. It hasn't, you know, been done without growing pains among staff members. You know, change can be difficult; there's no question about that. And, you know, there are people that will ask questions about whether or not it is the best course of action, but it was the recommendation by Dr. Koshal.

We know that HSC does excellent work in dealing with traumas that may present, and medical

professionals on the front line will use their best judgment on whether or not a patient can and should be transferred to the centre of excellence, you know, to the consolidated program at St. Boniface. And this system is going to continue to work to make sure that our hospitals and HSC, the trauma centre, has resources as identified, you know, to be required in the kinds of trauma cases that may present. But, at this time, we remain of the view that the consolidation, as recommended by Dr. Koshal, is the right move for cardiac patients in Manitoba.

Is it the perfect scenario for every individual case that may present itself to a given ER? Perhaps not. I don't think that Dr. Koshal said that it would be the perfect solution, but, indeed, I would be very interested in any professionals that have come forward in the past or would continue to wish to come forward to speak about their views on how to improve care both at St. B. and HSC, whether it's about cardiac or otherwise, but, you know, certainly, you know, we will remain open to suggestions because I think, again, the goal is clear that—even better care for people when they present with an issue: trauma, cardiac episode, or whatever.

Mrs. Driedger: In 2008 the budget for the cardiac program, I understand, was in the vicinity of \$50 million. Can the minister indicate what the budget for the cardiac program would be in this budget?

Ms. Oswald: Yes, certainly, work in the Winnipeg Regional Health Authority, based on the budget as presented recently, that work is going on. It's, you know, nearly complete to set exactly what it is going to be for this year, and so I'll commit to the member that, you know, when that's absolutely finalized, that she can have a look at those numbers.

I also wanted to put on the record in relation to something I said I'd get to the member, also from the update from our discussions with Dr. Menkis this summer, the recommendation concerning morbidity reviews lists these as a recommendation that has been completed. So a standards committee was established for the cardiac program, which does these reviews as was recommended by Dr. Koshal.

But, again, as I said before, I will get back to the member if there's further detail to flesh out about what Dr. Koshal recommended and what shape these reviews take in the present time.

Mrs. Driedger: My earlier question was related to the operating budget. I understand, in 2008, the

operating budget for the cardiac program was \$50 million. This is taken from, I believe, the WRHA Web site, and it indicated the program's \$50-million program budget. So my question is: in this budget, if the cardiac program was being funded at \$50 million in '08, what would that program operating budget be in this budget?

Ms. Oswald: Yes, again, I can say to the member that, you know, of course, we fund the regional health authorities as a block, and they work within their program to work out the details of the budget and for each program. So I can, again, say to the member that that work, you know, will be completed imminently and I can give her a more accurate reflection of that number in the here and now, you know, for this budget pretty soon.

Mrs. Driedger: In 2006, the government had a big news announcement indicating that St. B. was going to get \$30 million for renovations within St. Boniface Hospital and those were going to be renovations and relocations of wards to make way for a series of new units, specifically for cardiac surgery, including a new 15-bed heart surgery intensive care unit, a new 32-bed heart surgery in-patient unit, and it looks like the renovations were all within St. Boniface Hospital, and they were on top of the \$9.5 million spent for the Bergen cardiac care unit, which was being built at that time.

My question to the minister, because the \$30 million appeared to be targeted for renovations that was occurring—that were occurring within St. Boniface Hospital, within the hospital itself, and Dr. Menkis had said he was optimistic that would everything would be in place within two years of that. So by 2008, supposedly, all these internal renovations within the hospital, which would have a new ward, a new intensive care unit, that was supposed to happen. So that was a big announcement in 2006.

* (16:10)

I would ask the minister: How is that different from the announcement she made last year in 2009 where she talked about a \$40.3-million capital upgrade at St. B.? And it was for—sounded like the same things, but it sounded like it was happening in a different building that has been sitting empty for a number of years.

So my question is: Are we talking about the same amount of money that morphed from 30 million to 40 million, or are we talking about

70 million that has been earmarked altogether for the cardiac renovations? I'm—it's really not clear from the announcements that the government made, and so I'm seeking clarification around all of this.

Ms. Oswald: Yes, I can confirm for the member that there was an announcement in '06 of \$30 million to renovate and improve the cardiac program, and subsequent to that announcement there was much discussion, input from staff, vision from Dr. Menkis, opinions of the hospital. And there was a dialogue that went on most of the time, you know, extremely constructive, admittedly occasionally heated. But sometimes the best ideas come out of debate, and it was decided, subsequent to the '06 announcement, that the renovation and improvements to the program would take a different shape.

The discussion involved some augmented features to the program which did increase the cost. So the \$40.3-million announcement to the cardiac sciences project, what is some additions to and amendments to the footprint at St. Boniface Hospital and the surrounding buildings, but it is the same announcement of improving cardiac care. There were just some internal debates and some new ideas that came to the fore and some discussions of how to, you know, better improve patient flow, how to get, you know, the maximum benefit of the availability of space on the campus, and so the \$30-million announcement did evolve into the 40.3 with ideas that came from a number of people in the system.

So it is an announcement—both announcements were about improving cardiac care and improving the space wherein cardiac professionals would work, and cardiac patients would exist, but there was a change of opinion over time about what that would look like. So it's one announcement; it's not 70.

Mr. Chairperson: Is it the will of the committee to take a brief recess? *[Agreed]*

The committee recessed at 4:15 p.m.

—————
The committee resumed at 4:20 p.m.

Mr. Chairperson: Welcome back, everyone. We will now resume Estimates for the Department of Health, looking for a hand in the air.

Mrs. Driedger: Yes, we were just discussing the cardiac renovations that are going on at St. Boniface Hospital and the minister has confirmed that in 2006 there was a \$30-million announcement to renovate

the cardiac program within St. Boniface Hospital, and then in 2009, three years later, there was a different announcement to take \$40.3 million and do capital upgrades at St. Boniface Hospital and do renovations, but now it was for the large part—appeared to be moving into a different building.

Can the minister indicate that between 2006, with the first capital upgrade announcement, and then 2009, can the minister indicate whether any money had been spent or any changes made?

Ms. Oswald: I can confirm for the member that in the intervening time there were some capital renovations that occurred during that time. I would have to work with my department to get her a dollar figure on what happened in the intervening time.

I do want to stress, though, that over the course of this entire period and prior, ongoing work on the recommendations from Dr. Koshal's report was happening and it was happening in an aggressive and informed way, and as professionals in the system worked through those 42 recommendations and as conversations went on between the intervening time of '06 and the \$40.3-million announcement, professionals in consultation with the system and indeed out of issues arising from patients and their learnings from patients did have requests to amend the original plan, and I think responding to those requests and to those amendments to improve the care and to improve the project was a wise thing to do.

Mrs. Driedger: Well, in 2006, Dr. Menkis seemed to have been quite happy with what was happening within the hospital with the \$30-million improvements that were going to be made within the hospital. In fact, he said he is pleased the Province is fast-tracking the remaining upgrades and said he is optimistic everything will be in place within two years.

So he, you know, as the head of the program, he was happy, it looks like, with what was happening in 2006, and then he thought everything would be finished within two years so by 2008, and yet in '09, three years later, we've gone from a \$30-million capital upgrade to a \$40.3-million capital upgrade, and now it's in a total other building.

Now I'm told that a large part of—so I'm assuming that we've lost, like, three years in here where not very much happened, and we're probably going to lose more time again with—you know, because of the three years we've lost in some lag

time. By the time everything is said and done, it's even going to be longer, but there's certainly some speculation out there and some concerns being raised as to what happened, like what derailed this project, considering the program head was happy with where everything was supposed to be in 2006.

There are some people wondering why all of a sudden would the move be made to this building that has largely been empty, and I'm sure the minister has probably heard it before that, you know, a lot of people have labelled that Asper research centre—I'm not sure exactly what it was called—but a white elephant; that somehow this—there was money donated, this building went up, they couldn't find people to put in the building; that it has sat there empty for many, many years. It—there has been money that has been put into that building to, I guess, maintain it, but that very little has actually gone into that building, and, now, somebody seems to think that, well, let's do something with this building, let's save any embarrassment about the building and let's see if we can put the cardiac program in there.

I'm told that there's some significant funding challenges because it isn't that easy to move patients from the hospital into that building, that there's a grade problem where, for a difference of grade of one foot, you're going to have to put in a million-dollar elevator, or something. That is raising some eyebrows out there in the medical community. And, you know, a number of people wondering, you know, how did we go from 30 million and get to 40 million? Is this a way to save face on what they're calling a white elephant? Who's been paying the bills on that building that has been unused? Why is it unused? How did it get to the state of being unused? But, being there in the first place, what due diligence was done to determine that there was even a need for it at the time?

Like, what happened here? It looks like this whole thing has been derailed. I'm not sure the minister has been apprised of all of it. I don't know. I would assume she probably has been because she has to be hearing some of these things as well.

So I guess I'm asking: What the heck is going on?

Ms. Oswald: Yes, Mr. Chair, so there are a number of the questions that did come up in Interim Supply. We said we'd send a letter with some of these answers, but probably we're going to repeat

ourselves a little bit here. But I'll, you know—I know the member loves reading my letters anyway, so—but it's okay if we repeat things.

So, on a few of the issues that she raised, I guess I'd start off with the issue of Dr. Menkis being happy with the \$30-million announcement in 2006. I haven't been in this chair all that long. I guess, you know, at the moment I've been sitting in the chair of Minister of Health longer than any other sitting Health Minister in the nation. You know, I'm the grandma of Health ministers, but it's not that long.

But I can tell you that, in the time that I have been sitting, I haven't yet met a doctor that hasn't been happy about a multimillion-dollar announcement for his or her program. So I don't think that it comes as a remarkable shock that, at the time of a \$30-million announcement to a program, there was a head of a program that was delighted about that.

I can also say, I've also never met a doctor that wasn't happier when 10 million additional dollars were added to a development of a program. So to suggest that Dr. Menkis might feel otherwise or just to omit that, I think, is problematic.

Between the time of 2006 and 2009, and, of course, prior to that, the work that was going on on the Koshal recommendations was rigorous and aggressive and, you know, enormous in nature. You know, what might sound, you know, as you read *Hansard*, a simple issue like virtually eliminating, not totally, but almost completely, multiple bumping was a major undertaking at the same time that the consolidation of the program was occurring.

* (16:30)

So this was a very significant achievement in addition to the other 29 recommendations that are completed to this date. But, of course, from the time of the \$30-million announcement to the time of the announcement for the 40.3 million, lessons were learned and discussions went on. And, indeed, the decision to move the program to, you know, in a large part, to the Asper building was based on these lessons learned and review of these recommendations and a work towards fulfilling them.

Indeed, this new concept will result in more continuity of services. So the characterization of all of a sudden, I don't think, is a fair characterization of what happened. These conversations were continuous. They were collaborative in nature. I've said before, sometimes heated. People had

differences of opinion, but consensus prevailed and decisions were made to move to the Asper Centre. They are continuing to work to be developed in the best possible way for patients.

You know, there is going to be this—the grade issue the member mentioned. There's going to be an above-ground link between Asper and St. Boniface. It is a complex capital project, but in the end it is going to be the—on consensus, the facility that is good for patients and professionals.

I know Dr. Menkis reasonably well, and I know that he would not stand for having a program put into a building just to solve the problem of an empty building. He's just not that kind of doctor, and, to the best of my knowing him, he's not that kind of person. He would work with his colleagues very diligently to ensure that the decisions that were made, and then amended, would be about better environments for professionals to have to work in and, of course, at the forefront in all of his discussions, better for patients to get the care that they need.

So, as I say, there were intervening—there was intervening capital expenditure to improve. So to say that nothing happened isn't accurate either. But there were decisions that were made and amended, and the new announcement was made in a transparent manner that that floor plan would be changed and that the Asper Centre would be used. And we believe it's going to be very, very good not only for cardiac patients in Manitoba but again to assist us in continuing on our journey of the recruitment of professionals.

So there may have been some other points in there that the member raised. It was not as long as my answer but a long question, and so if I've missed some we'll make sure that we endeavour to capture them in the aforementioned letter.

Mrs. Driedger: Can the minister indicate what was the original intent for the Asper building?

Ms. Oswald: I'm informed that the Research Foundation at the hospital had as its original intent that it be a research environment. I think I'm characterizing that correctly.

Mrs. Driedger: Then I would ask the minister, why did it fail? I'm told that the building's pretty much been empty. If there was a need for it—I'm assuming some due diligence must have been done because I'm assuming there's an awful lot of money that has gone into that building and I would be—one of my

questions this afternoon will be how much government funding went into it. But, if there was a need for more research capacity, why did the—why has the building then sat empty all these years?

Ms. Oswald: Well, again, the Research Foundation at the hospital pursued a project, I am informed, to have research capacity in the building. I believe there was a government investment in the building. I don't think it came from Health but there was a government investment. I'll confirm for the member what that number was and what the—how the project unfolded or, in this case, didn't unfold—really, I think, lies within the Research Foundation and some of their planning that they had originally hoped for that didn't pan out.

I know that, originally, the regional health authority was not as involved in the development of the project as it is now and, in consultation with Dr. Menkis and with the hospital, as again, you know, I don't want to be a broken record but, you know, in pursuit of fulfilling recommendations from Dr. Koshal, there was an opportunity that was presented and, as the discussions went on on how to improve patient care and how to improve a work environment, this looks like it's going to be a solution that will be very, very positive for patients.

We know that it's going to be a very pleasant environment in which staff will work. It's designed better to meet, you know, the daily needs—the simple things that people might not consider like putting equipment and supplies where they can be more easily accessed. The member would, you know, from her work experience, would know a lot more about the significance and importance of that, than most people.

So this is a situation that's going to provide a very good outcome to a project that didn't originally go as the St. Boniface Research Foundation had hoped it would go.

Mrs. Driedger: It seems like a significant amount of money to be spending for the project and I would like to ask the minister, the \$40 million, is that all debt financed or has some of that money come out of government operating funds?

Ms. Oswald: It's debt financed.

Mrs. Driedger: Can the minister indicate, considering the largesse of the federal government over the last number of years, I think something that still—actually, I'm at a loss for words on it because, you know, I go back to looking at the '90s and then

what was happening there, and the federal government withheld almost a billion dollars from health care in Manitoba during the '90s, and then—this government has certainly not had to deal with anything like that.

And so the federal government has certainly put forward a lot of money and, in fact, funds—a considerable percentage of the budget in Manitoba, 40 percent—and gives the government a big chunk of money for health care. Can I ask the minister why she wouldn't have used some of that federal money to pay some of the bills and why there is a tendency by her and her predecessors to fund all capital by debt?

Ms. Oswald: Mr. Chair, doesn't the opposition always grumble at us when we talk about the '90s? But you get a free one on that, I guess, because I've a hundred of them; you get a free one.

Certainly, our investments over time with transfer payments and money that's come, you know, out of the First Ministers' agreement, the Health Accord, and the 6 percent escalator that the federal government agreed to—you know, it has been our practice to invest those funds in front-line care. Certainly, there are decisions that get made by people in departments of Finance and so forth about what are the best possible ways to pursue funding of capital projects and what, on balance, can make the most sense for today and for going forward, and those people assist in decision making. And it has, of course, been our decision to invest monies in front-line care. I'm not even trying to be cheeky when I say that restocking the front lines with human resources that were notably absent when we came into office was an expensive prospect. Making investments in programs to improve patient care is a costly prospect.

So, agreed, there are different ways that you can choose to invest what you're going to debt finance, what you're going to spend on nurses and doctors, what you're going to, as a government, invest in increasing the number of spaces in medical school and sustaining what it costs to, you know, educate that medical student going through school. There are different choices and decisions that need to be made. I know that recently, on the issue of stimulus funding from the federal government during the economic downturn, we noted with some dismay that while, initially, health capital was not excluded in the announcement of capital expenditure by the federal government—and when the federal minister was asked about this, she said she didn't know and would

need to check, and I, you know, I take her at her word.

It was in very short order that health-capital projects were explicitly excluded from those funds, which was, I think, really unfortunate in that—well, I know the member knows from her own colleagues that, in a given community, the single most important stimulus project that could have occurred in some places would have been of a health nature and, you know, even a partial contribution during this time of stimulus on health capital would have been a very significant help in fulfilling the projects that so many of us want to fulfil across the province. And, further, when we look, you know, excluding southern Manitoba, when we look to the north and the litany of health-capital requests coming from our First Nation communities—really, really needed capital upgrades and new construction—we know that our federal partners, you know, could be just that really significant partner.

So, again, I—I'm not going to pretend to know every actuarial in and out of a health capital budget and the broad debt-to-GDP ratio across government, but I can say that, you know, collectively, government decisions are made on how capital projects are financed and where transfer payments are dedicated to front lines or not, and these are the decisions that this government has made.

Mrs. Driedger: I'm going to segue now into another topic and that is again on spending, but it is on administration costs within RHAs. A couple of weeks ago, the minister's office put out a document that actually indicated that she has increased spending for RHA administration by about \$60 million in the last 10 years. Can the minister confirm those numbers?

Ms. Oswald: We are having some discussion concerning the number 60 million, and I want to make absolutely sure that that's true. I know that we had a discussion in question period the other day on the issue of administrative spending, and there was some disparity between numbers that the member opposite was suggesting in terms of increases in administrative spending, numbers that we are informed are more accurate.

And, you know, as we drill down into these numbers, you know, continuously, we do note that it's very difficult to go back to the kinds of records that were kept in '99 and come to '99-2000 and come to an absolute consensus on, you know, what was captured, what was not captured. But we know that

what we believe to have been an increase in overall numbers and what the member believes to be an increase in overall numbers is quite disparate in nature.

And, again, I would say what I said at the time, and that is that CIHI has endeavoured to do this kind of analysis, also, although, even they say, you know, it's not a perfect science. But, you know, on CIHI hospital financial performance indicators, we can see, in '09, Manitoba's actually second lowest in hospital admin at 4.4 percent in the nation, that is.

And, again, we could probably get into a reasonably extensive debate here on admin costs, what's captured in '99, what's captured now, you know, and find that there would be, you know, relative disparities. But, you know, certainly if we're going to engage in this discussion about how much she thinks they've increased versus how much I think they've increased, yeah, there's definitely a gap there. But let me just confer for a moment about the 60.

Just to confirm that, you know, again, depending on how we're comparing these numbers, that \$60 million by our estimation does, you know, appear to be, give or take, like reasonably accurate, yes.

Mrs. Driedger: The numbers have come out of the minister's own office indicating that in 2009 the RHA admin costs were \$153 million, and she also, through her office, had indicated that the 1999 RHA admin costs were actually \$93 million. We're not sure where she got the \$93 million because it doesn't—it's not reflected anywhere in any audited financial statements. So I think there's been some extrapolations that have probably gone into that number.

But I will take the minister at her word that, you know, somehow they've been able to pull out of the air this magical 93 million, and she's saying that 93 million was spent on RHA admin costs in 1999 and—under her government, it went up to 153. And that, then, indicates that the RHA admin costs have increased by \$60 million in 10 years. Now, to me, that's a whopping big increase in just 10 years, especially now that, you know, with the minister's own numbers, she's saying, basically, that we're pretty much comparing apples to apples.

And I'd like to ask this Minister of Health how she can defend that type of an increase to RHA admin costs when that money is directly being siphoned away from patient care.

* (16:50)

Ms. Oswald: Yes, Mr. Chair, and again, I just want to inform the member that our number, the 93, came from data submitted by the RHAs, MIS data submitted by the RHAs, so it's number that the department has that's reported directly from the RHAs. So—but the minister's already said she'll—or the member's already said she'll take me at my word, so that was faster.

But I'm not going to suggest for you for a moment that I don't think that \$60 million is a small amount of money. I mean, of course, you know, I think \$1 million is a lot of money, you know, as a citizen of this province.

But I do think that it's important for the member to acknowledge that as we track the percentage of administrative costs related to overall spending, that corporate and executive spending, you know, overall is trending down, not trending up. And that's what CIHI reports. It's also, I think, really critically important to acknowledge that captured in these numbers that we believe were not captured in like terms over the course of the history of reporting are things that arguably link directly to patient care.

People working on patient safety initiatives, people working on infection control measures, these are critically important to how a patient goes on a journey in the system and, I think, you know, they end up being captured even in the CIHI data. And, you know, when you peel that out, the percentage of what I think the term "administrative spending" can connote to some people is not actually accurate, because there are patient safety, infection control, patient-related functions that get captured in that.

So if the overall issue, which I believe we're trying to drill down to here, is are we spending the majority of money on front-line care in health care, the answer is yes. The answer is that the monies that we are investing, compared to the monies that go into, you know, corporate, administrative, executive kind of spending, as a percentage, are trending down in Manitoba, and that, I think, is germane to this entire argument.

CIHI again says that we're 4.4 on hospital financial performance indicators on that spending, which is the second lowest administrative costs in the nation. We started this year requiring RHAs to report more detail on their administrative costs, to try to deal with this issue, to deal with separating out corporate executive functions, that thing that we tend

to paint with one brush and say administrative costs, versus patient-care-related administrative functions. And we can see that spending is less than 3.5 percent of overall spending in RHAs.

The RHA external reviewers on this issue have found that all RHAs have taken actions to reduce administrative costs, and that they're, and I'm quoting here: a constant focus on cost savings and evidence of reduced costs.

And those external reviewers also said that, and I'm quoting again: Administrative costs within the RHAs are, on balance, at a reasonable level compared to RHAs in other provinces.

So on, again, I think we could probably stay here for our full four days and say, what was an admin cost in '99 versus what's, you know—that would fun, but on the principle of is health-care spending going to the front line and going to patients as a majority of spending and is that percentage of what's being spent on corporate executive or, you know, those kind of admin costs, it's trending down. And I think that it's not easy to do, but it's being achieved. And I commend the people in the RHAs that are doing good work to achieve.

Mrs. Driedger: Well, it was interesting with the WRHA; you know, we were tracking those for a lot of years. I am glad to hear, because we've been pushing for this for, you know, many, many years to separate out the corporate admin costs from other types of admin costs so that we could have a better handle on it. Even CIHI admits that, you know, not everybody is counting their admin costs in the same way.

So, if the government, indeed, has demanded that all RHAs provide an annual breakdown of their admin costs, then I'm saying, good. We've been pushing that for years. I wish you'd have done it a long time ago. I don't know why it took so long.

The—and I don't know why the WRHA buried those costs because—well, I know why they buried them, because there was a public outcry, because when we first got our hands on those numbers—it went from 5 million to 9 million to 11 million to 16 million, and those admin costs were rising year after year after year, and the public outcry was really starting to grow.

And then the WRHA went and buried those costs within their audited statements, and that's been one of the issues that I have found very disturbing. I wrote to the Auditor General at the time because we

knew what the WRHA did. The public outcry was so loud that those admin costs were escalating the way they were, and, you know, then the WRHA goes ahead and buries them. And, if they had kept doing the same thing, we would've had a better handle now on what happened over that time.

So if, in fact, the government has finally reached the point of asking the RHAs to, you know, isolate their corporate admin costs, then we need to do that. And I know that, in the RHA review that Dr. Jerry Gray did, I believe he was recommending that this government talk to CIHI and ask CIHI to tighten up how they are actually looking at administrative costs.

I know that Edmonton Capital Health, a few years ago, which was touted as the best RHA in the country—I don't know if that's true or not; I just know in the literature, in the media, that it was recognized as that—their admin costs were in the vicinity of 2 percent, 2, two and a half percent. So they were actually able to significantly keep their numbers down. So, while three and a half, four and a half percent may seem good, the best health authority in the country seemed to have been doing a whole lot better.

So, you know, I'm glad if we're moving in the direction of isolating those numbers, because I think that would be a good practice. I think it would be good to get a better handle on corporate admin costs, and I'm glad to see that. I still don't know how the minister can defend, though, adding 60 million more dollars in just 10 years to RHA admin costs. That just seems to me to be extraordinarily high, especially if we're comparing apples to apples. You know, if this was going on in the private sector, I think there would be a major problem. And yet we see within the public sector—that's taxpayer money—going at such a rate to increase spending within the RHAs is something I don't know how the minister can defend.

And, when we come back tomorrow, I'm going to ask the minister, because I'd like to look at the promise that her government made in 1999 to decrease health administration costs and to decrease executive support. And I know that Gary Doer, at that time, had a heck of a news conference where he was just adamant that admin costs within Manitoba Health were not to be going up. And he made all these quite extraordinary promises that he was going to decrease the executive support costs, and, in fact, we see now that in 1999 we had three ADMs, and now this government, you have what, five or six.

Mr. Chairperson: With apologies, the time being 5 o'clock, I'm interrupting proceedings.

The Committee of Supply will resume sitting tomorrow morning at 10 a.m. See you then.

FAMILY SERVICES AND CONSUMER AFFAIRS

* (14:40)

Madam Chairperson (Marilyn Brick): Will the Committee of Supply please come to order. This section of the Committee of Supply will be considering the Estimates of the Department of Family Services and Consumer Affairs.

Does the honourable minister have an opening statement?

Hon. Gord Mackintosh (Minister of Family Services and Consumer Affairs): As part of the Province's five-year economic plan in 2010-11, the department will continue to build on the progress we've made in supporting Manitoba children, families and individuals to achieve their fullest potential.

In an environment of competing priorities and limited resources, I am proud of what we've been able to accomplish so far and how our government has demonstrated its commitment to front-line services and supports that form our social safety net.

This year's budget provides over \$1.3 billion for the Department of Family Services and Consumer Affairs. This represents a net increase of \$91.2 million or 7.5 percent more than the '09-10 Adjusted Vote.

Since '99, services for persons with disabilities have remained a priority area for the Manitoba government and the department, ensuring that all Manitobans can participate fully in the life of the community as part of building strong communities. We have continued to implement initiatives that seek to foster the full participation of persons with disabilities in all segments of society. For example, as part of ALL Aboard, Manitoba's poverty reduction strategy, and our government's new disability strategy, called Opening Doors, the department has been working closely with other departments, regional health authorities, other levels of government and community partners to develop a range of housing models that include health and social supports for individuals with mental health and homelessness challenges.

In addition, Budget 2010 increases funding for the Supported Living Program by \$33.3 million. These funds are in support of our commitment to supporting adults with a mental disability who live in the community and will primarily be targeted at youth aging out of the child welfare system, individuals in critical need of supports, and youth completing their education and in need of day services.

Budget 2010 also includes new funding through the Children's Special Services program to ensure that there are services and supports for children with disabilities and their families in the community. This additional funding is expected to allow us to enrol up to another 75 children in the program over the coming year.

Since the economic downturn, the number of individuals and families requiring financial support has increased, which has translated into increases in the EIA program caseload. As a result, Budget 2010 also includes \$14.8 million in—additionally for the EIA program.

We will continue to focus on training people to return to work through the expansion of initiatives like Rewarding Work.

Budget 2010 also includes an additional \$1.6 million for the enhanced Manitoba Shelter Benefits that were introduced in July '09, as well as benefits that will be introduced later this year.

Pressures on child protection are also continuing to increase. The department finds that there are more children requiring care, and that the needs of the children requiring care are more complex resulting in higher costs. The budget responds to these challenges by providing an additional \$33.4 million in funding for child protection. These funds will help meet the needs of children in care and will support our earlier commitments made through our Changes for Children initiative, which is designed to keep children safe using prevention and early intervention programs increasingly and by focussing on family enhancement.

These funds will also support the establishment of a new rural safe house for sexually exploited children as part of Tracia's Trust, which was announced in December 2008 as part of—as forming phase 2 of Manitoba's sexual exploitation strategy.

Over the next 10 years, Manitoba's early learning and child-care system has grown

tremendously. We have promised parents that we would help to ensure they had choices—more choices—when it came to child care and we have committed to doing that. With this budget, I am pleased to advise that, since 1999, funding for child care has increased by 135 percent to over 126 million.

Clearly, Budget 2010 continues to build on our commitment to strengthening our early learning and child-care system and to building a foundation of quality, not-for-profit, community-based services.

The budget includes an additional 7.4 million for Family Choices in the department's operating line to improve access to quality child care and improve the stability of early learning and child-care work force. Additional amounts are provided by way of capital. This funding will provide for an increase of 650 funded child-care spaces in 2010-11, the creation of a pension plan for child-care workers and the annualization of full-year wage costs that were increased in 2009. This funding will also support the development of a centralized registry to provide parents with current reliable information about the availability of child care in their communities.

This is a significant commitment to early learning and child care, particularly in the face of these challenging times.

I'm also proud of our government's record when it comes to fighting poverty and promoting opportunities for low-income Manitobans. Last year, as members know, Manitoba announced its formal poverty reduction strategy, ALL Aboard. ALL Aboard aims to improve opportunities for people who are often excluded from them. It focusses on ensuring resources continue to be targeted in the most effective ways, helping Manitobans who need them most. ALL Aboard focusses on four pillars: (1) safe affordable housing in support of communities; (2) education, jobs and income support; (3) strong, healthy families; and (4) accessible co-ordinated services.

Budget 2010 provides over 950 million in funding from more than a dozen departments to fight poverty and promote opportunities for low-income Manitobans. In our efforts to learn what citizens need most, we have engaged in approximately 20 consultation sessions, hearing from over 560 community and stakeholder groups, organizations and individual citizens. That effort continues.

As a result of this engagement with Manitobans, we will see more than 30 new initiatives and program enhancements this year, 10 of which will be funded by my department in priority areas such as helping more Manitobans leave welfare for work, improving access to child care and building awareness of existing programs and supports.

In addition to helping citizens in need achieve greater self-sufficiency, the recent addition of the Consumer Affairs Division to my department has allowed the department to become more involved in promoting a fair and informed marketplace for business and consumers. Since '99, our government has taken significant steps to enhance consumer protection in Manitoba. More recently, this has included legislation to protect consumers who take out payday loans.

As mentioned in both the throne and budget speeches, we intend to build on our achievements in consumer protection by launching a multiyear consumer protection strategy later this year.

I would also like to note that the department is pleased to be working closely with the Cross-Departmental Co-ordination Initiatives Division, a provincial joint initiative with Manitoba Health, Healthy Living and the Winnipeg Regional Health Authority. The Cross Departmental Co-ordination Initiatives Division is tasked with the co-ordination and development of housing and supports for vulnerable populations, with an initial focus on seniors, individuals with mental health issues and those who are homeless or at risk of homelessness.

I would like to take the opportunity now to express my sincere appreciation to the hardworking staff of the department for their ongoing work and dedication to continuous improvement and for their commitment to the provision of high-quality service to Manitobans. I would now like to introduce the senior officials, including our new deputy minister.

Madam Chairperson: Thank you. Does the honourable member for River East (Mrs. Mitchelson) have an opening statement? The official opposition critic?

Mrs. Bonnie Mitchelson (River East): Madam Chair, and I want to thank the minister for his opening statement and indicate, with his new responsibilities, there are two critics, one for Family Services and one for Consumer Affairs, that being the member for Portage la Prairie (Mr. Faurichou)

responsible for Consumer Affairs on our side of the House.

* (14:50)

And I don't really have an opening statement because I would like to just get into some of the detail and ensure that we have time to discuss the very significant issues that this minister has responsibility for.

But I wanted to put on the record at the outset that I know there are staff that are always waiting and available to come in and help provide information to the minister on the Estimates process and, in the interest of trying to ensure that staff don't all have to be sitting, waiting, I'm wondering whether I could indicate today that we'll be dealing with Family Services today for the remainder of the day and then tomorrow it will be the Consumer Affairs side and Family Services staff won't need to be available. And, then, when we—I know that we may not be back to this area until sometime later next week. And, at that point in time, we'll go back to Family Services.

Madam Chairperson: Thank you. Does the critic for Consumer Affairs, the honourable member for Portage la Prairie, have an opening comment?

Mr. David Faurichou (Portage la Prairie): Madam Chairperson, no, I do not at this time—looking forward to having personnel from the Department of Consumer Affairs before committee tomorrow.

Madam Chairperson: Under Manitoba practice, debate on the Minister's Salary is traditionally the last item considered for department in the Committee of Supply. Accordingly, we shall defer consideration of line item 1.(a) and proceed with consideration of the remaining items referenced in resolution 1.

At this time, we invite the minister's staff to join us in the Chamber and, once they are seated, we will ask the minister to introduce the staff in attendance.

Mr. Mackintosh: In the Chamber today to assist the members with the provision of information is the new Deputy Minister, Grant Doak. Also, here is the Assistant Deputy Minister of Child and Family Services, Carolyn Loeppky; the Acting Assistant Deputy Minister of Disability Programs and Employment Income Assistant, Wes Henderson; and the Director of Human Resources, Ewan Watt.

Madam Chairperson: Thank you. We welcome you to the Chamber.

Does the committee wish to proceed through these Estimates in chronological manner or have a global discussion?

Mrs. Mitchelson: Madam Chairperson, in the past, I think, we've gone globally and it's worked fairly well. So, if that's all right with the minister and his staff, I'd prefer to proceed that way.

Madam Chairperson: Okay, the floor is now open for questions.

Mrs. Mitchelson: Madam Chairperson, first of all, I'd like to welcome the minister's staff. I know that at least two of those sitting at the table were staff members of the Department of Family Services when I had the opportunity to be the minister many moons ago, and I want to commend not only them, but all of the staff in the Department of Family Services for the good work that you do on an ongoing basis. And I know that, you know, staff sometimes has a difficult time because there is significant change when governments change and it's just a credit to the strength and the professionalism of the civil service that they're able to adapt and make the changes that are necessary to try to provide the kinds of service that Manitobans do need. So I want to commend the staff in Family Services for the good job that they do and the hard work that they do because it's a very difficult area of government from time to time and some—we're dealing with some of the most vulnerable individuals in our Manitoba society. So thanks, at the outset, for the good work that you do.

I think, if I can, I would like to just continue some discussion first of all before we get into any detail in the detailed estimates, some discussion on the questions that were asked in question period today around child care and centres, and I want to, at the outset, say that a lot of very troubled people that are providing a very valuable service to children and families in our community and doing a very good job of ensuring that children are well-looked after as their parents work or explore work opportunities. And I've heard a lot of concern about the very recent changes that have been made and the recent direction that has been given. And so I'd just like to get some understanding from the minister of, why the change?

I know that child-care facilities were given a deadline of the end of March to submit to the department their safety plans and I want to say, again, at the outset, that I'm certainly not opposed to safety plans for children in our child-care facilities. I think it's important, just as schools have gone ahead with a safe schools charter, that child-care facilities

need to look at that and plan. And, quite frankly, I believe that all of those that are working in our child-care community do, first and foremost, have the safety and interests of children at heart. So there are none of them there that would want to see a child harmed while under their care.

And my understanding is that the plans were submitted by the end of March and then, with no consultation, they were blindsided by a memo that came out on March the 15th that told them that there were going to be new criteria for the safety plan and that new criteria was going to have a locked-door requirement or policy that they were going to have to develop and send in to the department with a two-week time frame. So I guess I would just like to ask the minister what brought about that change in directive and what was his thinking behind the change that was made.

Mr. Mackintosh: Since the passage by the Assembly of The Child Care Safety Charter, there's been a tremendous effort in terms of mobilizing resources and expertise for the first time in child care in this country to put together packages and training programs for child-care centres so that they have expertise on their side and have some developmental efforts that are working alongside them as they are putting together their safety plans and their codes of conduct.

Resources were—individuals were hired by the department and the resource materials were put together, a tremendous—tremendous—effort, and I might just say, this was on top of the H1N1 effort which was extraordinary in child care. I was so impressed with the effort that went into the H1N1 preparation and the plans there, and, similarly, the department provided help for the child-care centres so that they knew they wouldn't be on their own trying to develop the H1N1 plans.

* (15:00)

We heard very high regards when it came to the delivery of the child—of the safety charter, and, in fact, the—we've been told that the experience was absolutely excellent. So, as a result of the drilling down on what should comprise a robust safety charter for Manitoba, included in the materials were descriptions of what should be the standards, the best practices for visitor access control.

We know that in Manitoba almost every child-care centre has a lock on it, on a door. There are—there may be some rare exceptions where the

child-care centre is located in a shared facility. There may be some circumstances where in schools there may be other types of entries. In the child-care safety materials, a list of best practices were set out which included, among other things, a focus on visitor access control that relied on door locking mechanisms, and that was based on a long-developing trend in Manitoba child-care centres to, in fact, have, in some cases, some very sophisticated door entry systems, and, in fact, I think I would say virtually every child-care centre that I have been in in this community has those kind of systems in place. And, in fact, just last Friday, once again, we had an announcement that splashed child care at the North End Wellness Centre and I was very pleased to see there that they had incorporated in the design of the building a very effective monitoring and door access system.

The challenge, though, is to ensure that there's a minimum standard, and promoting a best practice was one very good and important step, but we're asking child-care centres to work with us over the next year so that by April or May of 2011 they have in place, in fact, the—some minimum standards that are based on best practice. There may be circumstances, some exceptional cases, where locking of the door will not be possible within the existing resources or given a configuration. We think those will be few and far between and if those—or if that is the case then we'll take a reasonable approach and looking to see how else, how there can be a mitigation of that and how there can be visitor access controls by using other mechanisms including just the placement of people and the physical environment.

So we've asked for interim plans and we're going to assess them. In fact, they're working day and night by—at the department, I'm assured, to analyze the interim plans that are coming in, and if there are concerns, we'll address them. There will also be, of course, if there are exceptional costs that are required for any enhancements, the department can help as it has in the past but we will 'prioritize' those investments as well. But we want to encourage a reasonable approach by the child-care centres in light of their own unique circumstances and the location of their doors and their locking mechanisms.

We've also—you know, I heard, for example, a question from a rural facility that said: You know, we never had a problem here before; why, out here in a rural area do we have to have a locked door? Well, I said: Well, first of all, you do have a locked door;

it's just that during the day when the children are in there, it's not locked. But it's our view that we, you know, we what to keep it that way. We want to keep it safe and I think that all children, whether they're in a rural or urban facility, deserve the same level of protection because it can just take one person.

I think we should take a proactive effort and not look backwards with some regret that we didn't manage risk when our attention was drawn to it by the development of The Child Care Safety Charter. I think we have to, through this charter, really pay particular attention, not unlike in Neighbourhood Watch, where it's a matter of directing our mind to the safety of children and taking risk management efforts. That's not to say that children, of course, are going to be inside of a child-care centre all day because they're not and we don't encourage that. They're out and around in the community sometimes. Sometimes they visit libraries and parks. They're often out in the outside yard of child-care centres, which we encourage, but when they're inside, there's a risk management effort that can be taken and so it's incumbent on us always to look for those kinds of efforts.

In terms of the larger yard as well, though, we've asked as part of the safety charter that there be an analysis and an audit of any risk to safety that might be in the yard, whether it's sharp objects, or, you know, the nature of fencing and so on. So we've had very good feedback on that and what we are hearing as well, though, is a welcoming for this new development from parents. And I'll just say, in conclusion, that we see the charter as a living, breathing document, one that is going to continue to be enhanced. We don't see what comes into force later this month as simply a one-shot deal. We're going to continue to learn on this and that's why the visitor access policy will be coming into force a year out and we'll be looking at other enhancements as well in terms of how we can better assure the safety of Manitoba children in their child-care centres.

The—and another example of some of the enhancements for safety are the anaphylaxis policies, so it's not only, you know, about the threats from outside that have to be managed but policies to deal with anaphylaxis on a system-wide basis and the provision of weather radios. And, even more recently, we had discovered that police sometimes will tell schools when there is an incident in a neighbourhood and weren't turning their mind to the needs of child-care centres as well to have that information, so protocol has been hammered out

with Winnipeg police and now they're working with RCMP.

So there are a number of fronts to safety and if the member has any other ideas in terms of how we can enhance safety, we will do that, but it's going to be as I say, a reasonable approach that does involve the ongoing partnership between the parent-run boards and the child-care centres and the facilities in which many of them are located. So we think it's just a logical next step given the natural progression but one that has been done in more than an ad hoc way in terms of visitor access control.

Mrs. Mitchelson: The minister talked around in general terms and, you know, I guess I just ask again because I don't think I got a direct answer to why we have a policy controlling visitor access and it was (j) under the guidelines that were sent out some time back to child-care facilities that changed after the plans were submitted. And, you know, there's real concern out there that the minister really isn't in touch with reality.

I guess the question for me would be, who did he discuss this issue with before coming out with a new directive? Who indicated to him that this was the direction to go? Was it parents that he talked to that said they wanted this? Was it child-care providers that he talked to? Was it the Manitoba Child Care Association? And I don't think so because they indicated they were completely surprised by this. Was it the school divisions that really comprise probably about half of the child-care centres in the province? They would be in schools. So were schools consulted or school divisions consulted on this? Was the Department of Education in any way involved in any discussions on this? Where did this come from? From whose advice did the minister move to change the criteria two weeks after all of the plans were submitted?

*(15:10)

Mr. Mackintosh: The initiative that we all want to see in place by March 31 of 2010, is the logical next step of, as I say, over the last many years, child-care centres recognizing that in order to manage risk of—to reduce the risk of harm for children, they have on their own, by their own leadership and guidance, often—and in most cases I understand—across Manitoba, put in place visitor access controls which, by and large, have included locking the doors during the usual hours. So that was the first instruction is what child-care centres themselves were doing and sending a message about.

And then came along the recognition that we have to, across the board in all divisions and departments, look to see how we can better protect children in the Manitoba community. And an obvious place to go then was in child-care centres. And we saw the development then of the best practices document, which said very clearly that child-care centres should put in place visitor control access that has, as one of its features, a locked door policy. And it is our view that, as we proceed and as the document breathes life into greater safety for children in child-care centres, then we build on that and not just say it's the best practice, but back it up then with a request that it become a minimum standard.

Of the—I think the safety provisions are among the most important thing and, I would say, are the most important thing that we can provide when children are in the care of others and parents are off at work or in training, for example. And we don't want to have a situation where something terrible happens and we didn't take advantage of what our growing knowledge was about best practices. It was just not enough to have set out in the document that, you know, here's a good idea about how you can enhance the safety of children, and yet we didn't back it up with the plan to ensure that there's a minimum standard across the province.

Is it a change? Well, there's going to be many changes to the child-care charter as we learn. As I say, it's the first of its kind in Canada. It's the first of its kind known anywhere, and so we're going to learn from ourselves as we develop it. Is it a change? It's an enhancement. It's the second step; maybe it's the third step if you look back at how child-care centres have generally evolved in Manitoba with regard to visitor access controls, so.

And I remember a circumstance—there was a terrible tragedy that happened overseas, in Germany, as I recall. And one of the first series of questions that I had was, well, is it the law in Manitoba that child-care centres have to lock their doors? So I think people come to a logical conclusion that that's a good way, that's one part of what should be a multifaceted way of better managing the risk that could be posed to our children.

I have heard since—there have been some media on this last couple of weeks, and I'm very glad to see that, by the way, parents being interviewed left and right saying, this is great. And so we're on the side of parents on this one. I don't know why the opposition

would choose this and—you know, I understand that the Manitoba Child Care Association did not have this on their list of priorities. They have wage increases No. 1 on their list, and it's been that way for many years. We know that and, as well, we have another—we have other lists on their agenda, including the issue of pensions which—and both of those we have been making great strides on. And they've also been advancing stronger curriculum and more supports in terms of the growth of the child-care system. They have not had this on their list. I know that; I recognize that.

That doesn't mean that we don't listen to parents who are telling us, as well, what kind of child-care system we should develop in Manitoba. So—and I'm sorry that the MCCA that has questions around this, because they have been supportive of our efforts in the past. And when Family Choices came out with the child-care charter, they were generally very, very supportive and encouraging when it came to all aspects of it.

So—but I can tell the member that we're going to continue to work with the MCCA and child-care centres to make sure that we apply this new policy in a reasonable way and provide the supports, as we have in the past. The staff that are in place, I think there's about three that have been brought in specially for the charter, have been—

You know, it's as the minister knows, it's rare that you get correspondence to say that something's going well. It's usually the other way. That's just the nature of public office. But there have been commendations about the efforts made, and we're going to continue to make sure the child-care centres know that the department is behind them as they move into this new area, as we did with H1N1.

I mean, and I know one thing I will say is that I acknowledge that these are pressures on providers of child care who work very, very hard. But change sometimes isn't all that easy, but we have got to work on many fronts to enhance child care in Manitoba. We can't do that leaving safety out of it.

Mrs. Mitchelson: In that long-winded answer, I didn't get an answer to the very direct question that I asked, but I did get some comments that will be really good to have on the record, and I wish the minister cared as much about a safety charter in the Child and Family Services system as he does in our child-care system because we've had deaths in the Child and Family Services system and we've had recommendation and recommendation and review

and review and report and report and progress reports that indicate that many of the recommendations that were made years ago on safety of children have not been implemented. So, when we look at the most vulnerable children in our society, the minister doesn't move on recommendations or a safety charter that would make those children safer, but he's looking at our child-care system and talks about what needs to happen and how we need to lock in children in the child-care system. We need to put locks on every door of every church that has a child-care facility. We need to put locks on every door of every school that provides support through our child-care system.

But where are the locks and the protection and the support for children in our Child and Family Services system that fall through the cracks? Where's the safety charter for those children? And I'm sorry, Madam Chairperson, that I have to be so passionate about this, but I look at a safety charter and requirements that were put there for the end of March of this year that centres complied with, and two weeks later, not two or three years later like in the Child and Family Services system, but two weeks later we come out with new requirements that look at locking every door in every church that houses a child-care facility. And you know, the school divisions didn't have a clue that this was a direction that the Department of Family Services was moving in.

It was the child-care centres that got the directive that went to the school divisions, and they said: What? We've heard nothing about this. So they called the Department of Education and said, what's happening here? And the Department of Education said: What? We heard nothing about this. We know nothing about what is happening.

And it's my understanding now, as a result of damage control, that the Department of Family Services and the Department of Education are going to have a meeting and talk about this. Well, it's a little after the fact when a directive from on high, from the minister's office has come down, and he's not even talking to another arm of government that houses—the Department of Education that houses half of the child-care centres, or half of the children in child care in the province of Manitoba.

So I guess my question would be to the minister: What is he expecting from this new requirement from centres that are located in churches, first of all? We'll start there.

Mr. Mackintosh: Well, the member is mistaken that this is all after the fact. The fact is the safety charter is going to continue to grow in its robustness and in its efforts to better protect children. The visitor access control regime is in the very early stages, actually. It's nothing after the fact. There is a timeline of final plans by the end of next March, actually, so it's a year away. It's a good, extended period of time within which to make sure that the proper assistance and the tailoring of visitor control access initiatives are in place across Manitoba.

* (15:20)

So, after the fact just ignores the facts of the timelines, and, in fact, I would expect that there might be, on the other side, people saying, why are you giving child-care centres a full year when most of them already have locks on their doors? So we want to make sure that it's on those particular situations where there, in rare circumstance, are difficulties with visitor control access, that we can work together to mitigate any problems. As I say, there may be exceptions where it just wouldn't be reasonable to provide for the locking; instead, there would have to be other approaches.

In terms of schools, there are a variety of different locations and control access procedures in schools, and it may be that if they're a shared space, that there are different approaches taken. But there will all be a reasonable approach in light of the circumstances, where we're here to work together with the centres to make sure that this works, and there'll be ongoing discussions with any schools that may have concerns about this.

I just want to add that we've had reports and expressions to us from parents that they're very pleased that their children will be safer, will feel safer while they're at work. So, having a year implementation and given the fact—well then, we've already—there's—there have been dialogue communications with education. And we'll make sure that we work together with—whether it's schools or whether it's churches or community centres or wherever. But we have to all make efforts, and you don't make change without change. Just one goes with the other. There has to be an adjustment of practices by giving a full year. We are of the view that we can attain this change, as I say—as I said in question period, I'm sure the member wouldn't be taking a position that the child-care centres of Manitoba generally don't have a door that can be locked today. It's just a matter of ensuring that there

are some standard procedures where that is possible at all. And where not, we will take a reasonable approach with those child-care centres. And we'll build in that ability, that flexibility into the final regulations when they're drafted.

Mrs. Mitchelson: And I hear the minister saying that there will be flexibility in the requirements and I would hope that common sense would be used by the department. And I guess I just really question why two weeks after plans were submitted, centres have been required to go back again. I mean, their priority is looking after the children and trying to ensure that the programming is there so that those children are secure and are learning and are moving ahead in child-care centres.

They have the best interests of the children at heart, and I have some concern that we have a very heavy hand of government today that believes government knows best; that government knows best how to look after our children; that parents don't necessarily have the best ideas on what to do; that those that run our child-care centres and work on a daily basis with children, when they need to be in child care, don't know best, but government knows best. And I have concern when we have control and top-down direction when it comes to families and children, and children of working families that depend on child-care facilities to provide the kind of care that they provide on an ongoing basis.

So I am not going to get into a long-winded diatribe, but I am going to indicate that common sense must prevail, and that—let's not try to tie our child-care centres up in so much detail and so much reporting back to the department that they can't do the job that they need to do, and that's to care for the children that are in their care for the hours that are required.

So I am going to leave it at that, and I'm going to ensure that the many calls that I've had will be responded to with copies of *Hansard* with the minister's responses so that I can get the feedback from real people out there, people that want to work and need child-care supports and people that are working within the system that need to be able to do their job and not be tied up by the heavy hand of government that believes that policies and procedures have to be so rigid, and also do question the ability of the people working in the system to know and people working in the system that know that they always, and would always, want to put the safety of children in their care first and foremost.

So I will leave it at that unless the minister wants to give me another long-winded answer. I'm just making a statement and will be watching very closely, and I will also be getting feedback from people on the minister's comments that he has put on the record.

Mr. Mackintosh: I can assure the member that The Child Care Safety Charter is not going to be a static development. Aside from its implementation in the coming weeks and the visitor access control a year from now, there will be many more components that will be worked into that, based on the advice that we have received and based on the development of our best practices.

You know, when the government licenses certain child-care operations in Manitoba, it has a very heavy obligation to pursue best practices, and minimum standards have been a part of licensing since day one in this province and will continue. But I think that we have to pay more attention to the safety of children as part of that continuum of licensing responsibilities.

In terms of, is this all top-down? This is what parents want. This is what child-care centres themselves have said is a best practice by their installation of visitor access controls that have ranged all the way from swipe access to buzzer systems, to you name it. And sometimes it's just a locked door and you knock and then you're let in. So we can't ignore that, and so the question is: If almost every child-care centre in your community has visitor control access like this, why are some not like that? I think that begs the question and raises, I think, a compelling argument that we're ready for a minimum standard, because the sector itself has guided us in that direction and now we just need to finish the job.

So that is why we're proceeding. Flexibility, absolutely. That government and—in this case, something that's so new as this always has to be applied reasonably, and that's why we have asked the centres to tell us about what they're operations can do to put in place a visitor access control policy, and why so much effort is now being put into reviewing those.

So it's all going to be some individual assessment in terms of where we have to go. The—we certainly know about the, you know, what happened in the last downturn. And I talked about it in the question and answer in oral questions today. We have not only moved ahead with a new priority on

safety in child care, but we've put investments in place to make sure that we deliver it and that we back it up.

So that's—if there's a hand of government at play here, it's one that is a helping hand for parents to relieve them when they're off at work or in training, and it's also a helping hand for the child-care centres. And some of them, I know, are—they've just come out of the H1N1 planning. But we went to the wall to try and help them. And we have received a great commendations, and I would pass it on to staff as well because it was the hard work of staff working unbelievable hours to make sure that we had, I understand, one of, if not the most robust H1N1 plan in Canada, and now we're proceeding to do that when it comes to child-care safety.

* (15:30)

Mrs. Mitchelson: Madam Chair, I just wonder when the minister is going to start to work on a safety charter for the Child and Family Services system.

Mr. Mackintosh: Well, I think the member is referring to not only The Child and Family Services Act, the authorities act, but also to Changes for Children Initiative and all the enhancements and investments that she voted against yesterday.

Mrs. Mitchelson: I guess I am going to have to read that answer. I'm sorry, Madam Chair. I just missed the answer, and I don't know if the minister might repeat it for me?

Mr. Mackintosh: The child-care system that is developing in Manitoba was put there primarily for, and initially, to care for children when parents during certain hours of the day were either in education or training or at work, and, as a result of recognizing the development of child care and the importance of it, there was strengthening efforts needed and recognized. For example, there is a developing curriculum in Manitoba for—in child care that is play based. There are best practices that are being adopted in this province, like no other jurisdiction that I might be aware of, although I know Québec has a very strong child-care system.

But now it is time within child care to also recognize, given that there have been good efforts in the past. There have been fire procedures in place, and there have been good efforts around anaphylaxis and so on. But it's time in a concerted, co-ordinated way to enhance attention to safety in child care.

Now the member talks about child welfare. The child welfare system itself, of course, is based on a legislative foundation of state intervention in the lives of families in order to help prevent but, more to the point, intervene to provide immediate safety for children. So the system is based on an objective of safety, and that is the role of The Child and Family Services Act, all of the mechanisms in there, and, of course, the efforts that are made to enhance our processes and procedures and our standards.

I've just been advised, too, that, when it comes to The Child Care Safety Charter, the consultation of that one was done, particularly in consultation with Education, some of the efforts that we had learned from The Safe Schools Charter, but also with fire, Emergency Measures, with Health, the regulatory review committee, and with Education, as I said, only to name a few. So that's the kind of consultation that went into it. And now we're hearing from other jurisdictions that they want to consult with Manitoba to look to see whether a child-care safety charter could be implemented in other jurisdictions, particularly in Canada. So I think that the people who have been involved in this one sense that we are on the cusp of a certain, you know, emerging international best practice right here in Manitoba, and that's critical.

In terms of child welfare, then, the comprehensive reforms that are under way, we, you know, have seen tremendous changes in child welfare in the last number of years, and that includes, of course, the quality assurance reviews, the authorities legislation, the standards development, more funding and training opportunities.

Mrs. Mitchelson: Madam Chair, I guess the question for me—and I've moved on now to the Child and Family Services system, child protection system, and would like to ask the minister where the safety charter is for the Child Protection branch and for Child and Family Services.

Mr. Mackintosh: The safety charter is called The Child and Family Services Act. Of course, that legislation was passed by the Legislature just as The Child Care Safety Charter was, and that's the legislative foundation on which the practices and procedures are built. Of course, the member knows that.

I'll just say too that the Auditor General has recently commented on the efforts to overhaul the child welfare system. Just a couple of weeks ago she said, and I quote: I am extremely impressed with the

amount of energy and effort that has gone into addressing not just our reports but those that have been issued by the Ombudsman, the Children's Advocate, and they certainly have been faced with a large number of issues that they have had to deal with. Those that we've had to follow up, we have seen real action. We've seen real improvement. Some of the recommendations that we made in one report you will see repeated in others, and so in resolving them in a systematic way they have been addressed for the department as a whole, and that has a significant impact.

So that's the Auditor General. And, of course, we know, too—I'm just looking for outside reviews that the member is talking about. That's one. But Saskatchewan's Children's Advocate as well has pointed to Manitoba's efforts and has made comments to the effect that, when there is the political will and the effort, that, indeed, substantive change can be made. So I don't think at any other time that I am aware of has—have so many worked to systematically address the historic issues that were facing child welfare.

As the member knows, because she was there, and because she has heard loud and clear, she heard from direct service workers when she was the incumbent that the child welfare system has been described as broken historically. So great efforts have been under way and will continue to be under way, and we'll continue to learn as we proceed. But I know other jurisdictions now are looking at Manitoba's experience in addressing some of these issues, and, having said that, I recognize that there will always be work to do. It is an immensely challenging area, as the member knows, one that has inherent risks because you are dealing with very vulnerable children and families and ones that need someone on their side.

So what we're saying, in conclusion, is a tremendous effort by agencies and authorities that are taking their work seriously, and now we're in an era of quality assurance reviews with implementation plans or action plans to make sure that the recommendations are addressed in a co-ordinated way.

Mrs. Mitchelson: I guess I would just ask because we have a safety charter now for child-care facilities. Is the minister looking at a safety charter for foster homes?

Mr. Mackintosh: Well, the member was the minister and knows that The Child and Family

Services Act provides the foundation for the safety—as the safety charter for child welfare on which are built the standards and practices that have been in place for decades around the modern world. But the member also knows that legislation was introduced in this House to enhance a recognition of safety in child welfare, given some mixed signals that were being sent, and so the member, I think, was part of the vote on that legislation. Just as much as that legislation is part of a safety enhancement was the legislation that the member voted against with regard to enhanced vigilance and oversight by the Children's Advocate.

So we're continuing to look for ways to strengthen the safety of children as a result of work in the child welfare system. But I think that the quality assurance reviews now are taking it to a different level that, historically, was not done, and that was to do comprehensive oversights of the agencies delivering the services, look at their financial practices, look at their case management practices, which, I think, is beginning to show areas of very needed improvement, areas where financial controls and accountability have been absent.

And sometimes, by the way, in agencies where, historically, the Province did not have a robust role in terms of flowing funds, and that may be—I wouldn't accept it as an excuse, but that may be why the provincial governments of the past, of which the member was one, were not paying, I think, enough attention to some of the workings of the agencies in Manitoba. But I also regret, and I lament, that INAC did not take seriously some of the financial control issues that had been raised from time to time. I understand some of them with INAC. I will say this in conclusion. I am today very pleased with INAC's attention to this. We have been working very co-operatively between the authorities and INAC to address these issues.

*(15:40)

So that's all about safety. And I don't think you can ever separate the issues of financial accountability from safety, because if money isn't going to support children, then there's a risk that the standards will not be implemented as intended by funders.

Mrs. Mitchelson: Just a quick question. Is the minister looking at a locked-door policy for foster homes?

Mr. Mackintosh: I think most homes in Manitoba do have locked doors in their family situations, and the purpose of The Child Care Safety Charter is to deal with the child-care system itself and focus on that one, and we'll take lessons from that.

Mrs. Mitchelson: Is there a locked-door policy for group homes?

Mr. Mackintosh: The application of door policies in child welfare and group homes depends on the risk of—that's attendant at any particular location. For example, I've seen facilities, group facilities, where there are very sophisticated access—and exit, I should say—control mechanisms in place. Sometimes there are locations within facilities where there are locked premises. And the member should know some of those, for example, the—what's it called, the units?—yes, the crisis stabilization units. For example, within facilities like Marymount or Knowles, there may be different approaches depending on the level of risk of—that's attendant with an individual. So there's a range of access and exit procedures dependent on risk.

And, of course, you're dealing with very different populations, generally, in the child welfare system as compared to child care, and the ages, as well, are remarkably different in some of these locations.

Mrs. Mitchelson: Is there a policy for children under 12 in group homes with a lockdown requirement?

Mr. Mackintosh: It's the same answer. It depends on the risk attendant by a particular child or—at a location.

Mrs. Mitchelson: And would the minister, you know—what is the risk for a child in a child-care facility versus the risk of a child in a group home, and—I guess I'd just like to explain—have him explain to me the difference between having a lockdown policy and requirement in a child-care facility versus not having a lockdown policy in a group home where you have vulnerable children.

And maybe he could just try to explain to me, you know, why we need one policy for child-care centres and a different policy for high-risk children that might be located in a group home.

Mr. Mackintosh: Some of the ways of accommodating the children of the child welfare system are living in foster homes, and so, you know, the foster parents may take extraordinary

precautions, depending on some concerns, and there may be also, though, individual safety plans that require control of access and exit places.

And, on the other hand, the, you know, the foster parents may not have any concerns about safety for their own children, other children. They're part of the community. It all depends on the individual assessment of risk because it's a very different population. I'm sure that that—I mean, it's self evident that the population in child care is very different than the—than those that are brought into the child welfare system.

But the service plans, or the individual safety plans of children who are in child welfare may require some restrictions on—that affect access and exits in their environment. The individual plans that we see in child welfare are not reflected in the child-care system and when it comes to these kinds of issues.

Mrs. Mitchelson: The minister talked a bit about foster homes, but, I guess, my question was specifically directed at group homes that had children under the age of 12, which would be the same population that would be accommodated in child-care centres. So we're looking at those that are in the system, under this minister's watch, just as our child-care program is under this minister's watch, our child protection program is under this minister's watch. And I would like to know whether he has a safety charter with a lockdown requirement for group homes with children under the age of 12, not foster homes, group homes.

Mr. Mackintosh: I think the member went from arguing against safety plans, or safety charter in child care and visitor access controls now to arguing that we should do it just everywhere on a blanket basis, depending, without regard to populations. The member, of course, would know that the department, the agencies—I should also add—look at the safety and security of group facilities, and there is the power in law to require that steps be taken to enhance security, but it often depends, though, on individual plans that are in place. But there is an ability to order that, and ability, of course, to inspect, and there are the regular inspections that take place.

Mrs. Mitchelson: So is the minister saying today that the children in his care, through child protection, are not as important in his mind as children in our child-care system, that there is no need for a safety charter in our child protection system for the most vulnerable children in our society, but there is need

for government to regulate a safety charter in our child-care system? What is the difference between the two systems in this minister's mind, and why would children in the child protection system not be as important in his mind as children in our child-care system?

* (15:50)

Mr. Mackintosh: Well, the member should well know—and I'm surprised—that there are very robust standards in place and safety requirements set out in the manuals for group facilities. And the—we are always looking to see if there should be enhancements, but there's an individual assessment that is done in child welfare that can result in differing approaches to safety because it's, well, in fact, it's called a safety plan and it's individually tailored in most circumstances.

But, as well, certain facilities have differing safety and security features, and some are, by their very mandate, locked and are locked in a way that goes way beyond just, you know, a locking on the door from the outside, but have, as well, internal controls of behaviour of children and youth.

So it depends on the nature of the facility, and if there is a unique risk to the well-being or safety of a child, then that can result in the child going to a different environment or having different safety plans and locks, or whatever, apply. So there's a whole range, and some of them are very high end with, you know, attendance in place and with a facility that is even specifically been designed from top to bottom with the view of safety in mind.

So there's that whole range depending on the unique needs, the safety needs of a child in child welfare.

Mrs. Mitchelson: But the minister's talking around in circles and not answering the question.

I guess my very direct question will be to him: Is he planning to introduce a lock policy safety charter for children under protection in the Child and Family Services system that are under 12 years old, just a yes or no.

Mr. Mackintosh: Well, there are individuals who can be very young that live in placement facilities, whether foster homes or otherwise, that are a part of the community, like others, and there are others, though, that have the unique safety plans that attach to them. And, of course, there are the residential care operating manual requirements, the licence

requirements that are there to make sure that where an individual child is in need of special protections that is the case.

That's very unlike the child-care system where we're talking about managing a risk of outside intrusion into a child-care centre that could pose a risk.

So we can see, for children under 12, where there are very secure facilities depending on the need and depending on the circumstances of the child. Some circumstances have somebody that's in a—that's attendant with the child at all times, including with locked doors.

So the member is trying to draw some comparison for which that can't be done because of the different dynamics of the child welfare system where it's often—it can often be the case that a child may be a danger to him or herself in addition to concerns about running away, and so on.

So there's a whole range of approaches that are based on best practises that the professionals apply their judgment to.

Mrs. Mitchelson: Madam Chair, and, again, the minister didn't answer the question and, you know, he says there's a very different set of circumstances around children in the child welfare system versus children in child-care centres. And I would agree that there are very vulnerable children, and that the reason they're in the child protection system is because they are vulnerable.

Now the question is consistency and ensuring that those children have the same protection under a safety charter as children in child-care centres, and the minister is having a lot of difficulty answering this question. We know there are unique circumstances. I know all of the things that he's put on the record we know exist in the Child and Family Services system, in the child protection system.

The question for me is: If there's a need for a lockdown policy in our child-care centres, does he not believe that children under his watch in the child protection system need that same kind of policy and need that same kind of protection that children in child-care centres need?

And this basically isn't something that he should have to get advice from staff on. The question is: Philosophically, what is his policy and what is his belief? Does he believe that children under

protection do not need the same kind of safety measures in place as children in child-care centres?

Mr. Mackintosh: The comparison that—well, first of all, there are facilities in child welfare because of the populations being served where the safety requirements would far exceed that, but whatever would be sought under the child-care safety charter in terms of oversight of—you know, with regard to locked doors and so on, that depends, of course, on the circumstances of the population at a location or the individual safety plans.

So the safety standards are high in child welfare and very significantly depending on both the vulnerabilities and the other safety and security concerns about a particular child in care or a particular population at a location. But the licensing manual and our regulations deal with this already.

And now we're introducing into child-care regulations that deal with safety, as well, which is new for child care. In child welfare, they form part of the foundational standards.

Mrs. Mitchelson: Could the minister table the safety charter in our Child and Family Services system for us today? Can I have a copy of that?

Mr. Mackintosh: The member is asking—she maybe could just clarify—is she asking for The Child and Family Services Act and its regulations or its foundational standards? Those are public, but we can certainly provide those.

Mrs. Mitchelson: No, I'm not asking for that, and the minister knows that. There are regulations in our child-care system that I'm not asking for, but we have a specific safety charter that has been implemented and introduced for our child-care system.

It's called The Child Care Safety Charter. It's a new charter that the minister is touting as something that's one of its kind throughout the nation. Now, if there is a child-care safety charter in our child-care system, I want to know where the comparable safety charter is for children in protection through our Child and Family Services system.

So I would like to see that and I would certainly like a copy of that tabled today. Surely, it must be somewhere in the minister's department if it exists, and if it doesn't exist, which I believe it doesn't, I'm asking: Is he going to be or why hasn't he implemented a child safety charter in the Child and Family Services system?

Mr. Mackintosh: Perhaps the member opposite—because it's clear she doesn't support The Child Care Safety Charter. She's been ranting about that all day which I think parents will find very, very interesting, and I regret that, because I think we should work together in this House on these issues of child care.

* (16:00)

But I think that the member would like to call The Child and Family Services Act, the regulations, the standards under that and the individual safety plans put together for children as a safety charter. If that's what she wants to call it, she can do that, but it's not called that. It's called The Child and Family Services Act, the regulations thereunder and the foundational standards. And, by the way, the licensing regime that's in place, as well as a safety plan.

So that's how the system works. It's the same system in terms of its framework as when the member was a minister. So, you know, if you want to get the copy, I would say to the member—of the ways that children are provided with safety from the state by way of the department and the agencies and the other providers of child welfare services. She can look to the act. She can look to the regulations. That's what it's all about is the—as we said in our legislative action in the recent session, safety is—has got to be job one and it is the foundation of not just The Child and Family Services Act, but the authorities act, and the preamble now says that.

But that's the safety regime in place for child welfare. If the member wants to call it a charter, she can do that, but the Legislature didn't see fit to call it that. It did see fit to call it that when it came to the child-care system, but they're very different in terms of their approaches because the populations are different. And it'll be important, of course, to continue to look to see how we can enhance safety in both child care and child welfare by whatever means.

Mrs. Mitchelson: Madam Chair, and it's clear from the minister's answer, and Manitobans will know, from the record and his comments, the difference between protecting vulnerable children and the Child and Family Services system. And his sort of—well, I guess I would say he wants to be touted as the minister that's looking after the safety of children first. He does it in the child-care system with child-care centres and the system, where it's an easy thing to regulate, but when it comes to regulation of providing safety for children in our Child and Family Services system, we see a lot of things lacking.

And I'm going to get into a significant amount of detail again on the Child and Family Services system in a bit, but I know my colleague has a couple of questions that he would like to ask now, and then we'll get back into child protection.

Madam Chairperson: I just—prior to recognizing the honourable member for Ste. Rose, I just have to ask for leave that you can ask the questions from where you are currently sitting in the front row. Is there leave? *[Agreed]*

Mr. Stuart Briese (Ste. Rose): I go back to the softer questions, I guess, while Bonnie is busy. So will you provide us with a list of staff from—in the minister's office and deputy minister's office?

Mr. Mackintosh: Just to clarify, he's not asking for it right now, I take it. He's asking, instead, that we provide a list. And just—if that is the case, then, does the member want names or positions?

Mr. Briese: Yes, we want names and positions, and it doesn't have to be today as long as it's provided at some later date.

Mr. Mackintosh: Then we can certainly provide that on a timely basis.

Mr. Briese: I was wondering if the minister could supply us with the number of staff that are employed in the department. And I'll go a little further on that because I know there was a split with Housing and Family Services. And I'd like to know if there were any, and if so, what overlaps there were and how that changed the make-up of the department really, staff-wise.

Mr. Mackintosh: I'm just looking at page 15. I think that really provides an answer in terms of the current FTE complement for the department, which was authorized at 2,278.32.

That will include—oh, this is in the supplementary information, actually, for the member, but it's at page 15. That number would include some vacancies, though. There's vacancy management, of course, in every department, but the comparison that the member will find there is to Family Services and Consumer Affairs last year, not the Housing group.

So we would have to provide that information, and I think that wouldn't be difficult because we could go to last year's supplementary information. Yes, and I think this is on-line as well, but last year's supplementary information will show the inclusion of the Housing division but won't include Consumer

Affairs. So I think that would be—that would provide the answer that the member's looking for.

Mr. Briese: I recall, when I was the critic for this portfolio a couple of years ago, asking you how many staff were actually in the department and having an answer of somewhere around 42 or 4,300, I think, at the time.

And I'm—what I'm kind of curious about is how many—with Housing moving to another direction, what the staffing is at the present time.

Mr. Mackintosh: I think it would be a certainty that there would be a reduction in the FTEs as a result of the reconfiguration of Housing and social development being created, because there certainly was a reduction in the number of staff. So—but we can provide that information to the member.

And we should also note, though, that the FTEs may not include all of the casual workers as well, that there are, for example, some respite workers who are termed as casual and not show up as full-time equivalents.

Mr. Briese: I was somewhat curious over how much overlap there was with Housing and Family Services.

Now, when they were in your department, when Housing was in your department, obviously the deputy was responsible for that, but were there other overlaps in staff at other levels where—probably with the split—and I'm just curious—that the split has caused more hirings because of the split in the two sides of what used to be your department?

* (16:10)

Mr. Mackintosh: I'm advised that there were some positions that may have, from time to time, done both Housing or EIA or other Family Services work in terms of policy or corporate support that went to Housing—[*interjection*] Oh, and FIPPA. But I can assure the member that there were no FTEs created in the current configuration of the department as a result of Housing going to its own department. In other words, the positions that left have not been backfilled and there are no plans this fiscal year to add FTEs in that regard.

Mr. Briese: Thank you, Mr. Minister, I heard you refer briefly to it, but what are the vacancies in your department right now?

Mr. Mackintosh: The vacancy right now, under the vacancy management scheme, is 8.42 percent, to be exact, I'm advised.

Mr. Briese: Thank you, Mr. Minister. Are you actively recruiting in some of those positions or are they being purposely left empty or idle at the moment, or what is the process right at the moment?

Mr. Mackintosh: The general approach has been to focus on the continued provision of front-line services not to lose service capacity and, in that regard, of course, safety has to be job one—that we can't increase any risk to safety.

So that has been an exception to where you would see vacancies and, instead, it's in the central positions where we've focussed on the vacancy management most, that is, you know, some sort of administrative functions, and in that area we have to admit that, you know, some people are being asked to carry a bit more of a load, but we're also looking to find efficiencies to make the workaday smoother for those people in those positions. So that's been the general approach. That's not to say that there aren't vacancy management efforts in the field, but safety, again, is a top consideration in that regard and the department is making every effort to deal with that priority.

Mr. Briese: That does seem to be a fairly high vacancy level. I just wondered, when you're talking about front-line services if having the vacancy rate that high, if it's resulted in somewhat of a shift from certain levels to other levels in the department, more of an emphasis on the front-line services and maybe less on the administrative end.

Mr. Mackintosh: I'm advised by those that work in the field that the—that that is not a spike, actually, in vacancy management. There may be some additional vacancy management required as the fiscal year progresses because of our efforts to try and guard against overages and so on, but 8.42 percent, I'm advised, is not in any way out of line with efforts in other—or historical patterns.

Mr. Briese: Child and Family Services on the—one of the questions I'm always quite interested in is the caseload averages that are out there right now. I know they vary from—for a number of reasons they vary because of location and they sometimes vary because of the difficulty of some of the cases and a lot of other factors. But the average is, to me, still a very interesting number because we often hear the complaint from front-line workers that they have too high a number of caseloads and you're, I know, always looking to manage that somewhat better within the resources, but I'm—I am curious about the average numbers.

Mr. Mackintosh: Caseloads will vary significantly according, of course, to the work pressures and the different area of service delivery. I think all across North America as governments, whether south of the border or north of the border, are trying to control expenditures and administrative costs, that there are pressures on caseloads. We are aware of that. And so that's why it's important, as well, and not only in terms of vacancy management to do that as best we can, but to look at for process enhancements, as well.

We have, of course, over the last couple of decades, recognized the importance of information technology systems that actually work for the people in the field, and I think there's some good efforts that are under way. I think that there have been some information management systems put in place some time ago that aren't state of the art anymore and we're finding it's horribly expensive to upgrade it. In fact, I'm shocked at the cost of upgrading the information technology.

But that's one area. The other is, of course, process reviews and how cases are handled. We discovered one instance where many of the files that—in child welfare are open, have been sitting without just the closing off work done on the files. So there are efforts under way to better measure caseloads. And so that has not been an exact science historically. I know that efforts are under way right now in one of our agencies where the outside review had found that many—and I think it was—I think there was some observation it may have been a majority of the cases that were outstanding, that just needed to be signed off or they were in abeyance pending some work by a third party.

So the measures are varying. I think they're getting better, and I think the processes are improving. But it will continue to be a challenge this year, and I think that's one of the main challenges for governments all across North America and beyond, perhaps, is to ensure that we continue to manage the flow of work for people on the front lines and, as well, recognizing that if the vacancy management is to be achieved for those in administration, that we not turn a blind eye to some of the pressures that are on their workaday.

So we take the point of the member that, yeah, it is a concern, and we've made some advancements, and hey, I can talk about child welfare, for example, where there have been some significant resources put into workload relief and then we see the number of children significantly increasing. I would say

almost—well, maybe I shouldn't use the word "spiking," but certainly, a very historic increases over the last number of years here and in other provinces. And so it takes away from the ability to manage workloads, and so now we're just waiting for, hopefully, the federal government to come on board. I remain hopeful. We had excellent communications with the federal government and, of course, the staff worked hard on that to get them involved so that we can have a funding model that better works for child welfare.

But whether it's child welfare or EIA or all the other services that are provided, the challenge this year will be the vacancy management process and guarding against excessive workloads.

* (16:20)

Mr. Briese: I wonder at times we see always ever-increasing number of cases in child welfare cases, and it's something that bothers me quite a bit, and I know there have been attempts to put in some front-line services to try and reduce that and some programs early in both the parents' and the child's lives to address that, but can the minister maybe expand a little bit on what—why he feels that the caseload numbers continue to rise in child—in foster services?

Mr. Mackintosh: Several years ago, as caseloads seemed to be rising in jurisdictions all across Canada, there were efforts by researchers and experts in child welfare to try and understand what was causing that.

One study that was done in Ontario pointed to the increasing recognition of exposure to family violence as one cause, but there are others that I think come and go over time. And one has been a recognition that front-line workers could sometimes be risk-averse when there are very public recognitions of—about the child welfare system. That's one that has been more recently recognized, at least in other jurisdictions, and may be the case here, but it's only speculation.

There are other reasons and that is, of course, that a child welfare service has become more available in a community, maybe become more known to both the police and to other families, and the other is the availability of people that will accept and hear complaints.

And then, of course, there can always be—you should never have that discussion without acknowledging that there can be simply an increased

incidence of abuse. And that was the case—that was what was found with that Ontario study, where definitions of abuse that had historically focussed on physical or sexual abuse now embraced exposure to family violence and an interest in getting children out of abusive environments where the children may not have been physically abused but were being exposed to abuse, usually against the mother, and as well there can be very serious implications then for the child.

So it's a phenomenon across Canada and—oh, I might just add, too, I think that, you know, there can be varying thresholds of acceptance of—or tolerance about safety as well, and we're seeing, I think, some of that at play.

I think, as the assistant deputy advises, when we're seeing enhanced awareness by the general population about the role of child welfare, we may well get increased reporting. And, you know, very recently we began a province-wide campaign that reminded Manitobans that child pornography doesn't report itself. I think that leads to the next thinking amongst Manitobans that child abuse generally doesn't report itself and that it takes people to report child abuse because, as I've said on the billboards, it won't report itself.

And I will end on this, though, in answer to the member's question. We have very recently been putting attention, not just in Manitoba, on the challenge of sexual exploitation. And the child pornography initiative is one of—one example of sexual exploitation, but we're also seeing, I think, an enhanced awareness of sexual exploitation on the streets. Historically, I'm sorry to have to say that I think too many people thought of that exploitation as some entrepreneurial effort by young women or young girls or children, which is wholly wrong.

And so, part of the strategy, particularly by the Canadian Centre for Child Protection, or what was formally known as Child Find, and the Province of Manitoba, along with many other partners, has been getting across to Manitobans the clear understanding that this is predatory behaviour; that the young children, the young women, sometimes boys and young men, are, indeed, exploited. They're exploited by gangs or their exploited by pimps and often, disproportionately at least, they are victims of sexual abuse themselves.

So the effort with regard to sexual exploitation should result in this greater awareness that, in turn, should lead to more reporting, and we also have now

the funded agencies, just in the last number of years, that are out there on the streets and working in partnership—that are being vigilant about the sexual exploitation and are themselves reporting. So we're having professionals and those who are volunteers as part of the eyes and ears.

Most recently, we—in fact, just this week, we launched on the ground, with the Hotel Association of Manitoba, a new strategy, so that, not on the streets, but in the dark places of this province including, sometimes, hotels, the people in the hotel industry, which number in the thousands, at over 250 hotels, will also be eyes and ears. And so you should expect that the reporting would increase as result of that effort as well. In other words, if we engage more people in being vigilant, being eyes and ears, we're going to increase the reporting of abuse in all of its forms.

I just will conclude by saying that, in Manitoba as well, we do have different approaches to child welfare. We don't have caps on the number of children in care, first of all, and I'm sure the member would support that. But we also have, in Manitoba, child welfare services available for children up to age 18 and that is not the case in all provinces. So that's why one can't compare the number of children in care province by province. Manitoba does have a higher aging-out period and, as well in Manitoba, we have had very significant increases to the number of what are called extensions of children in care, where children that have reached age 18 remain in the child welfare system. And I can't recall the numbers of that—we could obtain those. I think there are well over 200 children now in care beyond age 18 in Manitoba, which is far in excess of what it was even just a few short years ago. So those are all matters that, of course, do impact.

Mr. Briese: Thank you for that answer, Mr. Minister.

I have just one more thing that I want to touch on at the moment and it revolves around the communication between different departments because things do happen that overlap to other departments.

I know of a particular case in—where a person has his driver's licence suspended for \$2,000 worth of fines. He's on income assistance under disability. And because his driver's licence is suspended, he is using taxis for him and his family to get to doctors' appointments and to pick up prescriptions and all that nature of thing. And it's costing \$2,000 a month

for taxis, which are being paid for under income assistance.

* (16:30)

It seems a little ironic that one department holding—this has been happening since about September so it's probably in the neighbourhood of 10, 12 thousand dollars now on taxis, and maybe it would be a simpler process to work out some way that he was at least paying a minimum amount per fine—off on that fine each month. And it's not for criminal reasons that his licence was taken. It's mostly for driving without a licence.

Mr. Mackintosh: Well, it's a very interesting fact scenario, and won't go on because, as an individual case, perhaps we could have a look at it. You know, the member could pass on some contact information or whatever. We can deal with that because, as the member knows, I—we will work hard to solve problems.

But I just—I think it's important for the record, though, to note, well, two things. Well, first of all, you know, paying the fine I don't think is the way out, you know, for EIA to be paying a fine. That's—it's not a—we wouldn't do that as an option. And, as the member knows, within Justice there are opportunities sometimes under the Fine Option programs to work things off.

But what tweaked my attention was the cost of the transportation. We've been actually criticized from time to time in the department for our—the transportation cost amounts. We—now, it's not a cap per se, but the amounts for transportation, of course, will vary if the person is in a—lives in a place where the lowest-cost transportation is more expensive. But the transportation costs are provided through EIA for necessary appointments, and usually they're medical appointments or other issues, you know, attending to places with—because of, you know, safety concerns.

So some examples, I understand, are medical appointments, or therapy visits, and sometimes there's some arguments about what, well, what's therapy and what's a medical visit. To some people who are very lonely sometimes getting out, you know, can be part of the therapy or sort of have some medical benefits. But I know it's—over the years they have tailored this program to make sure that there isn't abuses.

So I am concerned if there is an amount to that extent that is being spent on taxis if it's not for going to medical appointments or therapy treatments.

So I think what we should do is probably talk about that to—off-line.

Mr. Briese: Yeah, and I thank you, Mr. Minister.

The—I've had the complaints that you refer to also in my constituency on the amount that pay for private vehicle mileage for medical appointments for people that aren't being covered by unemployment—or by social assistance.

The—my question, really, was around how much communication do you have with Justice? How much interdepartmental communication is there when the same name comes up on the computer screen and both departments that you're dealing with the same person?

Mr. Mackintosh: There's a couple of levels of activity that we have been investing time in and efforts in, and, first of all, at the senior levels, to break down the divisions between the different departments and make sure that we have co-ordinated approaches at a policy level. In terms of the individual level itself, I think we're, as well, seeing tremendous new efforts in integrating services. We're seeing the development of these integrated service centres now where we have health authorities, health staff, employment—well, different services, actually, under our department that are co-located. And we're seeing the development there of more work across departmental lines in dealing with individuals.

The—within our department, as well, we're developing a—and we're well along in developing services, sort of, No Wrong Door—through the integrated—what's called the Integrated Service Delivery Initiative, not just the centres I'm talking about, but the actual concept in our department and we could share more information on that one. But just getting more to the question, we're also seeing with Justice better co-ordination of services. We have, for one example, developed better protocols with Justice when it comes to the release of offenders that have intellectual disabilities and making sure that they have a place to go and supports in place in the community.

When it comes to—and I think this is where the member was going was—when it comes to employment and income assistance and case planning there, there will be a one-on-one development of a case plan and if, as part of the person's life circumstances there have to be court appearances or there's incarceration, then that will be discussed in terms of

how to manage the supports around that, you know, any costs and so on. So the case plan, I think, is probably the most succinct answer to what the member is saying. That those case plans do look at all the circumstances in a person's life that could impact on, not just the provision of employment and income assistance, but how to get that person off of welfare and into employment.

* (16:40)

Mrs. Mitchelson: I just wanted to ask the minister a few questions about foster homes in the city of Winnipeg, and I'm hoping he'll be able to have some specific answers for me.

Can he indicate to me how many foster homes would be licensed in the city for level 4 children?

Mr. Mackintosh: We'll have to take that under advisement and let the member know of the number. There's some issues there, and, if the member has a concern about this, let me know on the record while we look for that information.

But, first of all, if she only wants Winnipeg and she wants foster homes for level 4 children, she should know that the foster home—or any foster home may have a mix of level 4 and other levels at the same time. And, of course, the—whether there are level 4 children in a home at a particular time may not mean that there's—that that is permanent. There would be a fluctuation.

So any number that is provided would be only a snapshot at a period of time, and it may not be that all of the beds in the foster home are level 4. And if she's all right with those caveats, then we will provide that information. And there may be some other caveats, though, because—but we'll set that out then in the response.

Mrs. Mitchelson: Okay, and thanks. And I, probably before I asked that question, should have known that that would be the answer.

So maybe I could just ask: When a foster home isn't licensed—say, if a foster home was licensed, say, for four—and I don't know whether the maximum number of children of, you know, a high-level foster home would have, but is there a maximum number of children that can be accommodated in a foster home that would be licensed for level 4?

And my understanding—is there a level 5 now or is it just level 4? Is that the highest? And maybe if I just might ask the question: What is the maximum per diem that a foster parent might receive for the

highest level? I don't know whether it's level 4 or level 5, but there must be a sort of a limit on the per diem per child. So maybe if we could just add that into the answer, I'd appreciate it.

Mr. Mackintosh: We can certainly provide the basic rates for foster care, but on top of the basic rates are the additional amounts for more specialized care.

The answer to the question, is there a level 5, I'm advised that in fact, indeed, there is a scale and it goes to level 5. The most complex needs are at level 5. That would include such needs as dealing with behavioural issues, medical issues, there may be some social issues and, as well, justice issues.

The amount that would be available in respect of a particular child would depend on the unique criteria attached to each individual child with special needs. So, there could be quite a range depending on that child. Some examples would be where a child has a need for intensive therapy. There may be transportation issues. There may be food, you know, dietary needs. There may be a person that has several disabilities with mobility restrictions. There may be some that require special supports for intellectual disabilities. There may be some that just require 24-hour supervision, in which case, then, the amount would vary.

So—and I do have a list here of the profile of a level 4 child, but I don't know if the member wants me to go on the record, or if she can—we can get that to her, because I know the time's running.

* (16:50)

Mrs. Mitchelson: But I guess I was looking for a number that would indicate what the maximum amount would be. What is the most—or the highest payment, the highest per diem? And, I mean, can we get just a ballpark figure? Are there any children within the system that—or any foster family that would be paid \$100 per diem for a child? Are there any that would be paid \$120, depending on the circumstances? I'm just looking for what the maximum expenditure or per diem might be for a child in foster care, if they were at the highest level and the highest need.

Mr. Mackintosh: Well, I'm advised that we can certainly discover a typical range of per diems for a child with complex needs, and we can provide that to the member. But, I mean, it just—the range is as varied as the circumstances facing a child. And—but we can certainly get some range numbers to her on a timely basis.

Mrs. Mitchelson: Madam Chairman, I know we only have a few more minutes today, but we will be back later next week. So I'd like a commitment from the minister, if he could, to get that information to me so that I could look at it before we come back next Thursday or Friday into Estimates.

And, at the same time, then, I would like a range, looking at the lowest and the highest then for per diem funding for foster rates. Plus my question would be, would there be money over and above that for respite, and what the range of respite, the per diem for respite, might be. So if we could just get—I mean, I know it's not going to be the same for every child, but I want to know what the maximum amount would be. And so we can—he can undertake to get that for me and maybe just try to provide it for me before we get back into Estimates again.

Can I ask a question when, while I'm at it, on—is there a requirement—if a house was licensed for, you know, four or five, level 4 or 5 children, what are the requirements as far as foster care goes? Would it be a requirement that foster parents live, reside in that house on a 24/7 basis or might there be some other arrangements made?

Mr. Mackintosh: The objective is to try and have as much as of a home environment for a child in such foster care arrangements, not, for example, you know, regular shift work by paid workers, but there may well be paid staff from time to time providing respite and depending on the schedule of the foster parent. For example, if the foster parent has employment outside of the home, there may be some times during the day when there are other family members that have responsibilities, whether it's a spouse or others in the family. So I'm advised that that is a thumbnail sketch as to how that kind of a foster home arrangement would—is expected to look.

Mrs. Mitchelson: I guess I might just ask the minister if I—you know, whether there are rules or regulations or anything. If it's licensed as a foster home for, you know, a significant number, a very high level, individuals, is there an expectation that the foster family would be a family or could it be someone that lived elsewhere and just came in for a—and just, you know, resided at the house on a part-time basis? Is there a requirement that a foster family be a family that resides in that home on regular basis, or are there those kinds of requirements?

Mr. Mackintosh: There are some basic rules about the number of children that can be in one particular foster family home and the usual is a maximum of four. But there is a very important exception for sibling groups; there can be more than four if they're brothers and sisters.

It's expected that there—that the environment is a family environment as much as possible, and that the family—and the foster family, which may be one person, you know, maybe a foster mother or foster father, would be expected to be in the home on a regular basis for most days of the week. But, as I said earlier, there could be circumstances, as well, depending on the plan, where others are providing some services and respite, as a good example. There may be other family members or others at certain times of the day or week that do come into the home.

Madam Chairperson: Just one more short question.

Mrs. Mitchelson: And who would that plan be approved by?

Mr. Mackintosh: I'm advised that's the licensing agency of the foster home.

An Honourable Member: One short one?

Madam Chairperson: One short one.

Mrs. Mitchelson: Yes, just ask one more short question.

If there were four level 4 or 5 children in a home, would there be some expectation that the care plan might include having two people available during most of the time that—or would one person be sufficient at all times to provide care?

Mr. Mackintosh: Well, it's—your safety plans do vary depending on the needs of a child, and it may be that, you know, for safety reasons, for behavioural reasons, medical reasons, there are—there's a role for two people, but that does depend on the different circumstances. And perhaps if the member had particular examples, we could provide a more tailored response in terms of what the usual expectation is, and what is usually reflected in the plans.

Madam Chairperson: The hour being 5 p.m., I am interrupting the proceedings of the committee.

This section of the Committee of Supply will now recess and will reconvene tomorrow morning at 10 a.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 15, 2010

CONTENTS

ROUTINE PROCEEDINGS		Oral Questions	
Introduction of Bills		Budget	
Bill 22–The Credit Unions and Caisses Populaires Amendment Act Mackintosh	821	McFadyen; Selinger	824
Bill 223–The Jon Sigurdsson Day Act Nevakshonoff	821	Health-Care Services Driedger; Oswald	825
Petitions		Child-Care Centres Mitchelson; Mackintosh	827
PTH 15–Traffic Signals Schuler	821	Manitoba Health Fauschou; Oswald	828
Ophthalmology Services–Swan River Driedger	821	Minnedosa Area Briese; Oswald	829
Education Funding Graydon	822	Chronic Disease Unit Gerrard; Oswald	829
Medical Clinic in Weston and Brooklands Area Lamoureux	822	Fitness Tax Credit Blady; Rondeau	830
PTH 16 and PTH 5 North–Traffic Signals Briese	822	Rural Highways and Roads Maguire; Lemieux	831
Waste-Water Ejector Systems Maguire	823	Wuskwatim Dam Project Borotsik; Bjornson	831
Tabling of Reports		Members' Statements	
Housing and Community Development– Supplementary Information for Legislative Review– Departmental Expenditure Estimates, 2010-2011 Irvin-Ross	823	St. John's High School 100th Anniversary Mackintosh	832
Manitoba Sport–Supplementary Information for Legislative Review– Departmental Expenditure Estimates, 2010-2011 Robinson	823	Sport For Life Centre Schuler	832
Manitoba Public Insurance's Preliminary and Unaudited Quarterly Financial Report, 4th Quarter, ended February 28th, 2010 Swan	823	Swan Valley Credit Union Wowchuk	833
		Israeli Apartheid Week Stefanson	833
		St. Norbert Trappist Monastery Ruins Brick	834

**ORDERS OF THE DAY
(Continued)**

GOVERNMENT BUSINESS

Committee Of Supply
(Concurrent Sections)

Water Stewardship	835
Health	853
Family Services and Consumer Affairs	873

The Legislative Assembly of Manitoba Debates and Proceedings
are also available on the Internet at the following address:

<http://www.gov.mb.ca/legislature/hansard/index.html>