



First Session - Thirty-Fifth Legislature  
of the  
**Legislative Assembly of Manitoba**

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**DEBATES  
and  
PROCEEDINGS  
(HANSARD)**

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39 Elizabeth II

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Fifth Legislature**

**Members, Constituencies and Political Affiliation**

NAME	CONSTITUENCY	PARTY
ALCOCK, Reg	Osborne	Liberal
ASHTON, Steve	Thompson	NDP
BARRETT, Becky	Wellington	NDP
CARR, James	Crescentwood	Liberal
CARSTAIRS, Sharon	River Heights	Liberal
CERILLI, Marianne	Radisson	NDP
CHEEMA, Gulzar	The Maples	Liberal
CHOMIAK, Dave	Kildonan	NDP
CONNERY, Edward, Hon.	Portage la Prairie	PC
CUMMINGS, Glen, Hon.	Ste. Rose	PC
DACQUAY, Louise	Seine River	PC
DERKACH, Leonard, Hon.	Roblin-Russell	PC
DEWAR, Gregory	Selkirk	NDP
DOER, Gary	Concordia	NDP
DOWNEY, James, Hon.	Arthur-Virden	PC
DRIEDGER, Albert, Hon.	Steinbach	PC
DUCHARME, Gerry, Hon.	Riel	PC
EDWARDS, Paul	St. James	Liberal
ENNS, Harry, Hon.	Lakeside	PC
ERNST, Jim, Hon.	Charleswood	PC
EVANS, Clif	Interlake	NDP
EVANS, Leonard S.	Brandon East	NDP
FILMON, Gary, Hon.	Tuxedo	PC
FINDLAY, Glen, Hon.	Springfield	PC
FRIESEN, Jean	Wolseley	NDP
GAUDRY, Neil	St. Boniface	Liberal
GILLESHAMMER, Harold, Hon.	Minnedosa	PC
HARPER, Elijah	Rupertsland	NDP
HELWER, Edward R.	Gimli	PC
HICKES, George	Point Douglas	NDP
LAMOUREUX, Kevin	Inkster	Liberal
LATHLIN, Oscar	The Pas	NDP
LAURENDEAU, Marcel	St. Norbert	PC
MALOWAY, Jim	Elmwood	NDP
MANNES, Clayton, Hon.	Morris	PC
MARTINDALE, Doug	Burrows	NDP
McALPINE, Gerry	Sturgeon Creek	PC
McCRAE, James, Hon.	Brandon West	PC
McINTOSH, Linda	Assiniboia	PC
MITCHELSON, Bonnie, Hon.	River East	PC
NEUFELD, Harold, Hon.	Rossmere	PC
ORCHARD, Donald, Hon.	Pembina	PC
PENNER, Jack, Hon.	Emerson	PC
PLOHMAN, John	Dauphin	NDP
PRAZNIK, Darren, Hon.	Lac du Bonnet	PC
REID, Daryl	Transcona	NDP
REIMER, Jack	Niakwa	PC
RENDER, Shirley	St. Vital	PC
ROCAN, Denis, Hon.	Gladstone	PC
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SANTOS, Conrad	Broadway	NDP
STEFANSON, Eric	Kirkfield Park	PC
STORIE, Jerry	Flin Flon	NDP
SVEINSON, Ben	La Verendrye	PC
VODREY, Rosemary	Fort Garry	PC
WASYLYCIA-LEIS, Judy	St. Johns	NDP
WOWCHUK, Rosann	Swan River	NDP

## LEGISLATIVE ASSEMBLY OF MANITOBA

Friday, November 30, 1990

The House met at 1 p.m.

### CONCURRENT COMMITTEES OF SUPPLY

#### SUPPLY—HEALTH

**The Acting Chairman (Mr. Eric Stefanson):** Order; order, please. Will the Committee of Supply please come to order. This afternoon this section of the Committee of Supply meeting in Room 255 will resume consideration of the Estimates for the Department of Health.

When the committee last sat, it had been considering item 1.(c) Health Advisory Network, \$500,000, on page 88 of the Estimates book.

**Ms. Judy Wasylcia-Lels (St. Johns):** Mr. Acting Chairperson, last evening the Minister provided us with some information about when he expects the various components or task forces of his Health Advisory Network to report to him. I think my colleague the Liberal Critic and I were both quite surprised to learn that in just about every case these task forces will not be reporting till the spring of 1991 or later.

This is particularly disconcerting, given the kind of profile this Government has given to this initiative, starting with the election campaign in 1988, when the Premier announced his intention to form a Health Care Advisory Network and in fact stated, and I read from his press release: The Network will receive staff support from the existing long-range planning unit of the Department of Health. The action plan is expected to commence in 1990.

Well, it is clear we are way off course on that agenda, that stated commitment by the Government of Manitoba. I would ask the Minister, given the long delay in meeting this commitment, when he now expects to commence an action plan.

**Hon. Donald Orchard (Minister of Health):** Mr. Acting Chairman, five months ago, in case my honourable friend was not around, we commenced the action plan based on the first report of the Health Advisory Network in July of 1990, exactly as the press release indicated, around an issue—and here is where I am going to get a little political and I am going to apologize ahead to my honourable friend.

I inherited a capital budget in May of 1988 that had been frozen by those caring, sharing, loving New Democrats who do everything for health care and for people. They had frozen the capital budget for probably officially nine months, but certainly before that, for a year and a half.

I can show my honourable friend if she cares to ask, and this is a question I will feed her, when we get to the Capital Estimates, ask me for the major capital commitments from '86 to 1988 and I will give you an answer. If you do that, we would have a little demonstration of the truth in what I have been saying about a frozen capital budget.

Included in that was a commitment to rebuild Municipal Hospitals, a commitment to build on Grace General Hospital, a commitment to build on Concordia Hospital, all beds for the same purpose—nothing happening. I asked myself and my staff when I came in there, what is all this about? Why have no decisions been made? The answer to the question put, do we need all of these facilities, was we do not know.

That is why we established the Extended Treatment Bed Review to put expertise from the community to focus on the problem, to do broad consultation, to come up to Government with recommendations. As a result of those recommendations, we have now got an action plan that has already been put into action in terms of construction, from July of this year until now, already moving. This is significantly different from what I inherited in May of 1990. So we have already commenced according to the press release, and with further task force reports we will continue that agenda.

\* (1305)

Now I want to remind my honourable friend that in her opening remarks last evening she urged this Government to do full and wide public consultation. Then, when we do it as in the Health Advisory Network, she says, I am disappointed that you are not living up to your commitment. You cannot have it both ways. I just want to refresh my honourable friend's memory. When we struck the Health Advisory Network, I announced, and every time I

spoke about it, I said, this is a process of public consultation. It involves members of the public at large.

The Steering Committee of the Health Advisory Network has one civil servant on it and that is my Deputy Minister. All others are independent citizens with no attachment to the Ministry of Health and to Government in general. I admitted openly at the time that I do not have control of that public consultation agenda, because I do not control it with civil servants who, as happened in previous ones, were the majority of members on the committee and could guide the recommendations, timing, et cetera. This is very much an open consultation process, and I will tell my honourable friend that it will expose me as Minister of Health to risk, because I have no control over the kinds of recommendations that will come out of there because from the Steering Committee which I appointed of the Health Advisory Network have been set up a number of task forces. Do you know that I have not put one single person on those task forces, not one? They are a completely and independently established group.

Not having even chosen them, I cannot sit back and say, hold it. The Opposition says they want decisions. Cut the public discussions, end it right now, and give us a report because the Opposition says we are dragging our feet. I do not even have the ability to do that, but I want to tell my honourable friend that I will pass the message on to those volunteers on the task forces that you want public discussions to be curtailed and shortened for the value of your political agenda, not for the health care system. I will pass that on.

**Ms. Wasylycia-Lels:** I see we start at the bluster—

**Mr. Orchard:** I did not get much sleep last night.

**Ms. Wasylycia-Lels:** —of the Minister early on in these Estimates today. I wish the Minister had gotten more sleep because I had hoped we could have a more peaceful dialogue around some very important issues. In his response the Minister clearly, first of all, did not respond to the question, and secondly, has chosen again to—he accused me last night of revisionism, I would accuse him now of rewriting history. It was this Government, this Minister as part of the Government that made a very definitive commitment to move on a Health Advisory Network with a broad consultation process with the public, to do that in such a way as to be able to put in place an action plan by 1990 for the broad range

of issues that were identified by this Government back then in 1988, and for the broad range of task forces that we had before us.

It was the Minister and this Government's commitment, not mine; it is the Minister who is accountable today, not me. I have not in the past ever said we did everything right when in Government. We have said we should have moved faster on reform. We make no apologies for mistakes made in the past. We are all fully cognizant of them. Now the Minister, it is his turn to answer to the people of Manitoba about his commitments, promises, plans and intentions.

Let me also add, Mr. Acting Chairperson, when I said the Minister likes to rewrite history, I only have to refer back to the Health Estimates debate for the past two years to be able to point to clear evidence of how this Minister and this Government stalled the process, delayed the process, refused to move quickly on a commitment made in the election, leaving more evidence for the people of Manitoba that politicians just like to make promises and not act on them. It is this Government that made the commitment. It is this Government that should have started acting in 1988, not waiting a year before it started the process, not underspending the budget, not stalling as long as it could into the 1990s.

So the question still is, in terms of the issues that this Minister and this Government have identified for study, and in terms of that commitment to come up with a plan of action for that broad range of issues and concerns, when does the Minister now propose to have in place a plan of action?

\* (1310)

**Mr. Orchard:** I am going to pass on to the Health Advisory Network Steering Committee, and possibly they will pass it on to the task forces, my honourable friend's considered comment that they are stalling in making their reports. I mean, that is a really delightful thing for an Opposition Critic who last night urged full public consultation on the issues in health care, now to accuse citizens in the Province of Manitoba who are giving freely of their time without per diems. I am correct there, freely of their time. I mean, there is no payment in lieu of time away from work, et cetera. There is the odd one, the key people of the steering committee, but many, many hours of volunteer work have gone in, and my honourable friend accuses them of stalling the public consultation process. Give me a break!

You know you cannot possibly have it both ways. You cannot say, like you did last night, that you want full public consultation and when we undertake it without the reigns of Government overlording the process, whipping the troops into final decisions but rather allowing the fullest and most open consultation process to take place, then say those people are stalling the process.

Is my honourable friend's suggestion to me as Minister that I put a directive out that you must report in a month? Is that what you want, and is that what you think would be practical? I want to tell you that the patience we expressed—and my honourable friend the Member for The Maples (Mr. Cheema) now, and probably on a regular basis as Health Critic, asked me about the Extended Treatment Bed Review and when it was going to report, and it was a moving target. I think we started out in September of 1989, and I kept revising it every time because the consultation process took much longer than we had anticipated, but I do not think that anybody argues with the results. The results were reasonable. They were accepted widely, not universally, but widely.

\* (1315)

I simply say to my honourable friend that as the task forces report, their recommendations will be fit in. Do you know what they will be fit into? They will be fit into the plan that was inherent in my opening remarks that I give to my honourable friend so she can go through and see the kind of action plan that this Government has put in place in terms of health care, in terms of managing the direction in which we are going, in managing the stewardship of limited resources in focusing them on areas of greatest output and outcome of health for Manitobans. It fits the entire planning framework and action plan that this Government has. Only they will provide in the task forces a focused series of recommendations on specific and more narrowed issues facing this Government.

My Deputy reminds me that with the Extended Treatment Bed Review, there were 29 meetings. Hardly an unreasonable dedication of time, and some of these task forces have been meeting twice per month since September of 1989. Do you realize the commitment of time these people are putting in? And you have just accused them of stalling. I hope you would consider and maybe apologize to those people who are giving of their time and not be so politically crass in your comments.

**Ms. Wasylycia-Lels:** Mr. Acting Chairperson, I wish the Minister of Health would give me a break and stop this continual distortion and misrepresentation and misinterpretation of everything that is said on the part of the Opposition. It is getting a little sickening; in fact I think that the Minister of Health should know he is posing a real health hazard to all Members in this room throughout these Estimates. I wish he would stop this nonsense and garbage that he is spewing forth at every turn. It is quite sickening, Mr. Acting Chairperson. He knows full well that there is absolutely no statement, no opinion—

**The Acting Chairman (Mr. Stefanson):** Order, please. At this time I probably should caution the Member for St. Johns in terms of some of the remarks, in terms of "garbage" and so on, if not being unparliamentary, certainly bordering on being unparliamentary.

**Ms. Wasylycia-Lels:** Thank you, Mr. Acting Chairperson, I certainly will try to watch my language because I do want to be parliamentary at all times. However, the Minister of Health, you must admit, is a bit trying at times. It is increasingly hard to take. I know that he has tried these tactics year in and year out with my predecessors who have been Health Critics with the Minister of Health and have found it equally intolerable. If the Minister thinks that he is going to intimidate or avoid answering questions by those tactics, he is wrong.

I just also want to point out, Mr. Acting Chairperson, that we on this side have no intentions of trying to learn—of learning anything from the Minister of Health in terms of his approach to Estimates. This is a serious process for us where we raise serious questions and expect serious responses. If he wants to continue on this way, then I guess he will just have to account for that in his own way and in his own time.

The Minister knows full well that we imputed no negative motives on the part of the people volunteering their time or contributing their efforts and knowledge and expertise to the development of policy in the area of health care. My comments relate specifically to the fact that this Minister, as is fully on the record from the previous two years of Estimates, did not move quickly in his first year in office after the 1988 election. He stalled and diddle-daddled and delayed and fiddled around rather than acting immediately on that very major commitment by the now Premier of the Day.

\* (1320)

My question to the Minister is: Given the kind of tact he is taking, can he tell us, can he predict in advance how many times, when we ask questions about any issue in the health care field over the course of these Estimates, he is going to say that he cannot give a response because that is under consideration by the Health Advisory Network?

**Mr. Orchard:** I will give you the accurate prediction at the end of Estimates. Mr. Acting Chairman, you know my honourable friend has flown into her little snit of rage because I have corrected her. It was not I who said that there was stalling going on, and when I explained the process of the Health Advisory Network to my honourable friend, her very next accusation of me was that I was stalling.

**The Acting Chairman (Mr. Stefanson):** It might be appropriate at this time—I am just cautioned that the phrase “snit of rage” is bordering as well on unparliamentary and I would request all Members to tone it down a bit if possible so we can proceed with getting through the Estimates in a reasonably timely basis.

**Mr. Orchard:** Mr. Acting Chairman, I certainly would not want to provoke any vitriolic response from any Honourable Member of this House and I certainly would not want to run afoul with you, Sir, but you know I explained the process in how the agenda of the Health Advisory Network Steering Committee and Task Force were set up. Explained fully to my honourable friend with the caution last night that here are the predictions now and that they may not turn out to be true.

The very next statement that the official Critic for Health for the Opposition accused me of was stalling, which on an issue that was beyond my control, which was an ill-considered word on her part, I will admit and I maybe should not have pointed it out to her in such direct terms and I apologize for offending my honourable friend, but let us all consider our words a little more carefully before we accuse people of stalling or any other allegation of political agenda in a process that has been explained as fully and as completely as I can to the questions that have been asked.

I cannot give you any information that I do not have. If you are not satisfied with the agenda of the Health Advisory Network, so be it. That is one issue, but do not accuse me of stalling the process. That is all I am asking of you.

**Ms. Wasylycia-Lels:** I will not have to do that any further, Mr. Acting Chairperson. It has been said for three years running and I think the record speaks for itself. I would ask the Minister if he can tell us if any of these task forces scheduled to hand in their final report in April, May and June of 1991, have submitted interim reports?

**Mr. Orchard:** I have not received any interim reports. I believe that there have been a couple of the task forces, which have submitted interim reports to the Steering Committee of the Health Advisory Network.

**Ms. Wasylycia-Lels:** Would the Minister consider requesting of the steering committee that those interim reports be tabled with the Legislative Assembly?

**Mr. Orchard:** No, Mr. Acting Chairman.

**Ms. Wasylycia-Lels:** Why, Mr. Acting Chairperson?

**Mr. Orchard:** Because the efforts of the Steering Committee of the Health Advisory Network are to provide the Ministry with reports which are complete and ready to be recommended to Government. The interim reports are working documents of the respective task forces and, as in the interim report that was tabled in January by the official Opposition, it was not the final report and the recommendations changed significantly.

The process under which, so that my honourable friend does not, I already know what her next written question is that was developed two days ago. It is, what are you hiding? Well, there is nothing the Government is hiding because the interim reports receive rather wide circulation. That is how the Opposition got hold of it in January and tabled it in the House.

It is widely circulated so that we can invite, again, community, professional and Manitoban input into picking flaws, reinforcing strengths and making a more appropriate, more meaningful and more accurate final report. So that I do not intend to table with Members of the House, or anybody, interim reports. I will table the final reports that I receive from the Steering Committee of the Health Advisory Network System which has been put in place and has been used already.

\* (1325)

**Ms. Wasylycia-Lels:** Mr. Acting Chairperson, the Minister stated last night that he expects to receive

very soon part of the Task Force Report on Health Services for the Elderly. I believe he mentioned Health Promotion, and I believe he also mentioned prevention as components of that task force. Could he indicate to us what he thinks "soon" means? Will he give some assurances to us that he will table those reports, or provide copies to the Opposition of those reports as soon as he receives them?

**Mr. Orchard:** Mr. Acting Chairman, I had no difficulty doing that with the Extended Treatment Bed Review. This is not some agenda that is not very public and very open in its undertaking. I have no difficulty at all sharing that with my honourable friends because in sharing that it provides greater information so that I can have informed input, even from the Member of the official Opposition.

**Ms. Wasylycia-Lels:** Mr. Acting Chairperson, could the Minister tell us if the issue of midwifery is before any one of the task forces?

**Mr. Orchard:** No, Mr. Acting Chairman.

**Ms. Wasylycia-Lels:** Mr. Acting Chairperson, could the Minister tell us if one of these task forces is dealing with the particular concerns of the ethnocultural community in terms of their specific needs?

**Mr. Orchard:** No, Mr. Acting Chairman, not the Health Advisory Network.

**Ms. Wasylycia-Lels:** Could the Minister tell us if representatives from major advisory groups to the Government are represented anywhere on these task forces? I am thinking specifically of the Manitoba Advisory Council on the Status of Women and the Manitoba Intercultural Council.

**Mr. Orchard:** Mr. Acting Chairman, there may well be members of those two organizations on any number of the task forces. I do not know, because the task force make-up has been created to try to bring together a blend of expertise and knowledge around the issues. Just to give you an idea, I know Marilyn—I have got the right first name, is it not—Marilyn Gault is on the alternative health care delivery system. But I hesitate to say to my honourable friend that is because she was involved with the Status of Women, but rather that she had a contribution to make in the eyes of those choosing membership on that task force.

My honourable friend mentioned two specific areas; the Health Advisory Network is not dealing with them. But lest my honourable friend think we are not trying to get recommendations for

Government on each of those issues, I will tell my honourable friend that in the issue of midwifery, the committee of representatives from the Manitoba Association of Registered Nurses and the College of Physicians and Surgeons have been given the report on midwifery, and are in the process of developing for Government a series of recommendations. My intention at this stage of the game, upon receipt of those, is to distribute widely those recommendations for input from the public at large so that we can come to a reasoned policy decision on the issue of midwifery.

Secondly, in terms of the issues of multicultural health, I have been very highly involved in that issue as I have in probably any other. Maybe I should not say that. There are a couple of other areas that I have been more highly involved maybe, mental health being one of them. I have been involved for a little over two years with the issue of multicultural health. I attended, on behalf of the Government and the ministry, the Multicultural Health Conference that was sponsored about two years ago. They had their reception conference kickoff in the auditorium at the Chinese cultural centre, on that particular occasion. That was an offshoot of Canadian multicultural health committee, Manitoba being pretty leading in that area.

Subsequently, in I believe June of this year we, after consultation with members of the multicultural community, established a Multicultural Health Advisory Committee. They have had a number of meetings, and they had a two-day retreat, earlier this month, to discuss issues of multicultural health.

\* (1330)

I just addressed that group at their annual meeting, Friday of, I believe, last week—within the last two weeks—because we are very, very interested in collecting the wisdom of individuals within the system on the issue of multicultural health. We think there are some very pragmatic, very common sense recommendations, in terms of Government policy, that do not in a major way impact on budget that will allow us to more appropriately offer services to newcomers, to immigrant groups and to refugees.

Their needs and their challenges in accessing the health care system are significantly different, for instance, than previous waves of pioneers or immigrants who have pioneered in this country. I am pretty optimistic that we are going to get some good

usable recommendations out of the Multicultural Health Advisory Committee.

**Ms. Wasylycia-Leis:** Just a quick comment before I pass it on to the Liberal Health Critic. The Minister need not read into questions we ask—hidden agendas. It was simply a question for information, since there certainly was a perception out in the community, that the Health Advisory Network was the body that was looking at midwifery issues. I am glad the Minister has clarified that, but I will be pursuing the midwifery issue further on in the Estimates.

(Mr. Deputy Chairman in the Chair)

**Mr. Gulzar Cheema (The Maples):** Can the Minister tell us if his department, through his Deputy Minister of Health, has issued any basic guidelines to any of these task forces?

**Mr. Orchard:** Each one of the task forces have had the terms of reference drafted by the Steering Committee of the Health Advisory Network.

**Mr. Cheema:** What are the basic principles they are issuing to all these task forces?

**Mr. Orchard:** They vary by task force, depending on the issue being examined. Have we got a sample? I will read out—Teaching Hospital Review, or what have we got? Here is the Rural Health Services Task Force, the terms of reference are: Review and make recommendations on the supply and organization of health care services in rural Manitoba, recommend means to improve recruitment and retention of physicians and other health professionals, and three, consider cost effective means to expand the scope of health services in rural regional hospitals, which may reduce interhospital transfers to Winnipeg. Those are the three guiding principles.

In providing those, I want to caution my honourable friend that when we had the Extended Treatment Bed Review, we had a very narrowed agenda. They were only to deal with the construction on what were classically known as extended treatment beds, but they came back to the steering committee, and the steering committee came back to Government, because it made it a much larger issue, and they said that logically they could not deal in isolation with the extended treatment bed issue without dealing with the personal care home bed issue. So we give them the additional mandate if you will, or the additional consideration of personal care homes, and that in

part, Sir, was the reason why there was such an additional amount of time required.

I do not believe there have been any changes in, for instance, the Rural Health Task Force in their terms of reference, but we accept recommendation from the task forces to consider expanded or change terms of reference after they have been into the study for a little while.

**Mr. Cheema:** Can the Minister tell us if the recommendations coming from the steering committee, are those recommendations the final word, or does the Minister make any alteration?

**Mr. Orchard:** No, there are the steering committee recommendations, the final report I receive will be their recommendations. Now, naturally as with any report or recommendation, Government has the option to, whether they accept any or all of the recommendations and that persists.

**Mr. Cheema:** Mr. Deputy Chairperson, I am not asking that every recommendation has to be accepted, but at the same time when the Minister was replying to the question from the Member for St. Johns (Ms. Wasylycia-Leis), and even the basic principle of Network has been a non-political organization, and if some of the recommendations do not fit into the political philosophy of a given Government, that means no, to those recommendations?

**Mr. Orchard:** I cannot prejudge that decision-making process, but let me give you an example. Maybe this is not a good example and maybe I should not give it, but if the recommendation came in from one of our task forces to implement the policy that the Ontario Government just implemented last week, yes, I would not proceed with that because I believe the policy we have currently in place is more appropriate. I cannot prejudge whether we would refuse any particular recommendation. You have got to remember that we are dealing with a health care system that is very, very complex in terms of its organization and distribution of services, and we may receive a whole range of recommendations, but note the key word in the Rural Health Care Task Force: cost effective.

One of the overriding principles that I have discussed with the Health Advisory Network Steering Committee, and they have passed through to the various task forces, is that this is not a blue-skying task force or committee, where money



is absolutely no object. What we want to identify are achievable changes, new directions in health care within, hopefully the existing budget parameters, so that our decision-making on accepting the recommendation has to be predicated on the financial ability to implement it, and it has to be really tied and targeted to whether there is an ability within the system, within existing legislation or whatever—here I am presupposing recommendations to allow us to implement—and sheer timing of the recommendations like the recommendation on the Extended Treatment Bed report.

We will not see the completion of those, even the announcements that I made in July, for probably two and a half years given construction time window, so it is all of those dynamics that are in place.

**Mr. Cheema:** So it is a fair assessment to make that even though the Minister has made it very clear that this Network has been on a non-political base, still the decision is going to be finally made by the Minister of Health (Mr. Orchard). Why I am getting at that point is because I think there is a need for some explanation. The Minister has tried to give some hints that the extended care committee report was delayed because of various reasons, and I do not dispute that a lot of work was done. I am told that one of the persons worked 16 or 18 hours over the weekends to complete that report, even in January, a very credible individual, and who is now the executive director of MHO, and very excellent work was done.

Then it was a process of six months, seven months, and the most disappointing thing is that the Network's total work was used, whether it was in the real sense or it is a perception in political maneuvering one week before the election. I want to make it very clear that such things are going to be happening in the future. I mean, you have all these reports which are going to be available within six months to one year, and I am not asking just to cut them short and do not have the full reports, but there has to be accountability in terms of the timetable.

I understand it was not a four-year Government, it was two years, or whatever, so I think it is to the Minister's advantage to make it very clear that such reports should not be used one week before the election and become a simple election machine. That is the biggest disappointment there.

**Mr. Orchard:** I understand my honourable friend's frustration, but look, I received the report in June 1990. Now, if I had a political agenda, I would not have wanted to have that report dropped on my lap in June, because you know according to my honourable friend's analysis I knew the election was going to be called on the 7th of September. Only one person knows when the election is going to be called, and that is the Premier (Mr. Filmon), because loose lips sink ships, no one else knows.

\* (1340)

I had the report in June. Now my honourable friend accuses me of a political agenda of making an announcement in July, several weeks before the election was called. As it turned out he is absolutely right, but I put the shoe on the other foot, if I may. Had I received, and it was general knowledge that I had received the report in June, the steering committee report, if I had done nothing, the election issue would have been: Minister of Health stalling on important recommendations, holding back on this and that and the other, and you would have beaten me about the head.

So what we did, not knowing when the election was going to be called, is we simply did a fast track analysis on costs, on feasibility of implementation, with the commission, funding agencies, Treasury Board, because I had been sitting for two capital budgets with those three projects, Grace, Concordia and Municipals in a special category for approval on advice from the Health Advisory Network and I moved on it.

You know, this is one of those classics where you are damned if you do, and you are damned if you don't. I mean if we would have sat on it you would have beat us up. We acted on it, we made announcements and it was great that you kept bringing it up during the election campaign, calling it a political agenda because it reminded everybody about the good decisions we made, and I thank you for that.

**Mr. Cheema:** Mr. Deputy Chairperson, that is the big advantage of being in the Minister's chair and getting all the credit for some of the work done by various organizations. I admit that is his luck and that is their political fortune, but I think it is good to have the dates as we have now, at least dates over a period of a year and when we are going to see the reports. We can say, well, it is going to be such and

such, exact date will differ, and that is not unreasonable.

Certainly I would like the Minister to tell us, why, when you have this Network, you have all the expert opinion—most of them are very credible individuals in this organization—you have all the health statistics available, everything was there, why did you have to have the Drysdale company do a consulting report on the Mental Health Review for the western region? I will go into that question more in detail later on. I just want to know why we have to go somewhere else when you have a major organization, you have your major department, you have expert opinion in your own department and actually work has been done in the past. You give it to a company, it prepared a report for roughly about \$40,000 and then over a period of six or eight weeks, brings pertinent data together in a computer made with 23 organizations or 23 people. I would like to know why that was done, and why this specific company was chosen.

**Mr. Orchard:** I will have to deal with the second question first, but you know I have got a little proposition for my honourable friend. There is only one thing that would turn this scheduled May and June and whatnot 1991 final report of the Health Advisory Network into a political agenda. That would be for some horribly tragic circumstances we would be going to the people in the fall of 1991. I simply say to my honourable friend that in so many ways we agree. My honourable friend could shore up that majority Government of good Government if he were to cross the floor and join us where he would be more welcome and assure the safety, the longevity and the good decision making of this current Government.

Secondly, on terms of the Drysdale Report, the report was commissioned to give us some focus, specifically on the Brandon Mental Health Centre. If my honourable friend might recall, the Brandon Mental Health Centre is a significantly aging building. I guess we could put it that way; it has been around for a lot of years. It has been kept in immaculate shape, there is no question about that, but the Government is facing some major decisions. You know as well as I do that there are 100 fewer permanent residents there with the opening of Rideau Park in Brandon in the city proper. We had to receive some guidance because the Government Services has given a sort of preliminary estimates

on what it might cost to do this repair, that repair and the other.

The Drysdale Report, at \$35,000, was commissioned to try to provide Governments with some larger picture, goals and targets for mental health service delivery in the Westman region. We do not have a task force that deals with mental health because the mental health issue we took very separately away from all others. Before the Health Advisory Network had even been announced and created, we were well on the way, through extensive public consultation and professional consultation, to the reform of the mental health system, as a very first reform agenda of this Government.

**Mr. Cheema:** Mr. Deputy Chairperson, the Minister makes my point very clear. I think when you are having such a major reform in the health care system you have Network, which is going to look at various issues, not only one direction. I think it is worthwhile to have one major section of Network to look at the issues which are going to have impact on mental health care. There are not any services, in any area, isolated when you are going to have a reorganization and reallocation of funds in the different areas. That is why I think it was a disappointing thing to see somebody else doing the work when you have all the expert opinion. You could have taken a few more months to produce that report, more specially when the data that has been used in that report is in your department. Somebody comes to your office and collects your data and gives you your report back with \$35,000.00. It does not make any sense.

**Mr. Orchard:** You know, I am going to emerge from this current dispute bloodied, battered and beat to the ground, and I am sorry. I guess we will disagree. I do not think that despite the expenditure of \$35,000 that—if it was \$25,000, would it have been a good report? So that we are talking about 10, or was it zero and we do not have any report, if you will, as sort of the lightning rod for the discussion we are having right now. That is worth something.

**Mr. Cheema:** Mr. Deputy Chairperson, we are simply talking about a process here. It is just that this report happens to come during the discussion of the particular department, but I think when you have the Health Advisory Network—my point I want to make here is that you do not have anything going into the Health Advisory Network which will deal with the Mental Health Services and it is a positive suggestion in terms of combining these two and

making sure that you do not have an overlapping of the system in the future and you can effectively manage the system. That is what I am saying to the Minister of Health (Mr. Orchard).

Can the Minister of Health tell us now, in terms of rural health services, he has given us some basic guidelines, what is the role of the Health Advisory Network Task Force and the Standing Committee on Medical Manpower? What have they achieved, in terms of both?

**Mr. Orchard:** Mr. Deputy Chairman, before I answer the second question, I just want to point out to my honourable friend that there is, right or wrong, a body of opinion in the community around the issue of mental health and the services, which says that we do not need to study it any more; that we are on the right track. We have kicked it off with the first discussion paper and are urging to move to Phase 2, which we are committed to, in terms of a discussion paper and process that we will be hopefully putting out early next year or by mid-year at the very latest, and I anticipate fairly speedy in dealing with the issue.

I received direct thought in very direct language that we do not need a mental health task force in the Health Advisory Network. We have studied that and now is the time to start implementing some of the common-sense and pragmatic approaches. So I just wanted to share that with my honourable friend.

\* (1350)

In terms of the Rural Health Services Task Force, they have relied on the Standing Committee for Medical Manpower for an understanding of the role they play and of what the issues are in rural Manitoba from the Standing Committee on Medical Manpower's perspective.

I think that quite often that SCOMM opinion would have emulated some of the individuals who are part of the task force that are involved. We have for instance at least one rural physician—correct me if I am wrong, oh, yes, there it is—on the task force and another individual who is very, very knowledgeable. Well all of them are very knowledgeable of rural health issues.

So SCOMM had a great interface with them in terms of discussions as to where the issues of concern were and to help formulate potential recommendations that may come from the rural task force.

**Mr. Cheema:** Mr. Deputy Chairperson, can the Minister tell us if this Rural Health Services Task Force, which has, I guess, heard from a lot of communities in the last year, is also looking at it in terms of the construction for the new hospital, or the renovation of the hospitals, or the building of the health centres?

**Mr. Orchard:** If you are asking me, are they involved in guiding us with our capital program—no, not right now. Recall, and let me read back to my honourable friend the one recommendation, No. 3: Consider cost effective means to expand the scope of health services in rural—and here they call it regional hospitals even though we do not have a specific designation of that, but that is the language they use, because they think it is understood language—which may reduce inter-hospital transfers to Winnipeg. That is what we have been trying to do in terms of establishing throughout rural Manitoba very good facilities that can operate as centres of excellence for a given catchment area.

That is why we are reconstructing, for instance, Minnedosa Hospital. That is why we cut the ribbon on Virden General Hospital here, just last week. I do not want to remind my honourable friend about what his Leader said about both of those, but that is what we are doing. I do not want to prejudge again the kind of recommendation may come from the Rural Health Services Task Force, but we would be open to a recommendation which would suggest that a given hospital, given the catchment area and what they perceive to be the demands of services, ought to be offering X, Y and Z. We would give that very serious consideration, including if it meant some capital investment to improve the facility to deliver that service, should it be recommended. I am talking hypothetically here, but to give you an example of the range of options that we would consider, that is a part.

**Mr. Cheema:** During last year's Estimates, and in 1988, we had a similar discussion then. The Minister then promised that they were going to have these centres of excellence in the areas. Can he tell us, over a period of almost two years, has any major progress been made to make sure that some of the hospitals, the resources are used more? The vacancy rate is there, the OR theatres are there. Some hospitals have not used the equipment for months and years. When those things were built, and later on the ORs were given—it is a very expensive way of dealing with health care. It is a

good thing to have these specific centres in close proximity to the area where you can have all the specialized services. Can the Minister give us an update on his achievement over a period of two years?

**Mr. Orchard:** Yes.

**Mr. Deputy Chairman:** The Honourable Member for The Maples. -(laughter)- The Honourable Minister.

**Mr. Cheema:** Neutral chairman.

**Mr. Orchard:** He is just trying to help you. I am worried about this guy. I thought he was one of Government Caucus, but I get worried some days, and that is not a reflection on the Chair, I assure you.

Two things have happened. They are not the exclusive answer to my honourable friend's question, but they will guide him in showing where we are heading. We had a major review of equipment for anesthetic delivery. I cannot say that other word, because I always get tongue tied. As a result of that, over the last two years, we have completed a major upgrade of equipment for anesthetic procedures throughout rural Manitoba.

There was a give and take breaking line, and where our standard is lower, the national standard I believe is 200 hours of anesthetic service per year, we reduced that to 100 to establish the base line, because of some of the hospitals having a lesser demand for that service. On the basis of that sort of made-in-Manitoba criteria, we renewed anesthetic equipment throughout the province. What that has done has certainly left some facilities without the ability to deliver anesthetic services. In some of those areas we have gone even one step further in that we have replaced a 14, 18, whatever bed acute care hospital, which was used in that fashion 15, 20 years ago, with a facility which combines acute care beds for non-surgical patients, if you will, with a community clinic and personal care home all in one complex, all in one community health centre in given communities.

I will give you some examples. Erickson was the first one we opened, and let me use the Erickson example so that you know where we are coming from in terms of the evolution of policy, if you will, or the evolution of service delivery. Erickson has some pretty qualified doctors, one of whom, unless this has changed—this goes back a year ago—is a surgeon. That doctor practised out of Erickson, but did his surgery in Minnedosa, so we replaced the

hospital in Erickson with the swing facility, a personal care home/health clinic with offices for mental health and other workers and the personal care home, and are under the process of doing a major upgrade and renewal of the Minnedosa hospital.

You know the interesting thing is every time we renew a rural hospital, we have reduced the number of beds in those hospitals, and we have made them very effective and functional acute-care hospitals. The theory behind the Erickson redevelopment is, we were able by replacing that facility to essentially buy ourselves about half of the personal care home beds for free, in other words, within the existing hospital budget, which my honourable friend referred to as not an effective way to deliver health care; and to have, with the redevelopment of Minnedosa, the opportunity to have that surgeon in Erickson maintain his practice there, serving the community in Erickson, but with full access on one, two, three days a week, whatever the schedule is, of good surgical capacity for the needs of the residents in the community.

That is very similar to what we did in 1980-81, and I tell my honourable friend that I did this because I was the MLA for the area. I lobbied very, very hard to have the hospital in Carman redeveloped with the then Minister of Health, Bud Sherman. We committed to it, and we reduced from, I think, about 34 or 36 beds down to around 26-bed hospital. That hospital in Carman has served, with certainly some changes, as a model of small rural community hospital that is highly functional in its ability to deliver service.

\* (1400)

The surgeon in Carman is a wizard. I tell you this personally because he stitched up my face and made me prettier than I was before I had my encounter with the tree, and I will tell you, that is a major accomplishment. I am very serious. His presence in that community was predicated on having a facility that was modern in its ability for him to deliver the trained professional service in surgery that he was getting. That is where we are heading. It is working. That is why we have moved very proactively in a number of rural communities establishing very, very functional acute-care hospitals, and in communities where the use of their acute-care hospital, be it for the operating theatre or the delivery room has declined and is non-existent

anymore, we consider the replacement of those with swing facilities like we did in Erickson.

**Mr. Cheema:** Mr. Deputy Chairperson, under the heading of Northern Health Services, this question may not be appropriate here, but maybe I will give the Minister the chance to answer this question. Now with the ACCESS program, which has been cut by the federal Government, and there was an access program through the students who were coming from northern communities having an access—

**Mr. Orchard:** In the educational centres.

**Mr. Cheema:** Yes, it was given to the educational incentives to go. Some of the students came from Native communities and have trained as physicians, and that program is in real danger. To achieve even basic goals, you have to have that program in place. I did ask the Finance Minister (Mr. Manness) the same question, and I ask the Minister: What is his administration going to do to make sure that some of the Native students who had the ACCESS in the past would have access to that program?

**Mr. Orchard:** I did not hear the Minister of Finance's answer. Could you share it with me?

**Mr. Cheema:** Mr. Deputy Chairperson, I do not have the exact wording, but the basic answer was that it is the responsibility of the federal Government. The present Government has tried to get some funding, but I just wanted to again reinforce that. I think that program is worthwhile and should not be discontinued. I would give the chance to the Minister whether he is going to talk to the Minister of Northern Affairs (Mr. Downey), the Minister of Education (Mr. Derkach), to have this program in place.

**Mr. Orchard:** I am going to have to be corrected on this one if I err slightly because I have not got direct responsibility for it, but I believe that we achieved, basically, a one-year reprieve of federal funding to maintain the program. That is not good enough from our standpoint.

The whole issue of Native governance and funding of programs is—you think it is going to be a tough one to argue with the federal Government in terms of their declining participation in provincial programs in general, and health care services in particular. I think we are going to be more seriously challenged as the federal Government appears—and I say "appears"—to be wishing to offload onto the provincial jurisdictions some of the responsibilities for Native education and other

services to the Native community, not only in northern Manitoba, but all over Manitoba.

I want to tell you where I come from and where my advice will be emanating from to the federal Government. There is absolutely no question in my mind that the success of any economy is based on having well-educated citizens to carry out the varied and diverse aspects necessary to create jobs, wealth, investment, to do what has to be done in any given economy, and I do not make unique exceptions to anyone in that desire for good education.

In terms of our Native citizens in the Province of Manitoba, I think the greatest investment the federal Government can make—the federal Government having the jurisdictional responsibility for program and funding for Native Canadians—one of the greatest investments they can make in the future to prevent the unfortunate circumstances around the Okas and other confrontational situations is in bringing Native Manitobans into mainstream Manitoba in terms of job opportunity, which, in today's environment, needs education.

I think, and I have used the term before, that is penny-wise and pound-foolish on behalf of the federal Government. My colleagues, likewise, think the same and have vigorously and strenuously put that position to their respective federal counterparts in Ottawa, because we do not think that is an appropriate area of reduced commitment to Native Manitobans and Native Canadians.

**Mr. Deputy Chairman:** Order, please. I am going to ask the Honourable Members to please refrain from moving away from the Health Advisory Network (c), the item that we are dealing with today. We are tying up the staff and let us move back to it, please.

Item 1.(c) \$500,000.00.

**Mr. Cheema:** Mr. Deputy Chairperson, I think the questions are within the scope of Health Advisory Network, because it is very difficult to differentiate from one topic and another and there will be some overlap.

I think it is really unfortunate that people who make decisions in Ottawa do not realize these programs do not run for six months to one year, somebody goes to a social work degree, or an education degree, or medicine degree, it takes five years, to tell them every six months you have to

have a demonstration is really an unfortunate situation.

I just want to add a couple of words on the multicultural health and, as the Member for St. Johns (Ms. Wasylycia-Leis) has said, we had quite a detailed discussion last year, 1988 or '89. I hope that some progress will be made, because it is a very, very important area and it will help us save money in the long run. It is not going to really need a lot of funds, and a lot of organizations are willing to help in that regard.

The other issue of midwifery probably we will be discussing somewhere else, but I just want to reinforce that. Certainly, we propose that and I think there is one word of caution because the model which is being used in Europe may not be applicable in Manitoba, considering our geography and communities which are spread all over Manitoba, because in Great Britain, the midwifery system is very unique and very different. Within 10 minutes, it takes about 10 minutes for the ambulance, the anaesthesia, the obstetrician to reach any place in greater London.

So to expect the same things here and have the same policy will have disastrous effects. I think that has to be looked at very, very carefully and how that policy is going to be implemented, especially somebody in the smaller communities where it will take three hours of flying time. I think there is a potential danger, but certainly those things should be looked at more carefully.

**Mr. Orchard:** I thank my honourable friend for his thoughtful comments on that topic.

**Ms. Wasylycia-Leis:** Just one last question related to the Health Advisory Network. The Minister has talked about what a fine group of individuals represented on the Health Advisory Network, we would agree. We think this kind of consultation process is useful. We have concerns with the timing and the timetable of the Minister and the Government.

However, given that he does have this Advisory Network in place in the health care field, would he consider forwarding to all Members of the Health Advisory Network information pertaining to the critical situation we are finding ourselves in with respect to federal financing of health care, and provide to those individuals the data pertaining to declining federal transfer payments, and seek their opinion of the situation before us, and request some

input and advice as to the future of health care, and the development, in the words of this Government's own agenda item next week, the development of a secure health care financial base for Manitoba?

\* (1410)

**Mr. Orchard:** Mr. Deputy Chairman, I had this haunting feeling last night in the debate on federal finance that we might come back to it today, and I am very pleased that we are back at it again, because this feeling that was haunting me in the back of my mind was I had read this somewhere before. I just could not quite put—and then finally it flashed. It was sort of a flash of recollection that came to me, and I walked straight over to my very excellent filing system on my desk, and I found *The Future of Canada's Health Care System - the End of Federal Funding?*, the Canadian Health Coalition report.

I had to refresh myself because it was some weeks ago that I had gone through the document. You know there were some pretty fundamental questions asked. I want to share them with my honourable friends because—are Canada's health expenditures out of line with those of comparable jurisdictions? That was the first question, a pretty fundamental question. Are expenditures growing at a rate which appears unsustainable even if they are not out of line with others, the second question. The third question, is the current pattern of expenditure efficient and effective in producing high health status in the population? The last question is, are the current funding arrangements for funding the system likely to lead to its future healthy development? I am going to deal with the last one, because I have not found the answer in here, and I did not make any notes beside it.

I want to go through this because there are some pretty interesting conclusions here that my honourable friend, who I think was using some of this material last night, did not quite give us all of the background material. I just want to share the answer quickly with three of the first three questions. Are Canada's expenditures out of line with comparable jurisdictions? The answer is—and I will quote it directly—it says, thus the answer to the first question is fairly clearly, no. That is a pretty definitive answer that it is no, fairly clearly. The reason why they put in fairly clearly, and I am surmising here, I have not talked to the authors of this report—

I want to share with my honourable friends just one little chunk of information that I think is so critically important for us to come to grips with when we start talking about the issue of money in health care. There are various ways you track the effectiveness of the health care system. I want to share one of them, which is often used to give you a comparison of how well countries do in health care, and that is the average life expectancy of citizens.

In this case, the study was done on males. I do not know why because we die quicker than women. We are at a disadvantage all the time in that regard. At any rate, this was in males, and it charted the post-World War II industrialized countries. You will find a pretty steady growth upwards, and I wish I had the chart here to share with my honourable friends but I hope to do that at some future date because it is very informative—industrialized countries generally going up so that the life expectancy of males was going up. Japan, post-World War II was below that general trend line of other industrialized nations, and today has exceeded it. It has gone right through the whole pack and is much above.

The obvious question one has to ask, and this is why I think they said fairly clearly, no, because there are other mitigating circumstances. I want to just quote directly from a speech Dr. Fraser Mustard made to the nursing symposium on Monday. He dealt with this issue, and he said in terms of answering the question as to how would the health care systems in each of these respective industrialized countries affect that longer life of the population, he said, and I will quote, that is the scale of that impact in terms of that slide. How do you sort that out? The "sort that out" was this difference that Japan, the dramatic increase in Japan—he says, and I will quote, because Japan is not spending a great deal of its wealth on health care, and I think it has one of the lousiest health care systems in the world. Its expenditures are about 6.5 percent. You know, is that not an interesting analogy? That is why this coalition has said, I think, fairly clearly, no, because the United States system—they do not have any longer life than we do, but they spend 13.6 percent of their GNP on health care. We are around 11, and here is the Japanese at 6.6, 6.5 percent, and with one particular indicator, far exceed us.

You know what they offer—and this is where I got into the debate last night about the economic growth. The offered answer by a knowledgeable

individual like Dr. Fraser Mustard was that the Japanese have come to grips with wealth and creation of wealth in the economy and the economic status of the individual as it determines their health status.

You know I have to think they are right, because the differential in Japan between the top and the low income is about a multiple of five, whereas we are in North America maybe a multiple of 25. The whole Japanese nation has increased, in their participation of economic wealth, and their health status tends to demonstrate it.

I think those are the kinds of questions that I want to get in and debate as we go through these Estimates at every opportunity, because it fundamentally points to us that we have to look beyond the simple expenditure of dollars on the formal health care system to come to grips with the issue of what we ought to be doing to guide the general health of the citizens of this province.

Boy, I will tell you, that is a debate and an argument which has vested interest professional groups of all sorts not wanting to participate in the debate, because let me tell you when you start looking at Japan at 6.5 percent expenditure in health care and beating us on health status, somebody has to start answering some questions.

That is the background I submit to my honourable friends, my Opposition Health Critics, behind the process of the centre on health policy and evaluation and all the other initiatives that we have put in place to try to come to grips with those fundamental questions, because you no longer have the luxury of picking and choosing in terms of the way we spend money in health care and say, well there is a demand here in the issue of a day and you pour more money at it. That is the way we have done it for 20 years. We have to get around the fundamentals of health.

That is the strategic plan we have in place. That is the vision of health care in Manitoba that we are trying to project to those who will listen.

The second question is, our expenditure is growing at a rate which appears unsustainable, even if they are not out of line with others. This is the question that we were working around last night. You know they say that maybe a qualified, yes, that our expenditures are growing at a rate which appears unsustainable, even if they are not out of line with others, again a very fundamental answer

to a question that we have to come to grips with. That is why I posed the question to my honourable friend last night about where does she and her Party see the source of funding for health care coming from.

This coalition, the Canadian Health Coalition, very direct in their answers in here—well, I should not say very direct. Certainly they are not saying, no. They are saying maybe a qualified, yes, that we are growing at a rate that we cannot sustain even though we are not out of line.

In the last one, the third question, is the pattern of expenditure efficient and effective in producing high health status in the population? The answer to that third question must be answered, probably not. Is that not an indictment on what we do, when this groups says, probably not, that our expenditures are efficient and effective in producing high health status in the population? That ought to be the only reason why we are here. It is the only reason why I am here as Health Minister.

I want to go through, in terms of answering that third question. Do you know what province they pick out? They pick out the Province of Manitoba. Do you know what study they pick out? They pick out the study done by Dr. Robert Evans, the one I referred to last night where it showed the costs in our teaching institutions being above the national average, and they go through this 1985 study.

Now I am going to offer criticism for my honourable friend, because when I was Health Critic, every set of Estimates I came to this, and some of the staff who were here would recall that I asked the direct question of the Minister of Health: Have you been able to answer why we have gone below the national average to above the national average in terms of our teaching hospitals as reported by Evans? The answer was consistently no, because they did not put the process in place to study the results. They did the report, and they did not do the follow-up study to answer whether there was an apples and apples comparison to determine the answer, and we are talking \$40 million here roughly, in terms of the funding of those two institutions if we come down to the national average, if we can.

So it is interesting that this coalition uses the Manitoba study as asking some questions, and some of the examples they come up with are very important to us. They talk about the physician to

population ratios. First of all they talk and they open with saying—this is where Dr. Evans really takes a bum rap because docs across the province, I think universally, probably hate the man because he is a medical doctor that sort of turned on his own. Not a medical doctor, a health economist who is viewed to have turned on the medical profession.

He states in here that in fact physicians' real practice-derived income has fallen significantly in real terms over the last number of years, and that is right. The budget for physician services has gone increasingly up because in the second point he points out, physician to population ratios have fallen constantly over the last 25 years. As we graduate more doctors they have the ability within our current system to generate income.

Now, they generate it all from in Manitoba. The same 1 million potential patients that we have, and if it means seeing a patient more often to generate the income target, that is what happens, and we allow it to happen. I mean, that is part of the fee-for-service system.

\* (1420)

Dr. Mustard in his address to the nursing symposium, a very popular comment, told me I had to come to grips, and all Ministers of Health have to come to grips, with the number of physicians who are graduating. We are probably graduating 30 percent too many.

Interesting comment for a medical doctor, in this case, to make. Then they talk about that by far the costliest system, and this is out of the Evans report, and the most rapidly rising segment of care is the acute care hospital, and within this sector the teaching hospital. Exactly, and do you know what? We are trying to put together the proven ways of moving away from those institutions through the Health Advisory Network, the Health Services Development Fund and other processes of planning within Government.

Then he says that usages of hospital appear to vary widely between rural and urban Manitoba. Again, we just talked about the rural task force, how we make more effective use of our facilities in the hospital, less interfacility transfer into the urban setting, do more at home. We are taking those issues on from a report that the previous administration sat with for a number of years and did not do any pro-active approach, and that the number



of required hospital beds are probably too high in acute care beds.

Well, again, you know, where the program no longer dictates that the acute care bed is needed, we will allow institutions to close those beds, and we have done it already at the Health Sciences Centre. They have closed respiratory beds and I think some gynecology beds and, I forget, one other dedicated bed use because we have moved the service to the community by and large or lowered the average length of stay so we did not need as many beds.

Every time we redevelop a rural hospital, I think with no exceptions, we have redeveloped the rural hospital base with fewer acute care beds in every case.

So we are taking action on all of these issues, and it cuts me to the quick that I am accused of doing nothing. I thought I would share that with my honourable friend because I know that she was deeply interested, and was wanting to have that discussion.

**Ms. Wasylcia-Lels:** Mr. Deputy Chairperson, I think I can actually help elaborate on some of the points the Minister has made, and actually fill in some of the blanks to the knowledge that he did not have at his fingertips, and perhaps enlighten him by pointing to the conclusions that are drawn from the information he is referring to.

I am glad to see he was able to find so quickly in his files the Canadian Health Care Coalition report, since that in our estimation is a very valuable document. I am pleased to see he is using it and will continue to use it as a source of information at this very difficult time in our history. Much of the information that is provided in that report has been backed up by a number of other experts in the field.

I would like to draw the attention of the Minister to an individual who made a presentation to the federal health and welfare committee in consideration of the health care system in Canada and its funding, referring specifically to the April 3, 1990, committee report and a presentation made by a Mr. Andre-Pierre Contandriopoulos who is the Director, Interdisciplinary Health Research Group and Full Professor, Health Administration Department, University of Montreal.

Mr. Deputy Chairperson, he provided a very interesting report about the current situation of Canada vis-a-vis other industrialized nations and their health care systems. I want to refer the Minister

specifically to page 23.5 of this committee report where he states: "We can see, for example, that the United States clearly spends more than all the others, with spending increasing at a much faster rate. Canada and Quebec have similar profiles and their per capita expenditures have remained almost constant after adjustments for price increases and economic growth. What this means is that from 1972 on, there has been no real increase in per capita expenditures in Canada. What is important to note, however, is that Japan spends relatively little on health care in comparison to other countries."

The Minister read some of the information with respect to life expectancy for men, and I can actually fill him in with respect to both the life expectancy trends for both men and women because the presenter at this federal committee hearing did so very concisely.

(Mr. Ben Sveinson, Acting Chairman, in the Chair)

He points out: "We can see that life expectancy for women has always been high in Canada, achieving second place in 1984 and 1985. The most surprising country, however, is Japan. In 1960, the life expectancy for Japanese women was much lower than for women in other developed countries. In 1986, however, Japan clearly surpassed all other developed countries in that regard. As you can see, the curve for Japan rises much more sharply than the others."

Now he goes on to elaborate in his presentation and states that: "You will note that health care expenditures in Canada are relatively high, although they have been under control since 1970-75. Second, average life expectancy in Canada is higher than in other countries studied, but that there are countries with better performances in terms of average life expectancy and overall health even though their health care systems are much less sophisticated than ours."

Third, he says: "Canada's performance has improved more than all other countries in terms of cost/benefit and much more than the United States." Then he says: "Despite our rather brilliant performance, each of the provinces are experiencing a wide range of problems which led to the creation of various task forces and boards of inquiry." He concludes—and I am skipping over some of his presentation. I will not take up as much time as the Minister of Health (Mr. Orchard) has just done.

He concludes there are some very serious challenges facing us given the information that he presented to the federal committee, which I have just put on record for the Minister of Health's benefit. There are some major challenges facing us if you look at—especially in the context of the rather flat spending that has occurred in Canada on health care and Japan's incredible achievements without that kind of expenditure that we have seen in Canada.

His advice, based on all of that information that he left with the federal Government, was the following, and I quote, "In my opinion, the federal Government should start by moving in five major areas. I do not think that it can hope to maintain the principles of accessibility and universality of free health care, of transferability between provinces and public management while reducing its financial contribution. The Government will find itself limited by its own legislative powers and its financial contributions to the provinces. The Government's strength and ability to uphold the principles of unity despite provincial differences, which principles set Canada apart from the other countries linked to it, are linked to the key role the Government plays in the area of funding. Those principles are the very basis of that funding. If the federal Government withdraws funding, the provincial systems will crumble, as current patterns strongly indicate may happen in Alberta."

He says also: "At the same time, the federal Government must be very attentive and receptive to new methods. Our health care system with hospitals as the cornerstone must change. Hospitals must take on a new role and work together. New means of intervention must be found. The services of professionals outside the medical profession must be utilized; midwives come to mind, as an example. There is a wide range of options that the federal Government cannot undertake itself, but can promote."

\* (1430)

By the way, Mr. Acting Chairperson, I just want to back up. It reminds me that I failed to mention one significant paragraph in this presentation and that is to do with the explanation of Japan's incredible record with respect to life expectancy. The author of this report, Mr. Contandriopoulos, states: "The change you see in average life expectancy in Japan as compared to average life expectancy in Canada, which is excellent in comparison to the rest, comes

from the elimination of all deaths due to cancer and a major reduction in deaths due to cardio-vascular disease. This accounts for the spectacular improvement in the health of the Japanese."

So you see, Mr. Acting Chairperson, this report backs up, in very concrete terms, what Members in the New Democratic Party have been saying repeatedly over the last period of time that we have become aware of this particular crisis we are facing as a result of declining federal transfers in the area of health and post-secondary education.

We have said that we must have a twofold strategy. We must have a very concerted effort to try to change the minds of the federal Government Ministers, with respect to its policies and intentions of reducing, steadily reducing, transfer payments to the provinces for health and post-secondary education. That is absolutely vital, both in terms of each province's ability to provide quality health care universally accessible. It is also critical, in terms of being able to hope and aspire to maintain the same kind of standards right across this country, regardless of region, regardless of one's situation in life.

We have said at the very same time, there must be a strategy on the part of both the provincial Government and the federal Government to address the need for new methods and new models in the area of health care. There is no disputing any of that. We are asking the Minister of Health (Mr. Orchard) through all of this if he will accept that twofold task ahead of us. Will he head up an effort to try to change the mind of the federal Government with respect to declining federal transfer payments? Will he head up an effort to ensure new and innovative models of health care are pursued?

I ask the Minister that question again, since he has reopened it today. I still go back to the first question that I raised this afternoon, under the Health Advisory Network, and that is: Will he simply use this valuable resource that he has at his fingertips, this Health Advisory Network, for consultation around the difficult challenge we face as a result of declining federal transfer payments?

**Mr. Orchard:** Mr. Acting Chairman, I think there is a—and I will stand corrected if I am wrong—small error in the perception that my honourable friend left in terms of what has caused the dramatic rise in the life expectancy in Japan. I think my honourable

friend left the impression, from what she read, that it was the elimination of heart disease and cancer.

The context that would be more appropriate there is that, to achieve the same increase in life expectancy among Canadian males and females as Japan has done, we, as a nation, Canada, would have to eliminate all deaths due to cardiac disease and cancer. That is the context in there, not that Japan has eliminated them. That is what we would have to do. That is the extent of their increased health status. That is what we would have to do to make ours relative and comparable—pretty significant.

Now let me tell my honourable friend that, although this will probably not meet with her approval, I simply want to say that we are doing what has been suggested, like experts she just quoted from. We are doing as experts like Dr. Fraser Mustard suggest. We have not only the concept adopted but the operational plans underway, commencing, in progress, or soon to be in progress to address all of those issues.

I simply want to say to my honourable friend that is a significant change in two and a half short years, because they were not—emphasize were not—in place when we inherited Government two and a half years ago. They are in place in various stages of maturity now because of actions taken by this administration and myself.

The gentleman my honourable friend has just quoted from is not unknown to us in Manitoba. I simply want to indicate to you that we have approached that individual and we have asked that individual if he would serve on our board of the Manitoba Centre for Health Policy and Evaluation. We have not received an affirmative reply to date. He is on sabbatical in Paris I am told, so he in all likelihood will not be able to accept that.

I just want to put that out to my honourable friend to demonstrate to her the international calibre of the Centre for Health Policy and Evaluation that we committed funding to and are establishing in the Province of Manitoba.

It is unique in Canada. It may well, if things work out as I suspect they can, be unique in North America and the world in our ability to analyze and to provide guidance in terms of health care policy. It is one of the most exciting concepts that I have ever got my mind around in the two and a half years that I have been the Health Minister.

By indicating to my honourable friend that the gentleman from whose words she just quoted is the calibre of individual we have approached to serve as part of that initiative, must surely demonstrate to my honourable friend the commitment we have made, the action we are taking and the seriousness with which we are approaching the challenging issues of health care planning in this province.

I simply tell my honourable friend we clearly can and will have a leading role in Canada in this regard, with full implementation of such institutions and such new directions that we have brought forward as the Centre for Health Policy and Evaluation. It will be world class.

**Ms. Wasylycia-Lels:** I am pleased to see that the Minister is consulting with individuals such as the person I have just used in my comments to the Minister. I think that kind of expert knowledgeable person probably can provide a great deal of information and ideas to the Minister and to his Government.

I would just point out one thing based on the Minister of Health's comments. The author, Mr. Contandriopoulos, was not simply suggesting that all one has to do is eliminate deaths due to cancer and a major reduction of deaths due to cardiovascular disease without—that that just happens miraculously or magically. The point of this whole presentation was that Japan, over a long period of time, worked to change its system around to focus on a much more community-based preventative type of system which has produced this kind of result. I think that is his point, that we have to follow in those kinds of footsteps and prepare ourselves for the change that is required, and recognize that if we do that over a period of time we can see the kind of savings that Japan has seen as a result of its efforts and initiatives in this area.

We will be talking more about reform of the health care system as we proceed through Estimates, and I am pleased to see that the Minister is very actively thinking about those issues.

There still remains one part of the equation that I just needed some clarification on and that is simply—and the Minister did say, he did not disagree with the two points I had made. I just want some clarification on what kind of strategy he has put in place to try to ensure that we turn around this pattern of declining federal transfer payments so that Manitoba does have the resources to be able

to engage in that major exercise of turning around our health care system to one that is community-based and preventative-based.

\* (1440)

**Mr. Orchard:** Mr. Acting Chairman, just exactly the initiatives that I have put to my honourable friend over the last five and three-quarter hours, and every time we come to an issue my honourable friend learns more about what we are doing and ends up saying it is good, and she is glad we are doing it. I am pleased to be able to offer that kind of recognition of effort by this Government in the issue of health planning. I cannot offer any more than I have offered already.

We would like more money from the federal Government. So did the previous Government that she is a Member of and went with a lobby effort to Ottawa. In 1985 they went down and lobbied and had this person and that person and the other person, and the march of reduced funding continued on and on and on. You know, my honourable friend was not effective in Government. I am sorry, but that is the reality of it.

**Ms. Wasylycia-Leis:** I was not in Government then.

**Mr. Orchard:** Yes, you were in Government. You were in Howard Pawley's office working diligently on behalf of the Government, so whether that is not part of the Government—we often thought it was not, because he sure as hell made a lot of mistakes.

(Mr. Deputy Chairman in the Chair)

At any rate, I just want to take a slightly different step with my honourable friend because I believe that she is overinterpreting the individual's reasoning behind the Japanese miracle, if you will. She has indicated that it is because they took control and they changed their health system around fundamentally.

There are those who say that is not the case and those individuals point to an area that we have again initiated in the Province of Manitoba; that being a healthy public policy approach, where those observers of the Japanese miracle say that since World War II, the issue of economic security, jobs, job satisfaction in the workplace, worth, an attachment of worth and value in the workplace according to the Japanese economic model on which they have built their very dynamic, economic engine has led to contentment in the workplace, which by itself has increased health status enormously.

Outside of the obvious benefit of having good income—and that good income has allowed the Japanese to focus on such other determinates of health beyond the formal health care system as better housing, safer highways, the whole issue around diet with disposal income, the ability to eat more nutritious, better and greater quantities of food and the whole issue of family security in the Japanese context, because part of their society's main underpinnings is family.

So there are those observers of the Japanese miracle that say very much the Japanese miracle, in terms of health status, is not contained within any direct initiative of the health care system but rather what we call, healthy public policy, in terms of the development of social infrastructures, which support one in an economic job, better housing, with better diet and better supports in the community and safer highways, et cetera.

All of those healthy public policy initiatives that are part of the Japanese miracle, I simply say, to my honourable friend, are there because the Japanese economy had created sufficient new wealth to afford them on behalf of their citizens and because of the economic miracle in Japan. The citizens themselves participated in that generation of creation of new wealth so that they could make their own individual decisions, which coincidentally was probably the most effective dollar spent in health care, because their success is obvious.

So that is going to be the central point of the debate in health care in Canada and our fully-funded, universally-accessible medicare system over the next couple of years. I hope Manitoba, through our initiatives in healthy public policy as an interdepartmental initiative, the centre and other initiatives that we are taking, that we are able to lead the intellectual debate in this regard, not only in this province but in this nation. That is critically important to us.

**Mr. Deputy Chairman:** Is it the will of the committee to take a five-minute break, or do you want to continue on?

**Mr. Cheema:** Mr. Deputy Chairperson, for the last about 30 minutes, I have heard the debate from the Minister of Health (Mr. Orchard) and the Member for St. Johns (Ms. Wasylycia-Leis). They are giving a very short analysis of the policy of other Governments, and I think we will be doing the same mistake, if a mistake was done in the past five years.

You cannot just base your evaluation of this system on somebody else's and people who have worked for a number of years and we are going to do an analysis within 20 minutes, and to have all those policies implemented, say all the good words, and try to impress each other, and then have the press to pick up a few words.

I think the basic structure still has to be corrected. I mean you cannot simply say that even though the economy was the major factor in the Japanese health care system, and how they are funding the system. There is so much variation and everything differs from our system. I would like to know from the Minister what his Government's plans are to deal with the basic issues here? As he has pointed out, No. 1 is what are they going to do with the patient-physician ratio in Manitoba?

**Mr. Orchard:** Well, Mr. Deputy Chairman, that is the subject of discussions with the Faculty of Medicine in terms of the number of enrollment, and my Deputy reminds me that we are very actively participating in a national study on physician numbers, which can have some pretty interesting implications on the system. Every area that is identified in this report of the Canadian Health Coalition—well, not every issue—but the issues that are of major importance, we have in place and significantly on line, investigations to determine the answers posed there.

That is why I will tell you right out, this is going to be a very interesting portfolio over the next four years, because we are going to make some changes, and those changes are going to challenge professionals, and it is going to be interesting to see what the criticisms will be when we make those changes, to see whether we revisit today's argument, and find all of a sudden, as I heard Premier Bob on nuclear power explain to the people of Canada today on Peter Gzowski, how he can make his immaculate conversion in about three months from Opposition Leader to Premier on nuclear power.

We will read with interest some of the comments today made by the Opposition critic as we proceed into areas of change that are going to challenge various groups, vested interest groups and otherwise in the health care system.

**Mr. Cheema:** Mr. Deputy Chairperson, we had this similar discussion last year also. There was no real direction from the Minister of Health because of the

Government's situation—a minority Government—and now they have four years and I would like to know from him today what basic directions his department has given to the Faculty of Medicine and through the MMA or other organizations, and also being a part of the inter-provincial Governments Ministers of Health and Deputy Ministers of Health, what policy they are going to put in place to make sure that the patient-doctor ratio is kept within reasonable limits, and what step he has taken so far?

**Mr. Orchard:** On the physician numbers, we will have, I am told, a report early in the new year which will give us pretty specific recommendations and it would be our intention to pursue the implementation of those recommendations with our Faculty of Medicine.

**Mr. Cheema:** Will that be a part of the, as the Minister has said earlier, reduction in the enrollment of medical school, not only in Manitoba, but the rest of the country?

**Mr. Orchard:** I think that may well be—not prejudging any recommendation that I will receive early in the new year—I think that is probably a fair analysis that will be coming out of the study group.

**Mr. Cheema:** What specific steps will be taken as now we have in the City of Winnipeg the ratio of physician is one to, probably about 450 or more. We have the highest per capita physicians in the City of Winnipeg. What impact will those directions have on the physicians who are already practising medicare right now in Winnipeg?

\* (1450)

**Mr. Orchard:** Well that gets into a whole series of issues, i.e. impact of walk-in clinics and a number of issues that my honourable friend and I have discussed over the last number of years. It also gets into the area of two studies that are ongoing right now with the recently concluded agreement with the Manitoba Medical Association, that being one study on Fee Schedule Reform and the second study being that on the Factors Contributing to the volume of Physician Billings. I think that those may well guide us in terms of our decision on doctor-physician numbers.

We have two problems: we have a surplus of doctors in Winnipeg, and a shortage of doctors in rural and remote Manitoba. As long as the imbalance exists, it is not unique to Manitoba, it happens in every province in Canada, we will have

some difficulty in terms of equitable access to the system.

Let me tell you what some of the things we are doing in the Capital Program which help to reduce that imbalance. Our Capital Program—again, I have to remind my honourable friend about his Leader's comments about not constructing those facilities in rural Manitoba. I mean we put them there for the specific purpose that the professionals can undertake a greater degree of service delivery in outside of the City of Winnipeg context. I tell you straight out, I have had doctors tell me, what the hell have you got a hospital—and they named a town in the Interlake which I will not mention, because they were in there because of an emergency and they did not think it was a very appropriate place—you should shut that, move the budget to Winnipeg and we will do it a lot better.

Then I point out to that individual, and I even received advice from a doctor who told me I should not have stayed out in Carman hospital to get my face fixed, I should have been in Winnipeg getting it done better. We will not mention who said that. That kind of advice is not appropriate in terms of guiding the system because then when you confront that particular physician who suggested we close the hospital in the Interlake, move the resource to Winnipeg, I say, you tell me why I should move the dollars of an economic hospital, in relative terms, to one of \$700-\$800 a day per patient day, and tell me you are going to save money. Give me a break. It is a pretty comfortable pew when you live in the City of Winnipeg, 15 minutes from open heart surgery.

I do not agree and our Capital Program reflects putting investment in rural Manitoba so that rural Manitobans have as close to equitable access to health care services as possible. I want to tell you that is a significant change in Government policy over the previous administration.

**Mr. Orchard:** I need to take a break.

**Mr. Cheema:** Well, we can take a break.

**Mr. Orchard:** Could we, please?

**Mr. Cheema:** Sure.

**Mr. Orchard:** Thank you very much.

**Mr. Deputy Chairman:** Is it the will of the committee to have a five-minute recess. (Agreed) Five minutes.

\* \* \*

### After Recess

The committee resumed at 3:03 p.m.

**Mr. Deputy Chairman:** Order, please. We are still dealing with item 1.(c) Health Advisory Network \$500,000.00.

**Mr. Cheema:** Pass this and go to the next section.

**Mr. Deputy Chairman:** Shall the item pass—pass.

(d) Policy and Planning Secretariat: (1) Salaries \$504,300.00.

**Mr. Cheema:** Mr. Deputy Chairperson, can we just go through two or three usual questions? What positions are vacant in the whole department?

**Mr. Orchard:** I think we have a chart. Mr. Deputy Chairman, we have a handout for every department which we will share with you. We will table it.

Now, in this one we have two vacancies.

**Mr. Cheema:** Can the Minister tell us, what are those positions and how long they have been vacant?

**Mr. Orchard:** We have a legislative analyst vacancy and a program analyst vacancy.

**Mr. Cheema:** Those two positions are strictly for this department, or do they overlap with some other departments?

**Mr. Orchard:** They are for the ministry, our entire 1.6 budget.

**Mr. Cheema:** Mr. Deputy Chairperson, I am simply asking if those positions are within the department of Policy and Planning?

**Mr. Orchard:** I misunderstood your question, sorry. Yes, they are.

**Mr. Cheema:** Mr. Deputy Chairperson, can the Minister tell us what is the target for the affirmative action in this branch?

**Mr. Orchard:** There is no different target here than for the rest of the branch. Any vacancy we fill, we advertise that the position is an affirmative action position.

**Mr. Cheema:** Mr. Deputy Chairperson, what is the target overall in the ministry of Health, in the Manitoba health branch?

**Mr. Orchard:** We are within one in our department—for the total department and commission we are within one of the target implemented number for Natives. We are nine short

The committee recessed at 2:53 p.m.

on physically disabled and six short on visible minorities.

**Mr. Cheema:** Mr. Deputy Chairperson, can the Minister give us a total number of positions?

**Mr. Orchard:** Now, I am going to take you through total appointments, of which there are 496. New appointments of the 496 were 404, of which females, women were constituted 320 or 79.2 percent; visible minorities were 13, constituting 3.2 percent; Native were 27, constituting 6.7 percent, and disabled were 7, constituting 1.7 percent.

Out of the promotions and reclassifications, because that was only the new appointments, out of 92 to make the total of 496 that we were talking about last year, female were 68 or 73.9 percent; visible minorities were 3 or 3.3 percent; Natives in this promotion reclassification were zero in this last year, and disabled were 3 for a total of 3.3 percent of the total.

\* (1510)

We have got, I think as my honourable friend can see, a significant number of women involved in both new appointments and promotions and reclassification. My deputy points out to me that there is the clause of self-declaration, and I did not think women had to do that and they do not, but with visible minorities, Natives and disabled there is the choice of the individual in applying as to whether they want to declare as a target group. What I am simply saying to you is that there are those who choose not to self-declare and, of course, in receiving promotions or appointments would not become part of the statistics because of their choice not to, for instance, declare themselves as a visible minority, or a Native, or a disabled.

**Mr. Cheema:** Mr. Deputy Chairperson, out of these two positions which are already vacant in the department, how long have they been vacant? What is the role of the program and a list, and what specific branch was he or she working for?

**Mr. Orchard:** The program analyst, it was the end of August that it was vacant, and the second position of legislative analyst is a new position, and both of them are bulletined.

**Mr. Cheema:** Mr. Deputy Chairperson, can the Minister tell us what has been the turnout for the last one year in the various departments in the senior management position?

**Mr. Orchard:** I do not understand the question. I am sorry.

**Mr. Cheema:** Mr. Deputy Chairperson, what has been the turnout for the last one year in the senior management position of the Manitoba Health under the various departments?

**Mr. Orchard:** In the calendar year, if we go from January, 1990, I think there has only been one director, one ADM and one director. The director in Continuing Care advanced to a position in Family Services.

**Mr. Cheema:** Mr. Deputy Chairperson, can the Minister of Health tell us what specific position in the Department of Mental Health, how many people have asked for transfers? How many people have left within the last one year?

**Mr. Orchard:** We have one potentially in the senior. I am just simply not at liberty to indicate the movement, but it was a competition movement, and there will be one of the senior people moving there.

**Mr. Cheema:** Mr. Deputy Chairperson, can the Minister tell us, maybe I will be more specific. In the Department of Mental Health, we will be discussing it more in detail, but sometimes when we are asking questions he says, you have to wait, so I am giving him enough days to let us know and prepare a chart of the mental health care system and how many people have requested to leave.

How many new positions were there created last year? How many are vacant right now? Is there any senior management level has left so far this year? Is my language—

**Mr. Orchard:** No, no, you are quite understandable. There is nobody left out of the senior management this year. Like Don McLean, who was the ADM, retired. First of all medical leave, and then took retirement. It was, what, a year early retirement or thereabouts. We have Reg Toews in as the Assistant Deputy Minister and, well, I suppose, Dr. Hildahl. Dr. Hildahl was attached. He is over at the Manitoba Adolescent Treatment Centre, but that was not in the last year. That was '89, I think. There is one more individual who is moving to a different role and responsibility within the ministry, but there have been no senior people left over there.

**Mr. Cheema:** Mr. Deputy Chairperson, how about the executive director of the Mental Health Services? Is she still working in the Department of Mental Health?

**Mr. Orchard:** Yes, that individual has been seconded to work directly with the Deputy Minister, project specific.

**Mr. Cheema:** Is that a separate position or the position of executive director?

**Mr. Orchard:** It is the individual filling the position of executive director.

**Mr. Cheema:** Mr. Deputy Chairperson, can the Minister tell us, in the same department there was an individual who was in charge of the Adolescent Treatment Centre. Is she still working here or has she left for somewhere else? Let me be more specific with the name. I will have the name in a second.

It will take me some time to get the name. I do not have a staff, -(interjection)- yes, we can come back, that is okay. Mr. Deputy Chairperson, we will come back. We do not have a staff so I just have to go through my whole list. My apologies, I will get the name later on.

I am just letting the Minister know that I think this is one area where he has worked very hard, but there is a problem with the management. I want to be very clear. I want to know why so many people have left, especially when first you started hiring people at the lower level and then you hired the Minister, the ADM.

I think it should be the other way around, start with the ADM and then have the people who are going to work with the ADM. It was in the opposite direction, and that is not very productive for any given department, especially when you have a department where you are moving into a different direction.

**Mr. Orchard:** Well, you know I am having a little difficulty knowing from whence my honourable friend's questions emanate, because we have not had a significant senior management movement. Dr. Hildahl is over at the Adolescent Treatment Centre.

We will get into it, I am sure my honourable friend will more fully inform me as we get to the Mental Health Division.

**Mr. Cheema:** Mr. Deputy Chairperson, some of the aspects, probably one or two, I will discuss with him in private, some of the things, it is worthwhile. There are questionable allegations, and I think some of them need quite a good discussion, and maybe it

will not be ethically right to discuss them in a public forum.

We will go back to the issues here. First of all, let us start with the Standing Committee on Medical Manpower, under the Policy and Planning Secretariat. Can the Minister tell us now, can he give us even two or three examples of achievements of this committee for the last one year?

**Mr. Orchard:** I will give you one example, and actually an outstanding one, in which the Standing Committee on Medical Manpower was part—not the whole solution. I would love to say they were, but there was a very aggressive effort on behalf of the community and the administrator and executive.

\* (1520)

It is in Thompson at the Thompson General Hospital. I was up there personally, met with the board and the administrator and I want to tell you that community got right behind recruitment effort as of about a year ago, I guess just a little over a year ago, when I was up there and met with the board on the issue, and with the assistance of the Standing Committee on Medical Manpower. I give full credit to the administration and board and the community. They are now at a stage where they had some serious difficulties with I believe—and I may stand to be corrected—I think they were down to about eight physicians. They now have some 29 physicians serving that community. They have substantive depth in terms of specialist recruitment into the community. I tell you that is one of the success stories.

(Mrs. Linda McIntosh, Acting Chairman, in the Chair)

Now I know the Member for Thompson (Mr. Ashton) is no longer standing up in the House. I had expected him maybe when he started this Session to stand up and acknowledge the wonderful role of the ministry in supporting the Thompson General Hospital in their recruitment efforts, because we helped, the community helped.

They did not need the kind of remarks they got from the Member for Thompson in his alarmist, the-sky-is-falling approach. They went and rolled up their sleeves and promoted the community and the opportunity to practise medicine, and with co-operation from SCOMM substantially succeeded.

Another hallmark of the Standing Committee on Medical Manpower over the last year, I think is the



pro show that they hosted in January of last year in which they had, and I am going by numbers, but I think they had 37 booths. Some of the booths were joint between communities representing 40-plus communities throughout rural and northern Manitoba wherein they located in the large foyer area of the Faculty of Medicine. They had their communities promoted to potential physicians, dentists, physiotherapists, occupational therapists who were graduating, as well as to—to a lesser degree because of other circumstances—the nursing profession as well. That was viewed as a most successful initiative that SCOMM, the Standing Committee on Medical Manpower, promoted and sponsored. So successful that it is going to be repeated this year with probably a greater community participation and a more enthusiastic approach than before. What we did is sort of pulled, if you will, the environment of a mini Thompson.

At Thompson we had discussions at the board level with the administration and the board, and I told the members at Thompson, you know we are our own worst enemies. In Manitoba we talk about how cold it is in Winnipeg, and then we talk about this and that, all of the negatives, when in reality we have got a lot of positives. I told Thompson, you know I have been to a lot of communities and I do not know of too many communities that have the kind of recreational facilities they have.

That swimming pool is absolutely marvellous, year round in Thompson. It offers a recreation opportunity that I do not have for my children. I mean, I live an hour and a half away from similar things in Winnipeg. Anybody in Thompson is at most 10 minutes away from it. They are 15 minutes away from a very, very good ski hill in the wintertime, and you want to talk about cross-country skiing opportunities, they have got it. You want to talk about fishing, you want to talk about any number of community activities, and the focus tends to be, well, gee-whiz, you know, we are 300 miles north of Winnipeg. Well, who cares, when you have got all that you have there, and they use that message and, by golly, they use it very successfully because they have been most successful in taking physician numbers from eight to 29 over the last year.

The pro show offers the same opportunity for communities throughout the length and breadth of rural and northern Manitoba to come to Winnipeg to take away that stigma, if you will, that is attached to

practise of professional health care delivery outside the City of Winnipeg. It fits with the efforts, for instance, in physician training that we have initiated in Dauphin with the career residency program, which is another highlight of the Standing Committee on Medical Manpower over the last year. I think, clearly and solely because we put more resource at their disposal to find creative solutions for physician training, and recruitment, and retention in rural and northern Manitoba. Those three I will give you as examples, and I do not want to take up too much time with the committee. I will be prepared to share many more with my honourable friend.

**Mr. Cheema:** Madam Acting Chairperson, can the Minister tell us, you know maybe in short form, has this Standing Committee on Medical Manpower made any attempt to get in touch with the group of people who are retrained, who have passed all the exams? Has any attempt been made to get in touch with them to make sure that their skills can be used?

**Mr. Orchard:** I am not quite sure if we are referring to the same group of physicians. They have met with them and explained the opportunities and the means by which those individuals can harness those opportunities in the province, and they have, to my knowledge, made communities aware that these individuals may well be the ones that can provide service to the communities, so, yes. Yes, if we are talking about the same group of physicians.

**Mr. Cheema:** Mr. Chairperson, I am sorry, Madam Acting Chairperson.

**The Acting Chairman (Mrs. McIntosh):** It is quite all right.

**Mr. Cheema:** It is continuing for a long time.

**The Acting Chairman (Mrs. McIntosh):** As long as you do not call me anything worse, that is okay.

**Mr. Cheema:** No, no.

I do not think that is correct to some extent because maybe they have made every effort with maybe a small group of people but there are 20 groups of people who are getting training for the language skills through the Core Area Initiative Program. I do have a list, and I could provide the list to the Minister of Health. I did speak to him in the House a couple of times to maybe—the department could meet with a few people and explain to them what services are available.

Most people are having difficulty through that program because first of all when you come to this

country—and I am not saying everything has to be provided, but when you are fighting for your survival, you do not expect them to spend \$500 just to go through a clinical exam and go through all those tests.

In a way those are some of the barriers, and that perception is there. Those barriers are being put in place to discourage them. I think it is worthwhile at least to meet with the group and explain to them on how their resources can be used.

**Mr. Orchard:** Madam Acting Chairman, I have got some difficulties as to whether we are talking about apples and oranges, or apples and apples here. Did my honourable friend indicate that some of these individuals were in the English training program in the Core Area Initiative? That is exactly one of the fundamental requirements of being able to practise medicine, is to be able to communicate in English as one of the languages.

To my knowledge—and I will stand corrected if I err in my sharing of information with my honourable friend—the Standing Committee on Medical Manpower met with the physicians who wish to explore the opportunity of rural practice, who wish to find out what the opportunities were in rural, remote and northern Manitoba, and were advised as to what processes had to be complied with to enable them to undertake that practice.

I will say to my honourable friend, if someone did not wish and seek out that information from the Standing Committee on Medical Manpower, I do not think they went out and contacted every single doctor and said, here is what we can do for you. There has to be a pro-active initiation by the individual and where that happened the information, guidance, counselling and advice was given by the Standing Committee on Medical Manpower.

\* (1530)

**Mr. Cheema:** Madam Acting Chairperson, I think it is really interesting. The Minister is saying the committee has made an effort, but I can assure him that some of the people who are qualified have passed their exam, have gone to the English course, have gone through some of the cultural aspects of the courses also, and now they are ready to take on exams. Some of them have even taken the clinical examination, and a few of them may have even failed the exam because of various reasons.

What they are looking for is Government's help and the help in terms of the financial incentives,

because the program which is being offered right now, they have to raise \$26,000.00. They have to get a letter from a community organization, or a church group, or private funding for the internship. That is not fair when you have \$700,000 put aside for the Standing Committee on Medical Manpower, and their funds are being used for five specific countries. If you come from New Zealand, Great Britain, Scotland or Ireland, you get a licence and you get incentives. When you are here, even as a Canadian citizen, you do not have the access to those funds. I think it is grossly unfair to have that policy in place. We did discuss that last year too.

I will encourage the Minister of Health (Mr. Orchard), through his Deputy Minister of Health, to meet with that group and make sure that they understand what services are available. I think it will be impossible to expect from any one of us here to go to a different country, try to make your living, pass your exam, and then try to raise \$26,000.00. Most of them cannot even afford to put food on the table. It is very, very difficult. So why can we not come to a simple conclusion and make sure that the funds have the equal access to those individuals also?

**Mr. Orchard:** With all the respect I can muster for my honourable friend, you are saying that some of those individuals have not been properly informed by the Standing Committee on Medical Manpower, and I challenge you on that. Had those individuals asked for advice, they would have been given full advice. -(interjection)- Well, then let us hear what you said again, because if you are saying the Standing Committee on Medical Manpower did not deal equitably with individuals when approached, I want to hear about it, because I do not believe that happened.

**Mr. Cheema:** Madam Acting Chairperson, the issue is very clear here. I am not saying that the Medical Manpower Committee did not want to meet with them. I am simply saying to him that if they had met with some of them—but there is a major group of 20 people. Those people have passed the exams.

When you have the funding for the Standing Committee on Medical Manpower, and those funds are only being made available for the specified countries that have a special privilege to get a licence and practise medicine, you have these people who are here and their families are here, and you are not going to provide them funds.

I mean, this is grossly unfair. This is the most discriminating practice I have seen for the last two years. How can you justify, sit here and say to me that we are wrong on this one? Simply judge them on the clinical test, judge them on all the factors. If they are qualified, why not give them the incentives?

**Mr. Orchard:** Madam Acting Chairman, I just want to tell my honourable friend he has raised this issue, and he has claimed discrimination every time and none exists. I am getting so that I regret having this discussion with my honourable friend every time around, because the easiest thing one can claim is discrimination and none exists.

I want to tell my honourable friend, in addition to providing information to individuals who requested it, the Standing Committee on Medical Manpower to help solve this difficulty faced by these individuals on December 6, 1989, nearly a year ago, sent a letter to all rural hospital administrators explaining the predicament faced by these individuals—and I believe we are talking about the same individuals—and invited their communities to consider sponsoring an internship year in return for a commitment on the part of the individual to serve in their communities for a specific period of two to five years.

I think that sounds awful close to what my honourable friend suggested a year ago, and we have done it. Five communities expressed interest, Swan River, Leaf Rapids, Rivers, Swan Lake and Ashern.

Now, Madam Acting Chairman, to say that nothing has been done and that we are discriminating is not accurate, period.

**Mr. Cheema:** Madam Acting Chairperson, can the Minister give me in writing how much money has been available to these individuals as compared to the special-privilege countries where those people come from and practise medicine? They have the access to the Standing Committee on Medical Manpower, the financial incentives, but these individuals have no access. If somebody is going to sponsor them, why do they not put it in writing? These people are still being asked to raise \$28,000.00. To raise \$28,000 when you are in a new country is impossible.

**Mr. Orchard:** Madam Acting Chairman, everybody who goes through the Faculty of Medicine puts money on the table as students. Everybody does, everybody does. There are many Canadian

students, because of a restricted number of training slots, who are denied access to faculties of medicine across the length and breadth of this province.

**Mr. Cheema:** This is not the same issue.

**Mr. Orchard:** Well, now my honourable friend says it is not the same issue. I mean, physicians who are deemed to be qualified to practise medicine, not set by my standards, because I am not a doctor, and I cannot judge whether you should practise medicine, or that individual should practise medicine, because I do not understand your training program and your qualifications, but there is a group that does. That group is called the College of Physicians and Surgeons and they indicate to me, when I have been asked by the Standing Committee on Medical Manpower to grant a waiver of examination, that the standards of training are equivalent to the Canadian standards for which we grant licence here to practise after passing examinations. Any individual who can pass those examinations practises in Manitoba because they can obtain a licence from the College of Physicians and Surgeons to practise.

Some of them come in, and they come from Commonwealth training programs, and receive a waiver of examination so they can practise medicine for upwards of one year while they write their Medical Council of Canada evaluating examinations in either the spring or the fall. Should they pass those exams, they are granted a licence to practise and do so. If they fail, I am put in the unfortunate position of having to revoke that waiver of examination and not allow them to continue to practise, and that has happened in a couple of cases and it causes the communities a great deal of stress.

There is nothing discriminatory about that policy. It applies equally to people who are deemed adequately trained to practise medicine. It is called standards. It is called protection of the patient. It is the College of Physicians and Surgeons as the standard setting professional group that guides me in the decisions. No person is discriminated against on the basis of anything other than their ability to pass those examinations. I do not do that discriminating. It is not discriminating. It is a selection process to make sure the individual has the ability to practise medicine, something I think my honourable friend would want to assure to those potential patients of physicians anywhere throughout the length and breadth of this province, and that is what we are trying to do.

**Mr. Cheema:** Madam Acting Chairperson, that is a typical example of how the Minister can twist a word. I am not talking about a standard, I am asking that any person who passes the exam, they should go through all the tests. Even after passing the exam, if they are asked to raise \$26,000 or \$28,000, and get letters from the community groups and church groups to get internship, why can they not have access to the Standing Committee on Medical Manpower funds? That is my question, not the standard.

**Mr. Orchard:** Again, I come back to what I indicated to you before. All students of medicine in this country put up substantial commitments of personal funds to become doctors. That happens everywhere in Canada; it means a commitment. In part, that is why physicians are the highest paid professional group in the country, because their education does cost them considerable time and money. I guess I am as frustrated by this issue as my honourable friend is.

**Mr. Cheema:** Madam Acting Chairperson, we are talking about a different issue. The Minister can go wherever he wants to and whatever he wants to believe in, and I am not going to change his mind, the way we are going on this issue.

\* (1540)

What I am simply asking, I am not asking him to lower the standard, he cannot. It is the College of Physicians and Surgeons who are responsible for the standard. The standard must be kept to the best of the ability to practise medicine. The question here is that when you have these individuals, if they do not have access to the funding, how are they going into internship? That is my question. The Minister is not answering that question. It has been one and a half years, and I do not want to argue more than that. I think it is not very productive. If the Minister wants me to bring those people and have a press conference, because they are not coming from my country of origin, some Southeast Asian countries only, and they should be ignored; they are coming from all over the world. They come from Europe. They come from all across this world and they are really frustrated. I think it is very difficult for them to continue with their lives.

Some of them are urologists. They have done their 10 years of service in their own countries, but once they are here, for either economical or political reasons, their families are here. Their families have contributed. They are simply asking access to the

system and that access can be provided through the funding, through the Standing Committee on Medical Manpower. That is my question and I am not going to repeat this.

**Mr. Orchard:** Madam Acting Chairman, again I say to my honourable friend, with all the fairness I can muster, that the opportunity is there and we get into this complexity of immigration policy. My honourable friend knows that when someone applies for immigration to Canada—

**An Honourable Member:** That is a different issue.

**Mr. Orchard:** My honourable friend says it is a different issue. When a person comes to Canada and if they identify themselves when they immigrate to Canada that they are a physician, they are informed by Immigration Canada that the opportunity to practise medicine may not exist. My honourable friend knows that.

Not always do individuals identify themselves as trained physicians because if they did, they would be informed that the opportunity to become a practising physician in Manitoba has these difficulties to overcome and they are there, set in all fairness to everybody, regardless of where they come from in the world.

There are circumstances—and I do not know whether this happens with the individuals my honourable friend is talking to or is knowledgeable of—but some individuals, when they immigrate to Canada, do not indicate that they are a trained physician. Then come in and indicate that they have not been told what the problem is and expect that Governments, provincial, not only here but it happens in Quebec, it happens in British Columbia and everywhere, that all of a sudden they ought to have a method that is available to them to practise medicine.

Now we do that. We have in Manitoba the program that has been now—what, five, or six or seven years old—of two training slots that are available at the Faculty of Medicine. We have probably one of the more open systems in Canada for refugee doctors. We have explained this year in and year out.

**Mr. Cheema:** It is an issue that the Minister can go in his own direction and I will go in my own. Even two weeks, three weeks ago, the Premier (Mr. Filmon) stood up in this House and made a statement. We want immigrants with skills. When we have the immigrants who are already here, not

for a year—two, three, four, five years. They are skilled. They pass all the exams. They can have access to the programs.

I am not denying that Manitoba does not have a program. They have a program, but they will need financial backing to do that and that is not being provided. That is my question. Simple. I am not asking him to bend rules. I am not asking him to become Barbara McDougall's—you know, solve all her problems, but simply I am saying here that it does not matter when the people come here and if you have the open slots. When you have so many communities looking for doctors and you have the resources right now in Winnipeg, why not make use of them? Does it not make sense?

It is a simple thing, I am not asking you to create extra positions, we are not asking you to make a different policy. Within the existing policy, those funds which can be available to the doctors who are coming from other countries to practise, whether for six months or one year, they take advantage of those funds, but these people who are committed to stay in Manitoba are in this country.

**Mr. Orchard:** Madam Acting Chairman, my honourable friend I do not believe is accurate when he says the other groups take advantage of those funds. One of the prerequisites at the University of Manitoba for that year of internship is that you must be able to finance it. That is a university requirement.

Now my honourable friend wants me to make an exemption to the rule for individuals who he is familiar with, well I do not provide -(interjection)- no, Madam Acting Chairman, Government, outside of student loans, or possible, certainly I am not even familiar with this, do not provide free internship to the students. There is a financial contribution by all students who go through, and that is one of the conditions that we have.

Now, Madam Acting Chairman, one thing that we do have, which is new with this Government, is we have established, through the Ministry of Education, a committee—and I cannot give you the exact name of it, but I will tell you what it is designed to do—examining foreign-trained credentials in trades and other professional occupations to determine what has to be done to bring foreign-trained professionals up to Canadian training standards in the trades and other professional endeavours.

Now, Madam Acting Chairman, that may be an appropriate vehicle for my honourable friend's

acquaintances, or the individuals that he is referring to, to have discussions, because it is not an issue that is independent and solely restricted to physicians in this case or medical doctors. It also as I understand it can apply to a number of other disciplines because our professional associations have mandated certain standards of education and will not license for practice people who have not achieved them, and that is the same thing even for trades practices. So maybe that is an opportunity for my honourable friend, and I would be prepared to guide those individuals in discussions with that group out of education.

**Ms. Wasylycia-Lels:** I would like to ask some questions under this section about the situation facing nurses in the Province of Manitoba. We are all very, very concerned as we fast approach the date when the contract expires for the Manitoba Nurses' Union on December 31 of this year. Now I know that the Minister cannot provide us details of the negotiations, and I am not about to ask him for that, but I am wondering if I might ask him how negotiations are going?

**Mr. Orchard:** Well, Madam Acting Chairman, not being at the negotiating table, I understand that they have had a number of meetings and have attempted to come to grips with a number of issues.

**Ms. Wasylycia-Lels:** Could the Minister tell us if a committee of Cabinet has been struck to deal with this situation if a resolution is not found?

**Mr. Orchard:** I do not understand the nature of my honourable friend's question.

**Ms. Wasylycia-Lels:** Simply, has a Cabinet committee been struck of which the Minister is a part in terms of negotiations between the MHO and the MNU?

**Mr. Orchard:** Well, we do not have a Cabinet committee specifically for the Manitoba Nurses' Union negotiations. We have a Compensation Committee of Cabinet which has been meeting over a number of months because we have a number of master agreements under negotiation at the present time. Government is dealing with those issues at that subcommittee of Cabinet level and I am a member of that subcommittee.

**Ms. Wasylycia-Lels:** Madam Acting Chairperson, I am wondering if in this area and the research done by this secretariat, the Minister can tell us what is, according to his information, the situation with respect to wages for Manitoba nurses. We have

information that the Manitoba Nurses' Union has provided. I am wondering how that compares with the Minister's own research and findings?

**Mr. Orchard:** Madam Acting Chairman, I am quite sure my honourable friend would appreciate that very much is a subject of negotiation between MHO and the MNU right now. I am not going to—and I repeated this consistently throughout the whole MMA time when they were at the bargaining table with Government—I am not prepared to bargain in public. I know my honourable friend says she does not want that to happen, but the very question and the nature of the question that she has just brought forward, when she pursues it with subsequent questions, will be negotiating in public. I have no intention of doing that. I am sorry. That will not satisfy my honourable friend but should her questions be on topics that are before the negotiating committee, I will simply inform my friend that I will not comment on that.

\* (1550)

Now that may not make her happy, but that is the anticipation of answers that she can get if she gets into bargaining at this committee meeting. I cautioned her of that the other day when she tabled a letter, and I caution her again today.

**Ms. Wasylycia-Lels:** Madam Acting Chairperson, I am not asking the Minister for any information about negotiations, getting involved in that whatsoever. I am simply asking him for some straightforward information about what his research shows the wages of Manitoba Nurses' Union to be, and is it indeed the fact that Manitoba nurses rank eighth in the country with respect to hourly wages?

**Mr. Orchard:** Madam Acting Chairman, that is exactly one of the bargaining positions that I understand has been made by MNU in their negotiations with MHO and with Government. I am not going to comment for my honourable friend's information on a bargaining position that has been put before MHO in preparation for, and continuation of, negotiations around a new contract.

**Ms. Wasylycia-Lels:** Madam Acting Chairperson, the Minister is again being obstinate about questions that are posed to him simply for information so that we will have a better handle of the situation of health care in the Province of Manitoba. This is a straightforward question. I am simply asking the Minister, since this is the branch that does policy work, research work around the

whole area of human resources, what does his department's research show with respect to the average hourly rate for Manitoba nurses?

**Mr. Orchard:** Madam Acting Chairman, I just remind my honourable friend that her predecessor, the former critic for the Second Opposition Party at that time who is now, I believe, the Labour Critic for the current Opposition Party, did not get into those questions of extreme interest last year, as they are obviously today to the NDP. They were not of interest last year when there were no negotiations going on.

Why would it be that, when this is one of the positions put forward by the MNU this year, all of a sudden there is a rebirth in interest in nurses' hourly rate of pay compared to other nurses in Canada, when it was not an issue last year or the year before but it is this year when we are at the negotiating table? That is exactly why I am not answering those questions for my honourable friend today.

She can ask all the questions she wants. If they are not involved in negotiations, I will answer them. If they are involved in the negotiated position that the MNU has put forward, I am not going to answer because I am not going to bargain in public and I am not going to potentially contravene the fair-bargaining practices, which are mandated by law in this province. Maybe my honourable friend wants to; I do not want to.

**Ms. Wasylycia-Lels:** Madam Acting Chairperson, it is clear that the Minister is not interested in just providing straightforward information to Members of the Legislative Assembly, and it is my understanding that is exactly what the review of the department's spending plans are for.

If it so happens that my interests and my focus are somewhat different than any one of my predecessors, then I would hope that the Minister would understand that perhaps we all bring, as individuals, different perspectives, different interests and different concerns. That is what makes us so strong, and that is what makes us maintain a very responsible position in terms of the people of Manitoba.

I will not pursue that any more. The Minister is not going to answer, to provide basic information, and I think that is certainly a violation of the Estimates process. If we cannot obtain such information, I do not know where else one can get it.

Let me ask the Minister, since I told him I am interested generally in the issue of patient care and health care professionals in the Province of Manitoba, if he can tell me if there is a nursing shortage in Manitoba.

**Mr. Orchard:** Madam Acting Chairman, I do not want my honourable friend to leave the impression that she is holier than anyone around this room. She is bargaining in public and that is the nature of the questions. That and only that, and I am not going to participate in that. So let us not get around the issue as saying, well, I am just asking for information because I care. I do not accept that. I am sorry.

There are areas of the Province of Manitoba, Thompson being one of them, where we have a shortage of nurses and, in particular, a shortage of specially-trained nurses. I think intensive care is a difficulty in Thompson, for instance.

As a relative comparison to the rest of Canada, we are in relatively good shape compared to other provinces, and I am informed that the nursing vacancy has remained since 1981 at approximately 3 percent in the system.

**Ms. Wasylycia-Lels:** Madam Acting Chairperson, I am wondering what the current number of vacant positions are at the Health Sciences Centre.

**Mr. Orchard:** I do not have that information.

**Ms. Wasylycia-Lels:** Madam Acting Chairperson, could he provide for the Legislative Assembly for those of us involved in this Estimates process a list, a breakdown of health care facilities and the number of vacant positions per facility?

**Mr. Orchard:** What I will attempt to do is provide numbers of positions for which recruitment are under way. Yes, I will attempt to provide that. That will require a survey of facilities. We might have that in time for Manitoba Health Services Commission Estimates.

**Ms. Wasylycia-Lels:** Madam Acting Chairperson, could I just get a clarification on that, is it not possible for the Minister to provide us with a breakdown of facilities in terms of total vacant positions, not necessarily those for which active recruitment is under way? It may be that a facility or organization has not begun the process for filling the vacancy, has the Minister got an up-to-date list of vacancies per facility?

**Mr. Orchard:** No I do not have that.

**Ms. Wasylycia-Lels:** On another issue that I believe falls under Policy and Planning Secretariat. Has the Minister now studied and researched and reviewed the outcome of the pay equity, the interim pay equity settlement with the 23 health care facilities?

**Mr. Orchard:** I am sorry, I am just reading another bit of information here. I wonder if my honourable friend could repeat that question?

**Ms. Wasylycia-Lels:** I am wondering if, through this branch, or any other part of the Health Department, the Minister has now had an opportunity to review and research and study the results of the interim pay equity settlement for the 23 health care facilities?

**Mr. Orchard:** Yes, in the Commission.

**The Acting Chairman (Mrs. McIntosh):** The hour is now four o'clock, the committee shall rise.

## SUPPLY—JUSTICE

**Madam Chairman (Louise Dacquay):** Order, please. Would the Committee of Supply come to order, please. This section of the Committee of Supply will be dealing with the Estimates of the Department of Justice.

We are on item 1.(h) Public Inquiry into the Administration of Justice and Aboriginal People, page 122.

**Mr. Dave Chomlak (Kildonan):** I am wondering if the Minister can apprise me as to how the salaries of the justices involved in this inquiry are handled.

**Hon. James McCrae (Minister of Justice and Attorney General):** The salary arrangements for the commissioners and staff of the Aboriginal Justice Inquiry are as follows: The justice involved is paid as a judge, and that is his remuneration; the judge involved is paid as a judge, and that is his remuneration. There are staff years charged against the appropriation for the Aboriginal Justice Inquiry, and the staff of the inquiry are paid by virtue of the usual arrangements under The Civil Service Commission Act.

**Mr. Chomlak:** Just a general question in this regard. How is the absence of a particular justice from the system handled in a case like this? Is there some kind of allocation or some kind of way of dealing with that? How does the Minister anticipate handling that in the future?

**Mr. McCrae:** Well, one thing we learned about these kinds of inquiries is it is a good idea for Governments

wanting to set them up to consult with the Chief Justices of the various courts so that they can make whatever administrative arrangements are needed to be able to cope with the workload of their courts. That is what has happened in this case. Of course, in the case of both judges involved, they are associate chiefs of their respective courts, so they would have had their input from an administrative standpoint in terms of arrangements to be made.

\* (1310)

These assignments, or these commissions and these types of things do put pressures on the courts and their workloads, but it is a question that we have discussed with the judiciary, and resolved all matters that were necessary to be resolved. I guess other judges will take cases that the commissioner might have taken had it not been for his appointment, and those types of arrangements, but I am satisfied that the work of the courts continues to be done, and whatever workload increases there are on the part of the other judges is something that is being coped with.

**Mr. Chomiak:** Madam Chairperson, my next question is somewhat anticipatory, but I am wondering if the Minister at this time has put his mind or any thoughts toward any allocations or expenditures for this inquiry for the next fiscal year?

**Mr. McCrae:** Anticipate it that the vast bulk of the expenditure required to finance the Aboriginal Justice Inquiry is provided for in last year's Estimates and this year's Estimates. If there is anything further at this point, it has not yet been budgeted for, if there is indeed anything going to be needed for the next fiscal year.

**Mr. Chomiak:** Madam Chairperson, I am wondering if there are any studies presently being undertaken in the department with respect to the Native justice system itself?

**Mr. McCrae:** The last time we discussed these Estimates, we discussed the work of the Research and Development Branch of our department, and of course, the Honourable Member is aware of those studies and research projects. There is the Aboriginal Justice Inquiry itself and the committee of senior people in our department that we discussed last day, with respect to issues relating to aboriginal justice issues in Manitoba.

**Mr. Chomiak:** I take it from the Minister's response that if there were any studies being undertaken they would be taken by the Research and Planning

section, and consequently, since none are being undertaken by that section, with the exception of this particular study, there are none in existence.

**Mr. McCrae:** I should just correct the Honourable Member just a little bit. When we talk about the Research and Development branch, as we did discuss and as is contained in the list that I had provided to the Honourable Members, there is the St. Theresa Point Indian Government Youth Court project. There are the Shamattawa project and the Swampy Cree Tribal justice system, the departmental working group, as we have discussed, and those are certainly projects of the Research and Development branch.

There is other work that is ongoing certainly in the Corrections division all the time. That tries to keep ahead of or tries to keep abreast with developments in aboriginal justice and tries to continue to strive to make our corrections programs more appropriate to aboriginal persons who come into contact with our justice system.

**Mr. Chomiak:** Madam Chairperson, I take it from the Minister's response then that the major thrust in terms of aboriginal justice in this province will probably be predicated upon the results of this particular inquiry.

**Mr. McCrae:** I think it is an understatement that the Aboriginal Justice Inquiry is important and probably very, very central to many, many things that may flow in the future in the justice system in Manitoba. It is a very important inquiry. I think there is interest generated by that inquiry which stretches across the country. Large sums of money have been made available to finance it. Significant public interest has been generated by virtue of the hearings of the Commission of Inquiry.

(Mr. Bob Rose, Acting Chairman, in the Chair)

There are three parts to that inquiry. One of them being the examination of matters surrounding the shooting of J.J. Harper, and the issues surrounding the circumstances in the Helen Betty Osborne matter, and then a general inquiry, which attracted many, many people to come forward and make presentations to the inquiry.

So I think with that kind of public input and that kind of public support, resource support for the inquiry, the Government views it very, very seriously and views it as a major work in the area of aboriginal justice.



**Mr. Chomlak:** Mr. Acting Chairman, my next comment is looking for just a basic comment from the Minister and it is more in the line of a suggestion. We have all recently, both the Minister and the Liberal Party Critic, attended the very informative luncheon of the Youth Justice Committees and one interesting point that occurred to me during the course of the discussion with participants on the justice committees was that there is, not a separate process, but there is a tract that is followed by the aboriginal group and groups that are involved in justice committees.

It struck me that there were some very significant points to be learned from the aboriginal approach to justice and that was borne out by comments in fact from some officials from the Minister's department, which I was very pleased to hear, and I am just wondering if the Minister might comment on that particular point.

**Mr. McCrae:** I think the luncheon attended by the Honourable Member and the Member for St. James (Mr. Edwards) and myself was a very useful thing because I myself learned about the operation of the justice committees—I learned more about them, I should say—but I also learned that there are weaknesses in that system just like there are in most systems that could be corrected. The one at my table, the discussion at my table, centred around communications between the committees and, I suppose, the judiciary in the sense where probation orders or work orders are not completed appropriately. The judges are not always apprised of all the reasons why that did not happen. To me that is an area where—and I also had the pleasure of sitting with the Associate Chief Judge Kimelman at the same table—so that I know that the judiciary is apprised now of that particular problem that I hope the committees and the judiciary, with the assistance of the Crown, if necessary, and probation, will work out.

We did not get into Native justice issues at my table; perhaps they did at the Honourable Member's table. I am just not entirely clear to what focus he would want my comments to take, so maybe I will leave it there and wait for another question.

**Mr. Chomlak:** It was more in the line of a comment for the Minister and the Minister's department, perhaps recognition that there were components of justice and components of the alternate stream of measures that are utilized by the aboriginal people that I think would have very suitable and positive

application in the rest of society. I was simply looking for confirmation from the Minister of his recognition of that fact and perhaps comment.

**Mr. McCrae:** I think to say that there is a recognition of the principles the Honourable Member is referring to. To say that is one thing, and to do something about it is another. If the Honourable Member will check with other jurisdictions, he will be told that Manitoba, in many, many areas—corrections, policing, prosecutions and many areas of the justice system—Manitoba leads the way in this country, and that is appropriate. We have a large aboriginal population in our province and large problems that population faces as it deals with the justice system. So it is an ongoing thing.

My comment is, yes, indeed, there is a recognition on the part of our department of those special needs, and there is a significant record of achievement, not only by this Government, but of the previous Government, in taking measures to attempt to deal with the issues that arise.

So I think Manitoba does lead the way, certainly no time to rest on our laurels, however.

**The Acting Chairman (Mr. Rose):** Item 1.(h) Public Inquiry into the Administration of Justice and Aboriginal People: (1) Salaries \$178,600—pass; (2) Other Expenditures \$420,400—pass.

2. Public Prosecutions (a) Public Prosecutions: (1) Salaries \$4,848,100.00.

**Mr. Paul Edwards (St. James):** Perhaps, by agreement, we will just sit for 30 seconds and wait for the Minister's staff to come, or would the Minister like me to pose the question now?

\* (1320)

I have thought that I noticed, Mr. Acting Chairman, since the election—perhaps it is just that they built up during the election period—a number of Orders-in-Council raising the rate of pay for Crown attorneys.

My question is not condemnatory at this point, but merely investigatory. I would like to know from the Minister what the average number of years that a Crown attorney spends in the service of the department prior to reaching, I believe it is, the legal officer 3 classification which takes them to roughly \$73,000 at the top end.

It struck me, as I read the Orders-in-Council that most of those individuals who had been bumped up were bumped up to that level. I am just wondering

the average number of years that have been served before reaching that level in the Public Prosecutions Branch.

**Mr. McCrae:** Mr. Acting Chairman, I think the reason the Member sees Orders-in-Council respecting Crown attorneys and other professional members of the Government is that they are at a salary level or at a classification level that is sufficiently high. I do not know if it is of the Civil Service Commission or of the Government generally, but it is a policy that those items be the subject of Order-in-Council so that the Cabinet itself knows that this is happening. You have to have 10 years service with the Crown as a Crown attorney under—I was just confirming something that I was about to say and not too sure of myself, but now I am. These arrangements are pursuant to MACA, the Manitoba Association of Crown Attorneys collective agreement. After 10 years, provided you meet certain other assessments and qualifications, you can qualify for this, and then it comes forward by way of Order-in-Council.

We have such a fine bunch of Crown attorneys working for this department that those who reach 10 years, most of them I suggest, do successfully pass that assessment so that the average is probably quite high in terms of the number of people who get this reclassification after serving 10 years.

**Mr. Edwards:** Can the Minister indicate—he mentions that as well as the seniority, 10 years, other factors—what are those other factors and how are they assessed? Are there yearly performance appraisals and if so who does them and on what criteria are they based?

**Mr. McCrae:** Further to our discussion of the other day, we were talking about performance evaluations for Crown prosecutors, and I made the point that I thought it would be a difficult process. I still think it is a difficult process.

I talked in terms of how many convictions you have, how many cases you processed, and if you deal with one case that has 40 witnesses and one that has two witnesses, it is pretty hard to make a judgment based on numbers of cases.

Indeed, we do have a more formalized performance appraisal than the one that I spoke about with the Honourable Member last day. I made those comments without the benefit of having our Assistant Deputy Minister with me. He has brought

me up to date on this, and I appreciate that. It is a written and a performance evaluation.

We could, if the Honourable Member was interested, provide him with a blank as to what is on there, but issues such as efficiency, quality of the preparation for cases, knowledge of the current law, things like initiative and the ability to be a self-starter in this kind of workplace. Those are the kinds of criteria we are talking about.

**Mr. Edwards:** Mr. Acting Chairman, I would appreciate receiving a copy of that. I thank the Minister for offering it.

Can the Minister indicate—and I appreciate that they are basically subjective evaluations. I would hate to think that an assessment would be done on such ephemeral things as the number of convictions or number of cases handled, because every case is different and that would clearly be a wrong criterion.

Given that it is subjective, which is most often the case in management positions, would the Minister indicate who participates in that evaluation?

**Mr. McCrae:** It is the kind of performance evaluation that I have been familiar with in the past basically. The senior Crown, in the area that a line Crown attorney works, does the evaluation and that evaluation is discussed with the Crown attorney involved. Now, if there is something on that evaluation that the Crown attorney does not like, or does not agree with, or wants to take issue with, the matter can then be raised to the level of the director; that being the level of the directors, for example, of Winnipeg Court; the regional director, or the director of Special Prosecutions, Service and Programs. That director is with us today in the person of Mr. Les Kee.

Then that matter can be discussed between the director and the Crown attorney, who is the subject of the evaluation, and if necessary, it can go to the Assistant Deputy Minister. The Assistant Deputy Minister, Mr. Stuart Whitley, is with us today as well, and he advises me that none of those have ever come to him.

**Mr. Chomlak:** Mr. Acting Chairman, my next line of questioning, just by way of advance notice to the Minister, will be directed toward the recent Lauzon case that occurred last week. The Minister full well knows my basic position in regard to this. I dislike dredging cases up in this form when human elements of tragedy are involved, but I do want to deal specifically with quite a few aspects of that case

to further my understanding and, of course, the understanding for the people of the province in terms of the process.

My first question to the Minister is: When the matter was first brought to his attention and by whom.

**Mr. McCrae:** It is very hard to answer precisely. I do not have, I do not think, a written letter or something like that, that would trace the thing back to its origin in my office. We have assistants, the Honourable Member knows the role played by executive assistants and special assistants, and we discussed that earlier. I think it came first to my attention either by way of a telephone call or some kind of message that got to my special assistant in my office and that led to discussion with the director of Winnipeg Prosecutions. My wish to become informed of what was going on in that case was made known to that director. In addition I wanted to be satisfied about the procedures adopted by the Winnipeg City Police, and I wanted to be kept up to date on the Crown's processing of the matter.

\* (1330)

**Mr. Chomlak:** Setting aside this specific case for the moment, I am wondering if the Minister can advise me, is there any particular policy that is in effect with respect to matters or cases that are brought to the Minister's attention?

**Mr. McCrae:** Cases come to my attention in a variety of ways. The Honourable Member will know that our Crown Prosecutions branch processes over 20,000 cases a year. The number of cases that we might discuss in this House or we might read about in the newspapers would be a very small fraction of the number of cases. There may be a perception out there that I or my Minister's office or even at the Deputy Minister's level are aware of each and every case that comes before the courts. That is just not so, and the Honourable Member would recognize that.

So that cases come to my attention either through telephone calls from members of the public who are aware of cases and have a point of view to offer or want to express a concern. I get mail. I get lots of mail from people who read the newspapers and respond to a newspaper story, sometimes by totally anonymous sources, and we go off on certain tangents sometimes as a result of some hot tip that a reporter got from some unnamed individual. That happens, and then our office, we try to respond to—I

believe we do respond to every single request for information or every single request for assistance. Sometimes the Crown office itself will send over a briefing note to me about a case that the Crown office feels is some kind of issue that the Minister ought to be informed about or consulted about.

I think it is important though, in the final analysis, to make the point that it would be a very dangerous thing to do. We would be heading down a very slippery slope indeed if Attorneys General adopted the position that I believe I have been asked to adopt in this case or that case, and that is to issue orders and directives from my office to Crown prosecutors on how they should handle cases. Because if there is a case that might attract the Honourable Member's attention and sympathy, or the attention and sympathy of the Honourable Member for St. James (Mr. Edwards) more especially, I suggest that he feels certain actions ought to be taken that are not being taken. Ought to be taken by the Attorney General without having the hands-on knowledge that you can only get by working in the Crown office, working closely with police and witnesses and all of the people involved.

I say we are heading down a very slippery slope if we ask Attorneys General across this country to decide at their whim, or because of public pressure, or because they were asked to by some Opposition Member in the Legislature to take certain action, that not only reveals a basic misunderstanding of how prosecutions work and how our justice system works in this country. Because, I do not think I was elected, or I do not think any Attorney General is elected to do the kinds of things that have been suggested that I do. Because you cannot pick and choose.

We have a code of ethics that has been approved and that code of ethics is in force. We can make that kind of information available to the Honourable Member. We have basic principles. Every day it seems, something is said about the justice system, mostly con but sometimes pro, mostly con. There is always going to be someone who disagrees with a position taken by a prosecution authority in our system of Government.

I think Crown officers, as a result of the Dewar review, we learned things as a result of that, that remind us there is a certain level of independence operating in the Crown Prosecutions office. It is my job to see that in cases that are brought to my attention the Crowns are indeed working from their

code of ethics and are indeed working from the criteria that need to be met in order to make a decision about a prosecution, or about a stay of proceedings, or about a plea bargain. You know, Crowns are trained, they are legal experts in criminal law once they have been there for a while and their decisions, we need to rely on their expertise.

Our Crown attorneys are, as mentioned a few minutes ago by the Honourable Member for St. James (Mr. Edwards), among the higher paid of our Civil Service. They are professional people, and any time we want to substitute political or other considerations for those basic fundamental legal considerations that are required for the making of decisions, we are heading down a very slippery and dangerous slope.

**Mr. Chomlak:** Mr. Acting Chairman, I am wondering if the Minister might not table for our use a copy of the code of ethics. Secondly, I am wondering if the Minister could advise, is there any strategy or policy in place between the Minister and the Deputy Minister that would state certain cases or certain matters must come across my desk.

**Mr. McCrae:** No, Mr. Acting Chairman. I am glad there is not, too, because it is basically doing the same thing that I just referred to doing, which would be a very dangerous thing to do and a very irresponsible thing to do, as a matter of public policy.

I do not think we have the code of ethics with us today, but we will undertake to make it available to the Honourable Member.

**Mr. Chomlak:** I thank the Minister for those comments, and I of course agree in principle with that particular sentiment as expressed.

I am wondering for purposes of the discussion of the Lauzon case, which I have indicated I am going to spend some time on this afternoon, if the Minister either could describe for me the steps that were taken in the prosecution process, or if he feels more comfortable providing me with a generic example of the steps that are taken in a typical prosecution.

**Mr. McCrae:** I will provide the Honourable Member with some comments, but I must say I do not intend to re-argue the case either in the newspapers with Mr. Nozick, the defence counsel, or in this Chamber—re-argue or go over the case again with Honourable Members because I do not think that is appropriate.

\* (1340)

Generally and specifically in this case the police became involved—I do not have the details before me, but there was a very tragic situation and the police became involved and processed the case. On that point, I specifically made a request for a report on the way the matter was handled by the police, because this young mother was facing a very difficult situation in the light of the death of her child.

I satisfied myself that the actions taken by the police at the time of her apprehension were actions that unfortunately needed to be taken. At that point, charges were preferred, those charges were reviewed by the Crown office, and reduced at that time. This was before ever going further. Then there was a preliminary hearing, and there was another review. These reviews are not just by the Crown attorney in charge of the case, although that Crown attorney is involved with it, but that review is conducted in conjunction with senior Crown representatives as well. Then the case proceeded, and the judge made his decision. The Honourable Member knows, I guess, the rest is history.

What I could do, it might be better for the Honourable Member's purposes for me to answer specific questions rather than go through point by point, because I am not going to get into the evidentiary aspects of the matter I do not think—the case is over.

**Mr. Chomlak:** Mr. Acting Chairman, it is not my purpose here to re-debate the case or to retry it. This is simply for purposes of my understanding and for information. I appreciate the comments of the Minister. When deciding how to approach this, I had to try to determine whether I would ask specific questions, almost like a cross examination, or whether I go examination in chief. I chose to go more of the examination in chief, but I will approach it with specific questions.

At the point where the police were involved—and if the Minister feels more comfortable, he certainly could use a generic example response to this question, based on the experience of the Crown prosecutors, rather than necessarily, in this instance, dealing with these questions. My first question is, when the police determined whether or not charges would be laid, would they have approached a Crown attorney prior to that, or would they have preferred charges on their own?

**Mr. McCrae:** The Marshall Inquiry from Nova Scotia tells us that after all is said and done the fact

remains, the police have the right to lay charges. As I said to the Honourable Member, the Crown reviewed the charges in this case.

Charges are dealt with in two or more ways. Police routinely lay charges. They do not need to consult with the Crown if they get a radar reading of 90 kilometres in a 70 kilometre zone; that is in the area of routine, and they lay the charges. Depending on the quality of the evidence and so on, the Crown can then stay or proceed or whatever.

On other cases, the police may choose to consult the Crown and seek legal advice from the Crown as to what options are available to them in terms of a specific incident, what charges ought to be laid, and perhaps, which participants in a particular incident ought to be charged with this or that or the other. Then, I suppose there are times when the Crown might wish the police would have consulted, because the Crown is put to considerable work to deal with these cases, and they come forward, and maybe there is just clearly not enough evidence to support a conviction.

There are three scenarios. There may be other scenarios, but ultimately, we know from the Marshall Inquiry that the police have the right to lay charges. Then it is placed in the hands of the Crown and processed from there and then, of course, the judiciary gets involved.

**Mr. Chomiak:** I can indicate to the Minister there is even additional involvement from perhaps defence attorneys at every point of the way, suggesting both to the police and to the Crown that in fact no charges should be laid. I have in fact had occasion to deal with Mr. Whitley on matters of that in my past life as it were.

With respect to the case, the police determined to lay charges, but the Minister indicated there were two instances where the Crown reviewed it. Would it have been a senior Crown, or would it have been the Crown attorney who ultimately went forward with the case?

**Mr. McCrae:** At the commencement of the matter, there was a senior Crown. Now the Honourable Member knows what a senior Crown is, as opposed to a line Crown, or a director, or an Assistant Deputy Minister. So at the senior Crown level there was a recommended reduction in the charges at that point. That same senior Crown reviewed the matter again after the preliminary inquiry when the decision was made to proceed. During the trial there were

discussions at levels as high as the Assistant Deputy Minister, the director of Winnipeg Prosecutions and the Crown attorney handling the case, about the way in which the case should be put forward. At no time though, after the recommendation after the preliminary inquiry to proceed, was there a direction from higher levels of the Crown Prosecutions office that anything be done, other than to proceed in a way that would be fitting, considering the tragic nature of the case.

\* (1350)

**Mr. Chomiak:** I am wondering—it is an interesting question—if as a result of these reviews by senior Crowns during this particular process, or any process, whether the prosecuting attorney would have felt that he had his discretion fettered as a result of perhaps seniors' opinions, or seniors' viewpoints.

**Mr. McCrae:** It was made clear to the prosecuting attorney that pursuant to the prosecutorial ethics of the situation that decisions after that decision about proceeding after the preliminary inquiry would be left to that prosecuting Crown attorney.

At no point could it be said that senior people in any way meddled or in any way imposed their will from the time of the decision to proceed after the preliminary inquiry. It was made clear that decisions made from that point on would be made by the Crown attorney in charge of the case. Decisions about whether to proceed or whether to stop, or those kinds of decisions. That is my understanding of it.

I can say that once you embark upon a case like this, unless you are there every minute and unless you hear everything that is going on, it would be an ethical problem, I would suggest, to be issuing directions because of maybe something the defence lawyer said or something that was said in the newspapers. That is not the way to run a justice system.

**Mr. Chomiak:** Mr. Acting Chairman, it is just an interesting point that I had not considered prior, with respect to this case, insofar as it strikes me that the fact that the matter was reviewed by one's superiors and was dealt with by one's superiors. Of course, the nature of the case might, depending upon the individual—and I am not suggesting this happened—serve to perhaps fetter their opinion or solidify their opinion one way or the other in terms of the discretion they utilize in deciding whether or

not to continue or to proceed with the case. Although I am not suggesting that happened in this case.

**Mr. McCrae:** I am not sure that there is a question there that requires a response, but the code of ethics we have talked about refers to the fact that each and every prosecutor is an agent, or representative, or acting as the Minister of Justice and each of the Crown attorneys is aware of that code of ethics.

I make it my business, in my dealings with senior people, that they know the position or the direction generally of the Government of Manitoba in this province in relation to certain kinds of offences and certain humanitarian and sensitive ways of dealing with people who come before our justice system in varying degrees of troubled mind and so on.

So that each Crown attorney is there, and I think is made aware by their superiors of the general direction this administration takes and to get into any further, I have to use the word, meddling, I guess, because I cannot think of any other word, would be entirely inappropriate.

**Mr. Chomlak:** Can the Minister indicate for me in some detail what those general directions are that he has just referred to?

**Mr. McCrae:** The Honourable Member may know that in a department as large as ours and that has so many responsibilities, that division among the seven or eight divisions we have that garners the most public attention is the Public Prosecutions division.

Therefore, I have many discussions, and sometimes very long ones, with senior officials of the department about the general direction of our Government. It is no secret, this department, this Public Prosecutions division, is aware of the way this Government feels about issues relating to children, issues relating to families, issues relating to impaired driving. Of course, we have a whole Criminal Code there to prosecute where offenses are made known and investigated, and we do that job as it has always been done, I believe, with a high degree of integrity and professionalism. This branch of our department knows full well that this Government has placed a real emphasis on issues relating to domestic violence, and children, and impaired driving. When I say domestic, I refer to violence against women, obviously violence against children, and violence against the elderly.

Maybe even a broader way of putting it is crimes against the person. We feel, as a Government, very

strongly about a person's right to dignity and a person's right to conduct their lives without any undue interference from others, any undue unwanted interference from others. I am satisfied, very satisfied, from sitting in discussions with the gentleman sitting here just in front of me, that the Crown is acutely aware of this Government's position on those issues. Another one is aboriginal justice issues that our Government, not just Prosecutions, but across the whole department, has taken quite an interest in recent years. I suggest, not just in the last two, but in recent years has taken more of an interest in aboriginal justice issues, and problems and their resolution.

**Mr. Chomlak:** The Minister indicated in his previous comments that humane considerations are taken into account. I too do not want to rehash the circumstances or second guess the Crown prosecutors in this instance. I want to find out from the Minister though, what kind of general humanitarian guidelines or humane guidelines may be out there, insofar as the Minister indicated in his previous response, that the department takes these things into consideration.

**Mr. McCrae:** The Honourable Member being a member of the legal profession and the Honourable Member for St. James (Mr. Edwards), know that even in cases where there are hard and fast rules, there are also human beings at the other end of these rules. I mean at both ends, both at the end where the rules were carried out and at the other end where the effects are felt.

So that being said, we also bear in mind that there are certain criteria to be met in making decisions about prosecutions. If I can use an example of an elderly person, for example, who having lived a life free of any criminal involvement, finds himself or herself in a situation where they are—use the example of—shoplifting. There are humane and compassionate considerations that can be brought to bear on issues like that, all the while bearing in mind the issue of what is in the public interest.

Is it in the public's interest to take an elderly woman or gentleman and subject him or her to a process of prosecution for what might be referred to as a minor shoplifting offence? There is room for discretion in things like that. There is also the issue to be remembered always of what is in the public interest.

In some cases, when we are dealing with tragic circumstances like we were in the case the Honourable Member is talking about, there is the issue of, is it in the public interest to take steps that might somehow help save children or help protect children? I suggest that is an issue that would have been taken into account.

We are not totally bound by the rule book in that sense, because the public interest is defined in more ways than one. I guess I have to basically stop at that point, because I believe the public interest can be served in a number of ways. That is why we have well-trained and dedicated prosecutors in our province to make those decisions. Somebody needs to make them.

Certainly, in a case like the one we are talking about, the decisions are not pleasant, and they are not easy, but somebody has to make them. Somebody, ultimately, has to be responsible, and the Honourable Members are prepared to make me that person. I have accepted that responsibility, and I do. I will not fail to carry out the responsibility that must be carried out through the qualified and confident people we have working with us.

\* (1400)

**Mr. Chomlak:** Mr. Acting Chairman, I have been involved in many cases in my own private practice. One should probably tend to stay away from personal experiences where I have seen extraordinary humaneness shown by criminal prosecutors. I have seen instances, in my subjective view, where there has been an incredible lack of sensitivity, but for the most part, I realize and recognize that the job is very, very difficult and the competing interests are extraordinary.

It is a difficult decision to make, but the Minister did indicate in his comments that there were certain humane considerations that his Government directed towards the prosecution system that would resemble directives. I am attempting to get at what those directives are. Can the Minister elaborate again on those humane considerations?

**Mr. McCrae:** The Honourable Member has talked about directives and that is not quite the right word, because directives, to me, imply something written down that you must adhere to in each and every case. I think it is written, or otherwise. The view of this Government and the view of the Prosecutions division is that prosecutions should be conducted in a balanced and evenhanded way. The job of the

defence is to get the client off; the job of the Prosecution department is to seek justice. There is a difference, and that is where we are at.

They did a review, provided some insights, provided us with motivation to come up with things like a code of ethics, as I referred to earlier, and a prosecution criteria. We have reorganized our Prosecutions branch. We are more efficient than we used to be, and we do not want the price of that efficiency to be something that is not balanced and evenhanded. In a general way that is the direction, but I say that, in addition to the well-known policies of this Government about humaneness to victims, humaneness to victims of family violence, we are talking here—in this particular case we basically have two victims. We have an offender who is victimized by the circumstances, and, of course, we know about the child. So “balanced” and “evenhanded” are the words that ought to be used, I think, when we describe our job in trying to bring justice in cases that come before the courts.

**Mr. Chomlak:** I thank the Minister for those comments because I think it is getting more toward what I was looking for from the Minister. I will rarely stand up and defend the private Bar, but I suppose certain individuals in the private Bar would say that the defence is seeking justice as well, and part of that job is, yes, to get their clients off. Certainly the Justice Department is seeking justice, but, as some would argue, the Justice Department's job is to prosecute. So the equation could be turned around with respect to the Minister's comments.

My specific question to the Minister is—the Minister also mentioned the Government's approach and policy with respect to aboriginal justice and aboriginal people. I wonder if he could elaborate in the same vein as he did with the humanitarian considerations for me.

**Mr. McCrae:** We have discussed the Aboriginal Justice Inquiry, passed those appropriations. If the Honourable Member wants to get into the particulars, we can do that, things like the Court Communicator Program and other programs that have a specific application, in regard to aboriginal issues in the justice system.

I mean, we run a number of programs and certainly in Corrections we run quite a large number of programs the specific intention of which is to be culturally appropriate type programs for aboriginal

people who come into contact with the justice system.

So I am not quite sure, when the Honourable Member says elaborate, I do not have a list of things here that I can refer to but perhaps as we go through the Estimates, and then the Honourable Member reviews all of the aboriginal references that we make as we go along, I think it will be fairly significant. Many of the things have been brought in by the previous administration, some of them brought in by the present administration, and I think it is the right thing to do. Those are the things we are doing.

As I said a little while ago, we are not doing enough, we are doing more than most, we are not doing enough, and so we will keep doing what we can to improve programs and bring new programs that are appropriate to deal with the issues that we are facing.

**Mr. Chomlak:** Well, the Minister can correct me if I am wrong, but when I asked the question four to five questions ago about considerations used by the Prosecutions branch in determining whether or not charges are laid, et cetera, the Minister indicated it is well known this Government's position, with respect to aboriginal issues, and my question is, are there specific directives or policies that the Prosecutions branch is aware of that says, for example—this is a bad example, but it is the only one I can think of—if at the Ebb and Flow Reservation there is a particular kind of offence, we will hand that over to a Community Justice Committee, rather than go through the criminal prosecutions? For example, if it is a case of a theft under \$1,000 we will hand it over to a Community Justice Committee at the reservation to deal with, rather than go through the criminal process.

\* (1410)

**Mr. McCrae:** I should tell the Honourable Member today that we were very pleased very recently to welcome to our department, and our Prosecutions division, our new Regional Director of Prosecutions, Mr. Michael Watson, a former Manitoban, I believe, who came to us recently from Alberta. He will be stationed in Brandon, and he will be charged with the responsibility of Regional Prosecutions in our province. He has already been directed to direct all his senior Crowns, in each of the centres that he is in charge of, to direct them to meet with chiefs' councils at the reserve levels to consult with them, talk to them about issues of concern to them. All

prosecutors in Manitoba under his direction will be doing that. That, combined with all of the things we learned from the Aboriginal Justice Inquiry and that we learned from our interdivisional group of Assistant Deputy Ministers that are working on aboriginal issues right now, all of these things we hope will dovetail rather nicely with the Aboriginal Justice Inquiry report. We hope, because we do not know for sure. We do not know what is going to be in that report.

We are taking all the steps that we think are appropriate to do, as was done I understand, in Nova Scotia when the Government of Nova Scotia was attempting to prepare itself for the release of the Marshall report. They were able to make some kind of response. It is up to others to comment on the quality of the particular response in that case, but you cannot say that they were not trying to prepare themselves. That is what we are trying to do, and we do not want to put in a lot of programs today or tomorrow. We have said this for the last number of months, that we do not want to get involved in new programs until we get the general direction from the Aboriginal Justice Inquiry. After all the work they have done, it seems to me it would not be too appropriate to go and put into place a bunch of new programs right away until we have heard from them.

As the Honourable Member will be able to detect from my comments, a lot of work, a lot of attention is being paid to these issues right now. I think that after the report of the Justice Inquiry, then we will be in a better position to talk about which specific directions we might want to go. In terms of sensitivity and attention paid to culturally-specific matters, I believe it is a good idea to ask a new regional director to make himself aware of aboriginal justice issues and to do that through all of his prosecutors. It is a good idea, and I am glad it is being done.

**Mr. Chomlak:** Mr. Acting Chairman, I concur. I also agree that it is a good idea. I remind the Minister that, in fact, it was his comments that spurred me on to ask these questions about the specific initiatives undertaken by his Government insofar as he had stated that was the case.

I wonder if the Minister could clarify for me, is it Mr. Watson and all of the regional Crown prosecutors will be meeting around the province, or what is the format? I do not think I caught it in the Minister's thing.



**Mr. McCrae:** There was a meeting a week or so ago in Brandon of all of the—I think they are called the executive senior management committee. That includes the Assistant Deputy Minister and the directors. That included for the first time the new Regional Director, Mr. Watson. He was instructed by that group to see that a process, I do not know the specifics of the process—for all the regional prosecutors in our province to get in touch with and consult with bands and councils. I assume it is, you know, call up the chiefs in the various places or the directors of the councils and set up a meeting and go and meet those people. I know I have made that specific request myself with the previous regional director of Prosecutions that he meet with certainly a specific tribal council I am aware of. I directed that. In the case of the new director, I assume the process is that Crown attorneys are being instructed to contact band councils, get together with them and talk about issues. I do not know how more specific I can be.

**Mr. Chomlak:** In the case of, without necessarily referring to the Lauzon case again, but in reference to the hard cases, and that is certainly one of them, is there a process in place amongst the Crown prosecutors of a post-mortem that would be held to determine steps where we went right, and where we went wrong?

**Mr. McCrae:** The Honourable Member's question implies something went wrong.

**Mr. Chomlak:** I do not believe I did, and if the Minister is sensitive, I am sorry. I said, not specifically dealing with the Lauzon case, but the hard cases. Let us take it off the Lauzon case. Let us talk about a generic hard case. Is there a process in the department that says, when we get these hard cases, when we get the cases that cause public clamour, if a case causes public clamour, if we have an instance where there is questioning, do we have a process of departmental post-mortems to see if everything went right, or to see if possibly we could improve upon things the next time?

**Mr. McCrae:** There are two kinds of categories here. The Honourable Member used the expression "hard cases," and I think I know what he means by that. He used another expression that I am not going to use. I will use another expression, "by review," rather than the one the Honourable Member chose to use.

I will use an example of a case where a teacher was charged with sexual assault. The matter was ultimately stayed; the charge was stayed. That case led to pretty significant consultations between the Crown and the Manitoba Teachers' Society, as a result of which a policy was developed as to how cases like that one should be followed. In that case of a hard case, as the Honourable Member would call it, there was indeed—the policy flowed from that. In other cases, there are other procedures followed. In other cases, there may already be some kind of policy in place. No case is ever the same as the last one, as the Honourable Member knows, so it is difficult.

The other category I can talk about is what you can call the routine, but in that routine I stress that there are going to be some of those hard cases. After a case is completed, after a prosecution has been completed, the Crown attorney conducting the case then reviews how the case went, whether it was a conviction or an acquittal and then also on the sentencing aspect. Decisions have to be made about making recommendations about appeals in many cases. The Crown attorney in charge of the case, in those cases, can make recommendations about whether matters ought to be carried further or left as they are.

**Mr. Chomlak:** I thank the Minister for that comment. I think it adequately addressed the question that I was seeking a response to. Is there any kind of policy review—and this is a general question—with respect to stays? Does the senior prosecutor look at the particular Crowns and review the cases, and the numbers, or the instances of stays that are granted?

\* (1420)

**Mr. McCrae:** We have a specific policy regarding the dropping of charges or stays of proceedings in Manitoba.

**Mr. Chomlak:** Can the Minister advise me as to what that policy is?

**Mr. McCrae:** We will make that available to the Honourable Member, if it is in writing.

**Mr. Chomlak:** This is also a generic question. How is it determined which Crown prosecutor will handle which case? Is it simply a flowing roster? Is there a roster arrangement?

**Mr. McCrae:** Under the reorganized Prosecutions branch, we have the three major areas of activity, and that is the intake part, where there are around

six prosecutors. Then there is the screening area, there are about six there; then the trial part, where there is about 22. Those Crowns can rotate so that everybody I take it ultimately gets experience in all of those areas.

Then you always have to have flexibility in that system too for Crowns who may have an assignment left over from a previous area of responsibility. You have to be able to build flexibility. I think our reorganization allows for that.

Then there is a way also of dealing with the so-called serious and then the so-called hard cases. Those decisions about who handles a particular serious case is made by the senior Crown in that particular area in consultation with the director of that area. If we are going to separate these between serious and then the next level of case being the hard case, as the Honourable Member has called them, the senior management committee, the whole committee of directors, is involved with the decision making there.

**Mr. Chomlak:** So as I understand it, once a particular case gets to the trial level, if it is a hard case, it is possible that the senior management team would then make a determination as to which Crown would handle it?

**Mr. McCrae:** Yes.

**Mr. Chomlak:** Can the Minister indicate whether there are any specialists, as it were, in the Crown prosecutors' office? I recognize there are some Crown prosecutors, for example, obviously in the Family Violence Court who handle only that instance, or for the most part, those kinds of—at one time, I believe there were Crowns who dealt with child abuse cases. Are there other specialists or other breakdown areas within the Prosecutions branch?

**Mr. McCrae:** Yes, we do have people who specialize in the Crown Prosecutions office. I think the Member referred to the domestic violence court, which is obviously one. We have a commercial crime area division, and part of that is the—I call them division, I am not sure if division is the right word, but unit, I guess is the right word. Included in that is an environmental component. Then there is the youth section of the Prosecutions.

**Mr. Chomlak:** I am curious as to what reference the Minister made to an environmental component?

**Mr. McCrae:** In the commercial crime unit we have, and are continuing to develop, an environmental expertise. That is what I meant.

**Mr. Chomlak:** Again, I am having trouble understanding. Does the Minister mean environmental in the sense of the commercial prosecution section or an environmental expertise as it relates to prosecutions under The Environment Act?

**Mr. McCrae:** This all comes under the branch known as Special Prosecutions and Programs, headed by Mr. Les Kee, who is the director. Included in that branch are the Commercial Crime unit or section, and the environmental component of that is a recognition by our Government that environmental matters are of more and more importance. This is a developmental matter, because we are developing the expertise that we are beginning to see that we require and we know we will require more of as time goes on.

This has been something that I know has been discussed around for some time. I guess since I came, there has been talk going on of our department needing to develop the environmental expertise that it is going to need as we face more and more environmental matters in the future. Both constitutional, environmental and criminal, and whatever aspects of the environment that we are talking about, our department is going to have to be able to respond to those demands that will be coming and are coming now.

**Mr. Chomlak:** Is the Minister saying that there is a number or a particular Crown attorney who is assigned to looking after environmental cases?

**Mr. McCrae:** In the Commercial Crime unit there are four lawyers, four prosecutors. One of them on a full-time basis is dealing with environmental matters, and that includes taking courses and preparing himself and the department for the challenges that lay ahead.

**Mr. Chomlak:** I just want to indicate for the record that I think that is a very positive step taken by the department.

Finally, in this round of questioning, I am wondering is there any particular Crown who looks after violence against the elderly? Is there any particular Crown attorney that perhaps specializes in that area?

**Mr. McCrae:** We were quite proud of the concept of our new Family Violence Court and very pleased that we have it implemented. There are three lawyers assigned to that unit of our department, and it is expected that we will be adding another one. There will be more training going on in the new year.

The branch deals with elder abuse, with abuse against children and abuse against women under the heading of family or domestic violence. All of these lawyers, we expect, will have expertise in all of these areas of violence relating to the family. Time will tell us whether we need to specialize further in that area. I think it is premature for me to answer whether that will happen today. Here again, the Age and Opportunity bureau has an elder abuse advisory committee. On that committee sits the Assistant Deputy Minister of Public Prosecutions.

**Mr. Chomiak:** Subject to the response, I am pledging this will be my last question in this area. Can the Minister name who the particular lawyer is who is responsible for the environmental prosecutions? Can the Minister advise me, if members of the public wished to have a matter pursued perhaps by the Crown, whether or not they could be referred to this particular individual and, if not, where they should be referred to?

**Mr. McCrae:** If a member of the public wants to make a complaint about an environmental matter, they should report that to the Department of Environment. It is the same as if you see a crime committed, you should phone your local police. You do not phone Murray Conklin, who is the lawyer we are talking about.

**Mr. Edwards:** I am cognizant that we have a lot of appropriations to go through, and we have limited time. I do, however, want to pick up on some of the discussion which has already occurred with respect to the Lauzon case.

It was I, Mr. Acting Chairman, as you may be aware, who last Friday first raised that case in this House. It was also I who that evening suffered the slings and arrows of my colleagues from both of the other two Parties, the Minister of Justice (Mr. McCrae) and the Member for Kildonan (Mr. Chomiak), when they said that I had been insensitive to Ms. Lauzon. They ridiculed me and they accused me of being a political beast, unable to understand the sympathy which was required of Ms. Lauzon.

I think my colleagues need to hear the response. That very evening I in fact heard from Mr. Nozick, counsel to Ms. Lauzon, her spokesperson. She would not speak to anyone. She was speaking through her counsel, and she had given him that right and that obligation. He advised me, not only that she appreciated my questions, but that her real concern and her real offence was taken at the Minister's statement that this had been handled sensitively, and would I please ask the questions again.

That was what I was advised the very evening of the day that this Minister had the, I would suggest, gall to accuse me of being insensitive to Ms. Lauzon. My colleague, the Member for Kildonan (Mr. Chomiak), joined him in that. Two days later, Sunday, I picked up the Winnipeg Sun, and I saw none other than quotes from my colleague, the Member for Kildonan, saying the Minister should take a close look at this. He should review the transcripts. Something has gone wrong. Forty-eight hours had changed the Member for Kildonan's view of the facts. He did not retract what he had said the prior Friday, but he had completely changed his view of the case.

Mr. Acting Chairman, it is not often that a Queen's Bench judge says what Judge Hanssen said. It is interesting to hear the Minister's comments, and I want him perhaps to confirm it. Perhaps, I did not understand what he was saying and took it out of context. I understood him to say that nothing went wrong in this case. Nothing went wrong. That is not what Ms. Lauzon says. That is not what Judge Hanssen said. I do not know where he gets that from.

The fact is, Judge Hanssen said there was no evidence of criminality. Judge Hanssen said this case should never have gone to trial. In fact, he said it was a shame she had been charged. Judge Hanssen, I am led to believe, and I have not had access to the transcript, but I am led to believe stopped the Crown attorney of the day—I believe it was Mr. Melnyk—from going over the details of the body and the manner of death. He reminded him that the major allegation of criminal negligence causing death was not proceeding. That was not what the trial was about. The trial was about neglect of children.

Ms. Lauzon spent a night in jail the night her son died. The Minister said he investigated that. He was satisfied again nothing went wrong. He said to me

in the House, there is nothing that went wrong, and I have investigated it. He did not expand on that and say if that was normal practice, if that is accepted. I think it is implicit in his comments, but perhaps today he can enlighten us.

Mr. Acting Chairman, let me be clear. I am not after the Minister or the Crown attorneys involved. I was not at the trial; neither was the Minister. The point is, there have been some very serious concerns expressed by someone who went through a trial and was acquitted. Those should be registered, and those should mean something in this case. More than that, there have been very serious concerns expressed by a judge of the Court of Queen's Bench. That does not happen very often.

For this Minister to say, nothing went wrong, one can only assume that he has looked at that transcript, that he has looked through that file, that he has spoken to the Crown attorneys involved. I want him today to tell us if in fact he has done that before he made that statement, because if he has not, it is an outrageously arrogant statement.

(Mr. Jack Reimer, Acting Chairman, in the Chair)

**Mr. McCrae:** I have known Stanley Nozick since 1969 in the days when Stanley Nozick and I spent time together in the courtrooms of this province, working together playing our part to deliver justice in Manitoba. The Honourable Member should know that it comes as some surprise when Stanley Nozick should be calling him, as opposed to the Attorney-General, if he has some real concerns. You know we have—

### Point of Order

**Mr. Edwards:** Point of order, Mr. Acting Chairman.

Before the Minister goes on, in fact, I called Mr. Nozick.

**The Acting Chairman (Mr. Reimer):** That is not a point of order. That is a point of clarification.

\* (1440)

**Mr. Edwards:** I realize that, Mr. Acting Chairman. I simply want the Minister to know and have the full facts before he commits other errors that he may have based that statement on.

**Mr. McCrae:** Do you want me to respond to the point of order, Mr. Acting Chairman, or just carry on?

**The Acting Chairman (Mr. Reimer):** There was no point of order.

**Mr. McCrae:** That is what I thought. That is precisely what I thought, Mr. Acting Chairman.

\* \* \*

**Mr. McCrae:** It is very interesting that a Member of the Legislature would be calling a defence lawyer in a case like this as a result, I assume, of reading some newspaper article. The Honourable Member for St. James (Mr. Edwards) has not failed to surprise us in the past, and I do not suppose he is going to change his tactics today.

I have to tell the Honourable Member that I am not going to argue, reargue the case. I am not a lawyer anyway, as the Honourable Member is, and he from reading newspaper accounts has made up his mind about how the case was handled, and after a telephone call to a defence lawyer involved in the case.

I can tell you, though, that no one on behalf of the accused in that matter has either called or written me. The only requests that I have had from defence counsel in this particular case have been the ones that I have been reading about in the public newspapers of this province. I say that the way that particular matter is being handled is insensitive, and I say that the way that the Honourable Member for St. James is handling the matter, for whatever purpose he is doing it, is insensitive in the extreme and profoundly, I suggest, contrary to the traditions of the parliamentary system in our country. In any event, I do not know what more there is for me to comment on.

When the Honourable Member refers to my comment that nothing went wrong, he, of course, takes it out of context, as he usually does. I was responding to a question of the Honourable Member for Kildonan (Mr. Chomiak) where he used an expression—which I do not really want to repeat, and I do not think he does either, it was probably just a poor choice of words—to deal with what happens after a case and the Crown's review of that case. The Crown has reviewed the case. I have reviewed the case with them. No, I have not read a transcript of the case. That is not my job, I suggest to the Honourable Member, to do that.

My job is to see that the Crown Prosecutions office of this province is following the directions given to it by the Government, those general directions which deal with handling cases in a fair and evenhanded way and searching for justice as opposed to searching for convictions and handling

cases in an appropriate manner. When we deal with a case as tragic as the one we are talking about, I wonder if anybody can say that there is a nice way to handle this kind of case. There just is not.

The Honourable Member chooses to play politics with this kind of a tragedy for a woman and her family; I say that is profoundly insensitive. For the Honourable Member to suggest that any Crown attorney ought to be directing prosecutors to do this or to drop charges or to prefer charges betrays a total misunderstanding of the accountability and the level of independence that is required of a properly functioning Prosecution office. The Honourable Member frightens me, quite frankly.

**Mr. Edwards:** The Minister says that I am being insensitive. Now he is saying that Mr. Nozick is being insensitive. He said that last week in the press. Mr. Nozick does not know what is best for his client. I do not know what is best for the victim, given that I am relying on the statements of her spokesperson, her counsel. Presumably, he is also saying—unless he is saying Mr. Nozick is misrepresenting her—that she does not know what is best for her.

How far does this go before this Minister will acknowledge that there are some concerns raised by people who have been through this trial, and raised in particular by the judge who presided? He says it is not his job to review the transcript. Well, whose job is it? Should the transcript not be reviewed in a trial in which a judge said there is no evidence of criminality? Did something not go wrong if you have put somebody through a jury trial and, at the end of the day, the judge says there is no evidence of criminality, not insufficient evidence, not evidence that did not meet the criminal standard, no evidence of criminality, zero? Something indeed went wrong.

There may be legitimate answers for that, and there may be answers which exonerate the Crown and this Minister. He has been given an opportunity publicly to indicate an answer to those accusations.

I ask him again. I offered him the chance to clarify his statement, nothing went wrong. Did everything go right? If not, what went wrong? What is he going to do about it?

**Mr. McCrae:** One thing I will not do is impose the judgment of the Crown or the Attorney General where the judgment of the judge is the appropriate one. The Honourable Member seems to say that the

Crown ought to be carrying out the function of judges. Well, I disagree with him, and that closes the matter as far as I am concerned, because I disagree with the Honourable Member. The Crown does not play judge. The Crown does its job, and that is what it is there for. That judge said there was no evidence of criminality. Her Honour Judge Judith Webster, in committing at the preliminary inquiry, clearly disagrees.

It is convenient for the Honourable Member to take the position that he finds most convenient for his purely partisan political arguments. The only difference between the Webster decision and the Hanssen decision—the only thing between them is the election that the accused had. Had the case been heard by Her Honour Judge Judith Webster, we do not know, but the verdict might have been different.

Do not come to this House, this Legislature, and second-guess Her Honour Judge Judith Webster's judgment, unless you want to do that in every case that comes along.

The Crown prosecutes. Many cases are thrown out of our court system year in and year out. Is the Honourable Member going to raise every case that comes forward that the Crown fails to achieve a conviction on, spectacularize it and make it such a great public issue, and tear it across the front pages of our newspapers, so that people like Ms. Lauzon can read that and relive the God-awful experience that she must have been through?

This is the part that really makes me angry, Mr. Acting Chairman, when I am dealing with the Honourable Member for St. James (Mr. Edwards), because he has a callous sense of irresponsibility that really must make a lot of people angry.

The Honourable Member can say what he likes about his conversation with Mr. Nozick, but I tend to think the Honourable Member has to make up for a little bit of the criticism he has taken about his mixed priorities. I mean, the issue for the Honourable Member, the main front line issue for him in dealing with these \$150 million worth of Estimates, is the way we choose who is going to be the Queen's counsels this particular new year's, and Ms. Lauzon's concerns and problems really did not come forward in this place until we read about it in the newspapers. That is when the Honourable Member brought it forward. I really question his

sense of public responsibility and his sensitivity. I leave that on the record.

I am not going to argue the merits of this case with the Honourable Member. I do not have to do that. That is not what I am here for. We have perfectly qualified prosecutors who do a good job year in, year out, trying to see that justice is done in this province. The Honourable Member wants prosecutors to substitute their judgments for that of judges and to play judge and leave the judges right out, but make all of the decisions beforehand. I do not agree with that approach. The Honourable Member can posture and try to make as many political points as he likes out of the very unfortunate situation regarding Ms. Lauzon and her family. He can do that all day long if he likes, but he is not going to cut much ice with me.

**Mr. Edwards:** I can see I am not going to cut much ice with this Minister. He has pursued the same line he has pursued since last Friday.

**Mr. McCrae:** Grandstanding.

**Mr. Edwards:** The Minister indicates grandstanding. Mr. Acting Chairman, perhaps he misunderstood. Let us give him the benefit of the doubt. Perhaps he did not hear me.

Ms. Lauzon, through her spokesperson, her counsel, who she had told to speak on her behalf, has indicated to me that she appreciated my questions last Friday. She has indicated that the only thing she took offence at was this Minister saying it was handled sensitively. That is the offence. This Minister has to answer for that. He says he does not want the Crowns to second-guess judges. The judge said it should never have made it to trial. The judge said she should never have been charged. Judge Webster committed to trial on lower offences, and the Crown attorney, according to Mr. Nozick—and again I do not have the transcript, I have asked the Minister to look at the transcript—relived the details of the death, the details of the spectacle of the child on repeated occasions and had to be stopped by the judge.

\* (1450)

I do not know if that is true, but I can tell you that it is the responsibility of this Minister to find out if that is true. He cannot dodge the bullet, and he does not do himself or his office any credit in playing the game that he is playing in this House and he has played for the last week.

He has got answering to do. If not to the public on the eight-second TV clip, which he exploited to the hilt as is his way, he has to answer to himself in his role as the chief law enforcement officer in this province responsible for the Crown attorneys in the Public Prosecutions branch. He has his senior bureaucrats here to help him in that duty, because I understand he is not a lawyer. No one has ever criticized him for not being a lawyer, but that does not mean he can avoid his responsibilities.

He says I would have them second-guess judges all the time. How often does a judge indicate that there is no evidence of criminality? How often does that happen? Does that happen all the time? If it happens all the time, it is news to me. Perhaps the Minister has some more serious questions to ask if in fact that is a regular occurrence. But he comes to this House, and he says this is a normal case. He says he is not going to get involved in every case, and I would sensationalize every case. I was talking about this case seven months ago, if he had been listening. This is not a new case to myself. It is not a new case to him. It was not a new case to people who were watching the criminal justice system in this province and who need to be reassured that there are proper decisions being made.

We have very fine Crown attorneys in this province, very fine Crown attorneys, but they make mistakes just like we make mistakes, all of us. The answer, when those mistakes are made and are commented upon by people like Judge Hanssen, is not to say they did not happen. The answer is to take that concern and that allegation seriously, to look at it closely, to do the investigation that is necessary to determine the validity of those allegations and then move forward. Nobody is saying that the Crown attorneys in this case absolutely made mistakes, but there have been concerns raised, serious, serious concerns. This Minister has an obligation to determine the validity of those concerns. Does he not accept that responsibility? If he does, what is he going to do to determine their validity?

**Mr. McCrae:** One of the things the Honourable Member for St. James (Mr. Edwards) said is that I need to answer to myself. I guess that is where I stopped listening to the Honourable Member in this last go-around, because I thought about that. I thought it was a good thing for the Honourable Member to say, and I do not disagree with him. In fact, I do agree with him. I have to answer myself in

my capacity as one who speaks for one million Manitobans on justice issues in this place.

On behalf of one million Manitobans, there is a public issue to be addressed in perhaps every prosecution that comes forward, and this one was one of them. The question we had to answer or we had to seek an answer to, through the justice system, was: Was there a failure to provide necessary attention to prevent endangerment? The Crown felt that question needed to be answered. The appropriate place to have it answered was in the judicial system.

There is an issue, the safety of children, involved in this case. Obviously and clearly, there is an issue involving a lot of societal problems dealing with people who are perhaps less fortunate than the Honourable Member for St. James (Mr. Edwards) and myself, people who have children, people who are raising those children on their own, and a lot of issues involving society. From the point of view of justice, there was that question to be asked and answered, in an appropriate forum dealing with endangerment to children.

I want the Honourable Member to know that the Crown must have had the children of this province in mind when it approached its task of making the decisions it has made in proceeding with this prosecution and other prosecutions.

These are not easy. The Honourable Member seems to raise his questions as if these decisions are made in a cursory and perhaps even flippant way by representatives of the Crown, including myself in whatever consultative role I play in these matters.

I just want to assure the Honourable Members and specifically the Member for St. James that nothing could be further from being incorrect. This and many, many other cases that I have seen over the years—and you know, lawyer or no lawyer, I have seen a lot more cases than the Honourable Member, in my previous job. Some of them are tragic in the extreme, like the Lauzon case.

I do not really want to be lectured any more by the Honourable Member about issues relating to sensitivity, because I would rather get lectures like that from somebody else.

**Mr. Edwards:** Mr. Acting Chairman, by no means were Mr. Judge Hanssen's comments made flippantly. By no means were my comments made flippantly. I do not believe Stanley Nozick's

comments were made flippantly. If there was a flippant comment in the eyes of the person who went through the trial it was the indication that it was handled sensitively, when in fact we learn that unfortunately I think before that comment was made, the transcript of the trial was not reviewed.

I leave it with the Minister. I think it is his obligation or his Deputy's or his head of the Criminal Prosecutions branch to look at that file and to look at the judgment and to look at the transcript of the trial and to see if some of those comments have validity and whether or not the department can learn from them, because the department is good, but always as any department is it must be looking to improve, and there may be room for improvement.

That is all I have ever asked. That is all the victim, the remaining victim in this case, has ever asked for.

Moving to the Administrative Support line in the Salaries Appropriation, I see that the appropriation is marginally up from last year, approximately \$22,000.00. I note that in 1988 that appropriation, according to my information, was some half of that, \$535,000.00.

Can the Minister indicate if he anticipates further expansion? What in fact gave rise to the initial doubling of that appropriation back in the '89-90 year? I realize it is perhaps a question which relates more to the prior year than this year, but I wonder if in fact any substantial increase is anticipated in the near future.

\* (1500)

**Mr. McCrae:** I think the best way to deal with what the Honourable Member is asking me is to say that the changes that have been made in the Crown Prosecutions branch really do not reflect any increase. There is no increase in the staffing.

What it reflects, I guess, is the differences that you see here. I am not really clear on the Honourable Member's question, to be honest with you, but I will say the changes you see here probably reflect the different way of accounting for things since the reorganization of the Crown Prosecutions division of the department. Appropriation structure has changed and so sometimes numbers are going to look different, but in the sense of staffing there, it has been incredible what we have been able to do without increasing staffing either significantly or, certainly, on a long-term basis.

I remind the Member that in 1989 between May and December we basically cleared off the

incredible backlog. Is it not a good thing we did, too, because look what happened in Ontario? There has been a Supreme Court ruling which says that eight months, I think, is an appropriate time for prosecution. Therefore, 50,000 to 80,000 cases in Ontario will have to be either stayed or dismissed at court.

You know who was there in Ontario for the last number of years as Government. I guess when the time comes you have to sort of mention these things and drive them home to some Honourable Members, that if we did things the way they did them in Liberal Ontario, we might very well be in pretty serious trouble. -(interjection)- We will allude to it as my colleague, the Minister of Natural Resources (Mr. Enns), says allude to it only, and not say very much about how awful things were in Ontario where they have to face this kind of a—I say it is scandalous. Is that alluding? I guess that is enough alluding for today.

Really, we are down to very reasonable, I suggest, very reasonable times. In fact, we have people in the same occupation as the Honourable Member actually complaining to us that they do not want trial dates as soon as we are prepared to give them to them.

**Mr. Edwards:** Mr. Acting Chairman, my question, perhaps I can put it more clearly. If I go back to the year ending March 31, '89, on this same subappropriation, it strikes me that two numbers are significantly higher for the last two years.

Firstly, Administrative Support, year ending '89, was \$535,000.00. It doubled for the '89-90 year, and it has stayed that high for the year ending March 31, '91. Secondly, and I can combine these two, Grants at that time were \$20,000; then they jumped to \$230,000 and have stayed there.

Perhaps the Minister can enlighten me on those two figures and why they took the initial jump and if in fact any additional increase of that magnitude is expected in the near future.

**Mr. McCrae:** I am going to give the Honourable Member the answer in a couple of parts, because I am getting some information here that I might only be able to digest in small quantities here.

The Honourable Member asks about the initial jump. Appropriation (a) was an administrative appropriation, and appropriation (b), this 2(a) and 2(b), were criminal prosecutions. Item 2(b) now

combines the two functions and that is why you see such a significant increase.

There will be changes because of pay equity awards to Administrative Support staff, although there is no significant change in a number of those staff, so pay equity is a large part of this.

Our Crime Prevention Grants are reflected here, the move of the court unit from the Public Safety Building to 373 Broadway, and the language bank.

**Mr. Edwards:** Mr. Acting Chairman, can the Minister indicate how the \$230,000 was allocated, the grants amount? I take it, I may be wrong, that covers the Victim/Witness Assistance Program and the Child Abuse Witness Program. I am not sure if that is correct. Perhaps the Minister can clarify that.

**Mr. McCrae:** Yes, the Crime Prevention Grants—do not forget the fiscal year is not over. The trouble about talking about Estimates in the first day before the Christmas month, before December—anyway, the Honourable Member is aware of an \$83,000 grant to Citizens For Crime Awareness, which was recently announced here in the City of Winnipeg.

The City of Brandon Police Department has received \$1,000 for attendance by a constable there. Actually it is a little interesting, because the constable is a City of Winnipeg constable attending a conference, but because—is it Chief Scott?—or the Brandon city police are involved at the executive level of this particular organization, the money went to the Brandon city police. Anyway, that is a \$1,000 item.

The Group Against Pornography held a conference at the Convention Centre recently, and we granted them \$1,500 to assist in defraying the expenses of that. Then there are programs run by the John Howard Society and Elizabeth Fry amounting to \$50,000.00. Those account for some grants, and there is still money in the fund unallocated to this point.

**Mr. Edwards:** Mr. Acting Chairman, I just took a brief—jotted down the numbers, and I get just over \$55,000 out of the \$230,000.00. Is it anticipated that the \$230,000 will be spent by the end of the fiscal year?

\* (1510)

**Mr. McCrae:** I think the programs that I referred to, combined with some that our department is assessing at the present time, combined with \$30,000 of this which goes to the language bank,



will bring us either very close to, or—hopefully not, but very close to using that appropriation for this fiscal year.

**Mr. Edwards:** Mr. Acting Chairman, I think the Winnipeg Victim Impact Statement pilot program was something, I believe, which came under this area in the past. Of course, it finished its tenure, and there was a review done. The review came back, and the review was positive.

Has there in fact been any reconsideration of continuing that program, or what is the present view of the Government on its advisability?

**Mr. McCrae:** The program the Honourable Member refers to is one of those programs, among others, that we would like to be in a position today to be proceeding with, but we have to prioritize as all responsible Governments are going to be having to do at this particular time of our history. That is something that has indeed been looked at very seriously by the department and has been piloted, as the Honourable Member knows, so that no decision has been made as of this date as to when or if the project will continue as an established program.

**Mr. Chomlak:** Mr. Acting Chairman, the City of Winnipeg has allocated a specific prosecutor to prosecute by-law infringements. I am wondering under which appropriation, if any, that position is accounted for by the Justice Department.

**Mr. McCrae:** There are arrangements dealing with office services and so on, but the staff year is funded by the City of Winnipeg.

**Mr. Chomlak:** Mr. Acting Chairman, under the Objectives, under the Sub-Appropriation on page 37, there is a general description of Victim/Witness Assistance Programs which indicates, to provide assistance of victims of crimes, et cetera. Could the Minister briefly describe which programs are in place? If he has a document which outlines what those programs consist of, can he perhaps provide it to us?

**Mr. McCrae:** We will provide the Honourable Member with descriptions of those programs.

**Mr. Chomlak:** There was a video taping program that related to child abuse victims. Is that under the Child Abuse Witness Program?

**Mr. McCrae:** That was a project, Mr. Acting Chairman, that has now become a police project—not project, but a police policy of making

use of video taping. There again we can deal with victims of crime in an appropriate manner through the police department.

**Mr. Chomlak:** So I take it that in each instance when one of these cases occurs, the police actually video tape the initial interview with the child for purposes of providing the evidence in court, subsequently.

**Mr. McCrae:** In appropriate circumstances, keeping in mind the nature of the case and the age of the child and the circumstances surrounding it, yes.

**The Acting Chairman (Mr. Reimer):** Item 2.(a) Public Prosecutions: (1) Salaries, \$4,848,100—pass; (2) Other Expenditures, \$1,297,500—pass.

Item 2.(b) Office of the Chief Medical Examiner: (1) Salaries, \$224,800.00.

**Mr. Edwards:** Mr. Acting Chairman, I was interested to learn that in fact the Province of Manitoba does not have 24-hour investigative coverage under The Fatality Inquiries Act. When that was drawn to my attention, I did a survey of some of the other provinces to see what they had. I am advised that British Columbia, Alberta, Ontario, Prince Edward Island, New Brunswick, Newfoundland and, I believe, Saskatchewan do have 24-hour investigative coverage under their similar Acts.

I know that the medical examiners of course throughout the province—there are some 74 of them—they attend at the scene of a death where someone dies of circumstances which falls under the Act, but that is not investigative coverage.

This province presently has three investigators, full time. It is my understanding that this office has been trying for sometime to get two more investigators to give 24-hour coverage not to the whole province—that sadly would be relatively impossible given the size of the province—but only to have that offered in the City of Winnipeg, which of course represents 60 percent of the work of the office and makes sense at 60 percent of population.

I wonder if the Minister has any intentions of acceding to the request of this office to have two additional full-time investigators to make sure that was available in the City of Winnipeg and whether there has been any investigation as to whether or not we could have investigators similar to medical examiners, trained people available in the rest of the province that could perhaps attend at scenes and give the people of this province the same protection which most other provinces appear to have.

\* (1520)

**Mr. McCrae:** I think I can give the Honourable Member the commitment to look further into this matter that he has raised and read in more detail what he has said through Hansard. To do a review of the issues that he has raised, the Honourable Member will recall we passed a rewritten Fatality Inquiries Act which does make things more efficient here in Manitoba, but certainly the issue he raises is something that I will ask my department to advise me further about.

**Mr. Edwards:** Mr. Acting Chairman, I thank the Minister for that undertaking.

The only other issue I would raise under this heading is: it came to my attention sometime ago a complaint from a person who requested that they remain unnamed. I will have to respect that, and so I raise this only in the context of a complaint. There is no verification.

Sometimes when requests are made of the medical examiners in cases that fall under the Act, the examiners themselves do not attend the scene, but rather request that others who are there do, in fact, what I believe they, under the Act, are required to do, that is, pronounce death and determine the cause of death. I believe that is what they are called upon to do, but certainly to attend at the scene.

I wonder if the Minister has received any such complaints or if there is any process by which it is ensured that medical examiners, when called in the circumstances, do in fact attend at the scene, and whether or not there is a follow-up procedure to ensure that, in fact, happens.

**Mr. McCrae:** Nothing has been brought to my attention in this regard, nor to the attention of the department. If the Honourable Member has a specific case of this type of thing that he feels should be brought forward, by all means, bring it forward and we will look into it.

**The Acting Chairman (Mr. Reimer):** Item 2.(b) Office of the Chief Medical Examiner: (1) Salaries \$224,800—pass; (2) Other Expenditures \$791,600—pass.

2.(c) Board of Review: (1) Salaries \$33,600—pass; (2) Other Expenditures \$11,000—pass.

2.(d) Provincial Police \$43,041,100.00.

**Mr. Edwards:** Mr. Acting Chairman, we have touched on this issue earlier on about the RCMP

contract. I see it in the note at the bottom that the provincial share did increase to 70 percent. I wonder if the Minister could indicate—I think he did indicate earlier that he thought maybe that they were aiming for 80 percent, an 80/20 split, I do not know.

Perhaps he can indicate what the federal Government has told him they are aiming for, and what the implications are for this province financially, and what this Government intends to do to offset those increased costs which, of course, will be very substantial given the numbers we are dealing with.

**Mr. McCrae:** In 1981 the Government of the Day in Ottawa changed the cost-sharing formula, federal and provincial, from—I always forget which number to put first. At that time it was 54 percent provincial and 46 percent federal. They changed that in 1981 to take us to the point where over the 10-year contract in 1991, or 1990, we now find that we are paying 70 percent and the federal share is 30 percent.

Now we are being told by this federal Government, which is a different one from the last one, which started out by moving us so significantly in the direction of offloading onto us—now we are finding they want to move, this particular federal Government, to 65 percent for them to 35 percent for us. They have not made any case, as far as I am concerned, that there has been any change in the federal benefit from these arrangements.

(Mr. Marcel Laurendeau, Deputy Chairman, in the Chair)

I am sorry, Mr. Deputy Chairman, let me go back. From 70/30 to 75/25; another 5 percent on the provinces, which means this issue combined with other matters relating to cost-base items, and so on, as a part of the whole contract for Manitoba, and our municipalities included, brings us to where we are looking at about \$9 million a year more as a provincial share for the next 10 years—these are round numbers for the Honourable Member—to about \$90 million over 10 years, which is a lot of money.

The only thing that I have not been satisfied with is why that is the position being taken. I understand that the main reason is the reason that the federal Government finds itself in a lot of difficulty with regard to the debt in this country and with regard to the deficit problems. My position, and the position of other provincial Governments, is that we have debt

and deficit problems too. They are precisely the same as those of the federal Government. If there was some difference in the benefits that the federal authority was getting, maybe it could be justified. We are at that kind of a point in the discussions, and it needs to be said that we do not see that we should just accept a change like that, which really amounts to an offloading from previous arrangements. That is where we are at.

The agreement expires March 31, 1991, and we need a new agreement. Work is going on. I met three weeks ago in Vancouver with Ministers' responsible for policing in the eight contracting provinces and two territories. We met and discussed this very serious matter. There are 23 or so issues involved, and there are three or four that are extremely important. There has been progress on a lot of the issues, but certainly the on the ones that I referred to initially here there has not been the kind of progress we need so that we can say we are near a resolution of that.

(Mr. Jack Reimer, Acting Chairman, in the Chair)

We have the Attorney General of British Columbia and the Attorney General of Newfoundland meeting with the federal Solicitor General in mid-January to put forward the provincial position on this. I feel strongly, and I believe other Members in this House feel strongly, that we like the RCMP. We think they are a very fine police force for our province. We also think they are a very strong unifying factor in our country. They are one of those national institutions that there is still an awful lot of pride in. So for those reasons we want to preserve RCMP policing in our jurisdictions. We want the federal Government to be reasonable with us in the negotiations and we are prepared to be strong in making our assertions, in asserting our rights and making our case.

We are talking about a lot of money, money that—you know, when you combine that with some of the other offloading that is going on and the other difficulties we as a province, the other provinces have, we are all in this together as a country. The federal Government has its problems too and we recognize that. There are ways that they are going to have to find though, besides just simply offloading, to deal with their problems, because just giving the problem to someone else does not seem the right thing to me.

\* (1530)

So we are here and we have a lot of work going on at the level of officials, making sure Ministers are very well briefed on all of the issues involved. I travelled to Vancouver with some of our officials who assisted in preparing me, and they have had some preparatory meetings. One of those preparatory meetings was particularly unfortunate, I take it, because at that meeting, a federal and provincial meeting, that was where the federal position seemed to be made rather clearly, and to me that is where the Ministers started to get involved, because it showed a certain intransigence on the part of the federal people that we felt needed to be addressed, and hopefully we can make some progress with our federal counterparts.

**Mr. Edwards:** Mr. Acting Chairman, we do indeed like the RCMP, we just do not want to pay for them. They do a very fine job. I certainly agree with the Minister that we hope that the trend of offloading does not continue. He might suggest to his colleagues in Ottawa that we would prefer RCMP to senators.

I wonder if the Minister can indicate how the negotiations are going between the rural-urban municipalities and the rural municipalities with respect to cost-sharing, because I know that has been a very contentious issue. I think primary jurisdiction falls under the Minister of Rural Development (Mr. Penner) I am sure. I am wondering if the Minister can indicate if there has been any settlement reached and, if so, is it the same arrangement that the report recommended which came down I believe approximately a year ago?

**Mr. McCrae:** All I can tell the Honourable Member, because it is my colleague's responsibility, this matter, but we certainly have an interest because of the changing dynamics of this whole thing, the potentially changing dynamics. We know that there are significant issues between the MAUM and the UMM in regard to this issue, and I recently instructed my Deputy Minister to ensure that he had discussions with the Deputy Minister of Rural Development. There have been ongoing consultations between the two departments.

It is basically an issue that needs to be resolved though. Whatever assistance the good offices of the Deputy Minister of Justice can offer will be offered to the Department of Rural Development. At this point our role I think is to ensure that we who are doing the negotiating with the federal and provincial

Governments at least be very aware of the impact of whatever happens on our municipalities in Manitoba. The UMM and the MAUM, we know that there have been discussions in the past between those organizations and the Department of Rural Development, and now we have added Justice by virtue of the Deputy Minister of Justice getting involved in that as well.

I do not think that we are going to be playing a lead role in bringing the MAUM and the UMM together to get to some form of agreement. This will be a role for the Department of Rural Development if any help is needed at all.

**The Acting Chairman (Mr. Reimer):** Item 2.(d) Provincial Police—

**Mr. Chomlak:** Mr. Acting Chairman, although we discussed the matter briefly during our last occasion that we met, and the matter has come up, I am wondering about the RCMP negotiations, the negotiations between the province and the federal Government.

I do not want the Minister to necessarily have to reveal his negotiating stance, but I have some difficulty understanding what our position is vis-a-vis the federal Government insofar as they seem to hold all of the cards. The Minister alluded to 23 issues that are being discussed. Basically what is our argument to prevent them from effectively unilaterally unloading on us—or offloading on to us?

**Mr. McCrae:** It is dangerous to talk about strategy too much, but certainly it is a public issue. We do not agree that they should just back away from what has been accepted as their responsibility for a number of years as a federal Government.

I guess the strong points to keep in mind are that I think we have a pretty solid front here amongst the provinces and territories who none of them really would appreciate very much having to go to their taxpayers for millions and millions more dollars to support policing services. That is a pretty key and strong point.

All of those provinces have the ability to make their case known to the federal Government.

On these issues of base cost and the sharing of the cost, I do not know that the federal Government has a terribly good argument to make, because they have the same problems that the rest of us do. It is no different in that sense.

I guess we should carry on, negotiate in good faith, get the federal people to the table. There will be a meeting in January between the federal Minister and the two spokes-Ministers for their provinces and territories. Armed with the kind of resolve that they will have and some of the other things that will be going on in the meantime, we may be able to persuade the federal Government to accept its responsibility in this matter.

**Mr. Chomlak:** Mr. Acting Chairman, with respect to the Special Indian Constable Program, I am wondering if the Minister could briefly describe for me the main purpose of the program and approximately how many special Indian constables we are talking about in the province.

**Mr. McCrae:** The purpose of the Special Constable Program was to try to increase Native representation on our provincial police force, i.e., the Royal Canadian Mounted Police. We have reached the point now where there are 50 members of the RCMP in Manitoba who are aboriginal persons. There are 30 of them who, under the so-called 3B funding program, are now recognized as regular members. That gives them the uniform of the RCMP; it gives them the benefit of no longer having to suffer under a salary differential of some \$10,000.00.

\* (1540)

These officers are scattered throughout the provinces in various areas. It was designed to be an Affirmative Action program, and may I suggest that there has been progress made in the direction that we want to go. Earlier today the Honourable Member was asking about programs that maybe benefit aboriginal people in the justice system, and I think this is an example of that.

**Mr. Chomlak:** Earlier the Minister indicated to me—as we go through the Estimates process, I will probably want to refer to programs as we go through—that is one of the reasons for pursuing this line of questioning. The \$823,000, is that the actual funding of the salaries for those 50 constables?

**Mr. McCrae:** That number represents—and here I think we can say that we benefit some—Manitoba's 54 percent share of the cost of that particular program. So where we pay more in other places, because of the benefit received, I assume, by the federal Government, whose responsibility Indian Affairs comes under, we do benefit to that extent of

a better ratio under this program than for the rest of the policing program.

**Mr. Chomlak:** Mr. Acting Chairman, the Minister referred to—I believe it was a 3B program. I assume he is not referring to subappropriation 3.(b). Can he indicate for me what he referred to, or did I not hear him correctly?

**Mr. McCrae:** That 3B is a designation used by the RCMP in their particular nomenclature, I guess, to describe this particular kind of officer.

**Mr. Chomlak:** The ex-bureaucrat in me, Mr. Acting Chairman, forces me to ask the question on page 43 under Expected Results. What is meant by the “reallocation of existing policing resources to meet the needs of northern and Native communities”?

**Mr. McCrae:** The RCMP, under its contract, is charged with the responsibility of policing our province. When there are areas of the province where maybe crime is on the increase, it is the responsibility of the RCMP to ensure that the appropriate number of constables are at the service of a certain number of population. Also, you have to take into account crime rates in various neighbourhoods in various parts of our province.

So there are times when you have to perhaps set up a new detachment in an area where there are particular difficulties so that it is not always just new resources. I mean here we are the taxpayers that are fed up to the teeth with the kind of taxation they have had to pay in this province and this Government recognizes that.

As a matter of fact, we had to restore 23 positions when we came into office in 1988. So this is a reference to using the complement of RCMP that we have in this province and using them effectively and in the right places.

**Mr. Chomlak:** Mr. Acting Chairman, there are no staff years attributed to this particular subappropriation. Who is responsible for conducting the negotiations under this with the federal Government, and who is responsible for conducting the prioritization and the activities of this particular subappropriation?

**Mr. McCrae:** In regard to who negotiates for the contract, that is ultimately my responsibility, but we draw heavily on the services of our Law Enforcement Services division of Government and others involved in the department. The Honourable—not the Honourable, but not dishonourable either, Mr. Kee is the director

responsible for that branch of the department. He is involved in that; I am involved in that; and then certainly our Law Enforcement Services branch is helpful. Our planning and evaluation people play a role; we have to consult with Rural Development; we have to consult with Finance. There are a lot of people who have quite an interest in this. The front-line soldiers in discussions with federal and other provincial officials are the ones that I have mentioned.

We have not got to Law Enforcement Administration 2.(e) yet, have we, Mr. Acting Chairman? We are about to get there, after we finish Provincial Police, or did we finish Provincial Police? We are on it, right.

**The Acting Chairman (Mr. Reimer):** 2.(d) Provincial Police \$43,041,100—pass.

2.(e) Law Enforcement Administration: (1) Salaries \$285,500.00.

**Mr. Edwards:** Mr. Acting Chairman, I have raised this issue a number of times with the Minister, and I realize that gun control is primarily under the federal jurisdiction. However, of course, the province is brought in through the Criminal Code, and we have a provincial firearms officer, and we assist in the administration of that legislation.

I do want to know from the Minister if any progress has been made with respect to ensuring that those who qualify for a firearms acquisition certificate are, in fact, the people who purchased the weapon. That problem was made abundantly clear some year and a half ago, I believe, in a CBC report. It was acknowledged at the time by the Minister and by myself as a problem. That is, even if you do not qualify for the certificate, you can very easily purchase a firearm, because there is a market in certificates. The certificate simply has a name on it, and many retailers, as was illustrated in that program, do not ask for supporting identification to match the person qualified for the certificate, with the person who is actually buying the weapon.

It was my suggestion at the time, and I, interestingly, had the support of some of the gun enthusiasts at the time that, if and when you qualify for a certificate, for an extra two-dollar charge, the cost could be covered of having a photograph attached to it. That was a suggestion that I put forward, the Minister could take to his counterpart. As I recall, it was something which was taken under advisement. I wonder if the Minister can indicate if

any progress has been made, or any representations made by him, to deal with that problem.

**Mr. McCrae:** I am advised that work is going on. We have not reached a resolution to all of this, or a solution, but work is being carried on between the federal registrars of gun registration and all of the provincial representatives, ours included, on the issue.

**Mr. Edwards:** I encourage the Minister to take that idea, which was, as I say, supported, interestingly, by many gun enthusiasts in the province who made it known to me that they thought that was a good idea. If you qualify for a certificate, and you go to purchase a weapon with that certificate, the person who buys the weapon should definitely be the person who qualified. The photo ID idea, of course, if it comes in through drivers' licences, that would certainly help.

I wonder if the Minister can indicate, in the event that he is unsuccessful in getting federal participation and co-operation, whether or not he feels the province could act unilaterally in this respect. We do have jurisdiction over retail trade in this province, and it strikes me that we could at least make a good argument that we would have the ability to tell retailers of guns that they must require at least one or two other pieces of identification in addition to the firearms acquisition certificate before a weapon is sold.

**Mr. McCrae:** I am going to ask our chief firearms officer to follow-up on that, and we will see what we can do about that.

\* (1550)

**Mr. Edwards:** Mr. Acting Chairman, I appreciate the undertaking. Another issue which has come to light again in this Session, and it has in the past, is domestic violence cases and the tragic relationship on occasion with firearms.

The issue is raised as to what happens when a Family Services official—or the police know of a domestic violence situation or a difficult domestic situation and whether or not they check for firearms in the home. There is no automatic correlation. That is understood, but there is a suspicion that there is a potentially violent situation that perhaps firearms should not be in the home.

I wonder if it has become routine, as I think it should that checks are made when a situation like that comes to the attention of the officials, whether

it be Family Services or police, for firearms acquisition certificates and action should be taken.

I would just go so far as to say that in those situations, weapons should be confiscated. Knowing something about that process, I know that they are taken and within a period of time I believe—I do not know what it is—a couple of weeks or a month, the person is called to court and then at that time the Crown must make its case for confiscating the weapons for a certain period of time. I believe up to two years in some cases, and if they feel it is a particularly bad situation, they can ask to destroy the weapons.

So it is not as if they are being taken away forever, but in the heat of the moment, they certainly can be taken away. It strikes me that in cases of domestic violence, those would be appropriate cases to do that check automatically and take the weapons at least until the situation has cooled down, the person has had an opportunity to come to court and explain why they should get their weapon back, and if indeed the Crown chooses to even go to court and make its case for confiscation.

**Mr. McCrae:** We are looking at the recommendations of Judge Norton's report in the Reid inquest, and we are also looking at the voluntary surrender program through our probation division. We also clearly made the issues relating to weapons and firearms acquisition certificates one of the key parts of the mandate of the Pedlar review into family violence. In several ways, we are looking at the issues the Honourable Member is raising respecting gun control and its relationship to domestic violence. I raised it, to what avail, I guess it is pretty hard to measure. I raised it back in June of 1989, in Prince Edward Island, when I met with my counterparts from across the country. Since that time, I guess we have had that terrible situation in Montreal, and who knows how many domestic violence situations involving weapons. There are plenty of good reasons for us to be looking into these things. Certainly, we look forward to the results of the work that is being done presently inside the department, but also we look forward to the report of Dorothy Pedlar.

**Mr. Edwards:** This issue has come up a couple of times, at least a couple of times, in the last couple of years. I just want to be sure that we are going to have some answers, in the short term, to the concern that we are, as a system, as a law enforcement system, working cohesively to make

sure that we are doing everything possible to intervene and make sure that these domestic violence situations which involve firearms do not happen.

I want to make sure that Family Services, who sometimes become aware of these situations first, are in touch with the police, or vice versa, and that the police are in touch with the firearm information so that they know right away whether or not there are firearms in the home and can act accordingly. I know that there are at least two sources of information about firearms. I think there is one registry for the RCMP; the other is for the firearms officers that work out of police stations. I want to make sure that the information is accessible in the best way; one location strikes me as the best way for all of the firearms information. I want to make sure that the police and Family Services are in touch with each other; that they know about situations and they have told each other about situations; and that where firearms are present and domestic violence is suspected, the firearms are taken away.

**Mr. McCrae:** The Honourable Member has asked me to take steps to ensure that nothing bad ever happens again. He said that. He said, to ensure that these situations do not happen.

#### Point of Order

**Mr. Edwards:** Point of order. If I did suggest that, I certainly retract it. The suggestion is that we minimize, and I believe I did use the word "minimize."

**The Acting Chairman (Mr. Reimer):** I would point out that the Member does not have a point of order.

\* \* \*

**Mr. McCrae:** Mr. Acting Chairman, I have to make it clear that all of the things that we will try to do—and

we will try to do everything that is within reason, everything that is in our power, to prevent criminals from being criminals, but criminals are still going to be criminals. Someone will always be coming and saying, well, what are you going to do about this and what are you going to do about that? I am not going to blame them for doing that, but I just say that there is work being done.

We have responded to some terrible, terrible situations in our province and some statistics dealing with domestic violence that we just find unacceptable. We are responding with the Pedlar review, and we expect to see action flow from that Pedlar review. Our Child and Family Services agencies—our Department of Family Services is working with those agencies to improve communications between themselves and law enforcement authorities as a result of some of these terrible things that happen. Sometimes, from the ashes of disaster, something good can arise from them.

So we expect to see progress in our Child and Family Services agencies. I am not the Minister responsible for that, but we expect to see that kind of progress, and within our department, as a result of the Pedlar review.

**The Acting Chairman (Mr. Reimer):** Pursuant to the agreement made earlier in the House today, the hour being four o'clock, committee rise.

Call in the Speaker.

#### IN SESSION

**The Acting Speaker (Mr. Laurendeau):** The hour being after 1:30, this House is adjourned and stands adjourned until Monday at 1:30 p.m.

**Legislative Assembly of Manitoba**

Friday, November 30, 1990

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