



HANSARD

Second Session - Thirty-Sixth Legislature

of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS
(Hansard)**

*Published under the
authority of
The Honourable Louise M. Dacquay
Speaker*



Vol. XLVI No. 26 - 1:30 p.m., Tuesday, April 30, 1996

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Sixth Legislature

Members, Constituencies and Political Affiliation

Name	Constituency	Party
ASHTON, Steve	Thompson	N.D.P.
BARRETT, Becky	Wellington	N.D.P.
CERILLI, Marianne	Radisson	N.D.P.
CHOMIAK, Dave	Kildonan	N.D.P.
CUMMINGS, Glen, Hon.	Ste. Rose	P.C.
DACQUAY, Louise, Hon.	Seine River	P.C.
DERKACH, Leonard, Hon.	Roblin-Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary	Concordia	N.D.P.
DOWNEY, James, Hon.	Arthur-Virden	P.C.
DRIEDGER, Albert, Hon.	Steinbach	P.C.
DYCK, Peter	Pembina	P.C.
ENNS, Harry, Hon.	Lakeside	P.C.
ERNST, Jim, Hon.	Charleswood	P.C.
EVANS, Clif	Interlake	N.D.P.
EVANS, Leonard S.	Brandon East	N.D.P.
FILMON, Gary, Hon.	Tuxedo	P.C.
FINDLAY, Glen, Hon.	Springfield	P.C.
FRIESEN, Jean	Wolseley	N.D.P.
GAUDRY, Neil	St. Boniface	Lib.
GILLESHAMMER, Harold, Hon.	Minnedosa	P.C.
HELWER, Edward	Gimli	P.C.
HICKES, George	Point Douglas	N.D.P.
JENNISSON, Gerard	Flin Flon	N.D.P.
KOWALSKI, Gary	The Maples	Lib.
LAMOUREUX, Kevin	Inkster	Lib.
LATHLIN, Oscar	The Pas	N.D.P.
LAURENDEAU, Marcel	St. Norbert	P.C.
MACKINTOSH, Gord	St. Johns	N.D.P.
MALOWAY, Jim	Elmwood	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McALPINE, Gerry	Sturgeon Creek	P.C.
McCRAE, James, Hon.	Brandon West	P.C.
McGIFFORD, Diane	Osborne	N.D.P.
McINTOSH, Linda, Hon.	Assiniboia	P.C.
MIHYCHUK, MaryAnn	St. James	N.D.P.
MITCHELSON, Bonnie, Hon.	River East	P.C.
NEWMAN, David	Riel	P.C.
PALLISTER, Brian, Hon.	Portage la Prairie	P.C.
PENNER, Jack	Emerson	P.C.
PITURA, Frank	Morris	P.C.
PRAZNIK, Darren, Hon.	Lac du Bonnet	P.C.
RADCLIFFE, Mike	River Heights	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack, Hon.	Niakwa	P.C.
RENDER, Shirley	St. Vital	P.C.
ROBINSON, Eric	Rupertsland	N.D.P.
ROCAN, Denis	Gladstone	P.C.
SALE, Tim	Crescentwood	N.D.P.
SANTOS, Conrad	Broadway	N.D.P.
STEFANSON, Eric, Hon.	Kirkfield Park	P.C.
STRUTHERS, Stan	Dauphin	N.D.P.
SVEINSON, Ben	La Verendrye	P.C.
TOEWS, Vic, Hon.	Rossmere	P.C.
TWEED, Mervin	Turtle Mountain	P.C.
VODREY, Rosemary, Hon.	Fort Garry	P.C.
WOWCHUK, Rosann	Swan River	N.D.P.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, April 30, 1996

The House met at 1:30 p.m.

PRAYERS

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Seasonal Camping Fees

Mr. Steve Ashton (Thompson): Madam Speaker, I beg to present the petition of R. Hayes, G. Hayes, J. Loughheed and others urging the provincial government not to increase seasonal camping fees by such a large amount.

Home Care Services

Ms. Marianne Cerilli (Radisson): Madam Speaker, I beg to present the petition of Judy Harapiak, Rhonda Wall, Roland B. Duhan and others requesting the Premier (Mr. Filmon) and the Minister of Health (Mr. McCrae) to consider reversing their plan to privatize home care services.

Mr. Oscar Lathlin (The Pas): Madam Speaker, I beg to present the petition of Susan Southern, Edna Swallow, Jo-Ann Jones and others requesting the Premier and the Minister of Health to consider reversing their plan to privatize home care services.

Mr. George Hickes (Point Douglas): Madam Speaker, I beg to present the petition of D.O. Ferrer, Blair Wilgosh, Louise Saint-Amant and others requesting the Premier and the Minister of Health to consider reversing their plan to privatize home care services.

Mr. Doug Martindale (Burrows): Madam Speaker, I beg to present the petition of Caroline Friess, Audrey Naldrett, Mei Ling Cheung and others requesting the Premier and the Minister of Health to consider reversing their plan to privatize home care services.

Mr. Conrad Santos (Broadway): Madam Speaker, I beg to present the petition of Jake Debets, Peter Debets, Pat Hunkins and others requesting the Premier and the

Minister of Health to consider reversing their plan to privatize home care services.

READING AND RECEIVING PETITIONS

Home Care Services

Madam Speaker: I have reviewed the petition of the honourable member for Kildonan (Mr. Chomiak). It complies with the rules and the practices of the House. Is it the will of the House to have the petition read?

An Honourable Member: Dispense.

Madam Speaker: Dispense.

THAT on at least six occasions during the 1995 provincial election, the Premier promised not to cut health services; and

THAT on December 16, 1995, a plan to privatize home care services was presented to Treasury Board; and

THAT this plan calls for the complete divestiture of all service delivery to nongovernment organizations, mainly private for-profit companies as well as the implementation of a user-pay system of home care; and

THAT previous cuts to the Home Care program have resulted in services being cut and people's health being compromised; and

THAT thousands of caring front-line service providers will lose their jobs as a result of this change; and

THAT profit has no place in the provision of vital health services.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba may be pleased to request the Premier (Mr. Filmon) and the Minister of Health (Mr. McCrae) to consider reversing their plan to privatize home care services.

* (1335)

Madam Speaker: I have reviewed the petition of the honourable member for Interlake (Mr. Clif Evans). It

complies with the rules and the practices of the House. Is it the will of the House to have the petition read?

Some Honourable Members: Yes.

Madam Speaker: Yes. The Clerk will read.

Mr. Clerk (William Remnant): The petition of the undersigned citizens of the province of Manitoba humbly sheweth:

THAT on at least six occasions during the 1995 provincial election, the Premier promised not to cut health services; and

THAT on December 16, 1995, a plan to privatize home care services was presented to Treasury Board; and

THAT this plan calls for the complete divestiture of all service delivery to nongovernment organizations, mainly private for-profit companies as well as the implementation of a user-pay system of home care; and

THAT previous cuts to the Home Care program have resulted in services being cut and people's health being compromised; and

THAT thousands of caring front-line service providers will lose their jobs as a result of this change; and

THAT profit has no place in the provision of vital health services.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba may be pleased to request the Premier (Mr. Filmon) and the Minister of Health (Mr. McCrae) to consider reversing their plan to privatize home care services.

Madam Speaker: I have reviewed the petition of the honourable member for Inkster (Mr. Lamoureux). It complies with the rules and practices of the House. Is it the will of the House to have the petition read?

Some Honourable Members: Yes.

Madam Speaker: Yes. The Clerk will read.

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

THAT on at least six occasions during the 1995 provincial election, the Premier promised not to cut health services; and

THAT on December 16, 1995, a plan to privatize home care services was presented to Treasury Board; and

THAT this plan calls for the complete divestiture of all service delivery to nongovernment organizations, mainly private for-profit companies as well as the implementation of a user-pay system of home care; and

THAT previous cuts to the Home Care program have resulted in services being cut and people's health being compromised; and

THAT thousands of caring front-line service providers will lose their jobs as a result of this change; and

THAT profit has no place in the provision of vital health services.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba may be pleased to request the Premier (Mr. Filmon) and the Minister of Health (Mr. McCrae) to consider reversing their plan to privatize home care services.

PRESENTING REPORTS BY STANDING AND SPECIAL COMMITTEES

Committee of Supply

Mr. Marcel Laurendeau (Chairperson of Committees): Madam Speaker, the Committee of Supply has considered certain resolutions, directs me to report progress and asks leave to sit again.

I move, seconded by the honourable member for Gimli (Mr. Helwer), that the report of the committee be received.

Motion agreed to.

TABLING OF REPORTS

Hon. Rosemary Vodrey (Minister of Justice and Attorney General): I am very pleased to table the

Annual Report 1994-95 of the Seizure and Impoundment Registry.

Hon. Eric Stefanson (Minister of Finance): Madam Speaker, I am pleased to table the Public Accounts for 1994-95, Volume 4.

Introduction of Guests

Madam Speaker: Prior to Oral Questions, I would like to draw the attention of all honourable members to the public gallery, where we have with us this afternoon 18 adult students from the English as a Second Language program under the direction of Mr. Tom Eischen. This school is located in the constituency of the honourable member for Broadway (Mr. Santos).

We also have thirty Grade 9 students from Calvin Christian School under the direction of Mr. Buikema. This school is located in the constituency of the honourable Minister of Family Services (Mrs. Mitchelson).

On behalf of all honourable members, I welcome you this afternoon.

* (1340)

ORAL QUESTION PERIOD

War on Drugs Report Release

Mr. Gary Doer (Leader of the Opposition): Madam Speaker, my question is to the acting Premier.

Madam Speaker, in 1990, the government promised to declare war on drugs. In December of 1990, the Minister of Justice, then the MLA for Fort Garry, was made chair of the so-called War on Drugs by the Conservative government. We have asked for copies of the report pursuant to the public hearings, and we would like to ask the government today, in this war on drugs that was declared some five years ago, did the government have any recommendations that they could make public on this war on drugs in their report, and were there any specific recommendations dealing with the drug flow to our institutions, particularly the Headingley Institution?

Hon. Rosemary Vodrey (Minister of Justice and Attorney General): During the opportunity that I and three colleagues from this side of the House had to look at the issue of the war on drugs across this province, there were recommendations which dealt with the departments across government.

We have, in the past, spoken about the kinds of initiatives which have been brought forward department by department in terms of Education and other departments to deal with the war on drugs. So I believe that departments have taken the issues very seriously and have acted upon them.

Mr. Doer: The minister did not answer the question of whether there were any specific recommendations dealing with correctional institutions and the Headingley Institution.

It has been five years since the minister was scheduled to release his report. In fact, the former Minister of Health Mr. Orchard said in 1991, the report would be released, and then again in 1992, in Hansard, the former Minister of Health said that they would release the report on the War on Drugs.

In light of the fact that many of the security staff and correctional staff at the Headingley Correctional Institution feel there are way too many drugs in that institution, they feel that the whole strategy on dealing with drugs must be improved, should have been improved over the last number of years while this minister was the Minister of Justice, the former chair of the committee on the War on Drugs, will the minister now make public the report on the War on Drugs that she chaired? The public has a right to know what is in that report, and will she answer the question of whether there were any recommendations that she made to the department of Corrections dealing with Headingley on drugs that are flowing through the institution?

Mrs. Vodrey: The War on Drugs report dealt very specifically with issues within the community, how we could assist young people from falling into a life of usage with drugs, how we could work in school areas to keep drugs out of the school areas. The focus was very much a community focus. However, do not let the member think that the issue of drugs within institutions is not an important one and has not been worked on.

In fact, I think the member knows it has been spoken about that we have fairly recently sent a handler and a dog away for training. That now is in usage within our institutions. I do not want to be very, very specific about the security measures; however, we are continuing to work with the issue of drugs within our institutions. There has also been a recent Supreme Court decision which will now allow us to do urine testing, random urine testing, within the institution. We will be passing those regulations, and we will be instituting that as another measure.

There were some measures which were simply not open to us in the past until, as in the case of random urine testing, we received guidance from the Supreme Court of Canada. We will be acting on those, Madam Speaker.

Mr. Doer: Of course, the minister, when she was the chair of the task force, said she would be acting on the war on drugs, Madam Speaker. The public yet five years later cannot even get a copy of the report that the minister just acknowledged has been produced for the government and not made public to the rest of Manitobans.

I would think that all of us should be somewhat sceptical of a minister who makes a lot of promises, utters a lot of words five years ago, six years ago. We see no action, no results. She has been Minister of Justice for the last number of years. Again, we see no results in terms of stopping drugs in our institution.

I would like to ask the acting Premier, will he order today the Minister of Health who has received the report on the War on Drugs, will he order today that that report be released? Manitobans participated in the public hearings and we want to know whether this minister has been dealing with this issue for the last five years and has done nothing, as many of her security staff feel is the case at the Headingley Institution.

Mrs. Vodrey: What members on this side of the House have issued a number of times is, from each of their departments, exactly what steps have been taken in the area of war on drugs to limit this very destructive effect within the community and within institutions that are supervised within the Department of Justice.

I have explained we did have some constraints that are put forward. We had difficulty with things such as

random urine testing. However, we now have a decision from the Supreme Court of Canada. I explained that yesterday and today and members across the way still are saying, well, why did you not do it. We did not do it because we were not able to do it. We are now able to do it. It is our intention to pass the regulations.

The changes which we will also be making are in the area of interception of telephone calls, because we understand that a great deal of information may be passed in through telephone calls. But, Madam Speaker, as always, I want to be very careful about discussing openly the security procedures which we have in place, which we will have in place, because it is important for the security of the people who work in the institutions.

* (1345)

Headingley Correctional Institution Safety of Corrections Officers

Mr. Daryl Reid (Transcona): Madam Speaker, who can forget the 1995 election campaign commercials with the Premier (Mr. Filmon) slamming the cell door? The Minister of Justice and senior Justice department staff have repeatedly stated that corrections officers are not at risk, and yet during a media tour of the Headingley prison scene, senior police officers warned media, and I quote, do not touch anything due to hepatitis, HIV, and everything else in there.

I want to ask the Minister of Justice to explain to the House and to Manitobans what protections she and her department are putting in place to provide for the health protection of corrections officers who work daily in the same environment as the media who were warned not to touch anything in that scene.

Hon. Rosemary Vodrey (Minister of Justice and Attorney General): Certainly, at the scene during the tour there was some, and it was obvious when the press went through, blood mixed with the water, which was evident on the floor. There were also syringes which were filmed, which were evident and on the floor, some open, having been ripped from the casing. So the warning which was given was given to everyone in that scene to make sure that they did not have footwear on which might then have pierced their footwear and might have brought them into contact with something which

was contaminated from any host of issues, including the tiling which came down from the ceiling and was then mixed with dirt and so on.

So, on that day, yes, there were warnings to everyone who went through to be very careful in that particular scene.

Mr. Reid: Then perhaps, Madam Speaker, the Minister of Justice can explain and tell Manitobans why her department failed to provide private washroom and shower facilities for corrections officers who are splashed with inmates' bodily fluids, forcing the officers to use the inmates' gymnasium shower area to clean up after being exposed to potentially serious health risks.

Mrs. Vodrey: Madam Speaker, the member might like to talk about in what time frame that occurred, and certainly the Workplace Safety and Health issues are being dealt with on a regular basis. Let me explain how they are dealt with. They are dealt with, first of all, in a committee level. They are dealt with then on a Workplace Safety and Health committee level, and then there is a further senior committee level in which these issues are brought forward.

As I said yesterday, at the moment, of the grievances outstanding surrounding Headingley jail, none of those grievances relates to issues of safety and security and the kinds of issues the member has brought forward. The issues instead tend to deal with matters such as disciplinary matters, sick benefits and so on.

I want to make it clear that this government is taking very seriously all of the issues that happened and that is why we are approaching our review of the matter in three very important ways.

Range Barrier System

Mr. Daryl Reid (Transcona): Madam Speaker, I have a final supplementary to the same minister. Can the Minister of Justice explain why she and her senior department staff—and we have minutes from as recently as December 4, 1995, where the issues and concerns were raised by staff at Headingley—tell Manitobans that her new touchy, feely reforms have nothing to do with the Headingley riot cause when the intermediate wall inside the range barrier system was taken out exposing

corrections officers to being outnumbered by as much as 20 to seven at the riot's start? How can the minister explain this?

Hon. Rosemary Vodrey (Minister of Justice and Attorney General): Madam Speaker, now some of the details that the member is bringing forward we have found in the past are not always accurate so that is why, as I was explaining in the—

Madam Speaker: Order, please.

Point of Order

Mr. Steve Ashton (Opposition House Leader): On a point of order, Madam Speaker, the minister was asked a question. The question was based on material that is documented in minutes based on facts. It is totally out of order for the minister to try and deflect from her own responsibility for these issues by trying to suggest that the information being brought is anything other than what it is, which is true and factual. She should answer the question instead of trying to detract from her own responsibility for this matter.

Madam Speaker: Order, please. The honourable member for Thompson does not have a point of order. It is clearly a dispute over the facts.

* * *

* (1350)

Mrs. Vodrey: Madam Speaker, as I said, information that has come from the other side is not always accurate. That is why we have called and are approaching this review three ways, and I think it is very important to state again. First of all, there will be an internal review, and through that internal review—we are being assisted by federal corrections—we will be looking at all aspects of what occurs within the institution. We expect also, there is a police investigation going on, there may be criminal charges. Finally, yesterday, I announced a review being done by an independent person which will also look at all of these issues.

But, Madam Speaker, I think it is important to say that there are a number of issues which will be reviewed, but the accusation of the member of touchy, feely approach is

simply wrong. He is simply incorrect, and I will take time at a further opportunity to explain.

Department of Industry, Trade and Tourism Untendered Contracts

Mr. Tim Sale (Crescentwood): Madam Speaker, we now have the situation of another sweetheart contract, a deal to add to all the others. The person who managed the Premier's (Mr. Filmon) Tuxedo re-election campaign has an \$18,000 untendered contract with EITC.

Madam Speaker, will the Deputy Premier now finally recognize, what all Manitobans know, that this is wrong and that it has to stop? Will he cancel the contract with Mr. Goldie and instruct all government departments to use proper tendering procedures for all major contracts?

Hon. James Downey (Minister of Industry, Trade and Tourism): Madam Speaker, as the member well knows, there was work needed to be done within the department as it followed on the Price Waterhouse study. The Civil Service Commission was requested to work with the Department of Industry, Trade and Tourism and it was the Civil Service Commission that hired the individual the member refers to.

Mr. Sale: That is a fine distinction if we can figure it out, Madam Speaker.

Will the Minister of Industry, Trade and Tourism take responsibility for the fact that the first act of his newest SOA was to give an untendered contract to the Premier's campaign manager, and will he tell the Civil Service Commission, EITC and anybody else that this is not proper, that they should tender all of these significant contracts?

Mr. Downey: First of all, Madam Speaker, it is not the most recent SOA.

Is he suggesting that there should be political involvement when it comes to the Civil Service Commission hiring people to do work on behalf of the government? Is that what he is suggesting?

EITC Special Operating Agency

Mr. Tim Sale (Crescentwood): Now that is a stretch, Madam Speaker.

Will the Minister of Industry, Trade and Tourism explain to the House why EITC became a special operating agency, which was not even recommended in his own Price Waterhouse study? They said get your department together. not create SOAs.

Hon. James Downey (Minister of Industry, Trade and Tourism): Madam Speaker. I would ask that the member do a little bit more research. He makes reference to EITC. I am not sure in what context he is referring to EITC, and maybe he could sort of clarify his question.

Home Care Program Privatization

Mr. Dave Chomiak (Kildonan): Madam Speaker, there is a huge human cost and a huge financial cost in the home care strike. We have the government putting people in hospitals and institutions. We have the government putting people into the Quest Inn. We have the government apparently bringing in workers, staying at hotels in the city of Winnipeg.

When will the minister recognize that the cost of his inflexibility, which might be as much as half a million dollars a day. is already in excess of this alleged \$10 million the Premier said would be saved by privatization?

Hon. James McCrae (Minister of Health): Madam Speaker, I do not think it is inflexible to offer to allow the Manitoba Government Employees' Union to have time to get bids of their own together to compete for the work. I do not think it is inflexible to offer a moratorium with respect to the tendering process. I do not think it is very flexible to call a strike vote and to call a strike before negotiations even begin, and the honourable member wants to support that. That is what is inflexible, and I think the people who rely on our Home Care program deserve better than that.

* (1355)

Labour Dispute

Mr. Dave Chomiak (Kildonan): Madam Speaker, can the Minister of Health explain why the government, contrary to what the Minister of Labour is saying, is refusing to go back to the bargaining table, thereby prolonging the strike and risking the health of Manitobans?

Hon. Vic Toews (Minister of Labour): Madam Speaker, we have indicated publicly and directly to the individuals that, if they want to return to the table, we will be there, but we will not get involved in a publicity stunt for the media. If, in fact, they were as interested in the sick and the vulnerable of this province as they are in pulling off publicity stunts, perhaps this strike could be over.

Mr. Chomiak: Madam Speaker, can the minister explain why he went on radio yesterday accusing people of not going back to the bargaining table and negotiating in public, and then today says that they are not prepared to go back to the bargaining table unless conditions by the government are met? How is that consistent, how is that fair and how will that end the strike?

Mr. Toews: Madam Speaker, in respect of making accusations, I was simply stating the facts, and we are prepared to go back to the table if the union wishes to discuss this matter. We have put no preconditions, as the Minister of Health (Mr. McCrae) has indicated. We have been very flexible in this situation. If the union leaders want to start negotiating on behalf of their members and in the best interests of the sick and vulnerable of Manitoba, we will be there. What I really have to wonder about is why they will not enter into any essential services agreement, in fact, holding the sick and vulnerable of this province to ransom.

Headingley Correctional Institution Debriefing of Corrections Officers

Mr. Gary Kowalski (The Maples): Madam Speaker, today we spoke with the heroic members of the Headingley riot squad. They informed us that in character with the problems that have plagued this facility, today, four days after the conclusion of the riot, and still no one from the minister's department or even Headingley management has debriefed them about the incident, nor have the guards who were on duty at the time of the riot been debriefed.

Could the minister tell us why, given that one of the reasons the riot occurred was because of the closed-door policy with regard to input from staff, the guards have not been debriefed or asked their opinions about how the riot started or steps that can be taken to prevent the next one?

Hon. Rosemary Vodrey (Minister of Justice and Attorney General): Madam Speaker, first of all, I reject

the closed-door policy statement of communication, because there are a number of opportunities for communication which have been set up quite formally where people are expected to participate.

However, it is my understanding that senior members of Corrections are beginning the opportunity now to meet with individuals. I believe they are in fact—starting, it was this afternoon or this morning—meeting with members of the particular cell-block where the incident began.

* (1400)

Mr. Kowalski: Could the minister tell us why, given that one of the reasons the riot occurred was because of the closed-door policy with regard to input from staff, the guards have not been debriefed or asked their opinions about how the riot started, or why the only instruction they did receive was on what not to show the media when they toured the Headingley jail yesterday?

Mrs. Vodrey: Madam Speaker, as the member knows, the reviews that we are having done will look into what in fact were the precipitating events to the disturbance at Headingley. So the member has already come to his conclusions, but we are going to have in fact a full review and an opportunity to look at what the precipitating events were.

Now the member asked about three questions in what he put forward, and I am trying to keep them all straight. I believe that is the answer to one.

I believe I have answered when the debriefing will start. Certainly in the first few days we were simply dealing with a number of very urgent issues. When I was out myself on Saturday with the Minister of Government Services (Mr. Pallister), we also had a chance to at least informally speak to as many individuals as possible, and we take that very seriously. I mean, there is just no question that people's feelings and views about what happened and how they are doing within the process is going to be very, very important to our total ability to continue working.

Inquiry—Terms of Reference

Mr. Gary Kowalski (The Maples): Will the minister provide this House with some specifics, for instance, the

terms of reference and the scope and mandate of the independent inquiry she announced yesterday?

Hon. Rosemary Vodrey (Minister of Justice and Attorney General): I hope to be able to do that, certainly within the next few days. Our view is that we want to have this take place as quickly as possible. That was one of the reasons why we have chosen the route that we are going, so that it can take place at the same time as other reviews. We are at the moment working on all of that mandate, and also looking at the individual who will lead the review.

Legal Aid Application Fee

Mr. Gord Mackintosh (St. Johns): My question is to the Minister of Justice. The Lyon government imposed a \$35 user fee on applications for Legal Aid, which a study then found did not pay, and although the fee could be waived in hardship cases, applications dropped 48 percent in the first month and then, on an average of 112 applications a month thereafter, it was scrapped.

My question for the minister is, could she please explain, given information we have just received that the government is again about to impose, this time, a \$25 user fee on all applications, even the one-quarter not accepted, except from those on welfare, but no exemption for hardship cases, why is she looking to see what did not work and bringing it back with a vengeance?

Hon. Rosemary Vodrey (Minister of Justice and Attorney General): As the member may or may not know, there has been a 3.8 percent reduction from the federal government, and this province covers, Madam Speaker, a very wide range of Legal Aid cases, broader range in family matters, for instance, than are covered in most provinces. It is our intention that we are able to continue to cover that broad range of cases without having to reduce the kinds of work that Legal Aid does. So, yes, there will be a \$25 fee which will be imposed. However, those exempt will be, for example, people who are on welfare, people who are in hospital. There is a broad range of exemptions.

We expect that this will affect approximately 15 percent of the users of Legal Aid.

Mr. Mackintosh: Given our calculations, it could affect about 50 percent. Would the minister, who should be aware of the many fair proposals for increased revenues out there, answer Legal Aid's concern that was set out in a memo last week which said, this initiative will cause many administrative problems and everyone will find this requirement an unwelcome annoyance, but we are stuck with it.

Mrs. Vodrey: Madam Speaker, I have explained that there has been a reduction from the federal government's funding in the matter of Legal Aid. Manitoba provides a mixed system of Legal Aid. We provide the opportunity in some cases to have our staff lawyers deal with it, and in other cases, to issue certificates. So we believe that we have a very good model of Legal Aid in our province, the blended system of staff lawyers and certificates, a very broad range of coverage.

If the member thinks that it would be so important to follow along with some of the information that he has brought here, perhaps he would like to choose what parts we will no longer cover at all.

Mr. Mackintosh: My final supplementary, Madam Speaker, why is this fee on the poor, this little twisting of the knife, so important to this minister, when we are unaware of any application fees, for example, for corporate welfare or other business assistance?

Mrs. Vodrey: The member's question is, as often, not very clear. So let me just say that, because of the reduction, part of the reduction which we have received from the federal government, because of our desire to continue the broad range in funding, and I will reference particularly our broader range of funding in the family area, which is important, that we will continue to maintain that coverage.

However, let the member not forget that there is always the opportunity for an appeal. If people do not like the decision which they have had, they can appeal to the executive director of Legal Aid, and if they are still dissatisfied with that, they are also able to appeal to the board of Legal Aid.

So, Madam Speaker, there are a number of opportunities. As I said, we expect this will affect approximately 15 percent of the people.

Pharmacare Income Statements

Ms. Marianne Cerilli (Radisson): Madam Speaker, another way that this government is trying to get money from those who do not have it is by increasing the Pharmacare deductible. I am sure that there are many MLAs who are getting calls from Manitobans angry about the increases in Pharmacare deductibles and medication costs and confused by this government's application procedure. Many families will not only have to pay hundreds of dollars more for medications, but they will have to give the Pharmacare program confidential information from their income tax forms.

I want to ask the Minister of Health why people are being forced to give the authority for Pharmacare to use their income tax form. When this was not necessary before, why is it necessary now?

Hon. James McCrae (Minister of Health): Madam Speaker, in order to have an income-based program, the program requires information in order to fix the amount of the deductible level. This is something that has been underway in Saskatchewan for some time and the honourable member is aware of that. It is based on the concept that I believe the honourable member referred to in her inaugural speech when she quoted someone she referred to as a great man. She might look back at her inaugural speech and she might be reminded of the principle behind our Pharmacare program.

Ms. Cerilli: A supplementary question for the minister: Has the government examined the implications of this policy on privacy and confidentiality and can he explain those implications, especially given the fact that this government has an agenda to privatize health care?

Mr. McCrae: Any medical issues or any other kinds of issues that are supposed to be confidential are kept that way and there are safeguards in place. Indeed, as we move forward into the information age even further, we are working with our partners in health, including partners like the Consumers' Association and the Manitoba Association for Rights and Liberties to ensure that people's rights to privacy are safeguarded.

Ms. Cerilli: A final question for the minister: Why, when people contact the office for Pharmacare, are the

staff unable to tell them which line on their income tax form they are supposed to use, and are they intended to supply their entire income tax form?

Mr. McCrae: It is, as I recall, a relatively simple application form. If—

An Honourable Member: It does not even mention gross or net.

Mr. McCrae: It mentions a specific line, I believe, on the tax return, and if it does not, that is another matter.

If the honourable member would like to bring to my attention the shortfall in information that needs to be put forward by the people at the other end of the phone, let her be specific and we will be happy to investigate.

* (1410)

Endangered Spaces Program World Wildlife Fund Rating

Mr. Gregory Dewar (Selkirk): Madam Speaker, my questions are for the Minister of Environment.

Today, the World Wildlife Fund gave Manitoba a D-minus rating, despite the fact that this government has spent a quarter of a million dollars on the Premier's Sustainable Development Unit for endangered spaces protection.

My question is for the minister. How can this government account for this expenditure on the Sustainable Development Unit, which has resulted in a D-minus rating from the WWF and has produced no act and no white paper?

Hon. Glen Cummings (Minister of Environment): Madam Speaker, I have not studied the report that the member refers to, but I think he should be aware that this province has gone further than almost any other jurisdiction in the country. Perhaps the basis upon which they made their judgment is either staled or flawed. I am not sure.

Management Plans—Provincial Parks

Mr. Gregory Dewar (Selkirk): Madam Speaker, a D-minus rating is at the low end of the scale—

Madam Speaker: Order, please.

Mr. Dewar: Madam Speaker, given that this government has met less than half of their 1990 election commitment on endangered spaces and given that it has a year to consult with First Nations, my question for the minister is, where are the management plans for the four northern provincial parks?

Hon. Glen Cummings (Minister of Environment): On behalf of the Minister of Natural Resources (Mr. Driedger), for whom that responsibility falls directly, I will take the main part of that question—

Some Honourable Members: Oh, oh.

Mr. Cummings: Just a minute. I will take the main part of the question as notice.

Madam Speaker, I am confident that the actions we have taken will meet or exceed the requirements that might be placed on us by the public or by any other organization such as the world wildlife association. I want to emphasize one particular aspect of this program, and it is a laudable program which we willingly signed on to, and we will achieve the goals, but it is a little difficult to be able to respond appropriately to the goals that were laid out when the goalposts seem to be somewhat flexible and moving.

I want to assure you and assure the public that this province will have no trouble meeting the obligations.

Sustainable Development Act White Paper Tabling Request

Mr. Gregory Dewar (Selkirk): My final question is to the Minister of Environment.

Will the minister table in the House today his white paper on The Sustainable Development Act?

Hon. Glen Cummings (Minister of Environment): Would I table it today? No. But we have undertaken to make sure that there is a significant and ongoing public consultation on that process. In fact, I think it would be a good opportunity to put on the record that we have spent a significant amount of time on public information in regard to that issue. In fact, there has been a great

amount of feedback from the public, and we will be using that information to go out and make sure that all of the affected parties have an opportunity for input.

This government will continue to be consultative.

Nonpotable Substances Appeal of Court Decision

Mr. George Hickes (Point Douglas): My questions are to the Minister of Justice. Lysol disinfectant and hair spray are the two most widely abused, nonpotable products in Manitoba. Under new regulations to The Liquor Control Act in 1992, a number of merchants have been charged with selling both Lysol and hair spray, yet in an October 1995 court decision the accused was acquitted when the judge ruled that hair spray was not a designated nonpotable intoxicating substance.

Can the minister tell the House if there has been an appeal of this decision?

Hon. Rosemary Vodrey (Minister of Justice and Attorney General): I will have to take the question as notice, a very specific court case, to find out whether or not there has been an appeal. The member may have to provide some additional information, that he obviously has, to me in order to do that.

Mr. Hickes: Can the minister advise whether the Crown will appeal the recent sentence of only 45 days in jail for smuggling 56 cans of hair spray onto a dry reserve?

Mrs. Vodrey: Of course, if we are in the appeal window, then I simply am not able to comment on the case at all.

Liquor Control Act Nonpotable Substances

Mr. George Hickes (Point Douglas): Can the minister tell the House if she is prepared to end the confusion and specifically list both Lysol and hair spray as designated, nonpotable intoxicating substances under the regulations?

Hon. Harold Gilleshammer (Minister charged with the administration of The Liquor Control Act): The Manitoba Liquor Control Commission takes its role in controlling substances and seeing that people adhere to

the legislation very seriously. I will raise that issue with them and get back to the member.

Louisiana-Pacific Federal-Provincial Review

Mr. Stan Struthers (Dauphin): Madam Speaker, my question is for the Minister of Environment. In a short period of time this minister will decide whether or not to allow Louisiana-Pacific to cut on Crown land. The Province of Saskatchewan has declared its willingness to co-operate with the federal-provincial review of the transboundary effects of the two OSB mills' licences straddling our provinces.

My question to the minister is this: Will he commit his government to a federal-provincial review of the Louisiana-Pacific plan or will he choose to support the CEC report that ignores federal concerns on transboundary effects?

Hon. Glen Cummings (Minister of Environment): Madam Speaker, I am not sure if I agree with the preamble of the member in terms of the rejection of federal interests. This province and our process has spent a considerable amount of time, and I am talking months, virtually into years, working with the federal authorities to make sure that we have addressed the concerns that might be raised. The member raises the issue of cross-boundary concerns, and I think that there needs to be a lot more work done before that claim can be . . .

Environmental Licensing

Mr. Stan Struthers (Dauphin): In that case, Madam Speaker, when will the minister make up his mind and either grant or deny Louisiana-Pacific their licence?

Hon. Glen Cummings (Minister of Environment): Madam Speaker, there is an implication in that that the Minister of Environment might be able to manipulate the process. Surely the member is not implying that this will be a political decision. We have spent literally months in front of the Clean Environment Commission. We have a director who will receive the information and make a decision from that, and I, frankly, think that it is an affront to the process that has been in place and the Clean Environment Commission that he would make that implication.

Used Car Inspection Program Resale of Written Off Cars

Mr. Gerard Jennissen (Flin Flon): My questions are for the Acting Minister of Highways and Transportation. Nearly 36 months ago, the then-Minister of Highways and Transportation announced the used car inspection program. Since the program was implemented last July, we hear of consumers being gouged, lack of consistency in the inspections, garages being certified and then suspended and then reinstated with apologies and so on and so on. Police and industry officials suggest that one out of every five used vehicles has been written off elsewhere and is not being properly tested.

My question to the acting minister is, what happened to the promise that this program would stop written-off cars from being sold without buyers being informed?

Hon. James Downey (Acting Minister of Highways and Transportation): Madam Speaker, not accepting any of the preamble, I will take that question as notice for the Minister of Highways (Mr. Findlay).

Elimination

Mr. Gerard Jennissen (Flin Flon): Why does this government not simply scrap the discredited inspection program and deal seriously with vehicles that are written off?

Hon. James Downey (Acting Minister of Highways and Transportation): Madam Speaker, is the member indicating that he does not support vehicle inspection, that he wants the highways to be unsafe for the people who are travelling on them? Is that what he is recommending? I do not think that is what the public of Manitoba want.

Mr. Jennissen: Madam Speaker, given that the best safety devices are facts, why will the minister not have his 18-month-old task force come to some conclusions and finally act on these issues?

Mr. Downey: Madam Speaker, this government's record is very clear and very positive as it relates to the protection and safety of the public, unlike members opposite.

* (1420)

Correctional Facilities Overcrowding

Mr. Daryl Reid (Transcona): Madam Speaker, my question is for the Minister of Justice.

Madam Speaker, the riot that occurred at Headingley jail is a very serious issue. Now, with the transfer of the inmates to various other institutions within the province of Manitoba, it raises some serious concerns with the corrections officers who have to provide for public security and also for members of the public, concern that we may have a repeat situation with respect to the Headingley riot.

I want to ask the Minister of Justice, what actions she and her department are taking to ensure that where there are very serious overcrowding conditions like we presently have at the Remand Centre here in Winnipeg and in Brandon, what actions her department is taking to ensure that we will not have a repeat of the Headingley riot situation?

Hon. Rosemary Vodrey (Minister of Justice and Attorney General): We are certainly making every effort to accommodate inmates in a secure pattern, however, the Province of Saskatchewan has been very co-operative with us and this morning I believe we have firmed up arrangements now so we will be looking at placing individuals in institutions around the province. Again, I think it is only fair to be very careful about any comments that I make which may in fact cause additional problems inside.

Madam Speaker: Time for Oral Questions has expired.

MEMBERS' STATEMENTS

Celebrate Education '96 Manitoba Chamber of Commerce Annual Meeting

Mr. Peter Dyck (Pembina): I wish to inform the House of two events that took place in the constituency of Pembina this past weekend.

On Friday, I attended the Celebrate Education '96 festivities held at the Southland Mall in Winkler. This meeting gave recognition to the many things in

Manitoba's education system we have to be proud of: committed and caring teachers, hard-working administrators, capable, enthusiastic students and supportive parents and communities.

It demonstrated many of the achievements that our province has had in preparing our children for the ever-increasing challenges of a technological world. Winkler seemed to be the ideal place for such an event as the local high school, the Garden Valley Collegiate, is leading the way in teaching with technology. Garden Valley students now have access to the electronically administered English courses and can access selected post-secondary classrooms while in high school via the Internet. The festival also demonstrated the fine ability of our Manitoba students, as they held classes in the mall and displayed a variety of projects

Also in Winkler, last weekend was the 65th annual meeting of the Manitoba Chamber of Commerce. This gathering of Manitoba's local chambers focused on how our province's businesses could add value to their products, therefore diversifying their local economies.

Madam Speaker, in addition to sharing ideas on how to promote business in their local communities, the chambers also had suggestions for the various levels of governments. The chambers passed a resolution calling for the privatization of government enterprise. The resolution asks federal and provincial governments to restrict their participation in the marketplace to fields and endeavours that cannot be served efficiently and competitively by private enterprise.

Madam Speaker, I would like to thank the organizers of both the Celebrate Education and Manitoba chamber events. The time and effort they devote to the development of Manitoba's young people and Manitoba's business is truly commendable. Thank you.

Home Care Services

Mr. George Hickes (Point Douglas): Every day it becomes more clear that the government is fixated on helping their friends obtain a monopoly over home care. In the province of Manitoba, by privatizing this \$91-million contract the Conservatives can remain on the good side of their friends at the expense of Manitoba's citizens.

The Conservatives are continuing to ignore every report that has been issued which denounces the privatization of home care in the province of Manitoba. What the Conservatives are proposing to do is not home care; it is profit for the few at the expense of the sick, elderly and the poor.

The home care workers now employed by the government have the professional ability to take care of the patients in their home environment. The government is already saving a considerable amount of revenue on the home care budget by having an expanded Home Care program.

The government's new plan to cut the wages of home care workers is not equitable. It is not fair to the patients to have their lives torn up so the government can hand over tax dollars to their friends. If the government wants to reduce the cost of home care by reducing the standards, then let them be up front and say so. The government denies that home care will not be as good as it is under the government workers supervision. We know that this privatization will create huge turnovers of staff so that big business can make an extra buck.

In Manitoba we have no history of forcing workers from their jobs if they are providing good service. We recognize health care as a government responsibility, but now the Conservatives want to go back to the old system of medicine for a profit. The amount of money set aside for home care has been increased in the current budget. Private firms, not patients, will get most of it, for all of this money as extra profits. The Filmon government is not up front with the citizens of Manitoba.

Co-op Education Magazine Writing Contest

Mr. Neil Gaudry (St. Boniface): Madam Speaker, recently three graduates of the Nelson McIntyre Collegiate Co-operative Education Program have received top honours in an article-writing contest sponsored by the national Co-op Education Magazine, taking second, third and fifth place in the competition, remarkable achievements since the competition was open to both high school and university Co-op Education participants.

I would like to take this opportunity to recognize the hard work that Ms. Sandra Carsted, Co-op Education co-

ordinator has contributed since September of 1994 in making the Co-op Education Program and Nelson McIntyre Collegiate a program whereby young people, Seniors 3 and 4, and mature students have the opportunity of gaining practical work experience and job search skills while earning high school credits under the supervision a school setting provides.

In closing, I would like to congratulate Marie Louise Privé, who took third place standing; Melanie Genest, second place standing; and Lisa San-Filippo who took fifth place standing in the national essay-writing contest sponsored by the Co-op Education Magazine.

Thank you very much, Madam Speaker.

Premier's Volunteer Service Award

Mr. Mervin Tweed (Turtle Mountain): Madam Speaker, last week I had the pleasure of attending a luncheon to honour the volunteers that have contributed so greatly to the province of Manitoba, and I would just like to draw attention to some of the people from my constituency who were honoured by being nominated and also fortunate to have one of the recipients receive the Premier's Volunteer Service Award.

On behalf of all my colleagues, I feel comfortable offering congratulations and sincere thanks to the people who nominated and also the people that have added to the communities in which they live. I think that upon listening to the comments made, I think any member in this House would be duly honoured to have the words put forward that were put forward to the volunteers in such a very cherished and honourable way.

The people that live in Turtle Mountain that were nominated for the award were Marian Glover of Boissevain and Helen Smith of Killarney, and the recipient, whom I am very proud to say I know personally, was Robert Haley Struth of Ninette. In the comments in regard to receiving the award it was suggested that Mr. Struth had given 50 years of his life to community and commitment to the development of the Pelican Lake in the Ninette area, and as I said earlier, I certainly hope that in the future, if someone is suggesting what they have done is to be an accomplishment, and I think we can all stand for it. I would also like to thank the sponsors who put forward the presentation. Again, I

would like to offer my sincere congratulations to the nominees and recipients of the Premier's Volunteer Service Award. Thank you.

Family Dispute Services Agency Funding

Ms. Diane McGifford (Osborne): Madam Speaker, over the past few weeks I have brought the attention of the House to the 2 percent cuts to agencies funded by Family Dispute. These include shelters for battered women and their children, women's resource centres, second-stage housing and community-based organizations which offer services to abused women and their families. I have repeatedly asked the Minister of Family Services (Mrs. Mitchelson) to repeal these cuts and restore funding. My requests have fallen on deaf, even uncaring, ears. The minister, on the record, has scoffed at the 2 percent cut as insignificantly small and hardly worth mentioning.

This government has often bragged of its commitment to end violence against women. The Minister of Justice (Mrs. Vodrey) is adamant in describing her programs as Canada's best. This is a matter of perception, but the 2 percent cuts are a reality affecting services.

At the inquiry into the murder-suicide of Roy and Rhonda Lavoie, the co-ordinator of the EVOLVE program testified under oath regarding these cuts. EVOLVE provides services for abused women, men who abuse and child witnesses of abuse. Its programs are established, respected and even crucial in combatting domestic violence. Ron Thorne-Finch testified that the cuts would mean less access to service, increased staff burnout and an inability to cope with clients' needs. Recommended expansions in programming to include individual counselling, as opposed to group counselling, and family counselling, as opposed to male and female group counselling, will be impossible. Desperately needed adolescent programs and the expansion of children's programming will wait. Work in public awareness and advocacy may deteriorate. So much for education and proactive measures.

This government is long on rhetoric and braggadocio but forgets to honour its public commitments and protect vulnerable people. I call on the government to honour its

publicly professed commitment to end violence against women by restoring funding to Family Dispute.

* (1430)

MATTER OF GRIEVANCE

Home Care Services

Mr. Kevin Lamoureux (Inkster): Madam Speaker, under the new rules, every member is given the opportunity to grieve. I would like to take this as the opportunity to express my grievance.

Madam Speaker, I want to spend a few minutes to talk about the important issue of home care services and some of the problems that we see in terms of the government's inaction or inability to sincerely address this particular issue.

The Liberal Party has been fairly aggressive in terms of trying to do what we can to alleviate the concerns of the clients, home care workers and other individuals that have expressed an interest in a very important issue. We have done that through different ways. We introduced, on a couple of occasions, a resolution calling for a matter of urgent public importance, most recently on April 15, where unfortunately the Chamber did not get to debate it.

We also sent a letter to the Leader of the official opposition requesting that the New Democrats designate an Opposition Day to deal with the home care services. Unfortunately, because we do not have the required number of members to be able to designate a day, we, as a group, as a Liberal caucus, are unable to do that, and we appeal to the New Democratic Party to designate a day for this Chamber to talk about the issue of home care services.

Many might argue that, look, we are in health care Estimates and why is it that we should be having a MUPI or an Opposition Day. Madam Speaker. Ultimately, I believe that this is an issue of importance, enough to get as much attention as possible from this Chamber in many different ways. Whether it is an Opposition Day, whether it is a MUPI, these are all different ways in which individual MLAs can participate in a wide-open discussion on something that is having such a significant impact on the health care needs of so many clients

throughout the province. That is the reason why I chose to stand up today on my grievance—and we are only given one in any given session—to express the concern that we have as a political party.

The overriding concern that we have is that this government is privatizing home care services and that privatization is going to have a focus on for-profit. Ultimately, we believe that is not in the long-term best interests of Manitobans. This government did not consult with the clients, did not consult with the home care workers or other Manitobans who are interested and wanted to be able to participate in any sort of change. I think that is where this government can really be blamed because they are doing this in such a dictatorial fashion. It is most inappropriate.

We would like the government to put that one-year moratorium. We have been lobbying the government virtually on a day-in, day-out basis in many different ways, whether it is through petitions, Question Period, the introductions of MUIs. There are different ways which we have as legislators—there are home care clients, there are home care workers, there are other individuals with interest in this particular issue who are lobbying the government. The government has not been listening and has demonstrated that with its ill thoughts of wanting to really try to overcome this issue.

Today, I had received a letter—and I believe that all members were sent a copy of this—and it is one of the primary reasons why I took the opportunity to stand up today on the grievance. It is because I believe that the single most important thing that this government has done wrong with respect to home care services is that it has not consulted, it has not contacted people. This particular lady is Margaret Gaunt, and I believe—and I will table it after I have read it and ask for the Page to get me a copy of it after it has been tabled—but I do believe MLAs were provided—I am not going to read the entire poem; it is rather lengthy. What I have done is just highlighted areas that I want to concentrate on.

The poem reads: I am told I am a survivor, and I have done my best to be just that. I am told I am strong, and I have done my best to be that. I have struggled with cancer, all the while caring for a rapidly deteriorating husband with MS. For years I have coped with incontinence, confusion, hallucinations, urinary tract

infections, decreasing ability, cataracts, deafness. I have washed him and bathed him. I have cleaned him and I havenursed him. I have lost a husband and a friend and gained another child. I cannot go shopping or out for coffee or supper. I cannot visit a neighbour unless there is someone there to look after him. I have fed him, cooked for him, cut up food for him, invented a long straw, made sure he does not dehydrate, looked after his medications, his bedsores, his spasms, his falling down, his depressions. I have cut his hair, his toenails, his fingernails. I have been there for him hour after hour, week after week, month after month, year after year, night after night after night.

The poem continues on, Madam Speaker, and then highlights the next section, which I think the government really has to reflect on.

How do they know what we want or need? They never ask us. No one has ever asked us whether we are happy with home care. We have never been consulted, phoned, asked to attend a meeting, given a survey to complete. They who are healthy presume to know what is needed to keep him at home and cared for.

Madam Speaker, these are the types of individuals that I believe had a lot to contribute and still could today, if the government would allow for it, to the decisions on what home care services should look like in the years ahead of us. This is what the government is doing. The government is denying individuals such as Margaret and other clients, home care workers, individuals who are interested in home care services who have been delivering them in many different ways in one sense, this government is denying them the opportunity to be able to participate in the decision-making process.

That is why as a party we feel very strongly that the government does need to put the one-year moratorium on the privatization of health care. This will in fact allow for individuals like Margaret to be able to express her thoughts on a very important issue. We in opposition have a responsibility to do whatever it is that we can to try to ask, as direct as possible, this government and particularly the Minister of Health (Mr. McCrae) to reflect on the direction it is taking home care services, to be open-minded, to allow for ideas to flow through the Ministry of Health and in particular the Minister of Health, so that we know that a good decision is going to

be made that in the long term is going to be in the best interests of the client.

We as a party have indicated to the Minister of Health on several occasions, both in Question Period and in Health Estimates, that there are other ideas that are out there. We have even made suggestions. I have talked about preferential treatment, and I know the government does not feel preferential treatment for nonprofit sector is worthy of giving. But the criteria, as the Minister of Health engaged in the discussion yesterday and previously on, do allow for different types of special treatment. If you do not, for example, have some sort of a wage scale incorporated into criteria, are you giving special treatment then to the private sector?

* (1440)

Many, including myself, would argue that ultimately you could be giving preferential treatment by not including things into the criteria. You could be giving special treatment by excluding or including into the criteria or standards that are being set out. The whole issue of how home care services, the core services, what those core services are going to be, the whole issue of being able to have a debate within this Chamber before the tendering process has begun we believe is absolutely essential, because you are dramatically changing a way in which we deliver what many Canadians, many Manitobans, feel is a part of our health care system. Yes, our home care service is not a part of the fundamental principles of health care, Madam Speaker, but it is very, very much so a direct correlation to the whole concept of the deinstitutionalization of health care. That is why Manitobans feel so strongly and so passionately about this particular issue.

The government is quite content blaming the workers for not providing things such as essential services, for walking on a picket line, putting the blame on the workers as opposed to taking responsibility for the actions that it has taken that has caused, in essence, this strike.

Home care workers in particular, along with clients, all Manitobans, found out about these changes through a leaked document. That leaked document, Madam Speaker, is what has led us into the strike situation, putting into jeopardy the safety and the needs of our

clients. I have talked to clients, in particular one client who feels very passionate about the need to have home care services into the future, and as a result of that strong, passionate feeling about the future of home care services, is being quite supportive of the worker and in fact the strike process.

Unfortunately, whenever there is a strike, there is no winner. The clients are not winners through this process. The workers are not winners through this process. What we are looking for is leadership. That leadership has got to come from the Minister of Health (Mr. McCrae) or the government of the day. That leadership has got to come from the union representing the individuals. That leadership has got to come from the different vested interest groups and the interested Manitobans that have a voice that can be heard. That is the reason why within the Liberal Party we have done whatever possible in order to try to get the different parties at the table talking about the issues, being supportive where we can of the client, the home care worker and other Manitobans who have expressed an interest in this very important issue.

Again, Madam Speaker, I have taken the opportunity today to be able to raise this issue, knowing full well that I could have said in essence the very same thing in the health care Estimates which will follow virtually immediately upon my sitting down. The reason why I did that is because we have attempted through MUPIs, we have attempted through requests of the New Democrats to introduce an Opposition Day to be able to make this a bigger issue inside this Chamber. We believe that ultimately this is a priority issue that deserves a lot more attention outside of the health care Estimates. We want to see more focus and more attention being given to this issue in hopes of being able to stand up today. Once again I can go to my constituents and I could say that I have fought to the best of my ability using whatever resources were here. I hope to be able to take advantage of other things such as Opposition Days and, potentially, MUPIs if in fact the government does not respond.

Thank you, Madam Speaker, for having the opportunity to comment.

ORDERS OF THE DAY

Hon. Jim Ernst (Government House Leader): I move, Madam Speaker, seconded by the Minister of

Industry, Trade and Tourism (Mr. Downey), that Madam Speaker do now leave the Chair and House resolve itself into a Committee to consider of the Supply to be granted to Her Majesty.

Motion agreed to, and the House resolved itself into a committee to consider of the Supply to be granted to Her Majesty, with the honourable member for La Verendrye (Mr. Sveinson) in the Chair for the Department of Education and Training; and the honourable member for St. Norbert (Mr. Laurendeau) in the Chair for the Department of Health.

COMMITTEE OF SUPPLY (Concurrent Sections)

EDUCATION AND TRAINING

Mr. Deputy Chairperson (Ben Sveinson): 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 of the Department of Education and Training.

When the committee last sat it had been considering item 2.(a)(1) on page 35 of the Estimates book. Shall the item pass?

Order, please. Firstly, the minister has some documents she would like to table.

Hon. Linda McIntosh (Minister of Education and Training): Thank you, Mr. Chairman. We indicated yesterday that we would try to table by the end of the day yesterday, or first thing today, the funding agreement with the independent schools, so I have that here for tabling.

There is a letter that outlines the agreement and the attached appendices, so I table that for the committee's information.

Mr. Deputy Chairperson: Now the honourable minister has 10 minutes for her answers to the questions that were asked at the last when we closed yesterday.

Mrs. McIntosh: Thank you, Mr. Chairman. As I indicated yesterday, the questions were very numerous and I will try to get through all of them, but it is difficult

when a complicated question is asked. It takes 30 seconds to ask but maybe four or five minutes to answer. As I indicated yesterday, it is like asking how do you make an airplane, quick to ask, not as quick to answer.

As nearly as I can recall the questions that were asked last time, and if I do not have time to complete them all, I am trying to address them in what I think are the priority that was intended by the member.

The member asked about a Ms. Dufresne, who was a staffperson, I understand, with my department. She asked why she resigned. I do not normally ask why people leave, because if it is a personal matter it is usually something that I will allow them to keep as a personal matter. So we do not usually discuss these types of issues in a public forum. But my understanding is that it was for personal reasons. The member seems to feel there is more to it than that, and if she feels there is, if she has other details that she would like to indicate publicly, I leave that to her. As far as I know, the staffperson in question resigned for personal reasons, and I really do not know more than that. That was the reason that was provided.

She asked who wrote the minister's letter to the field, if Ms. Dufresne was not available, and I think inherent in that is the indication that I do not write my own letters. Be that as it may, as sometimes with detailed letters, the technical parts are drafted for my perusal and approval by staff, but I answer that that was my letter and letters that go over my signature normally seem to be my letters. I do have other staff people working in the Department of Education who can advise and assist me on technical details in the drafting of a letter.

Ms. Dufresne, who is not known to me, but if she was the person who provided technical draft information for the minister, I can assure the member that I do have more than one person in the department and that many, if not all, of those people are well qualified and capable of providing technical information for drafting purposes for my perusal to accept, reject or modify. So I am not sure if that answers her question or not, but that is the information I can provide her at this point.

There are also, whenever anyone resigns, other people who pick up duties. Never in government is there just one person who is able to do one thing. So we always are

prepared for people resigning or retiring or moving to another place or dying or whatever reasons people might have for no longer being in the employ, we always have other people who are able to pick up those duties or fulfill those duties, and those people are extremely capable.

Regarding the physical education specialist, does the government support physical education specialists was one of the many questions asked. I am not sure what the member is getting at here because, obviously, we support specialists of all kinds in the schools, physical education, music, guidance, French, a wide number of specialties. It is something that we think enhances the school. We also know, as the Manitoba Teachers' Society will maintain, and the member may wish to examine the Manitoba Teachers' Society and the Manitoba Association of School Trustees' position on this issue because they will say that teachers graduate with a degree that makes them pedagogically capable and that a teacher can teach. We have been maintaining that it is good where possible to have master teachers with expertise in a discipline. I am glad the member supports us in that and hope that it does not get her in trouble with her friends in the union for taking that position. Nonetheless, we feel that a good curriculum, integrating physical activity, sport and health, health topics, that with the combination of those things we will see a solid physical well-being for children.

So while phys ed specialists are no doubt important, we do not mandate to school divisions that they must have a specialist in this area because many times there are people with high skill levels in some of the specialties. Music, for example, you can quite often have someone who is highly skilled in music that does not have a music degree; similarly with any of the other specialties.

Is the member similarly recommending math specialists, science specialists, geography specialists, et cetera, music specialists, because boards are always saying they want well-qualified teachers and do not want rigid rules on specialists. The Manitoba Teachers' Society has the same position. So I just alert her that those two organizations have those particular perspectives.

The member asked about a development process. The development process involves the development team in

reviewing the literature and research, reviewing curriculum documents from other jurisdictions, reviewing any assessment information that is available and/or reports. This then helps them to provide the framework for the work of the development team.

The member indicated as fact information about a new curriculum which has not been written yet, nor have the topics to be included been specifically identified. So I find it difficult to respond to her criticisms of a curricula that she thinks somebody someplace has written. She may be responding to a curriculum that she has seen someplace else because we have not started to develop ours yet. So it is difficult to respond to—oh, she is pointing to my letter, which is not a curriculum. If that is what she is basing it on—

Mr. Deputy Chairperson: Order, please. The minister's time has expired

Ms. Marianne Cerilli (Radisson): I just want to clarify for the record that throughout my questions the other day, I was making reference, not to the curriculum—it seems the minister is confused—I am making reference to the interim guidelines that have been supplied in her March 22 document sent to superintendents and school principals. I think that it is obvious by the question I asked about the resignation of the staffperson with the Department of Education, whose job it was to design curriculum in this area of physical education and health education, that I am aware that there is no curriculum

I think if she listens carefully or reviews the Hansard, she will recognize that my questions were specifically related to the fact that there is a problem in the schools now because of the fact there are changes to the recommendations from the government with regard to these courses, but there is no curriculum in place to replace the existing curriculum. They are being told not to follow the existing curriculum, and there is no new curriculum in place. The minister is shaking her head, but the guideline that has been supplied is different from the existing curriculum.

* (1450)

In the existing curriculum for physical education, there is not an expectation for teachers of physical education to teach community health, social and emotional well-being,

safety, dental health, nutrition, et cetera. There is, as I have indicated, concern amongst the teachers in the school system about the inconsistencies that are going to occur.

The other question I had been raising was, not as the minister had indicated with respect to specialists, but I had asked if she is in support of the action of the Portage la Prairie school district, where they have made a move to not have physical education specialists teaching physical education. I am wondering if that is something that the minister can accept occurring in Manitoba. I am wondering if she will acknowledge that this is a subject area that does require specific training.

There are all sorts of considerations. I know that a number of other teachers do not know how to use equipment and they do not have the specialized training to deal with the safety considerations of using equipment in the physical education setting. I am just wanting to clarify for the record that those are the questions I was asking the minister.

I am wanting, though, to move on. I am joined today by the member for St. James (Ms. Mihychuk), and we are wanting to raise some questions in this area around the government's plans with regard to special needs students. I am going to focus on the Department of Education's involvement in the Youth Secretariat. I know that part of—especially the original mandate—the Youth Secretariat was to try and co-ordinate services for students who were high risk or multiple handicapped and were involved with a number of different departments from the provincial government; that was the original intent.

So I am wanting to ask some questions related to the Department of Education's involvement in the Youth Secretariat.

First of all, I am just wanting the minister to clarify that it is still the undertaking of the Youth Secretariat to have each of the five departments identify 2 percent of their budget and dedicate that towards the Youth Secretariat, and I am wondering where in the Department of Education that is going to come from.

Similarly, I am wanting the minister to clarify which staff in the department are assigned to liaise and participate on the Youth Secretariat structure. There is

quite a large number of committees and subcommittees. I am wondering if the minister could indicate for me which staff from the Department of Education are involved in each of the steering committees: the care and protection of children committee, the adolescents and pregnancy committee, the high-risk youth committee, the early childhood committee and the critical health incidents committee. I am wondering if there is a consideration for the amount of staff time and how much time is being dedicated to the workings of the Youth Secretariat from the Department of Education.

One of the other issues that I am wanting the minister to deal with is if the secretariat's schedule is on track and if she has had some reports from the staff in her department who are involved with the Youth Secretariat, if they are on their deadline to have had maybe recommendations by April of '96 as was outlined in the Youth Secretariat time frame that was developed May 1995. If there have been recommendations, I am wondering what recommendations have been made for the Department of Education and for school programs from those working groups in the Youth Secretariat.

One of the areas I am especially interested in, what are the education benchmarks for youth at risk and youth with special needs that have been recommended through the Youth Secretariat for the Department of Education and subsequently the school programs?

So with that, I will stop for a moment and give the minister time to answer.

Mrs. McIntosh: Mr. Chairman, the member indicates that she will pause now and give me time to answer the questions, but I would point out for the record that I am only allowed 10 minutes, which is not enough time to answer the many, many questions she asked in her time to ask a question. I tried very hard to keep track of the two dozen or so questions I think were in that and I will try to answer them as best I can. I will continue, however, with the answer to the questions that she gave in her first round of questions because there was not enough time to answer those either.

In the first part of her questioning just now, she did a postamble commentary on my responses and indicated information that is inaccurate. I think it is very important for the record that it be stated that the first three or four,

five or six paragraphs of her response are absolutely incorrect, not true information. Maybe the member believes that it is true. I am not accusing her of deliberately putting falsehoods on. I am just saying it is important for the record that it be stated that the information she put forward as fact is not indeed fact. It is absolutely incorrect. The member needs to know that in January 1995 we informed the field that as of September '96 physical education was compulsory from kindergarten to senior years 2 and that health was optional.

The updated letter which she pointed to, which was a piece of correspondence from me to the field, points out to the schools that if they wish to address core physical education and health topics until the arrival of the new curriculum, that we had suggested a method by which they could do that if they wish. I think that is a very important difference from what the member thought was happening, and I correct that for the record and for her information so that she has a better understanding of how things are really working in the field.

In our recent consultations with both the health educators and the physical educators, we believe that we have reached a good agreement about the ratio of time that should be dedicated to activity and that which should be dedicated to health topics. In conversations as recently as last week and the week before with the physical educators and their heads, Dr. Janzen and Brian Hatherly, who are the head phys ed people communicating with my senior staff, my senior staff, deputy ministers at the deputy minister level, in consulting with them, have received indication that they are very satisfied with the agreement that has been reached. So I do not know if the member maybe has not talked to her colleagues or her friends in the physical education field recently, but she might do well to communicate with them about the agreement and ask them if the agreement they have come to with the deputy minister meets their needs as they tell us it does. Quite frankly, I feel that their indication of satisfaction means more to me than hers because they are the ones out there working.

We believe that both of these associations have worked hard to come to an agreement that will benefit the physical well-being of children in our province. The ratio that was present was in fact that ratio of health to

physical education that currently exists. Many schools and divisions want to continue using school time to continue offering both of these. The ratio presented allows for schools to continue offering both of these, using the flexibility and the time allotments that were presented earlier in the year by this minister. The development process involves the development team in reviewing the literature and research, reviewing curriculum documents from other jurisdictions, and I have indicated this to the member before that they can then review assessment information that is available or in reports. That, as I indicated, helps them provide the framework for the work of the development team.

* (1500)

For those school divisions that want to offer both health and physical education, schools can use the existing curricula that are now in schools, using the same ratio or proportion of time that each of these subjects currently uses. Time in the school day allows for this choice, and so I hope that clarifies the misunderstanding the member had and alleviates the concerns that she expressed and indicates the way in which the field is evolving as we prepare for the new curricula to be written.

There was originally some misunderstanding, and this may be where the member herself is confused, with the physical education teachers who read my letter and then misinterpreted it and then phoned a few hours later within the day to apologize profusely to us, in that they had misread the letter and informed members of the field, then realised their mistake, called to apologize and immediately issued the correction.

She may have picked up that initial misunderstanding for which the field has apologized to the minister and the minister's department and then did correct it with the members so that the correct information which pleased them was the information that went out. The member may have picked up on that few hours span and chose to present that instead of following through to find out if there was indeed some other information that she should have been made aware of. I hope that I have been able to provide her with that today so that she now has access to correct information and will not then be harbouring any further misconceptions.

I would encourage her to give us a call if she has these questions in the future, because we can provide correct information right on the spot and would be most willing to do that for her if she is confused or misled or misunderstanding any of the issues that she might be trying to figure out.

As I appreciate and understand her special interest is physical education, and many other people have special interests as well, we are trying to seek the balance for the students between all of those special interests, the member's special interest, and other people's special interest, and provide opportunities for students that will lead to a well-rounded intellect and physically fit body, with an understanding of wellness and fitness, which does mean that health will have to be taught as well. We think it is important for people to understand why physical activity will lead to better health.

While the member may not agree, I do think, when she mentioned the other day about having children being able to touch their toes more frequently than they can, that it is important for them to understand why the exercise and the benefit of bending and stretching and reaching is good for the body and what it can do for the brain as well. So we think knowledge coupled with physical activity is a good combination, and most fitness and wellness experts, I should indicate to her, would probably agree with us that the health component is a very important part of being totally well and fit.

I may have left out some of the questions on physical education. As I say, there is not a lot of time to respond to the vast number of questions. I will now begin the series of responses to the many questions she asked on special needs. If I do not complete them all in this 10 minutes, I will continue on in the next 10 minutes that I am permitted.

The member asked questions about special needs and Children and Youth Secretariat, and she asked questions about budgeting and I should indicate to her that the Child and Youth Secretariat is not funded in the sense that a government department is. The member, again, is misinformed in her question that she thinks that that kind of funding occurs.

The further budget details, the Child and Youth Secretariat should be addressed properly to the Minister

of Child and Family Services, but each department involved has a stake in the Child and Youth Secretariat, and the funding for that is not similar to departmental funding. My time is up for now.

Mr. Deputy Chairperson: Item 2. School Programs (a) Division Administration (1) Salaries and Employee Benefits.

Ms. Cerilli: I was hoping to move on from dealing with the policy and curriculum issues around the physical education, health education changes, but given some of the minister's comments, I want to pursue this a little bit more, because I have a letter from the former president of the Manitoba Physical Education Teachers' Association, Mr. Brian Hatherley, addressed to Mr. Carlyle dated April 10, '96, and it states fairly clearly that they are concerned about the policy changes where they feel that physical activity time is going to be jeopardized.

They say it is the desire of the Manitoba Physical Education Teachers' Association to include the active-type health concepts into physical education, health education (20 percent to 25 percent health, 75 percent to 80 percent physical education as we presented at our most recent meeting with you and your staff. Other topics could possibly be integrated into other areas. It is our aim to continue as much activity time as possible in the curriculum to meet the needs of our students.

* (1510)

I am wondering if the minister wants to clarify then if this is the change that she is referring to, if they are not proposing that the split should not be 60-40 percent for health, different from what they have indicated. They had hoped and expected and they recommended that it would be 75 percent to 80 percent physical education and 20 percent to 25 percent health education. I am wondering if she wants to clarify as well when this misunderstanding occurred and if it was prior to the Physical Education Forum 3 which was I believe only last weekend—no, I guess it was two weekends ago now, but definitely it was after this April 10 letter went out. So I think it is important that we clarify those issues, and I want to let the minister know that as of that meeting, the Physical Education Forum, they still were not satisfied, different than from what the minister has indicated on the Hansard

record, that they are not satisfied with the proposal from the Department of Education and the minister.

I just want to clarify for the minister, as well, that my own interest in education is quite broad. I have a teacher's certificate, she may know, but I have the ability to teach English and language arts. I double majored and have been in the classroom teaching those subjects, and I wanted to let her know that I ended up being employed as a guidance counsellor, so I am also trained in the family life curriculum and able to teach the health education component and family life component as well. I just want to emphasize that that broad point of view is what I bring to the table, that I am not suggesting that there be sort of a limited focus in our curriculum.

I do not want the impression with the minister that I am focusing only on physical education, but I think that she should recognize that the whole child must be the focus in our education programming. In the school setting, in a classroom often where there are upwards of 25 children for each teacher in a limited classroom, limited in size with limited amount of opportunity for children to move about and have active learning, physical education is recognized by a number of classroom teachers, as well as providing an important break in the day, as providing students an opportunity to develop in a very hands-on experiential way, learning about their body in a very hands-on experiential way, learning social skills, teamwork, and I think that that has to be recognized. There are many other subjects, as well, that can allow for this, especially in the arts and other hands-on programs. We have also been asking questions about home economics or human ecology. So I just want again to emphasize that for the minister, and I invite her again to comment or show any kind of research that would dispute that that her department can make available.

Mrs. McIntosh: I am aware of the member's background. I believe you can have a varied background and still have a special interest, and I think it is fairly clear from a wide variety of personal experience that physical activity is a special interest of the member's, and there is nothing wrong with that.

I also agree that the members opposite would like all of those special interests to be addressed as specialty subjects in the schools, and we agree the child should be well-rounded, well-educated, well-versed in a variety of

things. That is why we have introduced more options, more ability and choice for parents, so that if they are in their community having a lot of emphasis on a particular area of endeavour outside of school, they can then choose more of an option in school for those things they do not get outside of school. That is why we are giving them the choice.

As I mentioned before, the 4-H experience has provided a lot of students with skills that the parents then say, why do we bother to re-teach them in school? Why can we not have more time on band, for example? So we are opening up those choices, and I think that is very important.

The opposition still has not indicated how they would address the side effects of their desire. Their desire is to have each of the specialty areas covered in depth in school. While that is a laudable goal, the only way it can be achieved, if you do not do it at the expense of language arts and mathematics, is to extend the length of the school day or extend the length of the school year.

I still keep asking the opposition—and they are very, very, very reluctant to take a stand—in order to accomplish me putting into the curriculum everything that the opposition wants me to put into the curricula, does the opposition plan to (1) increase the length of the school day or (2) increase the length of the school year or (3) take away time from math and language arts. They will have to do one of those three, and I really hope before we are done here they will tell me which of those three will be their choice in order for us to be able to teach everything to everybody everyday.

The member is wrong when she read her information from the physical education teacher. The member, again, should take a little time to do her research before she comes in because I indicated to the member that the physical education people had misinterpreted and did subsequently apologize. We have an agreement with the physical ed people that we will move to—I cannot take time to breathe because I will lose my time. I cannot take time to cough because I will lose my time.

We did agree with the physical education people that the curriculum would be 75 percent physical education and 25 percent health. They misinterpreted the current level. We are still working on the current system and will

be until the new curricula comes in place which will give them what they want, about which they are very pleased. We and they agree 75 percent phys ed, 25 percent health.

I explained that the letter indicates how they can achieve in the time between now and the new curricula—how they could make it work in their schools. For now and for 1996-97, until the new curriculum is available, phy ed and health can be, at local choice, combined, and to do so, looking at the relative split on topics, it would be 60 to 65 percent on phys ed and 35 to 40 percent on health, because those are the current relative topic loads, or, of course, they could have 100 percent phys ed and zero percent health since only the phys ed component is compulsory.

This is not a change. Maybe she could read it in Hansard if she is not interested in listening now. The member may be interested in knowing if she would care to listen, stop talking and care to listen, this is not a change from what was announced in terms of physical education—compulsory, health—optional, and a good move to a physical well-being curriculum. We announced this in January '95 and, as I say again, it is not a change. As soon as the physical education people realized they had made an error and they had written to my deputy a letter that was accusing him of breaking a promise essentially—that is the letter I believe the member was reading—and when they realized their mistake, they phoned and apologized.

So for the member to now read that letter into the record as if it were fact and had never been corrected after I had just explained to her that they had misunderstood, thinking that we were talking about the future when really we were talking about the period up till the new curricula come in place, the new curricula giving them exactly what they want—perhaps the member would like to stop talking and listen because I do want the record to know that she has asked the questions but is not listening to the answers.

I am expecting she will read them in Hansard to acquire the answer. If the questions are important, Mr. Chairman, then I would think that she would like to hear them, especially since she indicated it was important to her. Maybe it is important enough that she can wait three days till the Hansard is printed to read it then.

In the meantime, if she continues to indicate that there is the kind of misunderstanding that she says exists and she keeps wanting to say it is fact, she has got three days to read Hansard to know that for the next three days she will be promoting misunderstanding if somebody does not tell her what I said here this morning.

These are current relative topic loads, 100 percent phys ed and zero percent health would be another option since only phys ed is compulsory now. As I indicated, it is not a change, and the physical education teachers are aware of that and have apologized for their misunderstanding that the member talked about.

Back to the continuation of my answer to the questions that were asked in the previous set of questions on special needs. I will answer the questions in order so that I will come back to address the questions she put on in her immediate last 10-minute session. I am currently now responding to the questions that came in the 10 minutes before that.

She asked the committee membership for the—what was she asking here? She has asked for the names of every committee member for the last two years who have been involved with the Child and Youth Secretariat. We will table that for her. You have asked for the staff. We have had seconded from our area Dr. Neil Butchard. He will be returning to us in January 1997. We will table the committee membership because there are a lot of people involved. We do not have those names here.

* (1520)

She asked what are the educational benchmarks prescribed as provided by Child and Youth. The educational benchmarks are not the subject here. Maybe the member is not aware of the purpose of the Child and Youth Secretariat. The purpose of the Child and Youth Secretariat is not to deliver education. The Child and Youth Secretariat is there to ensure the development of the whole child. The member may recognize that under the NDP government a child at risk was assigned up to as many as nine case workers—very, very confusing for the child, overlapping jurisdictions, highly expensive, a lot of problems associated with it where you would have a child at risk.

The Child and Youth Secretariat has brought together Health, Education, Family Services and Justice and,

laterally, we have included the Native Affairs because of the high number of aboriginal children at risk. This secretariat looks for areas where crossovers occur and attempts to avoid duplication and overlap, attempts to provide the child with one central focus as opposed to the scatter-gun approach.

In that regard, for example, you will see the Health department providing funds for medically fragile children who exist in the school system, because to date that has been a cost that has had to be borne by school boards, that they would have to hire a physiotherapist, for example, a full-time medical practitioner, to work in the school with the medically fragile children and use dollars that were slated for educating as opposed to health.

The Health department is now providing money for medically fragile children for that purpose. We are very grateful for that; that decision has made some \$450,000 for that purpose. That is the type of activity that we are looking at, not just in funds but also in approach to the raising of a whole child and treating a child at risk as one unit as opposed to a child cut into 15 pieces, each dealt with by a different department.

Mr. Deputy Chairperson: Order, please. Item 2.(a)(1).

Ms. Cerilli: Mr. Chairperson, I want to just spend a little bit more time asking questions about this Department of Education's involvement in the Child and Youth Secretariat. I am wanting for her to answer specifically the questions I asked with respect to the financial relationship. I understand that there are five departments that have been involved. The minister is now saying that aboriginal affairs are now involved. I have information in front of me that says that there is 2 percent of existing funding to be identified from the departments and that the departments are responsible for identifying this money and any departmental source may be utilized.

I am wondering, has the Department of Education gone through this process to identify its contribution to the Child and Youth Secretariat and where that is going to be coming from or how the money will be allocated for the Child and Youth Secretariat?

Similarly, I just want to follow up for clarification on the other issue that I raised, which was with respect to the

benchmarks that the Children and Youth Secretariat are to be setting. I want the minister to clarify if this is not occurring at the secretariat, if they are not looking at goals and benchmarks or targets for the way that the coordinated services are supposed to impact in the community, in our schools and in providing services for children and youth.

I know that there are a few examples here of some benchmarks that have been proposed. For example, there could be a goal to give high school graduates the essential skills for success in life, and then the benchmark would be to increase the number of high school students who meet the standards for certificate of initial mastery. That is an example of what I am talking about that is from some documents from the Children and Youth Secretariat.

I am wondering if the Department of Education has gone through this process as part of the Children and Youth Secretariat and if the minister can tell us what the results are and what the benchmarks are for the Children and Youth Secretariat in the area of education.

Mr. Deputy Chairperson: Order, please. When we started today, it seems that we were so anxious and on the job that we started before the Assembly finished. I would just like the minister to read into the record officially the documents that she tabled, if she would just note them.

Mrs. McIntosh: Mr. Chairman, I am tabling the agreement between the Manitoba Federation of Independent Schools and the government of Manitoba.

Mr. Deputy Chairperson: Thank you. Now the honourable minister for her answer.

Mrs. McIntosh: Mr. Chairman, I will continue providing my response to the questions in the order in which they were provided, so I will add her latest question to the list of questions and continue with the response to the questions that came to me initially on special needs.

The member should know that the budget for the Child and Youth Secretariat comes from the government, and the details of that are provided through the Minister of Family Services (Mrs. Mitchelson), because the funding does not go directly from the Department of Education

although education personnel and monies are involved. The Youth Secretariat continues to play a strong co-ordination role with the human service sector. So we play a strong co-ordination role with the human service sector. We meet regularly with the ministers involved in the secretariat and with the director, Dr. Reg. Toews.

* (1530)

The activities to date that the secretariat have been involved with that affect the education area include the medically fragile, technology dependent support to schools and for that, as I indicated earlier, with the medically fragile, technologically dependent support to schools, we will see the Department of Health providing funding for nurses and for medical interventions in the schools. So if you have to have a nurse in a school for medical intervention purposes, money now comes from Health to Education for that purpose, and those nurses may be hired by the school division. Again, I think the member wants to hear the answer although I am beginning to think that, with the constant dialogue, she does not want to hear. [interjection] The member says I am being petty.

Mr. Deputy Chairperson: Order, please. While each person on this committee is asking their questions and/or giving the answers, would the other members please show the same decency that is shown to them.

Mrs. McIntosh: Mr. Chairman, I do not believe it is petty for a minister giving a response to a question that I thought was a serious one for which an answer I thought was desired to be heard, I do not think that it is right to call such an expression of concern petty. I think we are here for a very serious purpose. I think we are here to exercise the democratic right of the loyal opposition to ask questions of government. Government is here to provide answers. We have much, much real work to do downstairs in our offices, but we come here instead to provide information to the opposition, because they have the right to it and they have the right to ask questions, so we are here for a very lofty purpose. So when the member asks questions and takes time from the minister's day, it is very, very rude not to listen to the answer, and it shows disrespect for the whole democratic process to be dialoguing and carrying on conversations and not listening to the answer for which she has asked.

The member asked very pointedly very serious questions, said they were serious, said she had to have the answers, said it was very important, then talked all through the answer, and when I asked her to please listen to the answer, told me I was being petty to be concerned that she was not listening to the answer. I submit, Mr. Chairman, the very heart of democracy is at stake when the member does what she does. It is putting a question into the record so the question is on the record so it shows that it looks like she is interested without at all being concerned about what the answer is. First of all, I think it shows great disrespect for the system. Secondly, I think it is just plain rude.

Having said that, Mr. Chairman, I will continue with the answer, and the member can choose to listen or not. As I say, in three days she can read Hansard if she cares to, and maybe she does not care to.

We talked about the medically fragile, technologically dependent support to schools, a multisystem referral system to review high-need cases and to allocate supports and resources, the EBD protocol for emotional, behaviourally disabled students, a review of the services and programs of the Seven Oaks Centre for Youth, participation of staff in the steering committees to review the five major target groups, to provide recommendations to the departments for the provision of services, discussions with many stakeholders about the provision of services, providing a good base of information about interdisciplinary approaches.

I would indicate to the member—and I would appreciate as well if she could table the document from which she was referring when she first asked her question. She was reading from a document, but I do not know which one it was, and, if she could table it so that we could see exactly where she was gleaning her information from, it might help us to better answer. So I would appreciate it if she could do that, and then we can better provide a response to her for that.

The interdepartmental protocol agreement, which I think may assist the member in understanding this issue a little better than she does, indicates that the Ministers of Education and Training; Family Services; Health; and Justice have mandated the interdepartmental service protocol for increased service co-ordination at the local level for children and adolescents with very severe to

profound emotional, behavioural disorders. Each of the departments has specific responsibilities for facilitating the delivery of a continuum of services in context of specific mandates. This protocol formalizes a shared interdepartmental multisystem case management approach, very, very important, to enhance good practice and to maximize the effective use of available resources, and I stress "the effective use of available resources" because we have found often that departments were actually duplicating costs as they attempted to fragment the child and service the child from a whole series of perspectives rather than as one whole child.

So we want to maximize the effective use of available resources to address the service needs for this high-risk population. We have protocols surrounding the profiling of children and adolescents with severe to profound emotional and behavioural disorders. We have the multisystem approach to case management, as I indicated, and we have details on any of those, which I would be pleased to detail for the member, should she desire.

We also have the unified referral and intake system called URIS. That system is an initiative of the Child and Youth Secretariat that came out of the Child and Youth Secretariat itself. It was announced on March 17, 1995, and the Department of Family Services has been delegated lead role. URIS functions as a centralized intake system with responsibility to provide overall co-ordination of service to children with developmental disabilities and/or technology dependence, for example, medically fragile children who require complex medical procedures, and their families.

Five hundred thousand dollars was transferred from the Department of Health to the Department of Education and Training to provide additional funding to school divisions that were required to hire registered nurses to work with students who require complex medical procedures in schools. That is a fact. That has been done.

We do not, as yet, have therapists covered, but that is something that is also being looked at. But, in the first stage, we have the registered nurses in there to perform complex medical procedures to schools.

Again, this leaves education money to be spent on education. Two hundred and fifty thousand dollars was

transferred from the Department of Health to the Department of Family Services to provide training and ongoing supervision of health care routines which may be delegated to nonhealth care professionals or paraprofessionals working with children in the community.

Teachers are not required to or expected to carry out health care routines in schools. I think that is an important point to underscore, because teachers have been worried about that for some time, and we understand why they are, and we acknowledge the rightness of their concern, and this government has addressed it. It is a concern that was there when I was on the board with the NDP government, but we could never get the NDP government to listen to us when we would bring those concerns to their attention. I remember Minister Maureen Hemphill flat turning me down in my request as a school trustee for some assistance in this regard. So it has been a long time coming, and I am very grateful we have been able to start doing this for the teachers and for the divisions; most importantly, for the parents and students in those schools.

School divisions are eligible to access this fund directly from the Department of Family Services, Children's Special Services. This is a move that this government has made that has been roundly applauded and approved of by the people in the field. They are very grateful, and I am very pleased and proud that we are able to start on these kinds of initiatives, and I will continue on with my answer in the next 10 minutes.

Ms. Cerilli: I am going to turn over to the member for St. James. I just want to clarify for the minister that I am willing to provide her a copy of the document I was referring to, and I will do that through a letter.

Mrs. McIntosh: Excuse me, Mr. Chairman, in wanting to respond to that concern, it would be helpful if I could have the document today so I can respond to it. As long as Hansard shows I could not respond to it because she is not able to provide the document which she has in her hand; she has got it in her hand, but she is not able to provide it because, I do not know why. So some day I will get it, and at that time then I will respond.

Ms. MaryAnn Mihychuk (St. James): Mr. Chairperson, I would like to pursue the Youth Secretariat

and some of the initiatives of co-ordinated delivery of services. This is a goal that educators have been requesting for many years, and it is true that many other jurisdictions have some sort of co-ordinated delivery, and I am pleased to see that the department is moving towards some sort of protocols. I know that it has been very difficult as there is a certain amount of turf and money involved and these types of negotiations are not simple.

The minister's comments were, at first \$400,000 was being provided for medically fragile, I believe was the terminology, and then \$500,000. Is Education receiving close to a million to provide services, or what is the actual number? I am a little confused. Can the minister clarify?

Mrs. McIntosh: Mr. Chairman, as I indicated, I am taking these questions in order, so I will continue with the answers to the questions the member for Radisson (Ms. Cerilli) put because I do not want her accusing me of not answering the questions, as she implied that might occur. So I will continue answering the questions in the order they were put to me, and I will answer them all thoroughly.

Point of Order

Ms. Mihychuk: Mr. Chairperson, I ask you to rule whether the minister should be responding to my question. My question is fairly specific, and I would ask her to respond to my question. Perhaps other questions could be responded to in tabling a report or providing the information.

* (1540)

Mrs. McIntosh: Mr. Chairman, on the same point of order, we have had this discussion before, and I thought we had it clarified. The members are asking questions in their 10 minutes, sometimes 15, 20 questions in the 10 minutes and want answers to them all.

I said to the member yesterday I did not have time to respond to them all, and she said, put them in writing, the other ministers do that. I said I would do that. I have since found that the only other minister in Estimates right now is Mr. McCrae, and the other ministers are not doing that. The answers are to be read into the record. So I

then will answer all the questions. I made it quite clear that to make it accurate and fair, I would respond to all the questions provided to me in the order in which they were given, and I would answer—

Mr. Deputy Chairperson: Order, please.

Mrs. McIntosh: I am just wanting to make my—why I am trying to say—the point is that the members ask the questions. I am answering them in chronological order, and I will respond to each question in the order it is given. I will try to do it as quickly as I can, but her question has come after a whole series of questions provided by the other member.

If they want the questions to be the same length as the answers, then they may take their questions a little more timely.

Mr. Deputy Chairperson: The honourable member for The Pas, on the same point of order.

Mr. Oscar Lathlin (The Pas): I really do not think it is—yes, you can wave me off if you want, but I am still going to say my piece anyway.

Mr. Deputy Chairperson: The point of order.

Mr. Lathlin: The point of order, I think it is the responsibility of the minister to answer questions as they are being asked here. Otherwise, it throws—

Mrs. McIntosh: I am answering questions being asked here, in the order they are given.

Mr. Lathlin: Could I finish, Mr. Chairperson? Otherwise, it throws a monkey wrench into the process whereby if this is how she wants to conduct the committee hearing we may as well fax her questions and she can respond in kind. Otherwise, I think the minister has a responsibility to answer the questions as they are being asked here, not later.

Mrs. McIntosh: You do not want me to answer her questions, Marianne's questions. You are asking me not to, so put that on the record, so long as that is clear.

Mr. Deputy Chairperson: Once again, and I have done this in previous days or times in this committee, each member has the right to ask those questions as they see

fit. The minister indeed has the right to answer those questions as she sees fit. Right now we are on 2.(a)(1). The questions asked by the member for Radisson (Ms. Cerilli) and/or by the member for St. James (Ms. Mihychuk) are indeed on 2.(a)(1), so indeed there is no point of order. Simply—[interjection]

Order, please. I have explained this I think quite clearly. You have the right to ask your questions as you see fit to what questions you would like answered. The minister has the right to answer those questions. She, and so are you, and all members here dealing with 2.(a)(1) in the Estimates book of Education and Training.

The honourable member for St. James, to continue her questions and comments.

Mrs. McIntosh: She asked a question. I was about to answer it.

Mr. Gary Doer (Leader of the Opposition): Maybe we will just keep you an extra couple of hours. If the people will not answer—

Mrs. McIntosh: Gary, you find out what has happened before you come to that conclusion. Investigate it because this is going to go to the Rules committee if you do not smarten up.

Mr. Deputy Chairperson: Order, please.

Mr. Doer: That is right. If we do not get answers to questions we will just keep the minister on as long as we want.

Mr. Deputy Chairperson: Would the honourable member for Concordia (Mr. Doer)—

Mrs. McIntosh: You had better find out what is going on before you jump to that conclusion. Let us go to the Rules committee. This is a deal breaker.

Mr. Deputy Chairperson: Order, please. Would the honourable member for Concordia look for a point of order or, indeed, if he wishes to speak, acknowledge the Chair, and he will be acknowledged.

Point of Order

Mr. Doer: Yes, the minister began a major intervention in pointing and responding. I just wanted to merely point

out what our options were, and I apologize for responding to the Minister of Education and letting her know that we have options and we need—Estimates are a period of time to ask questions and get answers.

Mrs. McIntosh: My point exactly. They will not let me answer, Gary.

Mr. Deputy Chairperson: Order, please. I will ask once more to all members here, including the minister, when I call for order, that means that people stop talking.

* * *

Mr. Deputy Chairperson: The honourable minister, to finish her answer.

Mrs. McIntosh: Mr. Chairman, for the benefit of all committee members, including the Leader of the Opposition (Mr. Doer), who might need to know this for his information, I have been asked about 25 questions here, and I have been trying to answer them in the order in which they were given. I cannot answer in 10 minutes that number of questions, so I am behind schedule in terms of the chronology. The members have just told me not to answer the questions that I was given by the previous member, and yet the previous member has insisted that I provide an answer.

The 10-minute restriction on answers works very well if the questions could be answered yes or no, but when the questions are in the venue of how do you make an airplane, or why is the sky blue, and you expect the minister to answer in a one-word sentence or a sentence as short as the question that was given, it is impossible.

So the minister is now in a dilemma, and an abuse, I feel, has been put forward here. The minister is in the dilemma either to not answer the questions given by the member for Radisson (Ms. Cerilli) or to answer them in chronological order, so that I am fair to all the questioners. The member for The Pas (Mr. Lathlin) has made it clear that I am not to answer the questions from the member for Radisson but to carry on answering the member for St. James (Ms. Mihychuk). The Leader of the Opposition (Mr. Doer) has said I am to answer all questions. What am I to do as a minister?

The Leader of the Opposition said that the minister is to answer all questions. The Leader of the Opposition

said that just now, so I will take him as giving advice that overrules the suggestion of the member for The Pas which says I should not answer the questions of the member for Radisson and carry on and answer the member's for St. James. So I will carry on, answering the questions in chronological order, so that the member for Concordia cannot accuse me of not answering questions, which is what the member for Radisson was planning to do if I did not answer them all.

Now, because I only have 10 minutes, I cannot give answers to all of the questions given at once, so I will carry on with my response to the member for Radisson (Ms. Cerilli) and then follow it with my response to the member for St. James (Ms. Mihychuk). Maybe in the answer to the member for Radisson inherently will come the answer to the member for St. James, who, in fairness to the member for St. James, did ask a question that could be answered in 10 minutes. The member for St. James is the only one in the last two days who has done that, and I appreciate it very much, asking a question that can be answered, and the member for The Maples (Mr. Kowalski) did the same thing. The member for The Maples has been very courteous.

The \$500,000—I had said 400 earlier, 400, 450, because I did not have the figures in front of me. The figures indicate \$500,000. That is the total amount. I believe that answers the question for the member for St. James at the same time I complete the answer to the member for Radisson, who asked many, many, many, many, many questions. So teachers are not required to do this anymore.

A URIS policy committee has been created to provide leadership to the system of human services, to develop provincial policy for the prevention of developmental disabilities, design and operate a centralized system for intake and referral, develop and disseminate standards for case management and other human service interventions, designate an appropriate case manager, design and implement a database to record, track and evaluate human service utilization, and develop appropriate regional subsystems including appeal procedures.

Participants in the URIS policy committee include representatives from hospitals, community health and social service agencies, government departments, school divisions and parents. Children's Special Services,

Department of Family Services, has been delegated to chair the URIS committee.

That, I believe, although it may not completely answer the questions of the member for Radisson (Ms. Cerilli), is sufficient to address the substance of what she was asking.

* (1550)

I wish the record to show that I have made every human effort to answer the questions I have been given in as full and complete a fashion as was indicated was desired, and because of the limited time allowed for answers, I was not able to answer the great number of questions in the detail that was asked. I realize the members of the opposition can do whatever they want, but I would be grateful that, if they really do want an answer to a question, they provide the question—that, if they are going to have a whole series of questions, they be questions that can be answered in as short a time frame as the question that can be asked. In other words, a short question. You know, "How much money?" is a short question. I can answer it quickly. But "How did you develop a policy?" is not a short question, and it is unfair to expect it can get answered quickly.

This whole process, I have found, to be extremely irritating. The new rules do not give time for sufficient answers. So I hope that ministers will not be accused, as I just was, of not being willing to give the complete answer. If any member of the opposition tries to imply that I did not give the complete answer when part of the whole problem here is that I have been endeavouring to do just that, the member for The Pas (Mr. Lathlin), the member for Concordia (Mr. Doer) would be well advised to count up the number of questions the member for Radisson (Ms. Cerilli) asked and then ask themselves if they could have answered them in 10 minutes in a full and complete way that would not then reek of accusations of the minister did not answer the question.

If the member for Concordia wants to keep me here extra hours, I am most willing to stay. I am one who has never complained about staying, and if it gives me more time to answer a question properly, I will gladly stay. So the member for Concordia may wish to note that. I will stay till I answer all the questions, and if the opposition does not want to give me enough time to answer them

and they want to extend the time so that they can stay here and listen to the answers, I will gladly stay. The only condition is that I ask them, please, to remain and listen to the answers instead of doing something else while the answer is being provided.

Ms. Mihychuk: Mr. Chairman, my question was fairly direct and, I am sure, was framed in less than a minute, and historically I have tried to be fairly direct and to the point and give the minister the opportunity. Unfortunately, in both cases where I have had the opportunity to sit in committee, I have felt like I have been part of a much longer experience that the minister has been involved in, and, unfortunately, our time schedules are very limited. I do ask, I do have a series of questions that I will try to make fairly brief, and I would appreciate that the minister would respond.

I do hope that concludes the answers to the previous member and that we can get on with our questions. Maybe I will just ask that straight out: Has the minister concluded her answers to my colleague's questions?

Mrs. McIntosh: Mr. Chairman, in all honesty, I do not believe I have answered all her questions. I have answered all that I can remember and all that I had time to write down, and I want to indicate for the record that the member for St. James (Ms. Mihychuk) has, indeed, been one of the few opposition members who has had the courtesy, along with the member for The Maples (Mr. Kowalski), to keep their questions framed in such a way that they can in fact be answered. So I thank you for your courtesy, and I will do my best to reflect that courtesy back to you.

Ms. Mihychuk: Mr. Chairman, just continuing briefly on the co-ordinated delivery of services and the funds that are being moved from Health to Education, the minister indicated that half a million dollars has been transferred, and that is a step towards covering the medical needs. I am familiar with Winnipeg No. 1 and know that we took a fairly strong stand in terms of the physiotherapy services provided which amounted to, at that time, \$800,000 and had remained frozen for many years. Actually, the amount of service provided was not to the level that we had hoped, but the total cost of that was Education dollars, not Health care dollars. The minister did indicate in one of her answers previously that there was some movement on that. Can you give us an update?

Are those services going to be covered by Health, and we are talking about substantially more money than half a million when you look at the whole province?

Mrs. McIntosh: I first of all want to commend the Winnipeg School Board, because they have been working very hard in this area being proactive and doing what needs to be done in some very challenging circumstances in certain instances. The Winnipeg School Board, of which the member was a member at one point, and the St. James Board, of which I was a member at one point, have both been instrumental in bringing this matter to the attention of government. It is one of the reasons that government is taking a look at it. I think that is, again, to the credit of the Winnipeg School Division Board and the other boards that have done the same thing.

I should backtrack just a little bit and indicate that the occupational and physiotherapy components—and we are aware that there are students who require pummelling and that type of thing in the schools—is an area that is going to be examined; it has not yet. I have mentioned we have got the registered nurses in there; I thought we were getting the physiotherapists in there now. They are not in there yet, but it is being looked at, and it will be examined in the Child and Youth Secretariat as well as through the special education review which has not been announced but which we hope to have announced before too much longer. The protocols for medically fragile children have been based on the work of MARN and Winnipeg School Division No. 1 that has been instrumental, as I say, in trying to get some protocol and funding around this whole issue.

I indicate as well that indirectly, as I say, indirectly, not through Education but through Family Services, the direct impact will be felt in schools of this initiative that we are undertaking where \$250,000 has gone from Health to Family Services. I made reference to this in my earlier answer, but what that will be doing will be training non-health professionals or health paraprofessionals to work with children in the community, not teachers, although I suppose teachers could if they wish to, but we are thinking more along the lines of a health care worker type person who would be trained to work with children to do things such as pummelling and those kinds of tasks that are required, therapy-type tasks. That is going on now, the training. The money has been transferred. The training may not

have yet begun. It has begun? Staff informs me the training for that has begun.

You will see those people ultimately available for the school system to assist teachers in the classroom, and boards, again, will be instrumental in deciding what types of assistance they require, just as they do now, except that they will not have to take it out of their education dollars anymore. If they have \$50,000, they can use it for a teacher instead of a health care professional. It is in its infancy. It is not all there yet. We do have some components in place, others coming. This is an area, I know, that the member has some knowledge here, that her advice would be welcome and utilized because, having been a former chairman of that particular board, you have a very strong sense of where the problems lie within that division.

* (1600)

I wonder if the members would mind, I had indicated that somewhere between 4 and 4:15 I would return a call today. I meant to ask at the beginning if it would be possible to have a 15-minute recess for me to make that phone call and resume. It might be time for a little break anyhow?

Mr. Deputy Chairperson: Is it the will of the committee to take a 15-minute break?

An Honourable Member: Agreed.

Mrs. McIntosh: I can be back maybe within that, but that allows me time to get it complete.

Mr. Deputy Chairperson: At 15 minutes after four, we will resume.

The committee recessed at 4:01 p.m.

After Recess

The committee resumed at 4:15 p.m.

Mr. Deputy Chairperson: Order, please. The honourable minister had been speaking and had five and a half minutes remaining that she finish.

Mrs. McIntosh: I think I am finished.

Ms. Mihychuk: There is just one more area I wanted to pursue in relation to the co-ordinated delivery of services. Is the Department of Education receiving money from the Department of Justice, as this is another whole area where we are seeing children and young adults coming into the education system that are either serving a court sentence and sometimes they have compulsory attendance at school, others that are waiting to go through the court system that have had charges? There are numerous situations in public schools where students are there, mandated, and not necessarily in a condition to be learning. They are not only not in a learning mode, but sometimes their safety is in jeopardy because of charges pending or as a result of actions that they have taken.

Are there supports in the schools from Justice for this? How much money has the Department of Justice moved toward serving these children that are really the jurisdiction of the Department of Justice?

Mrs. McIntosh: The member asks a very good question. At the moment, no. There is no money being transferred from Justice to Education. There are some joint programs that take place between Justice and some school divisions, but there is no transference of money at this time, although the points she raises are good. In the discussions we are having, we are talking, as I indicated before, about the whole child, and we are starting from birth. One of the things we are doing is taking a look at the child from the moment of birth through that whole growing up time and hoping, if we can start when they are little, to offset some of the problems that might occur when they hit school, so they will not be picked up in as large measure by the educational system as they have to be now.

Even going back a bit further than that, which sort of brings the circle right around, I visited at David Livingstone School recently, and the member is probably aware of the high incidences of FAS children in that school. This year, in kindergarten, a large number of FAS students who live in the catchment area have been registered there for kindergarten. Part of the problem that we can identify is the young pregnant female who needs education as to how to treat her body during the gestational period, the period of pregnancy, which brings us right back then to some educating that could be done

through a variety of circumstances. These are not always women who are in school, unfortunately, so they cannot always be helped in the school system, but that whole circle.

So, while we have not yet seen any money transferred from Justice to Education, we see the interaction, and we are talking about ways in which we can co-ordinate that kind of activity.

* (1620)

Ms. Mihychuk: Has the minister received letters or concerns from divisions in regard to disruptive students? I point out that I was recently speaking to a superintendent from an urban division who said that she felt this was one of the leading issues in schools today.

Years ago, when we were looking at mainstreaming, it was how are we going to deal with children with medical needs. Now we are seeing highly disruptive children that are in our schools, and it seems like the justice system is dumping those children now on schools. I know that the minister is concerned about this and ask that some type of review perhaps could be conducted as to the seriousness of the problem, perhaps then Education could facilitate a quicker response from Justice.

Mrs. McIntosh: Mr. Chairman, yes, I have received concerns from the field about emotionally disturbed children or behavioural problems in the schools. About two years ago the Department of Education and Training allowed EBD children to be allocated Level II funding in recognition of this, and just reading a small section here from the interdepartmental protocol might give a brief answer to your concern. The child or the adolescent requires—this is a protocol that would apply to children with this particular profile, a child who is receiving or requires a combination of the statutory and nonstatutory services from the child and family, education, mental health and/or justice systems as defined within The Child and Family Services Act, the Young Offenders Act and The Mental Health Act.

So a child with that profile in a multisystem approach to case management always seem to require services from more than just one service system, and those factors that precipitate that kind of disorder, or that kind of behaviour, are often highly complex. I know the member

is aware of this. So to initiate the multisystem process, all children or adolescents referred to in this process must demonstrate service needs consistent with the profile of emotional and behavioural disorder.

When you talk about accessing special funding or funding support and resources, when the multisystem team identifies the need for special funding or for programming support or for both, in the low-incidence support from the Department of Education, inclusion in an intensive probation supervision program, special rate for foster home care or intensive community mental health services, the designated team can apply to the appropriate department according to established procedures and, certainly, the EBD protocol can be utilized in this type of situation. That indication that there can be an application, I point out to the member, is being one way which we could begin sourcing some support for this type of activity in the classroom. As I indicated, it has not yet from Justice to Education, but the vehicle is now there for a proper method to look at those kinds of issues.

Ms. Mihychuk: Mr. Chairman, a couple of days ago, I had the opportunity to meet with the teachers of Stevenson-Britannia School in my riding, and it is a wonderful school. The teachers are very, very committed to providing services for children and for families. They have approximately 50 programs that offer additional services for the community, all offered by the staff, and very little recognition of those innovative things are asked for by the teachers

I wish we could more publicly announce how much educators do. They tend to be very modest actually in what they provide for our communities. But one of the concerns that a teacher there raised was that children are coming in with more and more needs, and it is difficult to access services. The waiting list, for example, to see a psychiatrist or a psychologist is over a year at the school. The minister knows that a year is a very long time in a child's life. A lot of things can impact both emotionally, socially and educationally. It is, I believe, an intolerably long time to wait for that child to receive service.

Can the minister respond? Clearly, the needs for these children are intense and is she willing to look at the allocation of resources?

Mrs. McIntosh: Mr. Chairman, the member is absolutely correct in indicating that a lengthy wait is not a preferred situation and the very best scenario would be to have an early identification with immediate follow up. We are trying to move closer and closer to earlier and earlier identification and more and more swift and timely intervention. We have provided additional services of a consultant to the northern region to work on strategies and local skill development but, clearly, the needs of schools respecting EBD and other students are growing, and we are going to have to work on this further through Child and Youth and any other vehicle that we can identify for working in this area.

I mentioned to the member earlier that we are planning to have a special needs review or special education review. It has been in the works since—it was pointed out correctly in Question Period the other day—for a year or more, close to two years, I think, in the planning. I think as we see the types of children entering the system changing and as we see more behaviourally disturbed children living, existing in the world—and the fetal alcohol syndrome children I think being one of the best examples of the way things have changed—we have children now who at one point in time did not survive birth who are now surviving birth. We have children who, if they had survived birth, were institutionalized and kept apart from the world and they are now entering the world and those strains on a system that was not designed originally to accommodate those types of people are real and tremendous.

We do need to have a better picture of our current situation. We need to have a snapshot, so to speak, which would probably take a long time to develop. When we talk about a special needs review, we are talking about a review that would take 18 months to do thoroughly and do well to do several things. One, to identify what is in that snapshot, like, what is our current situation? How does it differ from the past, but more importantly, how will it evolve in the future? Do we have in place the things we need to have in place so that as this evolution occurs we are not scrambling along behind it in an ad hoc piecemeal fashion where it grows like Topsy?

The EBD protocol, as it gets implemented and each community-based service moves to full use of the protocol, we can anticipate the better use of existing

resources. We are quite confident that the better use of existing resources will be made through that protocol. Right now, we are at the beginning stages of this, and we still have much work to do.

Ms. Mihychuk: At the same meeting, another question was raised, and it involved the recent decision to look at a different model, a structure of Pharmacare, and as the minister is probably aware, that community is relatively low income, generally working families, and it will be impacted by the new Pharmacare plan.

* (1630)

Teachers have already noticed that children are coming to school without their medications. They are coming without their antibiotics to deal with an infection. Some children are not coming to school with the Ritalin that they need to control some of their behaviours and acting out. These impacts of decisions by other jurisdictions usually result in schools having to handle all of the problems.

I am asking the minister, is there some sort of monitoring as to the effect of the cuts to Pharmacare on the school system, and is she aware that we are already feeling the effects of that in our schools?

Mrs. McIntosh: We do not have a formal monitoring system per se in terms of specific issues such as the one the member has raised, although I do have an advisory committee on education that has been extremely good about providing me with feedback from the field, and that advice is very helpful, very welcomed. They are particularly good at providing me with advice on the implementation of educational change. This issue you refer to is not specifically Education, but you are indicating you have picked up some information from the field that leads you to believe there could be some impact on Education.

I know that the Pharmacare changes were designed so that low-income families would not feel the impact. It was felt in some cases that very low-income families would actually see more of a benefit or receive more monetary compensation for their drug costs than they did under the old system, so it should not be happening, that because of low income they are not able to purchase their medication.

It should be the reverse according to the design of the Pharmacare program, which would be that the lower the income, the more assistance would be provided and vice versa, income-related versus age-related. However, certainly, with the issue having been raised, it is something that I will inquire about with my colleagues and with the Child and Youth Secretariat to see if there is a problem, and if there is, if it needs to be addressed in some way.

Regional managers do meet regularly with the special education co-ordinators and would be in a position to hear those kinds of concerns from divisions, and I would expect, as is usually the case, that if they become aware of a problem in the field, that this does get relayed back to the decision makers, so that they are aware of it and can take any appropriate action if it is required.

I know from time to time, unfortunately even under the previous system, that sometimes medications would not be available when they were supposed to be, and I do not know that you can monitor each family's progress in that way, and I am not suggesting that is what the member is suggesting I do, but I appreciate the feedback and we will take a look into it.

Ms. Mihychuk: I would like to move a little bit away from the area of co-ordinated delivery of services. We could spend a lot of time on trying to improve the whole system, and I am pleased that there is some movement however modest, but we are moving towards that, and that is a positive thing for schools.

We received a document—the minister tabled the new agreement with independent schools—and I wanted to ask some questions of clarification. Would this be an appropriate time to deal with that?

Mrs. McIntosh: I will leave this to the member's discretion. We can at this stage, with the staff that I have here, speak in sort of broad, general terms. If you are looking for detail along the 16.5 line, I do not have the schools funding people with me today. So if it is detailed questions on dollars going here and there and everywhere, I do not have the appropriate staff; but if it is generic about broad principles, that I could certainly answer for her today.

Ms. Mihychuk: I will leave that area of questioning, because I did want to get into some of the details of the

formula itself, how that would impact on the grants that are going, per pupil, whether they are home-based or not, and how that is going to define as a formula for private schools. So I will leave that and I am going to move on. I have a specific question on home schoolers.

Last year, I had the opportunity to ask a series of questions about home schoolers. One area that I, frankly, missed was clarification as to the resources available. Do they receive any provincial grants?

Mrs. McIntosh: No.

Ms. Mihychuk: Are they eligible to receive the curricular grant, the \$50 for material?

Mrs. McIntosh: Technically they are eligible, but none of them ever claim it, and we have never paid any of it out.

Ms. Mihychuk: Are the home schoolers eligible for tutorials? Are educators available for specific educational needs that may arise in the school year? That is my question.

Mrs. McIntosh: The short answer is no. I can enlarge upon it slightly. I will not go over the 10 minutes. The home schoolers, by the nature of their decision, tend to want to do it on their own. They have for the most part very strong committed feelings about education, and they want it done through the family. So they do not ask for, nor do they receive, special services. They can make arrangements with local school divisions. In some few cases, there have been arrangements made with home schoolers, and their local division to have some sort of working relationship in one area or another because home schoolers reside in a school division somewhere. So those arrangements do occur from time to time, but for the most part home schoolers choose to be at home to provide for their own materials and special services.

* (1640)

We did have one situation that I found quite interesting in northern Manitoba of a family where they had, I believe, it was seven children or so being home-schooled in an isolated setting living in the bush. The parents had educated the children at home until they reached about the Grade 9 level and then were finding it quite difficult just

because of the level of the content of some of the courses. They made arrangements with the local school division in which area they resided who then sent out, I believe it was three days a week, a tutor. But at that point then the students registered with the division. Now they were still living in the bush with their family, receiving learning from the family, but they did have that arrangement with the school division for the more complex content. Their situation was caused by isolation, and I believe the school division felt that it was for them as a school division more economically feasible to meet their needs that way than to get them into a school.

Ms. Mihychuk: That is interesting. Would that family for instance be eligible to access some sort of distance education programs? Would those costs be covered by the department?

Mrs. McIntosh: Mr. Chairman, I do not know all the specific details about this particular family, but just painting a scenario, I can describe circumstances. This particular family, I have been informed, as the parents did the home schooling, were working with a teacher-mediated program through Winkler, Manitoba, where they were receiving similar to the old correspondence courses, but upgraded because we do now have technologies. So your question is very appropriate. They could and have in that situation used telephoning or satellite to communicate with educators outside the home where they choose to do that. The courses that can be purchased through the teacher mediator branch are about \$80 a course and the parents pay for them themselves. Some home schoolers will use that as an assistance in ensuring that their children are getting the access to teaching and learning that is a good resource for the parents who then teach them.

The possibilities are definitely there for distance education techniques. We have mentioned already the telephone and the satellite that have been used, I believe, with this particular family, but as well right now very easily VCRs and videotapes are tools that are quite easily and cheaply obtained. The more sophisticated technologies would involve more costly and expensive equipment and that, at this point, is not provided to those who are home schooling. Most home schoolers making that decision will pick up the costs, the \$80 for a course or whatever. The onus is on the parents to provide the education in a home schooling situation. So some do use,

as I say, the teacher-mediated programs for course materials, others will provide their own. Because they have chosen to opt out so to speak of the system, the onus is on them to provide the education, but we stand by ready to facilitate and make sure that the child gets the learning.

Ms. Mihychuk: I have one final question in the area of home schoolers. Can the minister share with us what the enrollment is this year?

Mrs. McIntosh: Nine hundred thirty students.

Mr. Gary Kowalski (The Maples): It seems to become an annual whine from myself that unfortunately because of my many critic roles, I cannot be at the table every minute. When I last left we had been on 1.(b)(1) for five days, and I went away and came back and all of a sudden you were leaps and bounds ahead. Unfortunately, there were some questions I had in some earlier areas, but I did make one commitment to the minister, and during this Estimates process we have continually asked questions to get the minister on record about her views on a number of points. I made a commitment that she asked a question of me about, I think, if I can remember it correctly, it was, did I think that the school trustees' concerns in regard to bargaining were valid? This was in response to our discussion about the document Enhancing Accountability and Ensuring Quality. So I wanted to make sure I fulfilled my commitment. Yes, the trustees' concerns were and are valid, and, as we have discussed many times at this committee meeting, a number of us were school trustees, and, over the years, the bargaining process, as all bargaining processes, quite often becomes adversarial. In that role, as a school board member, the concerns about the ability to pay and scope of bargaining were a concern.

When I and my colleagues from the Liberal caucus met with a representative from the MTS, I did not try to play both sides. I said that I had heard from school trustees that this was a concern, and the lack of ability to have discussions that bore any change over the years was one of the elements that resulted in the resolution at MAST, that was part of the instigation of this document.

But I know the other role of a school trustee, the other concern that is very valid, is working together with teachers and educators, and also to advocate for them,

because it does not matter what sphere of the public sector, public-sector employees are always subject to criticisms. If the employers are not their advocates, any defences they make to comments about their working conditions being overly favourable, their salaries being overly generous, whether it is as a police officer, whether it is as a teacher, whether it is as a civil servant anywhere in the provincial government, a home care worker, in any of those concerns, there is a certain responsibility for the employers to defend their employees because they cannot defend themselves. So, yes, the trustees' concern about the bargaining process and some of the issues raised in the document were and are valid, but so are the teachers' concerns about how it has affected the public perception and that they have become the whipping boys or whipping girls of society, quite often being easy targets for criticisms about the length of days they work, the length of hours, the pay they get, and they need employers, managers, ministers of Education to also be their advocates. So that is just as valid as the concern about the two issues that I still think were required to be brought forward: scope of bargaining and ability to pay.

* (1650)

But it is always a lot more difficult to bargain when you are under the gun, and I believe this document did have that effect, to make many educators feel that they were under the gun and that their advocates, the Minister of Education, the school boards, the school trustees, who should be advocating for educators because of the discussions over this document, have not been fulfilling that role lately. I just wanted to put those comments on the record and answer the minister's.

I did have questions about an earlier line in the budget, 1.(c), about the changes in the communications budget and that, but I know I could either write to the minister or phone the minister's office and get those questions answered in the future. I did have questions about the Pan Canadian curriculum development team and some questions from Hansard, last Estimates, about mobility, how mobility was being addressed; inventory of divisions that had done testing in Grade 3 prior to this latest one that came out of last year's Estimates debate; pilot testing by Western Canadian Protocol; professional fees and reports in earlier lines. Again, I think these questions that I have missed, I will not tramp on the committee's good graces here and take up valuable Estimates time

asking those questions of lines that we have already passed. So I will draw some of my remarks now to the question at hand then. I believe we are on 2.(b)(1). Is that correct, Mr. Chair?

Mr. Deputy Chairperson: 2.(a)(1).

Mr. Kowalski: I have a question in regard to last year's Estimates. There was some discussion about meetings that the minister had with a school trustee from Winnipeg School Division about a separate aboriginal school division. I know that person is no longer on the school board since there has been a school board election. I am wondering if since the last Estimates debate we had in Education, if there was further discussions and if anything further developed from when we left off in last year's Estimates.

Mrs. McIntosh: Mr. Chairman, I first want to indicate that I sympathize with the member. I see him hurdling back and forth between committee rooms, and I know it is difficult with only three people to cover the full range of critic duties. So I appreciate the dilemma in which he finds himself in having to be in two places at the same time.

With any of the points that he has mentioned, if he wishes to follow up, I invite him to please feel quite comfortable to contact either me, my assistant or any of the staff for those answers. Probably if you called me or the assistant, we can guide you to the right person to obtain the information.

We have not really done anything at all with the concept of a separate aboriginal school division. We did have a meeting with Mr. Bill Sanderson who was at that time on the Winnipeg School Board. We have had no further discussions since that time. I do not personally favour a separate division for a lot of reasons. I think that public divisions can accommodate within themselves, as Winnipeg No. 1 has done for example with the Children of the Earth School, the setting up of alternative schools. They have the ability to do that and if they see the need, knowing their own people, they are able to do that. I note, with interest, that Winnipeg No. 1 has the Children of the Earth School, but it also has a lot of aboriginal students attending other schools in the division where integration rather than segregation is the preferred climate.

I find that with separate divisions—we have seen this with the Francophone School Division—there inevitably do seem to be extra costs. The French School Division I understand in terms of the constitutional requirement, it is much like the private school issue or the independent school issue. There are historical things that have occurred there and linguistic—[interjection]

Well, the member for Wolseley (Ms. Friesen) says, no, they are not. But, I think if she looks at history, she will see that you can definitely draw parallels between the French school rights and the denominational school rights. I believe she will find, if she searches back, that denominational schools and Catholic and French schools do have existence in history at the beginning of the settlement of the province of Manitoba.

Having said that, however, there is no such distinction with aboriginal backgrounds. The aboriginal people have their own constitutional understandings, and they are mostly with the federal government as opposed to provincial governments. The efforts that I have seen school divisions going to to ensure that aboriginal students have a place in the system I find very heartening.

They do not have a religious or linguistic central focus the way the French or the denominational schools would, although they do have both religious and linguistic components of their culture, but the central focus would be more than just those two things for aboriginal students. So I would prefer to have school divisions move to alternative schools for students of aboriginal background.

* (1700)

I would prefer to see aboriginal students have a choice of one or the other milieu, and I would like, as well, to have other students have a better understanding of their aboriginal classmates. That is why our new history curriculum when it comes out will also deal with pre-European Canadian history, something that has been lacking in any measure in the current curricula. That is part of our history update and renewal and a more relevant curriculum.

The choices that have been developed to date allow choices to be made within the governing structures that now exist. We also will now have the school councils,

the advisory councils on school leadership and school plans, something else that would enable schools to reflect the character of the students in the catchment area. As the federal government makes its changes, there will be changes in other choices available for Status aboriginal people as they move towards self governance.

There are going to be, I believe, a myriad number of ways in which the needs of aboriginal students can be addressed, ways that I expect would meet their needs and have them feel that those needs have been met, because part of meeting the needs is the sense that the needs are being met.

I just wanted to respond briefly to a comment made by the member for The Maples (Mr. Kowalski), and I appreciate what he said. I want him to know that I agree with him, and I believe that that has been happening, albeit it has not been in the newspaper or in pamphlets that are being handed out, and that is a reference to the comment he made that teachers need to know that they have an advocate.

In many, many ways that have not been the subject of 30-second news clips or six-word headlines, this minister has been an advocate for teachers. A lot of teachers know that; a lot of teachers are quite aware of the things I have been doing to help them with the types of challenges they are facing in the classrooms these days, to try to accommodate the many problems they face in going through their days, to try to adjust the circumstances so that they can function better, to promote the things that they do for students and the system with parents and all kinds of people, and those are not things that I feel the need to have a press conference on, because I believe over time they will come to be known and understood, but, for the member's comfort, I wish him to know that I have great respect for those good teachers in the schools that are doing some very extraordinary things for our students.

That is not to say that I am unaware of the problems with collective bargaining or the procedures for compensation that may be causing trustees difficulty. I am fully aware of them and, like the member, am not going to duck the issue, but I think to say that, because I am aware of those problems, there is no advocacy coming out of this minister or my office for teachers is to draw an incorrect conclusion. Teachers and this minister may not

agree on whether or not changes are required to the way in which dispute resolution mechanisms are decided, but I think we are in complete concurrence about the role of the teacher in the classroom, the things they require to support them. The challenges they face and the things that need to be done to ameliorate the results of those challenges are known and understood. I have great empathy for those, and I am pleased the member does too. I am also pleased that he did not duck the question that I asked and that there is at least one opposition member willing to state his opinion on that, and I appreciate that.

Mr. Kowalski: I do not know where it would be in the Department of Education, in FRAME or where, but to talk to about aboriginal students. Is there any identification, self-identification, that of aboriginal students. I am looking for what percentage or a number of aboriginal students within the public school system. Do they make up 10 percent? Do they make up 25 percent? Do they make up 50 percent? Is there anywhere or any way for us to get that information?

Mrs. McIntosh: Mr. Chairman, we do not have statistics such as the member has requested because we do not register the children by ethnicity or racial background, so we can identify with broad provincial demographics trends in population. We try to tread a fine line, and it is difficult. We know that our aboriginal children seem to be at risk in a higher proportion to the nonaboriginal children, and, looking at provincial statistics, we know that Manitoba has the highest aboriginal population per capita in Canada as a province. I am giving a very rough estimate here. I believe it is around 10 percent of our population. I may be off, and I would suggest that that figure has to be verified because I am speaking from memory. I may be slightly off in that statistic. We are also aware that it is projected that at around the year 2000, at the turn of the millennium, it is expected that one in four people ready to enter the labour market force will be of aboriginal descent in Manitoba.

So we could probably extrapolate from those two concepts or those two pieces of information what the numbers might be. We know that we have areas of the province where we have a higher percentage of children of aboriginal descent than in other areas of the province. We have, through linguistic understandings—because we believe in the importance of supporting children with

language needs, we do supply a language grant to both aboriginal children as well as English as a Second Language students. So it may be possible to find some indication from that grant that is given for language purposes to aboriginal children for English as a Second Language.

(Mrs. Shirley Render, Acting Chairperson, in the Chair)

I think it is fair to say that in the inner city of Winnipeg we have a very large number of aboriginal students. Visiting at Greenway School not long ago and indeed at David Livingstone School that I made reference to earlier, where again there are large numbers of aboriginal students, we saw the teachers in that school, through the arts, making dreamcatchers as part of their art project. They were making actually some very beautiful dreamcatchers in some of the places. They were making ceremonial masks as well for, again, art purposes but drawing on the culture of the students in the school who were predominantly of the one culture. So they were resourcing through regular channels, materials and projects that had emphasis on the child's experience, culture, traditions and were building upon that pride and sense of self-esteem.

* (1710)

Staff indicates the only statistics available might be the First Nations children who, by tuition agreement, are taught in provincial schools. That would be significant in the Frontier School Division and, to a degree, in some other divisions such as Winnipeg No. 1 that I mentioned, places in Brandon, Dauphin, Turtle River and so on.

I am afraid I am not able to answer the exact statistic that he requested.

Mr. Kowalski: I was interested in the minister's comments about her support for Children of the Earth School or—I forget the name of what used to be Aberdeen School now, Niji Mahkwa, indicating her support for that and at the same time indicating concern about a separate aboriginal school board. I have concerns when we break society up into different solitudes—you know, we should be celebrating our commonalities, not our differences—but there are special needs in the aboriginal community that I recognize.

That is why I ask this question, and I ask it with no hidden purpose or no hidden agenda or anything else, because I am not sure in my own mind which is the best way to go. Within the Department of Education, are there separate branches, separate directors, separate projects or separate people that are concerned specifically with aboriginal educational issues?

Mrs. McIntosh: Mr. Chair—Madam Chair. Sorry.

The Acting Chairperson (Mrs. Render): We are all alike.

Mrs. McIntosh: Are we all alike because we are women, or we are all alike because we are Tories or we are all alike because we are—

The Acting Chairperson (Mrs. Render): All Chairs are all alike.

Mrs. McIntosh: All Chairs are the same and all members are honourable.

The Acting Chairperson (Mrs. Render): Just here to keep order, decorum.

Mrs. McIntosh: Madam Chairman, we do have a small directorate—it is called the Native Education Directorate—which reports directly to the director of programming. We also have—because we at one point had just the Native Ed Directorate and everything seemed to focus through them if it was for aboriginal students, we are trying to take a broader approach than just that so we now have, as I indicated, the small—We still do have the Native Education Directorate. It is just a few people. It reports to the director of programming. Pardon? To the assistant deputy minister, I am sorry. It reports to the assistant deputy minister.

But we also have dispersed throughout individuals who are working, and we are attempting to integrate attitudes and approaches throughout the department so that we do not have a little segregated directorate that just does that and nobody else. We are trying to permeate and have that integration flow through in a variety of ways.

I mentioned the new curricula that we are putting together for history, an improved and more relevant

history program that will include pre-European Canadian history, that type of thing.

The Native Education Directorate is sort of the lead entity that ensures that this focus does get through in our educational endeavours. They have a purpose which is to strengthen overall division focus on aboriginal education. This move to integrate in all subject areas is a consciousness of two things: a consciousness of the aboriginal people, specifically, and a consciousness of racial discrimination and racial harmony, so that we capture the two.

The focus on aboriginal—as they do that, they are wanting to ensure that all division programs and activities do have an ability to reflect aboriginal perspectives. They provide leadership and co-ordination for departmental initiatives from kindergarten to the end of Senior 4 on aboriginal education. They support and monitor the implementation of native education policy recommendations across the division. They ensure a corporate approach to aboriginal education within Manitoba education. They also take over the previous Native Education branch, we used to call it, the functions of curriculum development and adaptation, support for school-based planning—and school-based planning in this regard, I think, is a very important aspect of aboriginal education—program implementation and parent involvement. This has been integrated into the School Programs Division's unit.

Aboriginal staff have been reassigned to Program Development and Program Implementation areas of School Programs Division. Their new role has an emphasis on brokering services, facilitating and monitoring school program and planning as members of the SPD interdisciplinary teams. The new emphasis is consistent with the Native Education branch's approach to aboriginal self-determination and SPD's broader goal of school-based management.

(Mr. Deputy Chairperson in the Chair)

The department is currently establishing a native education steering committee whose terms of reference will include: Acting as a steering committee for the development and integration of aboriginal perspectives in the provincial curriculum; to validate the process and content as developed by School Programs Division; to

review materials and meet with subject area committees as required; to ensure that the diversity within the aboriginal population is reflected in the content perspectives; to act as representatives to the various stakeholders within the aboriginal community; to advise the assistant deputy minister of the School Programs Division in matters related to the development and implementation of aboriginal perspectives in the provincial curriculum. That is sort of a weighty explanation. Simply put, it reflects that we are now trying to move from a branch that focused into a smaller directorate, that would still focus in, but permeates the rest of the department as well.

Mr. Kowalski: Who is the person in charge of the Native Education Directorate?

Mrs. McIntosh: It is Juliette Sabot, and the ADM that they report to is Carolyn Loeppky.

Mr. Kowalski: The minister is making my job more difficult by integrating them throughout the department because now I will not be able to hold her accountable to see if she is decreasing the commitment to aboriginal educational concerns. I think it is the right direction to go in, the integration throughout the department into other areas, but it makes our job a lot more difficult. I cannot compare last year's line in the Estimates to see how much money and how many staff were in that directorate last year, and how much this year, because the minister has already given an explanation, if there is a difference, that there is integration throughout the department.

* (1720)

But having said that, how many people are there in the directorate this year, what is their budget and are we on the right line on the budget for that?

Mrs. McIntosh: Mr. Chairman, I should indicate that, yes, you can still criticize, complain, compliment, condemn, condone, whatever, maybe not in terms of money, but you will be able to look at the curriculum when it is ready. These things that I just put on the record, if you feel that the provincial curriculum does not contain those perspectives or if we have not done some of the things that I just indicated, you can call me to task on it because those are measurable. You are right in terms

of the lines. Permeating does mean that it is not going to be identified necessarily under aboriginal initiatives unless we did some pretty extensive cross-referencing.

We have right now in the directorate three staff members at the Native Education Directorate. The other staff members who were moved from that are in Program Development and in Program Implementation on regional teams. There is no reduction in the total number of people—I am going to give you an approximate, the total number was around a dozen, 10 or 12, I do not have the exact number—but of those people, three remaining to do the direct work and the rest have been branched out into those other areas. They are still there; they have just been redirected.

Mr. Kowalski: I know the amount of resources, the number of people or the amount of money spent is not necessarily a reflection of the percentage of students in the public education system who are aboriginals. It is more related to the tasks and projects that are to be done. Having said that, if we see a continuing trend for a greater percentage of the student population in the public school system being aboriginal, could we see a related change in the amount of commitment to the Native Education Directorate or persons integrated throughout the public education system as a result of an increase in aboriginal student population?

Mrs. McIntosh: There are two parts to the response. First of all in terms of students at risk, I heard in his question concern for those students at risk of aboriginal descent in terms of numbers and so on, is that right?

Mr. Kowalski: That was not in my thoughts. My thoughts were just about that they make a large portion of the student population. I was not relating it to risk in any way, but I would be interested in the information.

Mrs. McIntosh: No, I was just trying to clarify, because earlier in the questioning—I do not know at this point if it was the member or one of the other members when we were talking about special needs students and children at risk, and I may be just dragging over into this questioning that concern.

The native advisory committee that was making recommendations to the government made 37 recommendations, and very good recommendations. We

have already acted on 29 of those 37 recommendations, and part of what we are doing in terms of integrating this thrust is as a result of putting into action some of those recommendations. One thing that we have come to understand and accept is that aboriginal students require, as all students do, being moved to high standards of achievement, and so there is the desire to have students, whatever their background be, reach measurable standards, to be given rigorous curricula, to be challenged academically, and in all of those other ways in school. It was felt that aboriginal children needed to be included in that and not excluded or treated any differently for those rigorous academic learning experiences, and so that is what we have done.

The other part of it is that as they are meeting those same high standards so that they can go out into the world—our goal is to have them go out in the world with the same level of achievement and the same confidence that high standards have been achieved, that we will raise any who need to be raised up to the curricula. Rather than bring the curricula down, we will raise them up.

But inherent in all of those learning experiences is the need then on the integration to ensure that they do things like what is happening at Greenway School, where they were making in their art classes dreamcatchers and masks. I am not just saying it is all dreamcatchers and masks. It is much, much more than that, but that is sort of a tangible example that you can touch. It is far more than that.

We also felt that the teaching of aboriginal issues should not be taught to just aboriginal students, so that, if you are going to talk about the history of First Nations peoples in North America prior to the coming of the Europeans, this is something that should not just be taught to aboriginal students. It should be taught to all students in the classroom so that aboriginal and nonaboriginal alike, at the same time, learn about that history, those traditions and that culture. That way you get a cross-cultural awareness, a better understanding.

Those things came through. We accept those, and I, personally, happen to agree with them as well. I also believe if people want a segregated setting or an alternative setting, that they should be able to have it, such as the Children of the Earth School, but then I do believe in choice for parents. I believe they should be

able to have religious schools, or all-girls schools or aboriginal schools, but I do not think we need to have a whole new set of governance set up to accommodate those things.

Mr. Deputy Chairperson: Order, please. When we resume tomorrow, the minister will have five minutes remaining in her answer if she wishes.

The hour being 5:30 p.m., committee rise.

HEALTH

The Acting Chairperson (Mr. Radcliffe): Would the Committee of Supply come to order, please.

This section of the Committee of Supply has been dealing with the Estimates of the Department of Health. Will the minister's staff please enter the Chamber.

We are currently considering Resolution 21.1, item 1.(b)(1).

Ms. Diane McGifford (Osborne): Mr. Chair, I want to take this opportunity to ask the minister some questions about the regional health boards, those newly created or in the process of being created regional health boards. I am sure that the minister agrees with me that the composition of these boards should reflect the diversity of population in Manitoba and should also reflect gender distinctions. I am sure that the minister would agree that in the interests of community participation and community development, this kind of diversity of representation is extremely important. I have asked the minister in the House some questions about women's representation on these boards and I want to ask that question again.

I am not certain, I do not know whether the lists of members of the health boards are publicly available. I would ask the minister for those lists. I would like to know specifically the number of women who are on the health boards, the number of women who chair health boards. I am also interested in aboriginal representation on these boards, and I am also interested, if I can keep going so that the minister will be in a position to answer two or three questions at once, in the process of selection to these boards, specifically what was the process, and

perhaps I will leave it for now and ask the minister to respond.

Hon. James McCrae (Minister of Health): Ideally, Mr. Chairman, yes, and yes, I agree. The lists will be made public very soon. There will be three more appointments, one by me, one by the boards, and then one by me at that point. That is as many as three in each case. The process is the process recommended by the Northern and Rural Health Advisory Council.

Ms. McGifford: I wonder if the minister could detail that process for me. I am not familiar with it.

Mr. McCrae: There was wide public information distributed and invitations published for people and organizations to nominate people to the boards. There were over 500 nominations in the 10 regions, and there are to be as many as 15 members on each board. The first 12 were to be from nominations received, and then there are the other three, as I just described a minute ago. The process is not completed, so that is why we are not able to say we have the boards totally rounded out. Those final three gives us a chance to address whatever shortcomings have been identified. The honourable member, the member for Swan River (Ms. Wowchuk) and others have pointed out some of those shortcomings which we would like to be able to address in the next round.

* (1450)

The process involved reviewing the nominations received from hospital and community groups and from individuals of the nominations of people to serve on the boards. There were a number of people nominated who are paid health care providers in their regions, so they were not considered. Many of those were women, and that is part of the problem that we have. We are doing our best to address the shortcomings in the next rounds.

Ms. McGifford: Would the minister not agree that there is a paucity of women on the boards? We also know that women make up the bulk of health care workers; that women are being disadvantaged as far as having proper representation on the boards.

Mr. McCrae: Mr. Chairman, the consultations by the Northern and Rural Health Advisory Council suggested

that there was not support amongst the population for the appointment of health providers to these boards, but we do want the input of providers, and that is why I suggest the Northern and Rural Health Advisory Council recommended that there be a provider advisory committee for each regional health authority. That is something we will be ensuring happens.

Ms. McGifford: Then if there is not support in the community for health care workers who predominately happen to be women to be appointed to these boards, what is the process or what efforts have been made to find women who are deemed acceptable to the community to be on these boards?

Mr. McCrae: The remaining up to three appointments for each board do not have to be from the nominations received. As I said to the honourable member, we are mindful of the concerns she has raised. So we do have an opportunity, I do, and so do the boards, to address whatever demographic, generic or geographic problems that remain.

Ms. McGifford: Mr. Chair, is it the minister's intention then to redress the inequities by the appointments that he makes to the boards?

Mr. McCrae: It is my intention to try to be as sensitive and responsive to the concerns that I have and that have been brought to my attention.

Ms. McGifford: Tell me please, out of the appointments that have been made, what percentage of those appointments are women?

Mr. McCrae: That information will be available when we publish the list of people already appointed. However, there is no suggestion that the balance has yet been achieved; and, with the three appointments, there is no assurance that we will make a 50-50 sort of balance. But we are trying to ensure that what we lack in numbers we maybe can make up for in the quality of those people who will, those women and aboriginal people and others who have too little representation at this time, that they provide the representation that is required.

Ms. McGifford: The minister does not at this time have or does not wish to release the percentage of women on these boards?

Mr. McCrae: As the honourable member and her colleague from Swan River (Ms. Wowchuk) pointed out, that has not been made officially public yet. A lot of people know who is on those boards, but when we make a public statement about it we can discuss that matter. That will not be very far off because I want to do that so that we can get on to the final stages.

Ms. McGifford: Clearly, historically speaking, the issues and needs of a group, especially a minority group, are heard and fulfilled and achieved only when that group wins voice and is empowered to act for itself. Because of this, I want to stress to the minister the importance of having women who represent women's health care needs, who can speak for women health care providers on his boards. I have heard the minister speak in Estimates and in the House. I have heard him describe himself, or perhaps not in these specific words, but suggest that he sees himself as a champion of the people of Manitoba. Quite clearly, women are worthy of his attention, and so I want to ask the minister to be certain in his appointments that the women of Manitoba are properly represented on his boards.

Mr. McCrae: That is certainly the goal of all my deliberations, Mr. Chairman. I share the same objective as the honourable member. I do think it is important that providers have a voice, and that is something that we are making arrangements for through the provider advisory committees to each of the RHAs. I would think the most predominant role, however, of members of the regional health authorities would be to be there to represent the needs of the people, the consumers of health care services, in the various regions.

Ms. McGifford: I have one more question which came to me as the minister was speaking. I certainly appreciate his position that the primary duty of any health board member would be to represent the needs of the entire community. Yet I want to stress to him that when women's health needs have been left to men, they often have not been met. We do not have a proud history of treatment for breast cancer, and I know things are changing a little bit, but we do not have a history of always answering women's health needs.

Men have not traditionally or historically been responsive to those needs, and that is why I am suggesting that women be on those health boards. I am

not suggesting that women would not also speak for men and for children, and, in fact, I am sure they would, women being extremely fair-minded creatures. I think it is extremely important to have women, because traditionally speaking women's health needs have not been championed by men and, therefore, we need to be empowered to speak about our needs and to speak with our voices on these extremely important and vital issues. It is not a question of women not caring about men's health needs or not caring about the broader community needs; it is a question of women needing to speak for their needs and health needs particularly.

Mr. McCrae: Mr. Chairman, I certainly acknowledge the honourable member's points here, and I do not take issue with them. In fact, I agree that women's health issues, contrary to what some people say, are extremely important and ought to be seen that way by governments, by regional health authorities, so I agree wholeheartedly with the honourable member.

* (1500)

She is right, too, about initiatives like breast screening which we already know has saved women's lives in this province. It is something we should be very pleased about and build on. The whole concept of midwifery becoming an accepted, officially sanctioned and insured service in the province of Manitoba is something that, while it may not be for everyone, it certainly will be there for those who want that kind of choice. This is another response to women's health issues.

We have been mindful of the points of view the honourable member has been bringing forward. I am somewhat hopeful that we can improve on the representation of women on our regional health authorities.

With respect to aboriginal people as well, the honourable member for Swan River (Ms. Wowchuk) asked yesterday about that. Five aboriginal people have been appointed to these boards. We expect that there will be an additional seven. We were disappointed, however, that aboriginal organizations did not nominate very many people, and that made it very difficult for us. We have tried to address that, and we will continue to do so. The points made by the honourable member are certainly acknowledged by me.

It is simply a question that obviously consumers of health services are a majority of women, we accept that, and within that group, there are certainly women's health issues. Somebody might say, well, you know, health issues are everybody's issue, and that is true, too. I do not blame the men. I think the honourable member is not too pleased about the performance of the men. However, I think there are times when we could have done a better job in the past with respect to women's health issues. We are trying to address it through such initiatives as breast screening and midwifery and others.

Mr. Dave Chomiak (Kildonan): Can the minister indicate whether or not we will be seeing any legislation with respect to midwifery this current session? If not this current session, when does the minister anticipate legislation will be brought forward in that area?

Mr. McCrae: Not this session, Mr. Chairman. Perhaps next.

Mr. Chomiak: Mr. Chairperson, with respect to regional boards, a reference was made during last sitting of the committee as to legislation in this area, and the minister indicated he anticipated legislation would be brought forward next spring. Has the minister considered, or will the minister consider whether or not information or a blue paper or some kind of documentation will be forwarded for public review prior to legislation so that we can have some discussion about the ramifications of the legislation that is coming in next spring?

Mr. McCrae: That has already been done, Mr. Chairman.

Mr. Chomiak: I am familiar with the documents that were forwarded and the recommendations from northern and rural advisory committee that recommended the regionalization, and I am familiar with their recommendations concerning certain aspects of the implementation in the movement towards regional boards. But I am not familiar with a discussion document or documents concerning the legislation that is going to be brought in, so I wonder if the minister could either table that information or direct me to it, if I have already received it, and somehow have not been able to understand it.

Mr. McCrae: There was a discussion paper in the fall of 1994 that went out for discussion. I think the honourable member has that report of the Northern and Rural Health Advisory Council—the honourable member has or should have. That is the groundwork for what we will be bringing forward next spring. In addition to that, our practice here at the Legislature calls for public hearings on our legislation.

Mr. Chomiak: Yes, I am familiar with those documents as well as practice in the Chamber. The governance approach that is being adopted by this government is a fairly significant departure from the previous practice in Manitoba. I am wondering if the minister might therefore, in anticipation of that, outline what is going to be proposed in that particular legislation that is being brought forward in the spring.

Mr. McCrae: If the honourable member rereads the report of the Northern and Rural Health Advisory Council that will give him an idea of what we expect to be doing in the legislation. There were, in October of '94, a series of public hearings and they allowed people to make presentations. There were hearings held in Thompson, Flin Flon, The Pas, Dauphin, Brandon, Carman, Gimli, Ste. Anne and Lac du Bonnet. There were 119 presentations received.

Mr. Chomiak: As I recall, the document indicated there were a number of mandatory recommendations and there were a number of recommendations that were not mandatory. Could the minister outline what recommendations are going to be followed through with and which are not?

Mr. McCrae: The recommendations in general were accepted, the recommendations of the Northern and Rural Health Advisory Council, but there were four issues referred back for further consideration. Further discussion was held about things like capital planning and health provider eligibility for board membership, and the number of district health councils, and the advisory health councils, and the evolution of existing boards. That was the subject of further work. There will be further refinements as we move closer to getting that legislation in place, but, generally speaking, if we reread the Northern and Rural Health Advisory Council report, we will find the genesis for the legislation that will be coming forward.

Mr. Chomiak: Mr. Chairperson, those subjects that were referred to by the minister that are the subject of further study and evaluation, who is undertaking that? Is it the Department of Health? Is it the Department of Health together with the regional boards or is it remnants of the northern rural task force?

Mr. McCrae: Yes, these were on the Northern and Rural Health Advisory Council itself. These were matters of dissent and not matters of unanimity, but the consensus seemed to be as a result of further consultations with government. The consensus seemed to be that the capital planning part of it ought to be something that happens in conjunction with the government of Manitoba. The consensus was that health-provider eligibility for board membership ought not to happen, but health providers ought to take part on the provider advisory committees as opposed to on the boards themselves.

There was a determination that there ought to be district health councils and advisory health councils. This was a matter of a lack of unanimity, but there is general consensus in that direction. I think one of the recommendations was the dissolution of hospital boards. The government felt that the evolution of hospital boards was a more appropriate policy, so they could continue to operate in those areas where they wanted to, for whatever reasons, for reasons for fundraising, for example, or for the reasons of the fact that their facilities are faith based. Those sorts of reasons are reasons to allow for the evolution of existing boards rather than the dissolution.

* (1510)

Mr. Chomiak: I thank the minister for those responses.

The reason I was stressing so much importance on the legislation is that precisely those issues will have to be determined and defined in the legislation. I frankly anticipate that this will be the most extensive legislative revision in health for sometime. It is a fairly massive and significant undertaking.

I will go back and review my northern and health recommendations and may have further questions, but the principle is, given this massive change, that the public and those involved have ample opportunity to discuss the implications of the extensive changes that are going to be taking place, because there are a lot of specific issues that

will probably be fairly controversial and require input. I do not know if the minister wants to respond to that or another question.

Mr. McCrae: The issues are indeed extensive, and the changes are indeed extensive. However, the consensus that has been reached in Manitoba is that the recommendations contained in the report of the Northern and Rural Health Advisory Council are the direction we ought to be going in here in Manitoba. So it is exciting times, and, yes, change will be significant. There are people worried about their facilities and what the future of their facilities will be. I think that as we go through this process we should be sensitive to all those things and attempt to deal as fairly as we can with everybody. Yet the overriding acknowledgement is that, you know, it is broke, so let us fix it, and the medicine might not always be what we want. We might not like the taste of all the medicine that we have to take here, but let us get on with that because it is the right thing to do.

So these are difficult times sometimes, Mr. Chairman. Even people who feel pretty strongly about their point of view are very, very strongly in favour of the reforms that we are talking about here, because they know that what it stands for is the preservation of our health system.

Mr. Kevin Lamoureux (Inkster): Mr. Chairperson, yesterday I might have given somewhat the impression that I was done asking questions on this particular line. We have not passed it as of yet, and I wanted to take the opportunity just to ask a number of other questions regarding a few different issues.

But before I get to those issues, the minister was at, I think, the Crowne, Holiday Inn where home care workers and clients were provided the opportunity to ask the minister questions. The minister will recall, because both of us were there, that time did not allow for a lot of people to pose the type of questions that they wanted to pose, and I did make a commitment to one lady that I would pose two of the questions, just write them down, and I would have him, the minister, respond to them. The first one was: Is it true that we first have to apply to these private companies? Who is to say, in essence, that they will hire us? I wonder if the minister could just comment on that.

Mr. McCrae: We are making every effort to assist employees of the present system in the transition to the

new or the changed system in that 25 percent of home care delivery in the city of Winnipeg. We will be working with whoever the employers are going to be to ensure that those employers know very clearly the position the government takes with respect to the transition for the present employees.

Mr. Lamoureux: Just a personal question that follows out of that is: Will the potential employers then be notified of all the employees that would be subject to a lay-off? Is that the idea?

Mr. McCrae: Yes, it is important, in answering this question, to remember that 75 percent is not being subjected to competition here. So, in the home care system, we are looking amongst the home care attendants about a 25 percent turnover, so that in the remaining 75 percent there will be job opportunities for people who want to stay with the present system, and the key to remember is the turnover that does happen.

So opportunities are always opening up in the present system, and, yes, subject to employee permission, lists of employees presently employed could be made available to the new employers, and, certainly, with my entreaty and suggestion and urging, that they look to hiring these people. After all, they are people with experience in the provision of home care services, so, as I said when this thing first came out, I expect to see more in the future, more employment in the home care sector, not less.

I know that members opposite and others are worried about whom people will be working for. They want to work for the government as the employer, because the wage rates might be higher with government; in fact, it has been put out that it is up to a 40 percent decrease for some people. If you compare the highest level with the lowest level, the highest level of one employer with the lowest level of the other employer, you can stretch it to 40 percent. There is no question about that, but those kinds of numbers are somewhat misleading.

Mr. Lamoureux: The second question, and this is the last question regarding home care, is the rate of pay in and around \$6.50 an hour as a home care attendant?

Mr. McCrae: The rate for the government is public information. The honourable member can approach other employers, find out what they are paying, because I do

not know what the rate will be until the bids come in, and we will get a sense of it from there. Even then, it will still be the employers who achieve these contracts that will have their rates, and no doubt they will want to be competitive, keeping in mind what they need and what the client needs, keeping in mind the workforce and the willingness of the workforce to work at certain levels.

It is, no doubt, though, I acknowledge, not easy to look at the prospect of a possible reduction in one's wages. That is quite understandable. I understand that, and that, as much as anything else, is what the strike is about. It has nothing to do with patient care.

Mr. Lamoureux: Mr. Acting Chairperson, I want to move on to a few other issues, one of them being the Health Links program. That is a program of which I am sure the minister is fully aware. It is a program to which I have written in the past and have indicated that, as a party, we feel very strongly that this is actually an excellent initiative and an initiative that should, in fact, be expanded. Even on a personal note, my wife has had opportunity to use the Health Links number and was quite satisfied with the response at the other end.

* (1520)

I am wondering if the Minister of Health can share with us—and I know even the Chairperson has a bit of an interest in this in the sense that the Misericordia Hospital is the place in which it is actually located—if the minister can give some sort of indication of his thoughts on this particular program

Mr. McCrae: The Health Links Line is something we have been very pleased to have in existence. It was an initiative of the Misericordia General Hospital, one of those things that hospital has an uncanny knack for getting involved in. For example, that hospital is also involved with the Care-a-Van project which was an initiative of the staff of that hospital, specifically, I believe the nursing staff.

So there is a resource, the whole organization there has been extremely forward looking, and they have worked with us co-operatively to set up the breast screening program, worked with us co-operatively to set up the eye care centre of excellence. I do not know if the honourable member for Inkster (Mr. Lamoureux) supported that or

not, but it certainly has had, because it did mean a reduction in some function I believe at Seven Oaks Hospital and Health Sciences Centre.

However, the patients again come out the big winner on this one with respect to the eye care centre of excellence. We are doing hundreds and hundreds of additional cataract surgeries a year. We are doing it cheaper, we are saving money. We are doing more with less, and we are doing it better at the same time.

I say we, I should not be taking the credit for this because Misericordia General Hospital is a very key player. During the doctors' strike, the emergency doctors' strike, the whole system relied on Health Links. It was expanded to 24 hours a day; we funded that as a government. The ordinary operation of the Health Links line is something that the hospital runs out of its own budget. We commend Misericordia General Hospital and the sisters of the Misericordia and the board and the staff there. They have shown incredible spirit of co-operation in the whole reform movement in the city of Winnipeg. We very much appreciate that spirit. I have had numerous meetings with the Misericordia people. I have attended functions put on by the Misericordia General Hospital in support of its endeavours, and that kind of working relationship is something I appreciate very much.

Mr. Lamoureux: Yes, Mr. Chairperson, I know at one time its hours used to be from 3 p.m., or the line was open from 3 p.m. to 8 p.m. I do not know if that was on the initial basis. It was part of a brochure that was actually mailed to me. Can the minister indicate, is that a 24-hour line today? I know it was extended during the emergency strike. Is it today 24 hours?

Mr. McCrae: It was during the strike. This is one of those questions we will take note of and obtain the answer for the honourable member. It is useful for everybody to know what its hours of operations are.

Mr. Lamoureux: Mr. Chairperson, Misericordia Hospital comes up with a wonderful initiative. I think that the cost benefits are there to have this particular program, and to see it operational 24 hours a day year-round I think would be beneficial. I am wondering if the minister feels like we do, in the sense that this particular project should not be, or does not require to be in a pilot

stage, or if it is going to continue in some sort of a pilot stage, that it should, in fact, be expanded.

When I am talking about expand, we are talking about the hours of operation along with the promotion. When I look at it, this is something which right from the white pages, when you open the white pages, it has all sorts of emergency telephone numbers. Very few people know about this particular program. I would hazard a guess that there might even be a number of MLAs that are not familiar with this particular program. It is a good program, and I think the promotion of this particular line in the short term and the long term would, I would hazard to guess, improve the quality of health care in terms of a service while at the same time I would argue that it is quite cost efficient.

I talked to a lady—excuse me for not knowing her last name, Barbara was her first name. I believe she was the person that was in charge of the program. We had talked about some of the calls that were coming in to Health Links, and it was indicated to me that individuals would call in, in some cases, because of their concern being addressed over the telephone. There was no requirement to go to a hospital. They might have been advised to go to a general practitioner on the Monday, and given some instructions of what they could do or what they could watch out for. I think that is quite beneficial, so when we start talking about potential cost savings there are some good examples that are there, with the one caveat or word of caution or sentence of caution being that we do not want this to replace—we are not suggesting that it replace doctors or anything of that nature.

(Mr. Chairperson in the Chair)

Mr. McCrae: An important component of the Urban Planning Partnership is the strategy teams, one of which is the community health strategy team, which will be looking at the comments, the point of view expressed by the honourable member as we plan strategically for health care delivery services in the city of Winnipeg. As I have already said, I acknowledge the things that he said about that program. We feel it has been very, very useful to the health system and probably will have some continued role for a long time.

Mr. Lamoureux: Mr. Chairperson, I will leave it at that, with a last little quip, if I may, of saying that there

is a telephone number. I do believe the promotion of this program will even give it that much more legitimacy, and I really and truly believe Manitobans would benefit greatly. It does not have to be just the city of Winnipeg. A 1-800 number being made available for rural Manitobans who do not have the same sort of access as urban residents again would be definitely beneficial and would encourage—as I say, this is a good program that should be expanded. I think that when we talk about health care reform this is a direction in part that we should be moving towards in somewhat of an aggressive fashion.

Having said that, Mr, Chairperson, I want to talk a little bit about the community health centres. Again, we have talked about the deinstitutionalization of health. A lot of the focus that we have been giving over the last while is from teaching hospitals to community hospitals, but there is another layer in terms of a city-wide or province-wide integrated health care system, and a part of that is our community health centres. I am wondering if the minister can just give us some sort of an idea what he feels, or what the government feels, about the future of these types of centres.

* (1530)

Mr. McCrae: Representatives of the community health centres are playing a very important role in the community health component of the strategy teams to which I referred in my last answer, so they certainly are not being forgotten. They are being relied on more and more through the community aspect of it.

The honourable member's questions kind of fit into that mould when he talks about the Health Links line and the community health centres; that is the same kind of emphasis we are putting on things from this side.

Mr. Lamoureux: Over the next number of years does the Minister of Health see a growing role for community health centres?

Mr. McCrae: It does seem to be the direction we have been going. I believe the community emphasis is reflected by that, and that has been determined by all the thousands of people with whom we have consulted to be the right direction to go; so it being the right direction, I do not see why we would stop going in that direction.

Mr. Lamoureux: Mr. Chairman, I understand that one of the most progressive provinces in Canada regarding community health centres is the province of Quebec. In fact, a while back I had watched a video that was being played, I believe it was the nurses' union that had provided my office with the video. It talked quite positively about the role of nurses, in particular, in community centres, the doctors. It picked out six or seven points as to what they believe encompasses a community health centre.

I am wondering if the Minister of Health or if the Province of Manitoba has some sort of a mission statement, some sort of objective, on what a community health centre is or should be. Is there some development in that area?

Mr. McCrae: Mr. Chairman, the community health centres' input has been very key to the role being played by the KPMG consultants in addressing our primary and secondary requirements for the future in Manitoba. Indeed, I have heard stories out of Quebec too, that that is the way things are going there.

You cannot leave out the nurse resource centres that are going to become more prevalent with the help of the Manitoba Association of Registered Nurses and our nurse resource committee—Dr. Helen Glass' committee. We have already opened a satellite nurse resource centre in St. Vital, and work is being undertaken in Thompson, Manitoba, and elsewhere to see more of that.

I was at the opening of the one in St. Vital. It is associated with the Youville Clinic, which has longer experience in this area. It was a very positive day, positive experience. I believe the community is going to be using those services more in the future. So it depends. I guess the community health centre can assume a number of functions. We have them in places like, I guess, Gladstone is operating as a community health centre these days, and so is Hamiota, Manitoba. Certainly, the reports that I am getting are positive.

Mr. Lamoureux: One of the most significant things that stands out in my mind about the health care clinics is that you will have doctors in many of them, and all staff are in fact paid on salary. Is this something which the Minister of Health (Mr. McCrae) would support at first glance? It seems to be a positive way of ensuring good

patient quality services by having people in salaried positions as opposed to fee for services in the community clinics. Is this something that has been looked at?

Mr. McCrae: Yes, if it points to a better team-like approach to health services and if it points toward better community development. Again, the teamwork part of it is extremely important. Our government is indeed open to alternative types of remuneration schemes for physicians in order to make these things work better.

Mr. Lamoureux: Last year I spent some time talking about the nurse practitioner and the potential role that nurse practitioners could play in health care. I am wondering if there has been any further development in that whole profession of nurse practitioners since this time last year, any new developments.

Mr. McCrae: Caroline Park is the chief nursing advisor to the Department of Health. Caroline Park has been working with the nursing profession, and the concept of greater use of the nurse practitioner is part of those discussions.

Mr. Lamoureux: Again, I think it is the province of Ontario, and I believe it has actually enabled nurses to be able to practise as nurse practitioners in some ways. Is the Minister of Health (Mr. McCrae) aware of nurse practitioners in other provinces and the roles that they play?

Mr. McCrae: We have, in some of our northern communities, nurse practitioners that work now. So it is happening now. As I said, the committee that is working with Dr. Caroline Park is examining potential other applications for the services of nurse practitioners.

Mr. Lamoureux: I am wondering if the minister can comment on the profession of LPNs as another concern that has been brought to light over the last number of years, but there has been special concentration of efforts over the last few months. There were a couple of meetings in Room 254. I believe even the Minister of Health attended one of those meetings.

What really comes to my mind as something that should be looked at is, you will have some hospitals that will fully appear to fully utilize the abilities of the LPN in terms of what it is they were educated and the skills

that they have acquired, so they are maximizing the abilities and talents of the LPN. Then you have other hospitals that would appear to underutilize the abilities and talents that an LPN has. Many would argue that ultimately the LPN is best known as, if not the, one of the bedside nurses that really has that one-on-one contact.

I am wondering if the minister can give any sort of indication what role the government plays in co-operation with hospital administrations regarding standards for different health care professions, in particular, the LPN.

Mr. McCrae: While the MNU and the NDP are sort of carrying caskets around to mourn the loss of the LPN, we are agreeing with the Manitoba Association of Licensed Practical Nurses to enhance the curriculum for LPNs. The problem that we have is that with the caskets and so on, you get the sense that LPNs are no longer needed in Manitoba when indeed they are. There is a shortage of LPNs, and we are working with MALPN to enhance the curriculum for LPN training in Manitoba.

* (1540)

I have certainly been involved in the discussion about making maximum use of people's skills. I have been involved in that discussion ever since the day I became Minister of Health. I guess that can be said about everybody. Just think if the honourable member's skills were used in totality where he would be today. Just think about it.

I think there is a well-known concept that none of us are working to our maximum potential, and that is true also of the LPN. In all seriousness, that matter is raised by LPNs, and it becomes a bit of a turf war, unfortunately, between the RN and the BN and the LPN and the nurse's aide. It is quite a debate, and it has been going on.

It comes down to an economic discussion. Decision makers in health have to provide certain levels of nursing service on the wards of our hospitals and in our personal care homes, and hospital administrators make decisions based on what it is they have to pay for different types of services. This is not new; this is something the LPNs themselves through their association tell me, and that is that the gap in the wage rates between LPNs and RNs is too wide. That is a reality that I cannot seem to make go

away. A lot of LPNs have petitioned their union to negotiate a 15 percent rollback with the government. Some of them have been threatened with legal action for engaging in those sorts of petitions.

So some LPNs have recognized the uncompetitive reality of their situation. The ones that carry the casket have not, but carrying the casket will not create one job for LPNs. The fact is there are lots of jobs out there and employers are having trouble finding them. Maybe because of the caskets, we cannot attract enough LPNs to our training programs. It is a genuine problem, but there is a constructive way to address the problem and then there is a less constructive way.

Mr. Lamoureux: I have heard the minister give the response in the past that there are lots of jobs out there for LPNs. Does the minister have a listing of companies that are putting in these requests?

Mr. McCrae: I believe the honourable member can access that information from the Manitoba Association of Licensed Practical Nurses who can shed more light. It is not just me. I am just reflecting what others have been telling me, and the MALPN is one of those that has been sharing some of these concerns with me.

Mr. Lamoureux: Does the minister believe himself that the jobs are there for LPNs? Does he personally believe that to be the case?

Mr. McCrae: From the advice I have received, yes. There are areas such as St. Boniface General Hospital and Health Sciences Centre which have removed the function basically from their hospitals, and that has created a difficult time for some people. But I am also told by private-sector employers and personal care home employers that they cannot seem to find LPNs. Now, maybe with the most recent changes at Health Sciences Centre and Riverview Centre, I believe there were some LPNs laid off there, there may be able to be a matching of employer to employee. I do not know that everybody pays union wages, but there are jobs available, I am led to believe by the MALPN.

Mr. Lamoureux: Mr. Chairperson, the other issue that I want to comment very briefly on is something that has been talked about from members of the New Democratic Party dealing with the regional health boards. I am led to

believe that the regional health boards are going to cost somewhere in the neighbourhood of \$3 million to administer in the first year. I wonder if the minister might be able to give us some idea on the cost of these new boards.

Mr. McCrae: Mr. Chairman, for just under \$3 million this fiscal year in bridge funding, we will be setting up the boards, hiring the CEOs. The orientation of the boards is something that is going on, and there is a cost associated with that. Once the boards and their administrative structures are in place, it is expected there will be much greater savings than the \$2.9 million in costs for hospital boards throughout the province and in the Department of Health itself.

Mr. Lamoureux: Mr. Chairperson, I was not given any sort of an idea in terms of the approximate savings, and realizing that the minister, you know—there might be a more appropriate time to ask the more detailed questions regarding this. But from what I have been led to believe is that it is somewhere around that neighbourhood, \$2.5 million to \$3 million, and that money is expected to come out of the rural allocation that was currently there. In other words, they have to find the money from within. There is no new money in order to set up these regional boards. Would that be correct?

Mr. McCrae: There was talk that the financing of the boards for the initial part would come out of these surpluses from hospitals in the province, not met with 100 percent approval from the boards of the hospitals in the province, and that is currently being discussed. Through the auspices of the Manitoba Health Organizations, MHO, we believe that we may be very close to resolving that matter in a way that is satisfactory to everyone.

Mr. Lamoureux: Having the minister saying that, I will not pursue the line of questioning that I was intending on pursuing, but, suffice to say, I know the concern that was raised to me is that there was monies. Much of the money that would have had to have been used was money that was accrued through different types of fundraising, money that would have been put into trust. The minister can choose to comment on that aspect. I think that was a valid concern. It looks like he does want to say something on that, but I do want to continue on some other aspect.

Mr. McCrae: Yes, I do want to say something. I want to be very clear that the honourable member understands that this was not dollars privately fundraised in communities. This was surplus dollars from hospital budgets, dollars that are ordinarily supplied by the government of Manitoba. I guess the argument is—and surpluses did arise as a result of the application of the staffing guidelines that we have discussed around here quite a bit. Some boards would suggest that we did a good job and we have a surplus now, and the one down the road did not and now you are going to take the money away from us. It is taxpayers' dollars which is one point that needs to be made. I want to be very clear, these dollars were not fundraised in the community dollars. We have no right to those dollars, and we would not be confiscating dollars that really we have no right to confiscate.

Mr. Lamoureux: I appreciate the clarification from the minister on that particular issue. There is again some concern with respect to the city of Winnipeg. We have nine different major boards including Deer Lodge to the Health Sciences Centre and other community facilities. Is the Minister of Health giving any consideration to one super board, for a lack of a better word, for the city of Winnipeg?

* (1550)

Mr. McCrae: Discussions about governance in the city of Winnipeg are ongoing. Nobody seems to have a clear preference at this point, although the KPMG consulting organization working with the government and all of the boards, are working towards some kind of recommendations on that subject. We are going to have an integrated system in the city of Winnipeg. We need to have some kind of integrated governance for that, something that takes into account the respect this government has for faith-based institutions. That has to be resolved amongst the various players. Not everybody agrees that the faith-based concepts should have been the subject of a Memorandum of Understanding which we entered into. However, that is something we are committed to, and we have said and will continue to say that.

Mr. Lamoureux: I received one call from, I do not know if it was the Grace or the Victoria Hospital, one of the board members who had indicated to me that what I

should do is look into what is happening in the province of Alberta, in particular with the city of Edmonton, and I might get a better idea in terms of what the government here was attempting to do. I did just that; I looked into Edmonton where they do have the one super board. I guess I would want to try to get a bit more specific information from the minister. Is there currently serious discussion that is taking place that could see ultimately the one board representing the nine facilities?

Mr. McCrae: I can only give the same answer to the honourable member that I gave in my last answer. I do not know what is happening off the top of my head in Edmonton or Calgary, except that they have one board in those places. In Halifax, where they are making the one hospital out of five, I assume that is because of the work of one board. I know that in B.C. they are regionalized and in Saskatchewan they are regionalized, and that applies to some of the larger centres too, I think, in those jurisdictions.

Obviously, KPMG will be looking at all the other jurisdictions to see what is working, what is working well. In many cases they have moved much more quickly than we have and without anywhere near the consultation that is happening here. Nowhere in Canada is there more consultation with respect to health reform than in the province of Manitoba.

Mr. Lamoureux: Mr. Chairperson, the last comment might be somewhat debatable depending on which topic area we might want to choose to discuss.

Having said that, I am wanting to know in terms of the—from what I understand, the rural regional boards will all receive some sort of remuneration. The current system or the old system—whatever you want to call it—I think they were allocated expenses, and that is the same thing in the city of Winnipeg, that they are provided expense money.

Can the minister give some sort of indication in terms of the cost of the boards and the type of monies that are given to board members?

Mr. McCrae: Based on a per diem system, the members of the RHA boards will receive \$4,000 maximum a year. The chairs will get maximum \$4,500. The hospitals, as we presently have it, are not funded for per diems or for

emoluments or whatever you call them for the board members. I do not think very many of them get anything. Some might. Expenses, of course, they do.

An Honourable Member: It is called volunteerism.

Mr. Lamoureux: The member for Turtle Mountain (Mr. Tweed) says it is called volunteerism, and that is, in fact, what the old system was, more of a sense of volunteerism. In the new system, there is actually money that is being given for work that is being conducted, and it seems that what is happening is that you are creating another level of administration. I am wondering if the minister looks at this as another level of administration that is being implemented.

Mr. McCrae: It is nice to know the honourable member's opinion. It would have been more valuable starting in October of '94 when his opinion was actively sought by the Northern and Rural Health Advisory Council. The rate of pay being paid to our regional health authority board members is, by far, lower than pretty everywhere else, I guess, in the country. The effort required to carry out this function is nowhere near consistent with the amounts we are paying, but the honourable member's view may be something he can justify, but why did he not do it when it was a current issue? I mean, it was a long time ago decided that the members ought to be paid, but we have been extremely frugal with the amount, at \$4,000 and \$4,500. For the amount of work these people are going to be asked to do, it is certainly a small amount, and I think it amounts to a very low paid volunteerism.

Mr. Lamoureux: Mr. Chairperson, there are organizations, whether it is the Grace, Misericordia, that have some sort of a Christian and other form of governance currently. I am wondering if the minister can give some sort of assurances or indication what role or how these regional boards or the potential of having one board in the city of Winnipeg will impact their ability to have, for example, some sort of Christian values associated with the facility?

Mr. McCrae: Mr. Chairman, yes, the assurance is something I give repeatedly, that the terms of the Memorandum of Understanding with the Interfaith Council is something we remain committed to. That creates for some people a perceived obstacle. I say it is

the kind of thing that you need to work with because we value and need the partnership of the faith-based facilities and those people. So, in rural Manitoba, for example, if a board of a Catholic and Lutheran or Mennonite organization does not want to go out of existence or evolve, as they say, contractual arrangements can be made with regional health authority so that service can continue to be delivered. When it comes to missions, goals and ethics of faith-based organizations, we see them worthy of being protected, and our commitment is to carry on with the concepts in the Memorandum of Understanding.

Mr. Lamoureux: Mr. Chairperson, the reason why I ask is that I know, for example, the member for St. Boniface (Mr. Gaudry) shares with me the concern over at St. Boniface Hospital, a specific example of the hard work and efforts put in by the Grey Nuns. We have recognized the contributions of organizations such as this, and, as the minister moves towards this regionalized health care, there are a number of concerns that come up. One is what would appear to be the creation of another administration, and I guess, through time, we will find out if in fact this is going to be an effective way of managing health care dollars and the taking away of potential input from individuals or groups such as the Grey Nuns and others, the Salvation Army, these type of groups, and the contributions that they have made over the years, something which I now the member for St. Boniface is very much concerned about, along with all members of that party.

Having said that. Mr. Chairperson, I did indicate yesterday that we were quite content to see this line pass, and I can assure you that my questions on this particular line are in fact complete. Thank you.

* (1600)

Mr. McCrae: It was just the other day the honourable member for St. Boniface and I were chatting with His Royal Highness the Prince of Wales. While I am not as good with the French language as His Royal Highness or the honourable member for St. Boniface, I am a good lip reader, and I could tell, watching those two, that they were talking about the contribution of the Grey Nuns for the last 151 years here in the province of Manitoba. This was at St. Boniface General where that conversation I was lip reading was going on in French, and I just know

that is where the honourable member for St. Boniface was coming from. We had a very happy occasion at St. Boniface Hospital last week, last Thursday, and I had the honour, along with Sister Hetu, of greeting His Royal Highness and ushering him into the hospital foyer, introducing His Royal Highness to the gathered dignitaries, including the chairman of the board, the president of the hospital. Then, of course, His Royal Highness had a brief tour and unveiled a plaque and visited with a number of people at St. Boniface Hospital. Staff and patients at the hospital equally were accorded the opportunity to mix and mingle a little bit with His Royal Highness.

But I say, in all seriousness, to the honourable member for Inkster (Mr. Lamoureux) that I have taken the trouble in the last couple of years to become better acquainted with the contribution of organizations like the Grey Nuns in our province, and, frankly, I wonder where we would be in health care if it had not been for the pioneering of the Grey Nuns and other faith-based organizations that have gone on to create a health environment in our province that, I would argue without too much fear of contradiction except from some few people around, we have, thanks to those contributions, probably the best health system in the world. So we are not going to proceed with issues related to governance without due respect for the history, the tradition, the role, the mission and the ethics of these faith-based organizations.

Mr. Clif Evans (Interlake): Mr. Chairman, I would just like to ask a few short questions of the minister with respect to regional boards. In one of our local papers, the headline reads: Interlake health board faces tremendous challenge. I wonder if the minister could enlighten me. One of the challenges that we in the Interlake are facing right now is a shortage of doctors. I would certainly like to know whether the regional health boards, at the time that they are put in place or at some later time, are going to be responsible for providing doctors to the area hospitals and to the area. Right now, we have a tremendous shortage between the Ashern hospital and Arborg hospital, Eriksdale hospital. Doctors are needed. Are the regional boards and is the Interlake regional health board going to be provided with the opportunity and mandate to provide doctors to these areas?

Mr. McCrae: Pretty well everybody involved in the process of the regionalization of rural Manitoba

acknowledges that the process in the new system will have the effect of enhancing our ability to attract and keep physicians in our communities.

Mr. Clif Evans: Mr. Chair, well, then is the minister saying that he is going to wait until the health boards are totally in place for them to be able to provide availability and probability of enhancing the doctors' chances and opportunities to come to rural areas and northern areas.

Is he going to wait for the regional boards to make these decisions on how they are going to bring the doctors in and where they are going to ask that they go, to what communities? While right now we have a shortage, is there any action that the minister is going to be taking, and what action is he going to be taking before the regional health boards are allowed, if they are going to be allowed, to do the hiring of doctors for rural areas?

Mr. McCrae: No.

Mr. Clif Evans: The Interlake health board has three openings as we speak, I believe. There are still appointments to be made according to the minister's statements.

Can the minister tell me who and how many people from north of Eriksdale around the communities from Moosehorn, Ashern, Gypsumville, St. Martin, Lake St. Martin reserves, Little Saskatchewan, where you have over 3,000 people being serviced by a hospital in Ashern with only two doctors, instead of the required three that are needed—can the minister tell me if there were appointments from that area, who they were, and why were they not appointed to the board?

Mr. McCrae: As we appoint the last three members, the concerns raised by the honourable member will be taken into account.

Mr. Clif Evans: Mr. Chairman, dating back to early February, there have been letters of concern from the Ashern Chamber, the Local Government District of Grahamdale, the doctors in the area, asking the minister why there were no appointments north of Eriksdale.

Can the minister enlighten me as to if the positions are going to be filled, how soon, and who is in line for those appointments?

Mr. McCrae: We will be making these decisions known very shortly, and if I tell the honourable member now, then there is no point in doing it shortly.

Mr. Clif Evans: Then will the minister guarantee my constituents and myself here today that there will be more than ample representation—if there are three members yet to be appointed, will there be ample representation from such a large area, and that this area, the communities, will have a say on these regional boards and have the say to be able to protect the health services that they have now and perhaps improve it in the northern part of the Interlake constituency, and can he assure me that there will be a respectable number of appointees out of the three that are left for that area?

Mr. McCrae: I can assure the honourable member that the concern he is expressing will be taken into account in our decision making.

There is one further appointment to the Interlake board to be made by me, one appointment to be made by the board and then a further one after that to be made by me. Within that context, the concerns of the honourable member will, indeed, be part of the consideration.

Mr. Clif Evans: Mr. Chairman, I appreciate the response from the minister. I have one final question on that. Has the minister responded with that answer in writing to the communities and the doctors who have written to him with the same response? Have you responded to these areas who have written to you saying we would like to have representation, why not, and will we have? Has he responded to these people?

Mr. McCrae: I have received the expressions of concern referred to by the honourable member. I believe we have responded to them in writing; the answer would be similar to the one that I am giving to the honourable member. We recognize the concern, and that is why the northern and rural health advisory council set up the system in the way they did, to ensure that we would have a second and third and fourth round of appointments so that we could address those areas that are brought forward to our attention.

Mr. Clif Evans: A small problem with that is that my understanding is that there were people from the area that

their names as candidates were submitted to the minister's office and yet no one was appointed. Can the minister enlighten me as to why not? Appointments were made, candidates' names were entered, and yet now he is going to go through another process of appointing a much-needed representation in the northern Interlake.

* (1610)

Mr. McCrae: Well, obviously some of these decisions were hard. There were over 500 nominations, a very overwhelming interest on the part of people from every corner of the province, and our challenge was to ensure that each region was demographically and geographically appropriately represented. Nobody suggested, least of all me, in that first round that we had crossed all the t's and dotted all the i's. That is why the northern rural health advisory council gave us that opportunity to dot those i's and cross the t's. I suppose, at the end of the whole process, there will be somebody somewhere in Manitoba who will say, well, my village or my town or my city is not appropriately represented. At that time, we can certainly hear the honourable member's concerns. If they become criticisms, we can hear them at that time. Right now, I am taking them as concerns, and I am taking them seriously.

Mr. Chomiak: Mr. Chairperson, the minister indicated funds would be expended of \$3 million in transition for the boards this year. Is that accurate?

Mr. McCrae: Just under \$3 million.

Mr. Chomiak: Can the minister indicate where that is coming out of in terms of the Health Estimates?

Mr. McCrae: As we discussed with the honourable member for Inkster (Mr. Lamoureux), there is a bit of a discussion going on about that. Whatever does not come out of Hospital budgets would come from the Healthy Communities Office of the Department of Health.

Mr. Chomiak: Does the minister have a budgetary breakdown on the components of that just under \$3 million?

Mr. McCrae: The budgets to be worked out with the individual RHAs have not been completed.

Mr. Chomiak: Mr. Chairperson, just an aside, could we consider a five-minute break at this point for staff? Perhaps we could take a five-minute break.

Mr. Chairperson: Is it the will of the committee to take a five-minute recess? [agreed]

The committee recessed at 4:14 p.m.

After Recess

The committee resumed at 4:24 p.m.

Mr. Chomiak: Mr. Chairperson, just by way of proceedings issues, in discussions I have had with the member for Inkster (Mr. Lamoureux), what we are anticipating, if it is agreeable to the minister, is roughly to move through these Estimates and tomorrow probably exclusively deal with Health Information Systems.

An Honourable Member: That would be when?

Mr. Chomiak: Tomorrow. In other words, we will pass items up to there unless something untoward should happen, and then—[interjection] We do not anticipate a problem. Then after we got off Health Information Systems, we would probably move quite quickly into the Home Care line for Thursday and Friday. That is what we are roughly anticipating.

Mr. McCrae: Tomorrow Health Information Systems; Thursday and Friday, Home Care?

Mr. Chomiak: Mr. Chairperson, yes, that is what we are roughly looking at if that would fit in with the minister's planning purposes. I appreciate the co-operation and the fact we can move through this expeditiously.

I just require some clarification on some issues on this particular budgetary item. The first is in respect to the line of questioning by the member for Inkster with regard to LPNs. It is a very demoralizing and serious situation with respect to the LPNs, and I think we all can agree on that. In a lot of respects the prospects appear to be bleak. It seems to me that one way to improve the situation would be for the government to propose a plan that

would assist LPNs in planning for the future, in terms of outlining what job opportunities are to be made available in the future in the system, and it would allow for individuals who may want to study to be LPNs to know how they could fit into that process.

It just seems to me, given that directly or indirectly the government, for the most part, hires all LPNs, that it is a government—It seems to me that a plan would be appropriate, a plan to deal with the situation vis-à-vis LPNs, given the budgetary decisions that have been made at some of the tertiary care facilities and which may be made by some of the community care facilities and the severe anguish being felt by not only those who have already lost their positions, but many of those who presently hold positions.

So I just wonder whether any thought has been given to a plan in conjunction with MALPN and any other related organizations to specifically deal with the question of LPNs.

Mr. McCrae: Just to correct the honourable member, the government does not hire very many LPNs. We have a few LPNs working in our Home Care program, and there may be a small number working in our mental health facilities.

However, we remain willing to work with the MALPN in whatever labour issues that come along, addressing surveys and things with them. We have been working closely with them to develop an improved curriculum which may indeed assist the LPN of the future. If wage rates have to remain the way they are, and the union does not want to listen to the entreaties of the LPNs who have been petitioning their own union to cut their wages, we will still work with the MALPN to—[interjection]

* (1630)

Mr. Chairperson: Order, please. Could I ask those honourable members wanting to carry on a conversation to do so out of the Chamber. The decorum has improved greatly lately, and I would like to keep it that way.

The honourable minister, to continue.

Mr. McCrae: I was going to say something about that, Mr. Chairman, but I knew that it would not be long

before you would intercede and bring order to this Chamber.

I think the upcoming announcement with respect to LPN training is an important step that will be taken to, I believe, make LPNs more competitive—there is a word the honourable member does not like—in the health marketplace. There is a marketplace out there, and if we pretend that there is not, we are going to have some problems.

They have had problems, the LPNs, in adjustments with respect to reform, with respect to the competitiveness of the union wage rates. Those are realities. I did not make them up. I come by them from LPNs themselves, so that is something I am prepared to continue to work with them on. I think the curriculum enhancement will indeed help make a difference, and I believe there is reason to be hopeful.

It is a difficult time for everybody in the health system as it undergoes the shifts and the changes whether you are an LPN or an RN or a therapist or a physician or whatever, including people who clean the hospital buildings and do the bloodwork, technicians, and all of these different people who are all very important to the system. I know throughout my travels the admiration that people have for the LPN and the service they provide in our acute-care and long-term care facilities and indeed in our Home Care program.

I do see a future there, but not without some work that can be done in conjunction with the MALPN and the department and the other players in the system.

Mr. Chomiak: Mr. Chairperson, the minister indicated there will be an announcement with respect to the training of LPNs. When do we anticipate that will take place?

Mr. McCrae: Perhaps the honourable member would allow me to defer answering that question for a few minutes, and we might get on to another question.

Mr. Chomiak: Mr. Chairman, we have been anticipating some major and significant changes with respect to labs and the administration of labs both in and outside of the city of Winnipeg. I wonder if the minister might give us an update as to what the status is with respect to labs and the announcements of the

developments in that regard, recognizing that the labs sub-committee or one lab design team has made recommendations. I will leave it at that at this point.

Mr. McCrae: The laboratory services is one of the design teams which is part of the Urban Planning Partnership, and work is ongoing with respect to the work of the design team working on laboratory services, so that I would expect in the coming months that there will be further announced changes. I do not think that everything will be left simply as it is, but I do believe we can make improvements in the laboratory services such that the services are improved as well as the efficiency of those services.

Mr. Chomiak: There is a fair amount of anticipation that the administration of labs will be significantly changed through the introduction of a different company or companies or organizations dealing with labs. Can the minister indicate whether or not discussions have taken place with MDS that is out of Toronto with regard to labs?

Mr. McCrae: Yes, there have been, and discussions also with numerous other organizations and groups including discussions between myself and the technicians and technologists that are involved in the process, and I, during the recess, just agreed to another meeting with lab personnel. So there have been a wide variety of meetings, and no particular decisions have been made to this point.

Mr. Chomiak: Is the intention to tender out these services?

Mr. McCrae: That determination has not been made.

Mr. Chomiak: So I assume that those decisions are waiting the final coming together of the Urban Health Advisory Council, KPMG study, et cetera, and those decisions are still yet to go to cabinet.

Mr. McCrae: Yes.

Mr. Chomiak: I really would like to clarify the capital freeze. Is there a period of time under which the capital freeze has been made or is capital only in a state of suspension until other decisions are made? The basis behind that question is, how do facilities determine their

capital requirements and needs if they are unaware as to when the freeze is going to be lifted, et cetera? What is the direction that has been given by the Department of Health towards these institutions and agencies?

Mr. McCrae: It is expected the suspension of those parts that are suspended will last for some period of time to allow discussions to take place with the regional health authorities, to allow for communities to look co-operatively with government at alternative ways to fund—[interjection]

Mr. Chairperson: Order, please. Could I ask the Minister of Urban Affairs (Mr. Reimer) if he wants to carry on his conversation to do so in the loge.

The honourable minister, to continue.

Mr. McCrae: Communities are approaching government with alternative proposals with respect to the financing of capital projects. We are concerned with the concept of amortizing over a long period of time the cost because you end up paying so much more in interest costs than you would if you were just paying for the bricks and mortar that goes into a capital project.

We have, however, exempted those projects dealing with the mental health reform plan. We have also exempted capital expenditures that might be required to ensure the safety of staff and personnel and patients in some of the facilities, and discussions are ongoing with respect to the Manitoba Cancer Treatment and Research Foundation which is a very, very important provincial program, and that particular one requires attention.

Mr. Chomiak: Mr. Chairperson, the \$38-million transition fund, is any of it allocated, or can it be allocated towards capital?

Mr. McCrae: The \$38-million bridge fund is for operational expenditures that might be incurred. Any capital changes would have to come from the Capital budget.

Mr. Chomiak: Mr. Chairperson, so if ultimately the design teams recommend a different configuration of hospital services in Winnipeg and those services require capitalization, then operations for those changes, operational costs, will come out of the \$38 million. The

capital costs will come out of a lifted Capital budget freeze. Is that a correct assumption?

* (1640)

Mr. McCrae: Correct, but the capital amount is the amount that is budgeted. We are not looking at additional Capital dollars put in the pot to allow for capital changes as a result of the Urban Planning Partnership recommendations.

Mr. Chomiak: So if capital changes were needed in a facility that were not already allocated previously in capital allocations to meet the recommendations of the urban partnership model, where would that funding come from?

Mr. McCrae: From the Capital budget.

Mr. Chomiak: So that would be an additional capital to that already announced or already on-line pursuant to the minister's announcement of March of last year.

Mr. McCrae: There is \$10 million in there for equipment and adjustments to allow for fire code and that sort of thing, safety and security of patients and staff, \$10 million for new capital, the construction that might go with the Urban Planning Partnership recommendations. The remainder is for construction already underway.

Mr. Chomiak: Just for clarification, Mr. Chairperson. So the minister is saying there is already \$10 million for fire code and changes and \$10 million for changes pursuant to recommendations that may or may not come from the design team. That money has already been allocated in the capital budget that was presented by the minister in March of '95.

Mr. Chairperson: Could I ask the committee if I am the only one having trouble hearing the questions that are going on? [interjection] Maybe we could all get it out of our systems and we will keep moving on.

Mr. McCrae: We are talking about this budget, the one that is under discussion right now, Mr. Chairman. While I am on my feet, I told the honourable member I would respond about the LPN enhanced training announcement, and that will be coming very soon. It is, I would say, almost imminent, if there is such an expression.

Mr. Chomiak: Mr. Chairperson, does the minister have any idea when we will be receiving final recommendations with respect to the deliberations of the Manitoba Medical Association pursuant to the agreement with the government and the determination as to where savings can be achieved for this fiscal year?

Mr. McCrae: Mr. Chairman, it is an ongoing process, and the council will be, throughout the course of the year, at different times making recommendations which we will address when those come forward.

Mr. Chomiak: The Advisory Committee on Mental Health Reform also reports through the deputy minister. I am wondering if the minister can indicate when they last met and what recommendations they have made.

Mr. McCrae: We will find out and provide the honourable member with that information.

Mr. Chairperson: We are dealing with item 1.(b) Executive Support (1) Salaries and Employee Benefits \$594,900—pass; (2) Other Expenditures \$165,300—pass.

Item 1.(c) Finance and Administration (1) Salaries and Employee Benefits \$2,260,900.

Mr. Chomiak: Just one quick question, I wonder if the minister would be prepared to table the contract between the Department of Health and KPMG.

Mr. McCrae: We will take the honourable member's question under consideration.

Mr. Chairperson: Shall the item pass? The item is accordingly passed.

Item 1.(c) Finance and Administration (2) Other Expenditures \$1,835,500—pass.

1.(d) Human Resources (1) Salaries and Employee Benefits \$970,600—pass; (2) Other Expenditures \$156,900.

Mr. Chomiak: We are at 21.1 (d), I understand?

Mr. Chairperson: 1.(d), yes.

Mr. Chomiak: On this particular appropriation item, the 1996-97 Affirmative Action plan is mentioned. I

wonder if we might have a copy of that plan tabled for the benefit of members of this side of the House.

Mr. McCrae: We will endeavour to provide that, Mr. Chairman.

Mr. Chomiak: I am sorry. I did have some difficulty hearing the minister's reply.

Mr. McCrae: We will endeavour to provide that. [interjection] They did not hear it. We will endeavour to provide that, Mr. Chairman.

* (1650)

Mr. Chairperson: Item 1.(d) Human Resources (2) Other Expenditures \$156,900—pass.

2. Management and Program Support Services (a) Insured Benefits Services (1) Salaries and Employee Benefits \$5,494,600.

Mr. Chomiak: Mr. Chairperson, can the minister indicate whether any major contracts of a consulting nature or otherwise have been entered into by this section or this branch of the department?

Mr. McCrae: We are not too clear, if the honourable member has knowledge of a contract that we are not aware of or something. At this moment the answer would be no.

Mr. Chomiak: Yes, has Comcheq been engaged in any capacity by the government?

Mr. McCrae: No.

Mr. Chomiak: Mr. Chairperson, have the operations of this branch changed in any significant way since the last fiscal year?

Mr. McCrae: Technological advances are allowing us to make changes, Mr. Chairman, to be more responsive to the people with whom we work. Things like electronic billing, electronic cheque processing are happening, and those kinds of changes are made possible through technological advances. So, to that extent, yes, but in terms of the organization of the branch it has not had an

impact, or very much of an impact, on the staffing of that branch.

Mr. Chomiak: Mr. Chairperson, has the technology, and the software and hardware related to that technology, changed significantly since last fiscal year?

Mr. McCrae: With the exception of the Drug Program Information Network, there have been no major changes in technology, but there have been ongoing improvements, I guess you could say, or updates, but the Drug Program Information Network is the major one here.

Mr. Chomiak: Mr. Chairperson, is it at this branch where the actual monitoring is done of the information with respect to double doctoring and the interaction related, the relationship between drugs, et cetera?

Mr. McCrae: Yes, sir.

Mr. Chomiak: Mr. Chairperson, who carries out that function? Is there a committee that reviews that?

Mr. McCrae: The Medical Review Committee and the Patient Utilization Review Committee.

Mr. Chomiak: Mr. Chairperson, how have the confidentiality concerns that have been raised been dealt with by this branch of the department?

Mr. McCrae: Well, we are not sure which confidentiality the honourable member is referring to. In addition to that, when we have Mr. Alexander here tomorrow we might be able to be more specific for the honourable member.

Mr. Chomiak: Mr. Chairperson, I would appreciate that. One of the areas in the line of questioning I was going to go down was with respect to the question raised by the member for Radisson (Ms. Cerilli) today dealing with the income tax issue, and I do not know if I should raise it today or wait till Mr. Alexander is here to raise it tomorrow.

Mr. McCrae: Mr. Chairman, in response to the honourable member for Radisson, the line that I would inform her we are talking about here is line 150 of the assessment that you get from Revenue Canada. It is that

number that the program wants to know in assessing the deductible.

That has a separate function really from the Drug Program Information Network itself. That has to do with the client eligibility for Pharmacare benefits, and that is separate from the information contained about medicines and the input required by or the response required by pharmacists and physicians, so it is a separate thing.

Mr. Chomiak: Mr. Chairperson, can the minister indicate whether or not there is a concern that the provision of this information could be distributed via the computer system, or is the minister saying it is a separate track completely and it is dealt with administratively within the branch and the department in terms of assessing and it has no relationship whatsoever with what goes up on the DPIN network?

Mr. McCrae: Well, it is nobody's business but the client or the patient and the program for that administrative purpose so in that sense confidentiality is indeed protected under the operation of the program.

Mr. Chomiak: Mr. Chairperson, I wonder if the minister could be more specific as to how that confidentiality provision—how that protection occurs under the system, how the minister is ensuring that that confidentiality is maintained.

Mr. McCrae: Well, the only one that has that information other than I suppose department personnel who could access it and face pretty bad sanctions if they misused that information—a pharmacist would be the other person who would have that information, and I guess, theoretically, that a pharmacist could do a calculation based on that number and make a determination of what the client's income was. But, as a professional working in the health system, I wonder what the likelihood of that would be, and I know that if anybody was to behave in that manner there would be very severe sanctions from the Manitoba Pharmacists' Association.

Mr. Chomiak: I do have a whole series of questions related to confidentiality and that nature, and I assume that tomorrow is the appropriate time—the minister is indicating in the affirmative.

The database that we have, that is maintained, and these Estimates say: "182,200 registration changes will be processed to ensure the Provincial Registration database is maintained in a current status." That database, together with the pharmaceutical information, who has access to that?

Mr. McCrae: Two things: it may be that the appropriate time to ask that question is tomorrow; and, even if this is the appropriate time, we are making note of the question so that we can properly answer.

Mr. Chomiak: Further to that, and I appreciate that we could get into it tomorrow, the line of questioning at least on this line is where the Centre for Health Policy and Evaluation database fits in, et cetera, along those lines, but I assume that most of that can be determined tomorrow.

* (1700)

Mr. McCrae: Yes, I understand. I believe where these questions might be taking us, and researchers and consultants or agencies like the Manitoba Centre for Health Policy and Evaluation have no access to people's linking health records with actual people. That is something that is very, very clear. But, again, if there are further questions arising from that, we should answer them tomorrow.

Mr. Lamoureux: I understand that we are actually on Resolution 21.2.

Mr. Chairperson: 21.2(a) Insured Benefits Services.

Mr. Lamoureux: I had some questions regarding the whole insuring of different programs. Last year during the Estimates I had asked the minister if he might be able to get back to me some sort of a listing because Health at that time was a fairly new critic responsibility or legislative responsibility that was assigned to me, so I was not really as familiar with many of the different insured programs as I should have been. I am wondering if the minister at this time has any sort of listing or if they have been able to compile a listing of what we would classify as insured services, health care services.

Mr. McCrae: Is the honourable member asking for a list of all the services that are insured by Manitoba Health?

Mr. Lamoureux: I am sure that there would be such a list. I would definitely be interested in a copy of it if it can be made available.

Mr. McCrae: It might take some time to compile a list of the services that we insure, but we would undertake to do that if the honourable member wants us to.

Mr. Lamoureux: I would appreciate having a list of that nature. I am not looking for something that is overly extensive. I would not think it will be overly time consuming, but just to give me a better idea, personally, in terms of what sort of insured services are in fact out there.

I wanted to ask the minister because there is a committee that is struck that reviews different types of fees and so forth that doctors can charge for services. There was a lot of discussion in terms of services such as the physical examinations. I am wondering if the minister can give us some sort of an update on current policy for physical examinations and what recommendations the minister currently has for that particular insured service.

Mr. McCrae: Mr. Chairman, I think it was last November, the Manitoba Medical Services Council recommended a change to the annual physical examination in the schedule of fees. They recommended that that be covered by the insured services only every five years for people between the ages of, I believe it was, 19 and 75, approximately. Because many experts have looked at this and seen it as an appropriate thing to do, I agreed in principle with the idea of some limit being placed on coverage for the annual physical checkup. However, I wanted further work to be done. I wanted consultation to happen and I wanted to hear again from the Manitoba Medical Services Council on the point. They have been working on that and making refinements to that, and making further recommendations, which will be reviewed further before any further action is taken. So basically there has been no change yet.

Mr. Lamoureux: Yes, Mr. Chairperson, I can recall a number of years ago when my former colleague, the member for The Maples, and we talked about the different types of services that are provided through insurance programs, through the health insurance program. One of the things that he at the time was a

fairly strong advocate of was to make the public more aware of the actual costs, believing ultimately that if they were aware of the costs, it might make them think twice in terms of whether or not it is something that is really needed to be done. Obviously, they are not paying for it, but they do have a right to know to a certain degree in terms of what the costs to the taxpayer are for a physical type thing. In essence, what he was advocating is, if you like, you go into the doctor's office and once you are leaving the doctor's office, you are actually supplied a receipt of sorts which the government has to pay as a result of your visit. I think that this sort of idea is one of the ways in which we can actually, possibly fine-tune some of the problem areas in health care delivery.

* (1710)

Another example might be doctors being put on salary. If a doctor is on salary, vast majority of doctors—I am not wanting to question the integrity of doctors, by no stretch of the imagination—but one often wonders, if doctors were on a salary, in some cases would in fact there be as many things such as physical examinations? Is there any motivation coming from some doctors or from some patients that are not aware of costs? There might be other ways of addressing the issue such as this, such as the physical examinations that are currently being recommended, and I am wondering if the minister can give some sort of indication, are these being taken into consideration along with or prior to a recommendation coming forward to the minister that could see physical examinations actually dropped from an annual basis to once every five years?

(Mr. Mike Radcliffe, Acting Chairperson, in the Chair)

I would think that there might be other ways going around that will not deprive Manitobans the opportunity if they feel that they really need to have that physical exam, possibly incentives through education for—whether it is a health care worker or a doctor to say, look, you had a physical last year, there is really no need, here is the type of test that we can do, or this is what I would recommend. There might be other ways around as opposed to throwing out the idea of allowing Manitobans to have these free physicals when they feel that it is necessary.

Mr. McCrae: To send out bills which ought not to be paid routinely has been found, through studies, not to

have achieved any reduction in usage. In fact, it has caused some consternation. Some people might miss the words “this is not a bill” and send a cheque in, and all kinds of things like that have been problematic when that has been done. There are random bills sent out in Manitoba, and we would be interested in having some evaluation on the value of even doing that.

I think I understand what the member is getting at. It has been raised with me virtually hundreds of times that people do not understand what the cost is, and they ought to be aware of that before they potentially overuse or misuse our health system. We have talked about salaried arrangements for physicians. We have talked about capitation arrangements, fee-for-service arrangements, block funding arrangements, contractual arrangements. All those things are possible, I believe, with negotiation, and we have a variety of arrangements now, although by far the largest arrangement or the greatest one is the fee-for-service system which, there are many people who agree with the honourable member, could be changed for some physicians.

The sense I am getting from the honourable member's question is that these kinds of things would be a panacea somehow, and they are not. There is a lot more than one thing or two things that can be done in this area and virtually in the whole area of health care delivery in Manitoba and anywhere else. I think paramount here, what the honourable member is trying to get at with the idea of giving everybody a bill that you do not have to pay, but a bill, is patient education, and we are embarking on just that with the consulting firm of Biggar Ideas.

Now, members opposite have said so few things about that, which leads me to believe they do not support that. Maybe they support patient education, but they do not support the vendor that we have chosen for that particular work. But I do believe that patient education is the key reason for our wanting to get into public information campaigns and indeed patient education about the appropriate use of emergency rooms, the appropriate use of Health Links that the honourable member referred to earlier. Those sorts of things make a lot of sense. The idea of having the ghost bills does create a cost. If you ask the doctor's office to do that, you are going to hear from the medical profession because they are already claiming, and perhaps rightfully so, that they are not the

richest doctors in the country or in the world. Manitoba doctors are not at the top of the professional heap as it were—[interjection]

Nor are they poor, the honourable member says, but has the honourable member consulted with—I just ask the honourable member, before he put out this as a suggestion, whether he has consulted with the Manitoba Medical Association or any association representing the doctors' offices that would have to do this, and, if the honourable member is suggesting that they get paid more to do it, then we would have to measure the benefit of that particular cost. I am reminded that our physicians are—no one is suggesting that they are poor, but, I mean, we do have to be competitive. On the one hand, we hear complaints that our physicians are leaving and going to the United States. Well, to some extent, that happens. We also get physicians coming back and coming from other areas as well, but that concern comes up. We also hear it said that some physicians do not think they are appreciated very much. Well, any physician who feels like that is not going to appreciate very much being asked to do this additional function for no remuneration. So it is not that I think it is a bad idea, because we already do it in a random sort of way, and it is not by any means everybody in the population, but where it has been done it has been found to be of little utility.

Mr. Lamoureux: Mr. Chairperson, I know in the last year's Estimates I did talk about the de-insurance, insurance programs. I felt that it would be beneficial to have that list. The minister is going to make available that list. You know, what I will do is attempt to be able to have more of a good detailed discussion in this whole area in the next go-around in hopes that in some areas I think that there is potential for consensus, that in other areas there is always going to be an agreement to not necessarily agree.

But, before I move on, I had one, possibly a couple of, questions regarding a letter, and I will provide a copy of the letter to the minister. Instead of trying to take out from the letter in essence what it is saying, I will just read one of the many paragraphs. This is a lady with a son that has a concern. She states in the letter: I have recently discovered that the scramble time at the Misericordia operating room has been eliminated and that Dr. Gooi did eye muscle surgery on scramble time. I also discovered that the fee allotted for cataract surgery is

higher than for eye muscle surgery and cataract surgery takes less time to perform. Are all these the conditions affecting my son's situation?

(Mr. Chairperson in the Chair)

Her son has been waiting to get muscle surgery done on the eye for quite a while, and, in fact, as demonstrated much later in the letter, there has been a date now that is set in late fall. I believe it is the 18th of November of '96. I am wondering if the minister might want to comment on this, but given that he might not be familiar with this particular case, maybe what he can do is just take it as notice and get back to me. What it does point out, if it is accurate, is the fee schedule, and this is something in which, again, I think we should be entering into some sort of a discussion. I guess ultimately I will choose, because of time and the importance of some of the other issues in Health, to put off this whole detailed discussion until the next year's Health Estimates. But I would be interested in getting some sort of a feedback on that. Much like the minister is going to provide the insured programs, some sort of a fee-for-service schedule would also be appreciated if that could be provided.

* (1720)

Mr. McCrae: Mr. Chairman, the physician's manual, which sets out the schedule of fees, is a very, very thick document. There was someone in Brandon who thought I should have memorized it, and I could not really do that. Would the honourable member like to have that? It is like—I am indicating—maybe four inches thick of all the various procedures for which a fee can be paid. That is the one? No? I mean, it is more paper than the honourable member needs. I have a copy of it somewhere that I could lend him, perhaps if he wants to look at it, but it is public information. It is the fee schedule, but the important point to be made with respect to the two different procedures the member referred to is that the MMA sets those fees, not the government.

The other point that he makes, if he feels free to do so, if he would just like to make the letter of concern or complaint available to us we can review the matter and report back.

Mr. Lamoureux: The Page is actually getting a copy of it and we will provide the minister a copy of the letter. It

has the return address and he can just accordingly maybe write that particular individual and CC it to me that would probably be an appropriate thing to do.

Regarding the fee for service, what I was thinking more so of is a summary of some of those insured things such as, physical exam cost this. I do not know if something of that nature actually exists. I am not looking for a detailed 150-page document or 200-page document, but if there is something that is fairly straightforward that the minister would refer to through briefing notes or something of that nature, that is what I am more looking for. The actual public documents in terms of fee services that the MMA sets and provides is indeed a fairly extensive and big document. That is not necessarily what I am looking for. If it is not possible, then it is just not possible.

Mr. McCrae: The fee schedule, Mr. Chairman, is a very complete and thorough sort of document. It does not lend itself to summarizing very well and, like I say, we can make the whole thing available to the member or if he has some specific questions about specific procedures, we can certainly tell him what the doctor gets paid for a procedure. I am trying to co-operate, I just do not know how exactly to summarize the fee schedule. Maybe I am not understanding precisely what the member is asking for, but I would like to comply with whatever it is he is asking for and, if it means maybe sitting down with the honourable member and maybe a member of my staff or something to explain how the fee schedule works, that could perhaps be arranged. But if he has specific questions about specific procedures, then we can certainly get that and pull it out and get the information to him. Otherwise, we will just give him the whole book.

Mr. Lamoureux: Mr. Chairperson, what I will do is attempt to refine some of these questions for when we start to get into a more in-depth discussion on insured services. Thank you.

Mr. Chomiak: I was not actually anticipating asking this question at this juncture, but since we have kind of slipped into discussion of this, last year the minister will recall that a program was instituted to deal with waiting lists at some of the institutions and the like as well as cancer treatment. The minister said at the time, when I asked him last year whether or not he anticipated an

extension of the program or an expansion of the program, the minister indicated they were going to study the results and then make a determination as to whether or not that program would be extended. I am wondering if the minister might provide us with an update on that particular area.

Mr. McCrae: Last year's waiting list reduction program was a success to a certain extent. There are still some evaluations being done. I do not know if it was as good as we had hoped but it was still good. We reduced waiting lists. We made the time less for some people, which had a pretty good impact from a patient satisfaction point of view. Frankly, what it did was, it saved a lot of anguish and things like that for people waiting for surgery. We are looking at the possibility of doing it again this year to either ensure that we keep waiting lists within reasonable bounds or reducing them when they are not.

We have made good progress. I know Cardiac Services has been singled out for special, positive comment, which is very, very important to all honourable members and certainly to the cardiac patients and their families. I would hope to be able to make a more detailed report for the honourable member perhaps during these Estimates.

Mr. Chomiak: I thank the minister for that response and look forward to receipt of that particular report.

Mr. Chairperson: Is it the will of the House to call it 5:30?

An Honourable Member: I was just going to pass this item and move on.

Mr. Chairperson: 2.(a)(1) Salaries and Employee Benefits \$5,494,600—pass; (2) Other Expenditures \$2,753,100—pass.

2.(b) Funded Accountability (1) Salaries and Employee Benefits \$2,035,200.

Mr. Chomiak: Mr. Chairperson, just a small question for the minister. I wonder if the minister might give us an update in the status of the collective contracts that are administered by this branch or the department and an

update as to where negotiations are in the major areas with respect to collective agreements that are now being negotiated by the department.

Mr. McCrae: I do not know that the time remaining will give me an opportunity to answer that one and, besides that, it is not a direct responsibility of mine. The collective negotiations are the purview of the Manitoba Health Organizations.

Mr. Chairperson: The hour being 5:30 p.m., committee rise. Call in the Speaker.

IN SESSION

Mr. Deputy Speaker (Marcel Laurendeau): The hour being 5:30 p.m., this House is now adjourned and stands adjourned until tomorrow at 1:30 p.m. (Wednesday)

Good night.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, April 30, 1996

CONTENTS

ROUTINE PROCEEDINGS			
Presenting Petitions		Department of Industry, Trade and Tourism	
		Sale; Downey	1494
Seasonal Camping Fees		EITC	
Ashton	1489	Sale; Downey	1494
Home Care Services		Home Care Program	
Cerilli	1489	Chomiak; McCrae; Toews	1494
Lathlin	1489		
Hickes	1489	Legal Aid	
Martindale	1489	Mackintosh; Vodrey	1496
Santos	1489		
Reading and Receiving Petitions		Pharmacare	
		Cerilli; McCrae	1497
Home Care Services		Endangered Spaces Program	
Chomiak	1489	Dewar; Cummings	1497
C. Evans	1489		
Lamoureux	1490	Sustainable Development Act	
Presenting Reports by Standing and Special Committees		Dewar; Cummings	1498
		Nonpotable Substances	
Committee of Supply		Hickes; Vodrey	1498
Laurendeau	1490		
Tabling of Reports		Liquor Control Act	
		Hickes; Gilleshammer	1498
Annual Report 1994-95 of the Seizure and Impoundment Registry		Louisiana-Pacific	
Vodrey	1490	Struthers; Cummings	1499
Public Accounts for 1994-95, Volume 4		Used Car Inspection Program	
Stefanson	1491	Jennissen; Downey	1499
Oral Questions		Correctional Facilities	
		Reid; Vodrey	1500
War on Drugs		Members' Statements	
Doer; Vodrey	1491	Celebrate Education '96	
Headingley Correctional Institution		Manitoba Chamber of Commerce	
Reid; Vodrey	1492	Annual Meeting	
Kowalski; Vodrey	1495	Dyck	1500
		Home Care Services	
		Hickes	1500

Co-op Education Magazine		Matter of Grievance	
Writing Contest		Home Care Services	
Gaudry	1501	Lamoureux	1502
Premier's Volunteer Service Award			
Tweed	1501	ORDERS OF THE DAY	
Family Dispute Services		Committee of Supply	
Agency Funding		Education and Training	1505
McGifford	1502	Health	1529