Second Session - Thirty-Sixth Legislature

of the

Legislative Assembly of Manitoba

Standing Committee on Law Amendments

Chairperson
Mr. David Newman
Constituency of Riel

Vol. XLVI No. 7 - 7 p.m., Wednesday, October 16, 1996

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.
JENNISSEN, 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
THE STANDING COMMITTEE ON LAW AMENDMENTS

Wednesday, October 16, 1996

TIME – 7 p.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – Mr. David Newman (Riel)

ATTENDANCE - 11 – QUORUM - 6

Members of the Committee present:

Hon. Messrs. McCrae, Praznik

Messrs. Chomiak, Dyck, Jennissen, Lathlin, Laurendeau, Newman, Penner, Sale, Sveinson

APPEARING:

Mr. Gerry McAlpine, MLA for Sturgeon Creek

WITNESSES:

Bill 49–The Regional Health Authorities and Consequential Amendments Act

Mr. George Muswaggon, Manitoba Keewatinowi Okimakanak
Mr. Edward Hiebert, Private Citizen
Ms. Evelyn Shapiro, Private Citizen
Ms. Shirley Lord, Choices
Ms. Linda Clark, Private Citizen
Mr. Bernard Christophe, United Food and Commercial Workers Union, Local 832
Mr. Bob Minaker, Private Citizen
Mr. Peter Olfert, Manitoba Government Employees' Union
Mr. Ben Hanuschak, Private Citizen
Ms. Carmela Abraham, Private Citizen
Ms. Lucille Barnabe, Private Citizen
Ms. Elizabeth Smith, Private Citizen
Ms. Ellen Kruger, Manitoba Medicare Alert Coalition
Mr. Mario Javier, Private Citizen

MATTERS UNDER DISCUSSION:

Bill 37–The Ambulance Services Amendment Act

Bill 49–The Regional Health Authorities and Consequential Amendments Act

***

Mr. Chairperson: I would like to call the meeting to order. Good evening.

This evening the Committee on Law Amendments will be resuming consideration of Bill 49 and Bill 37. Bill 37 is The Ambulance Services Amendment Act; Bill 49, The Regional Health Authorities and Consequential Amendments Act.

Before the committee can proceed with the business before it, it must elect a new Vice-Chairperson. Are there any nominations?

Mr. Peter Dyck (Pembina): Mr. Chairman, I would like to nominate Mr. Sveinson.

Mr. Chairperson: Mr. Ben Sveinson has been nominated. Are there any further nominations? Seeing none Mr. Sveinson is elected as Vice-Chairperson.

The committee had sat last evening and heard one person on Bill 37 and 22 presenters on Bill 49. This evening we will resume hearing presentations on Bill 49.

I will now read aloud the names of the persons who have registered to speak to Bill 49 and who have yet to speak to the bill. They are Valerie Price, Evelyn Shapiro, Esyllt Jones, Linda Clark, Bernard Christophe, Bob Minaker, Peter Olfert, Ben Hanuschak, Albert Cerilli, Carmela Abraham, Annette Hupe, Lucille Barnabe, Elizabeth Smith, Luke Jegues, Vernon Lyss, Kevin Richardson, Pat Charter, George Muswaggon, Ellen Kruger and Edward Hiebert.

If there are any other persons in attendance who wish to speak to the bill, please register with the Chamber Branch personnel at the far end of the room.

Just as a reminder to those presenters wishing to hand out a written copy of their briefs to committee members, that 15 copies are required. If assistance in making photocopies is required, please see the Chamber Banch personnel at the rear of the room or the Clerk Assistant. Just as a reminder, it had been agreed last evening by the committee that a 15-minute time limit be used per presentation, including questions and answers. It was also agreed by the committee that the names of presenters who are called, but are not in attendance, would be dropped to the bottom of the list.

Bill 49–The Regional Health Authorities and Consequential Amendments Act

Mr. Chairperson: There are two people who are identified as out-of-town presenters. One of them, George Muswaggon, I am informed by the Clerk Assistant, was here last night but missed presenting. Is it the will of the committee to have George Muswaggon proceed first under those circumstances? [agreed]

Is Mr. George Muswaggon here? Sir, would you come forward to the microphone at the centre of the table. You may begin your presentation, Mr. Muswaggon.

Mr. George Muswaggon (Manitoba Keewatinowi Okimakanak): Fifteen minutes, eh? Good evening, Mr. Chairman, members. My presentation, because of the time, I am going to skip through some of it and try to get to the point of the presentation to give more time to, maybe if there is any clarification that you may want.

Anyway, I am, of course, George Muswaggon. I am the Grand Chief for Manitoba Keewatinowi Okimakanak. For those of you who do not know, MKO is a provincial territorial organization representing the 26 northernmost First Nations in Manitoba, with the population exceeding 41,000 members. The objectives, of course, are pretty straightforward with respect to representation of the best interests of our membership.

My presentation is on our response, concerns to Bill 49. We have had a number of discussions with the minister. We have had considerable amount of exchanges of correspondence. The concerns are something to the effect–first of all, we understand, from our standpoint, the purpose of the act. The purpose of the act is to transfer the powers of regional health authorities, but at this crucial point in time, with respect to what is happening in transfer at our level, we are somewhat concerned as to how the two will relate to each other.

As you know, Medical Services Branch, as we know it, will cease to exist by 1998. The bands and the First Nations that I represent are at various stages of transfer, and they continue to echo some concerns with respect to what is happening with Bill 49. In principle that is what it is, and I am going to now read the presentation as is.

The purpose of the act is the transfer of powers to regional authorities. At this crucial point of inception, the provinces failed to recognize First Nations as a viable governing authority, with whom agreement may be reached in the administration and delivery of these health services. First Nations have been administering and delivering federally funded health services for some time and have demonstrated a strong ability in achieving the delivery of quality services.

There is concern with the area of the powers that are identified to the minister. The powers of the minister in this bill far exceed those parameters on which a true partnership is based. It is apparent that a partnership as defined by the minister includes only limited collaboration from other sectors of the population with some varied political ideologies, yet this restructuring is to be a partnership in health services. It becomes difficult to visualize an improved health care system in Manitoba from our perspective without a guarantee or an agreement that leaders in First Nations health care will participate and have equal partnership with the minister. A joint effort to formulate a legally binding document between First Nations leadership and the Province of Manitoba to spell out the actual partnership and relationship with respect to health services in northern Manitoba for First Nations is what we seek.

* (1910)

As far as the development of the bill is concerned, although many public meetings and hearings were held in large urban centres to discuss various aspects of the bill, including the development of the regional health authorities, the minister, in efforts to achieve the restructured system, chose not to meet with the First Nations leadership to discuss this matter, however chose

to continue the development through the manner that it took, despite the concerns that were raised. There was an invitation for the Minister of Health (Mr. McCrae) to attend one of our annual meetings, and there we had an exchange where we thought we started some dialogue, but it is in between what has happened in our dialogue that continues to create the most concern.

A good example of that is what is happening with our tribal councils. Despite the discussions, as I said, that we have had and the correspondence, we continue to reiterate our concern with the established parameters which conflict with our member tribal councils. These divisions have one, for example, Swampy Cree Tribal Council having to deal with three regional authorities for their member First Nations. Two of the Swampy Cree Tribal Councils are currently situated in Parkland Health Authority. We are requesting that they be moved into the Norman Regional Health Authority. Mathias Colomb and Black Sturgeon First Nations are currently located in Burntwood Health Authority, and we are requesting that they, as well, be moved into Norman. These moves would certainly remove undue hardship on our affiliate First Nations in this area.

With the Island Lake Tribal Council area, which is a unique situation in terms of service centres, we have now been advised that the council has requested from the honourable Minister of Health (Mr. McCrae) the authority to move out of the Burntwood Authority into the Eastman Health Authority which would allow Island Lake Tribal Council communities to be closer to the service centres which they currently utilize. However, the preference for ILTC is to establish their own health authority which is what they are going to be pursuing. The people of the ILTC area have had services delivered from Winnipeg for a number of years and wish to continue this relationship for many reasons, including accessibility. As well, at our recent meeting, we requested that a seat be set aside in the Winnipeg Health Authority to be designated to ILTC in order to ensure input from northern residents who frequent these service centres.

It is common knowledge that the majority of the population within the Norman and Burntwood region is a First Nation membership which belong to MKO. Ultimately, we are requesting that the remaining vacancies on the authorities be designated to First Nations members.

We are inclined to seek at least a 50 percent ratio of First Nations in both the Norman and Burntwood regional health authorities based on our population statistics, which clearly show that well over 50 percent of the people in the North are of First Nations membership. As with the ILTC, it is our preference to have, to put it in your terms, our own First Nations health authority.

We are aware that a large portion of the expenditures in health care services in Manitoba is on behalf of First Nations. As a result of our relationship with the federal government, funds are transferred to the province for these costs that are incurred. I stated earlier in this presentation, we feel that we have been overlooked in administering our own services from the provincial level. Despite the move in the federal department to expedite the transfer of services to First Nations, we are struggling to achieve a regional health authority for our membership in northern Manitoba. It is quite evident that we have a population and geographic parameters required for such an authority to be developed. We are concerned how this reform will affect our membership unless we have full and meaningful partnership, which means governing our own systems. It is essential that the chiefs of MKO sit as equals in discussions and decision making with respect to our health care services.

We have within our boundary Norway House Indian Hospital, which is currently underutilized. We have been mandated to increase the services and utilization of this facility. Other health services in our area have been unsatisfactory in many aspects that you are aware of. Consequently we want assurance that this forum will not hinder existing First Nation services, rather complement future initiatives. As well, Pinawatchie Personal Care Home in the Norway House Cree Nation provides essential services for many of our elders through the North, which would most definitely be a loss if funding of any extent were to be reduced to this facility.

It is anticipated that we, as First Nations, along with the province, work together to improve health status for our member First Nations. It is our interest to achieve full control of all our services related to health in Manitoba. Only through a full and equal partnership will we achieve such an entity that will reduce the costs to our

current system and ultimately translating a savings to yours. Only through true partnership, a legally binding agreement will we as leaders be successful in advancing the health status of First Nations in Manitoba.

It was in the interest of Manitoba's economy that we were approached by the Health minister in establishing a partnership to reduce the health care costs in Manitoba. We are offering that with respect to what we have presented.

Mr. Chairperson: Thank you very much, Mr. Muswaggon. We have time for some questions.

Mr. Dave Chomiak (Kildonan): Thank you for a detailed and very informative and interesting presentation. We have had representation made to the committee by other presenters yesterday about some of the major problems in the bill respecting First Nations people and, as well, Mr. Lathlin has raised several of these issues in the Legislature, most notably the question of representation on the Norman and the Burntwood regional health authorities as well as the geographic locations of the regions and the non and unnatural way that the regions have been struck up.

My question, though, is for clarification. In terms of using our jargon, in terms of establishing regional health authorities, is it your recommendation in this proposal that there be two regional health–that the ideal solution would be two First Nations health authorities, one in the North and one in the ILTC? Do I understand that correctly?

Mr. Muswaggon: Well, the ILTC, because of where they are in northeastern Manitoba, their preference, of course, is to be on their own. Yes, they are part of Burntwood, but they are on the bottom east side of Burntwood. They have no access or have never really had any use for Thompson and Flin Flon and The Pas, so the idea is to separate them. They are insisting on continuing to use Winnipeg as the service centre. But, for the others, ultimately because of the numbers, ideally our preference would be, in partnership, to have our own health authority because the numbers, I think, qualify for that.

Mr. Chomiak: If I understand the proposal correctly then, that would be the ultimate goal and the preferable goal, but prior to that, given that we have these existing structures, at a minimum, you would suggest that in Burntwood and Norman there would be at least 50 percent of First Nation representation on those regional boards. Is that correct?

Mr. Muswaggon: That is right.

* (1920)

Mr. Chomiak: I am not entirely clear on what the status is of the negotiations between MKO and the Minister of Health (Mr. McCrae). Could you outline for me? There is reference in here to the fact that the Minister of Health approached MKO with respect to reducing health costs, and there is reference to being approached subsequent to the legislation being drafted. Where are you at specifically in terms of discussions with the minister concerning some of these very valid and legitimate concerns that have been overlooked in the act?

Mr. Chairperson: That will be the final question. Mr. Muswaggon.

Mr. Muswaggon: With respect to the transfer of health, the discussions are ongoing, and what we have had to do is take it a step at a time. What we are doing in the area of transfer is taking a program at a time because we know for a fact that by 1998 the Medical Services Branch, as we know it, will cease to exist, so it is going to be almost the same scenario, where it is going to happen, whether we like it or not. So what we are trying to do, likewise with this bill, is because it is a fact, it is here, what we want to do is make the best situation out of it.

Our preference would have been for the bill not to exist; nonetheless, it is here. Hence, we have started the dialogue. We are trying to make the best situation, but, as far as the discussions, they are still ongoing. That is about all I can say at this point because it would take too long because there are too many aspects to it to go into detail, but we can provide that information if it is needed

Mr. Chairperson: Mr. Lathlin, one last question. We are over 15 minutes now.

Mr. Oscar Lathlin (The Pas): Thank you very much, Mr. Chairperson.

Well, I am told to shorten my questions here. What if I ask a three- or four-part question, Mr. Chairperson, would that be all right?

Firstly, I wanted to know, George, if you agree that if the minister is asking for a partnership relationship with the First Nations in terms of health care in the North, do you not agree that, with health cuts the way that they are being implemented in the North in places like The Pas, Flin Flon and Thompson, by the time this partnership is finished or concluded or made, perhaps we would be agreeing to a partnership where on the one hand, we will have entered into a health transfer agreement with the federal government, resources and everything, and yet, on the provincial side, like, for example, in The Pas–I know that we would not be able to build hospitals in every aboriginal community; we would have nursing stations–but in The Pas, for example, the facility there would be reduced quite dramatically. Therefore, our people would be negatively impacted. That is to say, if we send people from Pukatwagan to The Pas, well, there are not going to be any hospital beds there because that hospital will have been reduced down to virtually nothing. That is the first part. Do you not agree that that is what would happen?

Mr. Chairperson: Mr. Muswaggon, maybe you would respond to that.

Mr. Muswaggon: It has been our experience historically that, regardless of what it is, that is often the case because there are two–it seems like there are always two parallel agendas here. Once we get to the end there, we end up with a gutted system. That is why I think we have taken the step to, as I put it previously, make the best situation out of a bad situation because I think it is better to scream from the inside than the outside.

We are not at all particularly happy, nor are we supportive, of the rate and the cuts that are happening in the North. I quite agree with Mr. Lathlin, that what we end up with is not going to be exactly what we desire, but the idea, and hopefully the principle, is that we end up with something and something to build on.

Mr. Chairperson: Thank you very much. Did you have another part or question? This must be absolutely the last one because what I am very concerned about is that we have a long evening ahead of us. We were here till two o'clock this morning, so I do not want to unnecessarily encroach on other people's time, but you have another question. If there is not a point of order, it will be–

Point of Order

Mr. Gerry McAlpine (Sturgeon Creek): On a point of order, Mr. Chairman, at the outset of this committee, we had established that there would be a 15-minute time limit for questions and answers, presentation and then questions and answers, in the interests of allowing everybody, the large number of presenters, to be able to present. I have a great deal of respect for this process, but I am losing my respect for what is being carried on here. This presentation has long exceeded the time allotment that has been given, and I would ask you to respect that decision of the committee and remind all of the members of this committee and everyone who is making a presentation that there is a time limit, in fairness to them and in the fairness to this committee.

Mr. Chairperson: Mr. Chomiak, in response to the point of order.

Mr. Chomiak: On the same point of order, I, too, respect the process, and I suppose that is one of the reasons why my colleagues and I voted against this time limit, but, having said that, I just want to add a couple of points to the member's statements. We are here to try to improve this bill that has been introduced by the government and to hear the public do so. We have not had one single representation from people from northern Manitoba. From the list that appears in front of me, I do not think we have another presenter from northern Manitoba. We have a unique opportunity, with this presenter, to gain a perspective that may not be before this committee on any other occasion. I think, under those particular circumstances, a little discretion and a little leeway–and we did yesterday, and I respect you. You did an excellent job yesterday, but you did allow leeway under circumstances when the situation warranted it.

I think, under this circumstance, I am even prepared to, on some presenters that perhaps do not go 15 minutes, limit my questions in order to allow this individual, the only individual from northern Manitoba, to make a presentation, to have the opportunity to be fully heard by this committee. I think we owe it, not just to this

presenter, but to all northern Manitobans, to hear out fully this discussion and this unique circumstance.

Mr. Chairperson: On the point of order, I would rule that the committee had decided the limits would be up to 15 minutes. That was the majority decision of the committee.

* * *

Mr. Chairperson: So what I would do is invite the committee to decide whether or not they will give leave to this presentation to indulge one more question beyond the time limit, and I would ask the committee to make that decision.

Mr. Jack Penner (Emerson): Mr. Chairman, I respect the representation that was made on behalf of the member making views known on behalf of northern Manitobans, if that is in fact the case, but I also have a great deal of respect of the individual's right to appear and anybody, any individual's right to appear before this committee to make representation regardless of whose behalf it is on and whether the person is from any part of Manitoba is immaterial to me, quite frankly. I think this committee should not make a distinction or attempt to make a distinction based on regional, ethnic or other cultural considerations. This committee is here to hear the debate and the presentation on behalf of all Manitobans equally.

Mr. Chairperson: The issue before the committee is whether or not there will be leave and my understanding is leave has been granted. Is that correct? Do you have a point of order?

Mr. Chomiak: I am not sure on what authority the member for Emerson was speaking, Mr. Chairperson.

Mr. Chairperson: I did not quite understand why he was speaking either and, as a result, I hope we do not get into another debate. He had a comment to make and made the comment. I regret that I gave him the opportunity.

* (1930)

Mr. Penner: Mr. Chairman, I want to make it very clear that I only made the case that this committee sits here to hear all representation equally from all aspects of all the Manitoba community.

Mr. Chairperson: The point had been already made.

Mr. Penner: And so we should not make any distinction based on ethnic–

Mr. Chairperson: I rule that out of order.

Mr. Penner: –or other issues.

Mr. Chairperson: Your point has been made, Mr. Penner.

Mr. Muswaggon, you will now have another question put to you by Mr. Lathlin.

Mr. Lathlin: Thank you very much, Mr. Chairperson. Boy, am I ever grateful for the generosity of my colleagues. Mr. Muswaggon travelled 600 miles to get here while others are a matter of half an hour drive away, some two hours.

My question to Mr. Muswaggon is: In order to be a member of the board of directors of the various regional health authorities, are you aware of the criteria? Secondly, are you aware of the names of the board members who have currently been appointed? I know that there are some vacancies left yet. Thirdly, what responses have you had thus far from the minister in terms of your request to look into the geographical problems that you are having and also the request to have 50 percent of the board be comprised of aboriginal people seeing as how 50 percent of the people in the North are aboriginal people?

Mr. Muswaggon: To get to the point, the answer is no, no and maybe. No to the first two questions. On the latter part of the question with respect to the response, the response I hope is forthcoming. It has not come yet. We have been assured that it will come. The criteria, that is the main and primary reason why we met the minister, is because we understood the criteria basically and virtually eliminated anybody that lives on the reserve, though we do not have the details of the criteria. But those that were involved in the process have informed us of such, and therefore we chose to embark on discussions with the minister. I think those have taken us some ways. We have quite a ways to go yet. Those are the answers to those questions.

Mr. Chairperson: Thank you very much, Mr. Muswaggon, for coming this distance to make your presentation.

I would now like to call on, if it is the will of the committee, there is another out-of-town individual who is Number 20 on the list. Is it the will of the committee to have that last out-of-town presenter make a presentation now?

An Honourable Member: Yes.

Mr. Chomiak: Of course, in this committee, Mr. Chairperson, we recognize that we allow people from out of town to speak prior to individuals who are in town, so we already make a distinction for individuals. I think it is only fair that we would continue to hear individuals from out of town.

Mr. Chairperson: Mr. Chomiak, I think that is probably going to provoke debate, and now we have a response from Mr. McAlpine.

Mr. McAlpine: Yes, Mr. Chairman, just a short comment. I think, so that nobody has any misunderstanding of this process, that you instruct the presenters that they have 15 minutes to make their presentation ahead of time and that that includes presentation and questions. I think it is in the interests of those people who are coming here to present. I think we owe them that privilege.

Mr. Chairperson: Everyone who was here last night was made aware that there was 15 minutes for the all-inclusive presentation. There were some exceptions to that in special circumstances that were allowed. However, it appears that those exceptional circumstances are being treated like a precedent. As a result, please formulate the presentations so that they occupy sufficient time or a limited amount of time to allow questioning at the end as well.

So what I will do is, I will give a three-minute warning towards the end of the presentation if it has not been completed so that you will be alerted that you do have three minutes and then could discontinue at that time to allow questioning.

I would like to call then on the last out-of-town presenter, Mr. Edward Hiebert. You may begin, Mr. Hiebert.

Mr. Edward Hiebert (Private Citizen): There was this big flock ahead of me so I have heard enough about the 15 minutes. I will try and definitely be within that.

First of all, may I begin with expressing my thanks and appreciation that you are willing to hear out-of-town people. It is certainly helpful in my case because I have another engagement with another government body that just would not make it possible for me to stay much longer, so it is much appreciated. I would also like to thank the people here who, because of that, are bumped behind it and the impact that it places on them.

I am here to direct my focus on Bill 49. I would like to begin, though, by a little bit of background. It was only today, through the news media, that I found out that this bill would be considered in committee stage. I say that specifically and draw attention to that fact because I think there are many in rural Manitoba who do not know about this coming up, and I think it impacts the quality of whatever can effectively come out at the end of this stage and, therefore, I draw attention to that.

I want to draw attention to that in two very specific ways. One is this householder that I got some time ago; it is the health news sent out by the government. I have gone through it. I have not responded as far as the specific questionnaire on it, but having gone through it I have not found a single piece on here indicating that, for example, this stage is coming up and that people can avail themselves. To a large extent it is just a good news piece–feel good about what is happening, trust us, let us move on.

I want to bring a point that I think that was money not well spent. It took money away from the health care system and did not give us, especially in rural Manitoba, any real opportunity to really help address it such as, for example, in today's committee stage. I do not think that is adequate and I want to stress that in another particular way. My focus for myself, personally, is on Bill 67 that is coming on.

Mr. Chairperson: That is not the subject matter of debate, so please do not get into it.

Mr. Hiebert: I already said before, my focus today is on Bill 49, and in that process leading up to it and hearing all the news reports, I am simply astounded as to a commonality of theme that is developing and, for that

reason, I want to share portions from two different letters. One is from Gary Filmon to myself indicating that another minister and his department will be responding to my questions, so the answer that Mr. Findlay is giving to me, I take it, has been clearly run before the Premier, and he is quite aware of the situation. One paragraph within his letter to me on February 21 indicates: Contrary to some reports, no decisions have been made or will be made about the privatization of MTS without public discussion. The fact that the Premier made a public announcement shows that the government intends to deal with the future of MTS in a very public way.

So much for that part. I have no intention of going any further other than to say in a general theme–

Mr. Chairperson: I would really appreciate your focusing your attention on the bill at hand.

Mr. Hiebert: Now moving to the bill at hand, in a general manner, I think the three large components that really struck me in the face is that on the one hand, there is much talk within this to move health care to regional authorities. I think that is to be commended in many ways. There is the talk of making it consumer driven. That is item No. 1, but I stressed in my preface it seems to be the talk.

The real teeth or the action or the walk then becomes that it seems that the focus will actually give the government, through the ministerial powers, much more power than they had before. So the talk is here, the walk is there. Then the reason I brought forward these two other items is that I do not think that public discussion, as the government knew in passing this out–it was, I hope, an honest attempt to pass out more information to the public so that we would become more aware, however, not to give them the opportunity to enter into the discussion and to be consulted. Certainly, by them not knowing and myself one of them–and I do think I listen to the media a lot; I pick it up. I had not heard of this before.

In each of these cases, I must say with dismay that I find that this government, for whatever reason, is not exercising enough of what I believe is true democracy in allowing the public participation in very valid and significant ways and that even though–and I say this with heartfelt thanks. I much appreciate that this committee has taken these extra steps to bump me ahead of that, but I think there are also many, many other Manitobans who have not been given this opportunity because they simply are not aware. I, as one, simply stand before you to say that I was one of those who did not, and I do not think that the dissemination of the information is satisfactory. Just take this leaflet again. There is absolutely no mention of it. You have taken the extra public expense to do so, and yet you do not tell us.

My bottom line for what I am talking about or asking here is, I do think that this bill should not be speeded along in the current process, but I do think and ask that you consider the possibility of opening it up for public discussion. We have had a much better Constitution because it was required, the debate, et cetera. I think we are shortchanging ourselves by, in a sense, moving this through as quickly as it is without proper public consultation. I think that is the extent to which my presentation is then for today.

* (1940)

Mr. Chomiak: Thank you for the presentation, Mr. Hiebert. I thank you for coming forward and providing us with some input. I should just inform you that yesterday, over the 23-odd presenters, the theme that you espoused today was heard over and over again, particularly from people from outside of Winnipeg, not having any knowledge of Bill 49, not having any knowledge of the process, and I do not think you need to feel isolated. In fact, I think most rural Manitobans have been totally isolated with respect to this bill.

I should also inform you, we attempted to convince the government yesterday to take this process of hearings out to rural Manitoba and to meet in the districts, but, unfortunately, it was voted down.

You made the point very clear, but do you not agree there would be merit–if the bill is as valid and if this bill is as good as the government says it is, do you not think there is merit to the government taking this bill out to rural Manitoba, giving rural Manitobans an opportunity to discuss it and perhaps improve the bill like we have the opportunity here? Do you not think that that would be a productive step in this process?

Mr. Hiebert: I believe you have stated that more eloquently than I can. Yes, I absolutely agree on both

counts as far as the opportunity to enrich the bill by the exposure from rural Manitobans, as well as the fact of simply just taking a little more time. I think it would be worthwhile. Just to, again, draw in contrast, even though this government at the highest levels has informed me that before they will make a sale on MTS there will be public consultation and discussion. There is absolutely none. I still, as of now, know nothing about it. That is exactly the point what I am talking over here. There is a lot of good posturing and talk, but I would truly invite you that if the bill, as just mentioned, is as good as it is, you not only have nothing to fear, you have much to gain because you end up getting the co-operation and we are moving along as a team.

I truly think that we should move forward as a team and ask that this committee very seriously recommend to government that we take extra time to have it brought before public consultation, true public consultation. I might just add, when I brought some of these thoughts to Mr. Greenberg, the special secretary, or to Mr. Filmon, and I indicated to him that I did not think that this committee stage was adequate public discussion, he had the gall or the audacity to tell me: But we are the best ones in all of Manitoba. By gosh, if this is the best, I just cannot fathom how good our democracy is in Canada. I think we need better than this. The times of the '90s are there, and I truly ask you, as we have been through other committees before, please.

Mr. Chairperson: Thank you for your submission. I would now like to call on the next, Valerie Price.

Mr. Penner: Just one small comment for Mr. Hiebert. We have changed the legislative process somewhat significantly over what used to be the common practice in introducing and dealing with legislation in the House. We have now attempted to bring forward all legislation during what is called the spring session and introduce it into the House and leave it out before the public for public debate and consideration, all the legislation, and this bill was included in that package which was introduced in the spring of the year. Anybody could apprise themselves of the legislation that was before the House and give consideration to it and discuss it very openly. That was done specifically to allow members of the general public greater degree of access to the legislation that would be considered in the fall of the year and then for them to be prepared to come before these committees and debate and make recommendations on those bills.

That is a great departure from the kind of process that the previous government took to bills, where bills were passed into committee and the same evening debated and considered in committee and went through clause by clause very often, and it was all done within a day or two. Nobody had any real preparation or to give consideration of these bills. So there is a tremendous amount of time now allowed, and I would think that people like yourself –and I know you are well informed, Mr. Hiebert. In my previous lifetime you and I had a lot of dealings and you know the issue. You know what is before the House normally. I would think that you might have apprised yourself of the right to consider and look at this bill and make consideration of it and study it, because we had all summer to do it.

Mr. Hiebert: I thank you for that detail. I was not aware of that detail, but I think that step is–I want to commend the government for taking that step. I think it is a beautiful exercise in more public disclosure, the kind of thing that I am asking for. I will also plead ignorance that I was not aware, and the government's information itself did not even alert me to the fact. We should not trust the public media to necessarily tell us all what is in our best interest because they do not bring forward all of the information that is of interest to us. So I thank you for those steps. I think it is a positive step, but at the same time I cannot be culpable for not knowing if I did not have access. That, I think, is part of the weakness in your good intention that I heard. So thank you.

Mr. Chairperson: Thank you, Mr. Hiebert. Valerie Price, please. Is Valerie Price not here? Valerie Price's name will go down to the bottom of the list. Evelyn Shapiro.

Ms. Evelyn Shapiro (Private Citizen): I am here to speak to you today as a private person, a senior, a health services researcher and as someone with many years of experience in the field of health care policy, organization and delivery.

I am here to say that Bill 49, as it now reads, has such serious shortcomings that it needs rethinking and an overhaul rather than a tinkering with a few amendments. However, because of the short notice to appear and

because of the short time limit imposed by the government, which I really worry about because it is a very serious topic, I will deal briefly with only a few aspects of the proposed legislation, but this should not be construed to imply that the parts of the legislation to which I do not refer are acceptable.

First, associations. Why is this province, along with other provinces, so intent on regionalization, an untested and unevaluated change in governance of health care? Surely, not to improve the health and health care delivered to the population, because the province could do that itself if it wanted to. In fact it has the information required to achieve these goals and to achieve them with less money than it is now spending. The main reason for regionalization is to get out as far away as possible of the flack as funding for health care services is cut by passing the buck to regional authorities.

Manitoba, however, has one advantage in having delayed jumping on the bandwagon of regionalization. Although there is still no firm evidence that regionalization does anything to improve health or health care, there is evidence that reorganization is experiencing problems. Our government should find out why B.C. and now, I hear, Nova Scotia have decided to pause and reflect before they proceed any further with regionalizations. If regionalization is not working out quite as they anticipated, our government, on its own and our citizens' behalf, should at least seek to find out what the problems are and how they can best be addressed before proceeding with the current legislation.

Another serious problem with the section on associations is that it provides no assurance of province-wide equity. Note, for example, that Article 23(2)(iii) mentions reasonable access, but omits any mention of equitable access. Also Bill 49 makes frequent references to charging fees, a point to which I will refer later, but fails to mention province-wide equitable policies in regard to charges. This means that where you live may not only determine what you get, but the basis on which you get it. This is simply not acceptable.

There are other potential pitfalls on regionalization as spelt out in this legislation, but time constraints allow me to make only one other point. I know it is easier from a political perspective to make changes in regulations than to amend a bill because a change in regulations is not subject to the same public scrutiny as legislation. However, it is just because the passage of legislation or legislative amendments is more transparent than a change in regulations that the use of regulations diminishes and can even jeopardize the public right to know, a particularly precious right in regard to issues affecting health and health care policy.

* (1950)

Now to the legislation. Note that Bill 49 makes no mention of adhering to the provisions of the Canada Health Act. This omission is particularly noteworthy and worrying because this is a government which has already sanctioned the operation of private clinics, a move which contravenes the provisions of the Canada Health Act. There is compelling research evidence that permitting private clinics increases the cost of health care, both total dollars and proportion of our GDP spent on health care, reduces the public's purchasing power for other goods and services, transfers the burden of paying the extra cost from government to individuals and the really most important aspect, it reduces the government's ability to control costs, one of the most valuable assets of a single-payer system.

Research here also shows that private clinics in Manitoba disadvantage residents in some parts of the province, particularly some rural areas, I may add, in regard to accessing publicly funded care. Unless this omission of any mention in Bill 49 of the province's commitment to the provision of the Canada Health Act was an unintentional oversight which the government is anxious to correct, this omission must be perceived as one which does not bode well for Manitobans.

Also note the frequent mention of fee charges, Article 25(a), 54, 59(h) and (i) and 21(2) on page 58. Add to these Article 26, which uses the term "prescribed health services," and we are back to the Treasury Board document on home care leaked to the public last spring This document referred to "core services" and two categories of "noncore services." When questioned about the meaning of these terms at a public meeting last spring, the Minister of Health (Mr. McCrae) stated publicly and unequivocally that all home care services now assessed as needed would continue to be provided on the same basis as before, regardless of the implications of the words in this document.

However, we are now beginning to suspect that the minister misled us because we are witnessing the use of different words to convey the same meaning. So what are the prescribed or core services? What are nonprescribed or noncore services? If health services are not necessary and therefore are noncore, why should anyone receive them even if they can pay for them? Surely the public, and especially Manitoba seniors, have a right to have a clear definition of core and noncore or prescribed and nonprescribed in the legislation.

Further, why does Article 33 state that the Minister of Health "may" provide funding, instead of "shall" provide funding? Are the regions supposed to start having bake sales to fund health care services which meet the needs of its inhabitants? Or are they to charge fees when again, as in the case of private clinics, there are compelling economic advantages, especially in a have-not province like Manitoba to maintain a one-tier and a public-payer system. I noticed the Health Minister left, which is fascinating to me. I am the only person so far spoken that really has a health care policy and knowledge.

Finally, impact. The intent of Bill 49 is not simply to legitimize regional association. It is designed to pave the way to cut health care budgets. This means that their friends, whom they appoint to the regional boards, many of whom have little if any experience and more importantly little knowledge about the total aspects of all health care, will be in charge of coping with budget cuts.

Under pressure to cut costs without embarrassing the government which appointed them, these boards, without the necessary experience and knowledge to guide them, will likely be unable to resist the temptation to retain the institutional and, incidentally, overexpensive resources they now have and elect instead to levy new charges or to increase charges for services whose primary users are the elderly, the majority of whom have already been squeezed financially by the substantial cuts to Pharmacare and other provincial and federal initiatives currently pauperizing low- and middle-income elders.

Rather than taking the high road, as some other provinces did, and dealing directly with the large range of low occupancy rural hospitals, the government is banking on its political friends, who are not answerable to anyone, to make decisions while it alone has the information necessary to take appropriate action. The impact is likely to be hardest on the population which has the most to lose both from a health and from a financial perspective, basically the elderly and the poor.

Now, the commissioner. I am actually tempted to call this not the commissioner but the commissar. Finally, a few words about the role of the commissioner of legislation. By making the commissioner a laboured czar, by removing classes of workers, namely various types of health care workers from the jurisdiction of the Manitoba Labour Board and by other provisions in this part of the legislation, the government demonstrates a flagrant disregard for the rights of workers and their unions. But it also shows contempt for the boards they appoint by not trusting them to negotiate fair terms of work with their workers.

This part of the legislation, however, goes further. It demonstrates an appetite for privatizing as much of the health care system as possible, without any evidence either that it is a good idea or that the public finds it desirable. Even in the U.S., which is a strongly individualistic society, elders vote consistently in polls and say they want to have the government take charge of those things.

Finally, this section also indicates that the government wants to place the burden of cutting costs not only on the elderly and the poor, but also squarely on the shoulder of health care workers by lowering their wages without permitting them to take organized action if they want to on their own behalf.

Taken as a whole, Bill 49 has far-reaching implications. I do not think it is an exaggeration to point out that it jeopardizes the values which underpin the institutions which we have built over the last half century, institutions in which we have justifiable pride and which distinguish us as a civilized province and a civilized country.

In summary, some of the provisions of this legislation are unacceptable in their present form and need to be changed. Other provisions, equally unacceptable but also unprecedented and simply draconian, need to be discarded. Finally, Bill 49, as I indicated right from the start, needs a thorough rethinking and a major overhaul. Manitobans surely deserve better from their government than the current contents of Bill 49.

Mr. Tim Sale (Crescentwood): The committee is indebted to Dr. Shapiro for a really fine presentation.

Dr. Shapiro, the minister has indicated his intent to put into the bill the principles of the Canada Health Act. It strikes me from your presentation that that will just heighten the contrast between the words of the Canada Health Act and the effect of the regional health act, Bill 49. It does not seem to me that putting it in changes much of what you have said.

Ms. Shapiro: It certainly indicates that they are prepared to look again at the whole business of private clinics because, as I indicated, it is certainly disadvantaging some of the people who actually represent constituents out there, and that is clear. I think it certainly should be enshrined. I think there is no question that even though there are other parts of the act that have to be changed, that that is something that should absolutely be going in, no question in my mind about that.

Mr. Chomiak: Again, I also thank you for an excellent presentation. Just returning to the issue, while we welcome the minister's conversion, and he has indicated in this committee and in the Legislature that he will be putting the principles into this act, I am not certain, despite your comments–I mean, I think we would support the inclusion of the provisions, but those words themselves will not make a difference in terms of actual practice in this province.

I think you hit on it when you talked about core and noncore services and those services that are included, in fact, under the Canada Health Act and those that are not, and certainly home care is the kind of an example of a service that may be privatized because it is not included in the Canada Health Act.

Ms. Shapiro: It is not only a question of privatization. It is also a question of how you work it. The real question is you still have to clarify that altogether. I mean, there is no question that the Canada Health Act primarily relates to hospital and medical services, but that has to be in there anyway. There are certainly moves afoot to broaden the Canada Health Act, and that I hope will also proceed on another level, but the thing is it does not take away the idea that it has really got to be in there

I think that what you really then have to do is add those pieces and specify very clearly what you regard as prescriptive and nonprescriptive or whatever they are called, because to my view if we in Manitoba, a have-not province, lose the capacity to control costs by fee charges and by all kinds of stuff and developing a two- and three-tiered system, we are going to be in deep financial trouble.

Mr. Chairperson: Three minutes left.

Mr. Chomiak: I think that is a very valid point. I wonder if you might expand on that in the last few minutes, just so that all members of the committee understand the implications of the moving to the private model and the two-tiered system.

Ms. Shapiro: Well, first of all, the difference between a single payer and a two-tier system from a government perspective, now–from a citizen's perspective, it is pretty clear what the problem is. From a government's perspective, it loses the capacity to control costs. Since the private clinics have started operating, there is surgery going on which you would not believe, and it is costing, as I said, in certain areas of the province a lot of money to certain people, not necessarily those who have it either, but the fact is that in a sense the government has lost control over controlling the cost of health care, and that is a really important theme when you are talking about a social program.

* (2000)

I think most people, even including MLAs, do not understand that. From the individual's perspective, it just passes the cost on to the individual, and the fact is, because the elderly are the primary users of health care, if you keep taxing and taxing them, I do not mean with taxes but with all kinds of Pharmacare reductions and so on including all these other fee charges, they have no money to spend on other things, and we are supposed to be developing an economy where you want to sell your goods and services. They keep talking about consumer buying power. Well, you are reducing that power to practically zero by really adding charges and charges and charges. That is really what I am talking about, from the individual perspective.

By the way, when I talk about middle-income seniors, I am not talking about seniors in the middle income in relation to a working man's middle income, an average wage in Canada. I am talking about a much, much lower standard in relation to middle-income elderly, and so we are starting at a lower level altogether. That has to be understood.

Mr. Chairperson: Thank you very much for that presentation and within time limits.

The next presenter is Esyllt Jones. I hope I pronounced the first name right.

Floor Comment: Esyllt cannot be here tonight because she is actually involved in a debate, a debate she had hoped to have been with members of the Conservative caucus, but–

Mr. Chairperson: Your name then, please, Madam.

Ms. Shirley Lord (Choices): My name is Shirley Lord, and I am representing Choices: A Coalition for Social Justice.

Mr. Chairperson: Okay, you may proceed.

Ms. Lord: Choices is a coalition of individuals, the members of which share a commitment to social and economic equality for Manitobans. For each of the last six years, Choices has prepared a comprehensive alternative provincial budget. Our budgets emphasize ways to alleviate Manitoba's chronic and increasing poverty, assist communities to create jobs and to improve health and education services, daycare and other social programs. We have consistently demonstrated that there are humane ways to deal with the government's fiscal challenges and that social programs can be maintained, even strengthened, while balancing the budget.

What will a regionalized health care delivery system look like under Bill 49, The Regional Health Authorities Act? One of the difficulties of responding to this legislation is that so much remains unknown and so much depends upon how the act is implemented. Many aspects of a regionalized system will be controlled by regulation, and the public does not have access to the regulations yet. How will key players in the system respond to regulation? Will there be a continuing struggle for shrinking resources, and will this prevent progressive change from occurring? Will regional boards serve merely as another layer of bureaucracy? Will the community be able to play a viable role in determining the future of health services in their area, and will medicare as we know it be maintained?

Bill 49 is just one of the 75 or so bills currently being rushed through this Legislature and should be considered within the broader context of this legislative package, potentially a progressive strategy for integration and decentralization. Choices fears that regionalization may simply be a way to further this government's health care agenda, an agenda involving cuts to health care, loss of jobs, an alarming crisis in hospitals across the province and offloading caregiving to families, particularly women. Our concern that the intent of Bill 49 is to streamline the government's path to reduce public health care and make room for the market is legitimate given how regionalization begins: $100 million in cuts to rural health care and $40 million cuts in Winnipeg in addition to $53 million cut from hospital budgets in the last provincial budget. These cuts will add up to 11 percent of the total health care budget.

Choices also has reason to be concerned about the government's intent within the context of the government's social policy record. We believe that the sustainability of our health, and ultimately of a quality health care system, depends upon addressing the root causes of ill health. What are the major causes? Poverty and lack of education. What is the government doing about them? Cutting social assistance rates, undermining equity in public education and weakening collective bargaining rights for workers. This direction is nothing new, of course, and has been the government's consistent method of governing for the past eight years. To witness the outcome of failed health and social policy, one need only visit the emergency rooms of the Health Sciences Centre or St. Boniface Hospital where those in need and with nowhere left to turn go after their lives and health are broken.

There are some specific problems with Bill 49 that Choices would like to see addressed.

1. Preserving medicare. The bill avoids referring to insured health care services, to which every Manitoban is legally entitled under the Canada Health Act. There are

no clear standards for health care delivery in the act. The minister will determine the standards through regulation. The bill makes several references to user fees. It allows regional health authorities to enter into agreements with individuals or groups, to provide health care services under Section 31 and to contract with individuals to provide care, in Part I of the definitions. All of these aspects of Bill 49 represent a threat to health care.

Choices supports the Medicare Alert Coalition in calling for the five principles of medicare, as defined in the Canada Health Act, to be enshrined in Bill 49. All aspects of Bill 49 must be consistent with the Canada Health Act. These five principles have guaranteed accessible health care without financial barriers. The principle of public administration has kept our system affordable through the efficiency of the single payer and by keeping profit-making out of health care. If anything, the government should be looking at enhancing the overall affordability of health services by broadening the scope of publicly administered care, particularly to provide for improved preventative primary care and community-based services.

2. A broader vision for health services. Bill 49 amends, among several other pieces of legislation, The District Health And Social Services Act. One of the goals of that act was to more fully integrate health and social services in line with an awareness of the relationship between health and social economic status. Although never fully implemented, The District Health and Social Services Act outlines the framework for health and social services to be delivered in concert. That act lists a broad range of health and social services which a district system could provide. For example, public health services were specifically outlined, "including, without limiting the generality of public health services, public health nursing and public health inspection, environmental health, school health, maternal and child health, family planning, health education, occupational and industrial health, accident prevention, poison control, rehabilitation, continuing care services, communicable diseases control and epidemiology."

Bill 49 does not list public health services. In amending The District Health and Social Services Act, Bill 49 appears to move away from the crucial interdependence between health and social services. Section 79(2) of Bill 49 states that social services in The District Health and Social Services Act will now have the same meaning as under Bill 49. The problem is social services are not listed or defined in Bill 49. Is this an oversight?

Choices would like to ask the government to clarify its intent with regard to the provision of social services, and to ask whether there is a commitment to the importance of many services such as family counselling or substance abuse programs, which are not generally considered health care but are integral to health status. A commitment to social services should be clear in Bill 49. Regional health authorities must also be encouraged to take a broadly based community development approach to the health and social needs of the population.

* (2010)

3. Democratic health care. Bill 49 needs greater democracy. Fiscal conservatism is leading to a narrower range of health care services and social programs provided by the government. A shift is happening, which places increased responsibility and a greater burden for care giving among friends, spouses, family members and communities. The transformation of paid care-giving work into unpaid, predominantly female labour eases the government's deficit but costs society considerably. The community gains responsibility but without power, no power to find needed resources, to influence the system, or to effect change in health care delivery in the long run. Bill 49 is a clear example of the government offloading responsibility with no real sharing of power.

The members of regional health boards have been appointed by the government, and these appointed members will stay in place until the Health minister decides otherwise. They will not be elected in the foreseeable future, if any. The chairperson of the regional health authority board is appointed by the Health minister, not elected by her or his peers, as is standard practice. Health care workers will have union representation, collective agreements, seniority and other crucial issues determined by a commissioner, again, appointed by the Health minister. Funding will be set by the Health minister, and regional board budgets will be approved by the minister. There is no provision for a public decision-making process in Bill 49

4. Fair treatment of health care workers Part 6 of Bill 49, which deals with labour relations in the health care

sector, should be removed. Contrary to existing labour law in Manitoba, this section of the act allows for a political appointee to determine union representation, to alter collective agreements, change the scope of union bargaining units and determine seniority among other powers. The decisions of the commissioner will be implemented through Order-in-Council, and regulations can also arbitrarily impose councils of trade unions. The regulations affecting employees and their unions will supersede legal protection now afforded under The Labour Relations Act. Not only is this section authoritarian and undemocratic, it is also redundant. The Manitoba Labour Board, a body with both union and employer representation, has the power to resolve labour relations issues, including those raised by regionalization and has served effectively in the past.

In conclusion, I would like to thank the committee for its attention to our concerns. Choices strongly believes that regionalization policy must strengthen medicare, provide services rooted more deeply in the needs of our communities and institute truly progressive health care. Regionalization should operate from a community development perspective which addresses the underlying social economic causes of ill health. Bill 49 must not be allowed to further the emergence of for-profit health care nor to de-insure health services. Neither should regionalization be used as a venue to restrict and punish health care unions. Bill 49, therefore, needs considerable improvement, and the government needs to make a commitment to implementing regionalization in a way that will respect the concerns of the public. Thank you.

Mr. Chairperson: Thank you very much. There will be up to three minutes left for questions.

Mr. Sale: Mr. Chairperson, I thank Choices for this comprehensive brief. One issue which the brief does not touch on is the apparently dismal future of community clinics. The current bill, as it reads now, appears to remove all authority from the boards of directors of all health care institutions, whether they be faith based or not faith based or community clinics.

The labour movement has one community clinic I know of, and there are, I think, something like 13 others in Manitoba. Do you have any comments about the appropriateness of removing the existing community governance from those clinics?

Ms. Lord: Well, I guess, this presentation does not address it. In our discussions, we have had serious concerns, particularly with this bill and shrinking resources. This is just going to further institutionalize institutional care and with the competing interests in the community. I think it is going to have a really devastating effect on existing community health care, but, in terms of any real move towards community-based health care, it is going to be almost impossible to move to.

Mr. Sale: Could you comment on your view of user fees which occur a lot of times in the act, in its proposed form? Obviously, our system is now shot through with user fees, including fees in the Pharmacare, home care, residential care, personal care homes, and it seems like with this act there would be more user fees. What is your view of user fees?

Ms. Lord: Well, I guess what we have seen is governments at all levels privatizing what I call the cash registers; any sort of resources that come in, they want to turn those over to their friends in the corporate section. Of course, that is going to–while they do this "we are not raising taxes," user fees, of course, are really regressive taxes in terms of a delivery of any kind of what we believe to be fundamentally important public service.

Mr. Sale: Mr. Chairperson, the Canada Health Act makes user fees illegal for services defined under the Canada Health Act. The problem that you and others have pointed out is that many services that are medically necessary today were not even thought of when the Canada Health Act list of services, which dates from 1977-78, came into place. How do you see remedying this issue so that the principles of medicare which, we all agree, should be part of the act, actually have some effect? Currently they have no effect on services that were not in place in 1977-78.

Mr. Chairperson: Ms. Lord, just a short answer.

Ms. Lord: Well, we are involved in trying to broaden that base of insured services under the Canada Health Act, and part of the work we do in terms of the budgets we develop is talk and address those issues at all levels of government where they have the power to make those decisions, but there would be nothing from keeping this government from listing or enshrining the provisions of

the Canada Health Act and, if they were committed, increasing the list of insured services.

Mr. Chairperson: Thank you very much for that presentation.

Would Linda Clark please come forward? Hello, you may begin your presentation.

Ms. Linda Clark (Private Citizen): I thank you very much for hearing me, and I am telling you right now I am very nervous, but, as a private citizen, I would like to know how you can justify even more cutbacks to the health care system.

Your policies have already resulted in hospital staff cutbacks leading to increased stress and burnout as well as closure of wards that, in turn, result in longer waiting times for treatment. These cutbacks, coupled with the recent decision to cut hours of operation of several emergency rooms, have already resulted in a decline in the quality of treatment and service and, in all probability, at least in my opinion, to unnecessary loss of life. An example of this is a deceased tenant of mine. He went to emergency at Misericordia Hospital three times in the space of four days, the third time by ambulance, and was sent home each time with multiple prescriptions. After being sent home the third day, his daughter took him to St. Boniface emergency where he was immediately admitted. He was fitted with a pacemaker the next day, but died of cancer three weeks later.

It is my opinion that the staff of Misericordia do not suffer so much from incompetence as overwork resulting from understaffing. As a result of the changes due to the policies of your government, I believe hospital staff at Misericordia, and all our hospitals for that matter, cannot possibly fulfill their duties with the care and competence I am sure they would like to.

You have also butchered the Pharmacare program beyond recognition and usefulness. Recent cutbacks to this program have resulted in many Manitobans doing without necessary medication. Social assistant recipients now must pay for over-the-counter medication so that the children of these families will now probably do without the likes of aspirin, cough syrup and flu medication. The working poor, perhaps even more so, are also affected as they now pay more out of their pocket due to increased deductibles, direct taxation. This has resulted in many simply doing without necessary medication

* (2020)

Do you not realize that, as well as increasing suffering of small children, these changes will result in a less productive workforce? People will miss time due to illness. Your government's policies, for example, Filmon Fridays leading to wage rollbacks, job losses, cutbacks to welfare benefits, coupled with recent changes to the health care system, have already resulted in untold misery to the most vulnerable of our society, the sick and poor, working and nonworking alike.

It would seem that you are not finished yet. Now you are hinting at major changes to the very basics of universal health care. Cutbacks that will no doubt cut to the very core of this system. The philosophy underpinning the concept of universal health care is part of what makes us Canadian. We are not Americans. We do not want an American-style, market-driven health care system where the rich get rich treatment, the very poor get very poor treatment and everybody else gets nothing, no treatment. Why does your government continue to extend huge tax concessions to big business, huge salary increases to government members while an increasing tax burden is being shouldered by low- and middle-income earners to pay for fewer and fewer services? More specifically, why have the revenues from VLTs not been allocated to health care as promised? I say you should all be very ashamed.

Mr. Chairperson: Thank you. There is a question for you, Madam.

Mr. Ben Sveinson (La Verendrye): Just one question. It seems that the thrust of your presentation is all the different cutbacks, and you mention different areas of the health care system and medicare and so on. Are you aware that in 1995 the health care budget was increased by some $60 million over 1994?

Ms. Clark: No, I was not aware of that.

Mr. Sveinson: That is a fact. Thank you.

Mr. Chomiak: Yes, along the same lines of questions. Are you aware that 1995 was an election year?

Ms. Clark: Of course. Yes.

Point of Order

Mr. McAlpine: On a point of order, Mr. Chairman. I think, in due respect to this process that anybody who comes here to make a presentation–and I know that after watching members across the way last night, the member for Kildonan (Mr. Chomiak), the member for The Pas (Mr. Lathlin), and other members from the committee over there, applaud the presentations as they are made. This is a very serious issue, and I would ask that you caution the members that they be allowed without disrupting the committee in terms of the presentations that are being made. That is not part of this process.

Mr. Chomiak: Mr. Chairperson, I do not know what authority–I do not know what point of order the member was referring to. I do not think that the member is referring–he did not cite any citation with respect to this point of order. Perhaps the members who have just suggested we not disrupt the committee would allow me to speak my words. In fact, it is like the kettle calling the pot black. But I continue, there is no point of order cited by the member in fact for the Chairperson, I think, to deal with, and I suggest we go on with allowing us to question the questioner and the citizens who are here to hear and to offer us their advice as to how to improve this bill.

Mr. Chairperson: I rule there is no point of order. However, as a caution, this is going to be a long evening and members of the committee are tired, and I would hope that everyone will conduct themselves in an understanding and civilized way throughout the rest of the evening.

* * *

Mr. Penner: Madam, in the last paragraph of your presentation you identify huge tax concessions to big business. Could you name them, please?

Ms. Clark: Not offhand.

Mr. Penner: You also indicate that there have been huge salary increases to government members. Could you tell me what my salary was when I started in government in 1988, and could you tell me what it is today?

Ms. Clark: No, I cannot tell you what it was, nor can I tell you what it is, but I am sure it is much more than you are worth.

Mr. Chairperson: Thank you very much for your presentation.

Mr. Bernard Christophe. Welcome.

Mr. Bernard Christophe (United Food and Commercial Workers Union, Local 832): Please note the Tory blue cover, and I have my blue suit on tonight, but that is as far as I will go in regard to the conversion. I have to tell you that.

Mr. Chairperson: You have always been known to put your best foot forward. You may begin, Mr. Christophe.

Mr. Christophe: Thank you, Mr. Chairman. The United Food and Commercial Workers Union, Local No. 832, represents some 14,000 members in Manitoba in a variety of industries, including approximately 3,000 members in the health care industry in locations listed in our Appendix A.

Our organization has represented working men and women in the province of Manitoba since 1938. We are the largest private sector union in Manitoba and the second largest union. Our local union belonged to the United Food and Commercial Workers Union, which has 180,000 members in Canada and 1,400,000 in both the U.S. and Canada. As their president, I have been in that position for the last 37 years. My position is an elected one, and I have been re-elected as president by the membership since 1963. I am also the president of the Canadian Council and international vice-president, and I have been involved in hundreds of bargaining sessions to negotiate or renegotiate collective bargaining agreements. I have also been involved in unionizing the unorganized and serving the membership in various other aspects of the duties of the president of the local unions. The reason I have given you my resume is because of my presentation on Part 6.

We are here to make a presentation on Bill 49, The Regional Health Authorities and Consequential Amendments Act. Our presentation involves only Part 6, Transitional Provisions Respecting Employees. Although we do not comment on other parts of Bill 49,

we do not necessarily agree with many of its contents–and our concern about the preservation of medicare in the province of Manitoba and job security of working men and women who work in health care institutions in Manitoba. Our union is not opposed to improvements in medicare delivery in Manitoba or savings being made which are necessitated by the federal government reduction in transfer payments.

Our view, however, is that the government should have negotiated with the health care providers a procedure for restructuring of delivering health care in Manitoba as has been accomplished in Saskatchewan and British Columbia as opposed to the confrontational model set by the Province of Alberta and the Province of Ontario. This provincial government has, however, decided to utilize its majority in this House, which was elected by the minority of the electorate, to propose Bill 49 and specifically Part 6 to give, in our opinion, dictatorial power, if not absolute power, to a commissioner appointed by the government to decide on many labour relations issues in a totally undemocratic way. This seems to be running counterclockwise to this government's claimed intention to make unions more democratic and accountable to their membership as they propose under Bill 26.

We are not the only ones to oppose many parts of this bill and Part 6, in particular. In a draft prepared by the Manitoba Health Organizations which made a presentation, as you know, here yesterday and which represents the management of many health care organizations in the province of Manitoba, they indicated in one of their drafts–and I am not so sure whether it is the one they gave to you or not, but I think they will agree that this draft existed–MHO and its membership find the whole of Part 6 to be undemocratic and abhorrent, and we strongly recommend that the government reject this section in its entirety and replace it with a more balanced or participatory process.

They further state that they believe that the avoidance of confrontation and long-term animosity will be well worth the investment of time and personnel. The best labour relations outcomes can only result from a balancing of interests and full participation of all interested parties.

This is a surprising statement from a management organization, which statement we wholeheartedly support. Specifically, we wish to deal with the following portion of Part 6, and I have referred to this section and made comments on the right-hand side.

* (2030)

In regard to the term of appointment, we are opposed to the appointment of a commissioner in principle and in practice. We are also opposed to the fact that there is no specific length of the term defined–which I realize the minister indicated yesterday he is prepared to define–which may mean that the commissioner may be appointed for five years, 10 years, or even longer.

In regard to proposed Section 65(1), we are opposed that a single person is deciding on whether a bargaining unit is appropriate or not appropriate. This is presently the jurisdiction of the Manitoba Labour Board which has labour and management representatives, as well as an impartial chairperson appointed by the government, and is better suited to deal with such issues. The commissioner has unilateral power to decide which union shall represent employees, even if the employees are opposed to belonging to another trade union.

I think you heard yesterday some of our members, which by the way were not selected by me but volunteered to come and speak, who, for example, wanted to stay with this trade union. This removes the democratic rights of working men and women to join a trade union of their choice and deny them, in our opinion, their freedom of association. In fact, an almost identical section has been successfully challenged in the courts in British Columbia. Although one of the intents of Part 6 of Bill 49 is to facilitate and smooth out any jurisdictional disputes between unions, it will not prevent such disputes because most unions are affiliated with the Canadian Labour Congress. The constitution of the CLC prohibits one union from taking over the membership of another union, and we call it raiding. The passage of this legislation, therefore, will not prevent disputes from occurring but will at the outset force employees against their will to belong to a union to which they do not wish to belong

It would be the same as an analogy that if the voters in Tuxedo were forced to join the Conservative Party and pay dues to that party or the New Democratic Party–or that is stretching a bit, you have to admit, in Tuxedo for

that matter–even though they do not support either of these parties, for example.

If Part 6 is implemented, at the first opportunity, I submit to you, members of the union will return to the union which they originally belonged to. It appears to be a short-term solution for long-term problems. No individual person should have the opportunity to break up existing certification or merge certifications, but instead the Manitoba Labour Board should deal with any issue of merging, which it is properly constituted to handle.

In regard to Section 65(3), we say this: If Part 6 were not bad enough, this section appears to give the right to the commissioner to unilaterally change any decision he previously made, therefore giving the unilateral right to one person to decide or change his mind at any time in the future depending on the situation of the day. Therefore, none of his recommendations, decisions or orders which may be issued can be relied upon for any length of time.

Section 67. Collective bargaining has been the cornerstone of labour relations in Canada for many years. This is now changed and gives one single individual the absolute right to bind employees to a collective agreement that they never voted upon and under terms and conditions they never approved, destroying the collective bargaining process and eliminating the right of working men and women in good faith to democratically negotiate with their employers their wages and their working conditions. This is not the participatory democracy. This is not empowering working men and women to make decisions on their future and to operate freely within their trade unions. Section (b) clearly gives the right to the commissioner to certify a union which does not represent any employee in the health care field. No other government in Manitoba or in North America has such legislation in existence.

In regard to Section 68(1), this section allows the commissioner to destroy, eliminate, remove any wording in the collective bargaining agreement which the commissioner does not feel should exist, even though years of negotiation and give-and-take between the employer and the representative of the employee may have resulted in a satisfactory article or agreement. It clearly eliminates the sanctity of a legal agreement. A collective agreement will no longer be an agreement in Manitoba, at least in the health care field.

Section 68(2). This allows the commissioner to take the worst of a collective agreement with the lowest rate of pay, the worst benefits, and establish these as applying to all employees who are now covered by the new agreement, which resulted from intermingling or for other reasons. Seniority rights is one of the most important rights members have in an agreement. This right rewards them for long years of service and gives advantages that brand-new employees do not have. These could be tampered with, removed, changed or eliminated.

Section 71(1). This section allows the commissioner to break into existing collective agreements, establish new wording, shorten the agreement, renew the agreement or do whatever the commissioner wants to do.

In regard to Section 74, this gives the power to the government of the day or the commissioner to make any decisions they want, to have those decisions be final and conclusive, binding on all parties and not appealable in any court of law. Again, I appreciate the minister indicated he is prepared to change this, but we do not know exactly in what form. If this were to remain, in our view, this is against the Charter of Rights and Freedoms as it exists only in dictatorships or totalitarian states.

"Conflict with The Labour Relations Act" in 75. Bill 49 should not supersede any other act and particularly not The Labour Relations Act, which already deals with a specific issue that Parts 6 and 10 deal with. In regard to Section 76(2), any rules made under this act may also be made retroactive, regardless of what has taken place in the past. This retroactivity is undemocratic, in our view; it violates the Charter of Rights and Freedoms and will probably not stand up in the court.

In conclusion, we urge the government to withdraw or eliminate Part 6 in its entirety and allow the Manitoba Labour Board to decide on the issue of merging and intermingling collective bargaining agreements.

Mr. Chairperson: You have now taken 12 minutes, so just a warning.

Mr. Christophe: Thank you. The Manitoba Labour Relations Act is now equipped to deal with this issue and

has in the past decided on issues of change of employer or intermingling of trade unions having the same jurisdiction. I have listed the following section of the act, which really deals with this–Section 55 on page 10. On page 11, for example, 55(2) says: "(b) the successor is bound by any collective agreement which, on the date of the merger, amalgamation or transfer of jurisdiction, was binding on the predecessor. . . ." Page 12, there is a striking similarity between the wording on Section 56(2), the board has the right to intermingle. Any party can apply to the board. Section 142 gives them that right. Everything basically is there that is contained in that section.

Finally, on page 17, if these sections did not clearly demonstrate that they are sufficient to facilitate the establishment of regional health authorities, and we firmly believe that these sections of The Labour Relations Act do, a simple one- or two-line amendment to Section 142 of the act could fulfill the government's intention. I invite the minister and I offer my services to meet with him, if he so wishes, to assist him in working out amendments, and again I am not proposing that many of the ideas contained in Section 6 be necessarily eliminated, but what should be eliminated is a single commissioner because the intended purpose of this government to intermingle bargaining unit, change employers has already been dealt with, and rules are known. Finally, we urge this government, once again, to withdraw Part 6 and leave it to the Manitoba Labour Board to deal with, even if one or two amendments are needed.

Thank you, Mr. Chairperson.

* (2040)

Mr. Chomiak: Thank you very much for this useful presentation and in fact for pointing out something that had come up previously, and I think you have very succinctly pointed out that The Labour Relations Act, as it presently exists, does permit the minister to undertake the changes necessary while still preserving fairness in labour relations. My question is, your amendment of Section 142, that is of The Labour Relations Act that you are proposing to be amended?

Mr. Christophe: Yes, it is. This is the section that gives powers, additional powers to the board.

Mr. Chairperson: I just want to let all people know at the committee that we are at time, so you certainly can complete your answer to the question. Mr. Christophe, you can complete your answer to the question.

Mr. Christophe: I am sorry, I did not hear the question.

Mr. Chomiak: I believe you did answer it. I asked about whether that was Section 142 of The Labour Relations Act. You indicated that it dealt with intermingling of employees, and it would just require a small amendment in order to satisfy all the criteria and allow The Labour Relations Act to deal with all of the matters that are proposed in Section 6.

Mr. Christophe: Yes, absolutely, that is correct, and if it dealt with regional health authority of the transition period, I am certain also that an addition to that particular section could accomplish what the minister wants to do. Again, according to a public body, the Labour Board, which has well-known rules, it is not the first time that the Labour Board has merged units into one, which is the intent, as I understand, in establishing regional authority, to accomplish by this government.

Mr. Chairperson: Mr. Praznik can only pose a question with leave of the committee.

Some Honourable Members: Leave.

Hon. Darren Praznik (Minister of Northern Affairs): Mr. Chair, firstly, I just want to say it is always a privilege to share this table with Mr. Christophe. We have done it on many occasions in my former role as Labour minister, and I just wanted to indicate, I have always respected, when you have come to this table, you state general position, but you always give us some food for thought on specifics to improve a bill. You always did that courtesy to me as a Labour Minister, and I appreciate that very much.

Mr. Christophe, I am sure you appreciate the difficulty we have had as a government and my colleague in trying to provide for as smooth as possible a transition in any merger, and there is a lot of experience of this in the country. Obviously, British Columbia went through this difficulty and incorporated or created similar legislation on which this is modelled, to some degree. Saskatchewan attempted to use their labour board process. It bogged

down to their dissatisfaction as a government. As we all know, they are represented in government by the New Democratic Party, and that administration passed a similar act to this last June–I believe it received Royal Assent on June 24–that does many of the same things. There are some variations. As all governments struggle to deal with amalgamations in a successful manner, I mean, that is the reason behind this, I just wonder if you have any comments or advice on the Saskatchewan model, if you have had a chance to study that legislation. It has not really been put into operation yet, but it was prepared by our neighbours in Saskatchewan, and your comments might be insightful to us.

Mr. Christophe: In all sincerity, I have not done that, but, again, any issue, problem that may have been encountered in Saskatchewan in finding the labour relations act in Saskatchewan inadequate to cover this, in my opinion, could be remedied by amendment to either Section 142 or Section 56 or the other Section 57 or 59 of the act that deal with that particular issue, because many of the same issues that are in Part 6 are in the act. It only needs additional enabling wording in those particular areas of the act.

The experience in Saskatchewan, if it was not successful there, could be taken to indeed amend the act here but preserving the framework of the Labour Board to do it. If a mistake or if there has been problems there, I think this province could always benefit from what has been done elsewhere.

Mr. Chairperson: Mr. Christophe, thank you very much for your presentation. Indeed, if you do have any further comments with respect to the Saskatchewan experience, I am sure it would be welcomed by members. Thank you.

Mr. Bob Minaker. Mr. Minaker, you may proceed.

Mr. Bob Minaker (Private Citizen): It is indeed a privilege to have this opportunity to appear before the standing committee on Bill 49 this evening, The Regional Health Authorities and Consequential Amendments Act. In coming here this evening, little did I know that I would find myself between such notable people as Mr. Christophe and Mr. Olfert.

However, I come before you–I can say I am not a member of either union–as a concerned citizen of Manitoba, not as someone who purports to have a working knowledge or clear understanding of the complexities of health care across this province. Nonetheless, I trust that my comments and expressions of concern will be heard and may be of some assistance in changing or making changes to Bill 49. Having listened to previous presentations this evening, my comments may echo comments previously made–but perhaps valid comments bear repeating.

Health and education are central to a strong society and must be accessible to all and of high quality. Every citizen must recognize their right to receive both and their fundamental obligation to support both. Governments must serve the role of ensuring that the public is well informed and well advised in all matters affecting both education and health. To this point it is my contention that too little information has been made available to the public at large and, further, that Bill 49 does not go far enough in articulating the future of health services in Manitoba.

It is my understanding that many aspects of health reform can or will take the form of regulation rather than legislation. In effect this will mean that significant changes to services provision or user cost can be made without mandatory public input or legislated scrutiny. I believe that this is not in the best interests of all Manitobans.

We live in an age of confusion, uncertainty and change. There are many competing agendas at work, however, the relationship between government agencies and communities is central to giving meaning to the participation of local citizens in the maintenance of quality care services for their fellow citizens. For this reason I believe that the regional health authority be comprised of people nominated through some local community process which will ensure local input and yet not jeopardize the competency of the board in making important decisions.

Bill 49 would appear to place authority in the hands of the minister whereby membership would be subject to appointment, not election.

Health care workers are professionals who care. However, it is essential that the working environment of these people be positively maintained if they are to continue to provide quality care and dedicate themselves to public health. For that reason I believe that issues of labour relations must be handled cautiously and fairly. The task of addressing such issues should be assigned to the Manitoba Labour Board, an existing and proven body for the resolution of labour relations issues.

The appointment of a single commissioner and no recourse for repeal do not offer the perception of fairness to health care workers or to the general public. Democracy is not about not upsetting people. Those members who seek leadership positions in government must not be satisfied with status quo. They must seek positive alternatives, but it is incumbent upon our decision makers to exercise their power to implement change with a high level of fairness and respect for all those affected by their decisions. The government of Manitoba must not operate on the basis of power but rather be guided by a spirit of mutual commitment to articulated shared goals of Manitobans.

I thank the members of the standing committee for providing me this opportunity to share my observations and concerns.

Mr. Chomiak: I want to thank you, Mr. Minaker, for taking the time to come out to this committee and provide not just a presentation that has some specific recommendations with respect to Bill 49 but has within it some wisdom and some knowledge that we as legislators should keep in mind when we are proposing changes, major changes like this to health or education and to the very fabric of society.

You mention the fact of lack of information and knowledge about Bill 49, and that has been a claim that has been echoed over and over again by presenters here both yesterday and today. My question: Are you familiar with how Bill 49 might apply to the–or whether it will apply or not to, say, hospitals in the city of Winnipeg, specifically Seven Oaks?

* (2050)

Mr. Minaker: It is my understanding, whether this is accurate or not, that Bill 49 is at this time dealing with a rural perspective. However, I suppose in drafting such legislation that it would follow that if this is a workable kind of arrangement for health care in one part of the province that it might very well become the profile for health care across the entire province. In fact, it kind of surprised me that this legislation only addressed one part of the province

Mr. Chomiak: Yes, I appreciate that response, because it is very interesting the government is also proposing two superboards for the city of Winnipeg. That sort of came up laterally in the latter part of August. That idea materialized out of the Department of Health, and from presenters here that I have posed the same question to, some who are involved in the system are convinced that this bill will apply to the new superboards for Winnipeg. I assume they got those assurances from the Department of Health, and some have indicated that a new bill will be drafted. We have had no direction from the Department of Health as to whether it will apply or not, but I think your point is well taken about the way this bill would apply. That was the rationale behind my question as to whether or not you had a sense as to whether the new superboards to be structured would fall under the auspices of this bill.

Mr. Sale: I want just to commend you on such a succinct statement about what is really a social contract between citizens, their government and their community. You seem to be saying, and perhaps you will correct me if I am reading you wrongly, that we are not just talking about the mechanics of delivering health care here. We are talking about trust, about confidence, about the notion that people have that their communities are safe and good places in which to live and that bills or government processes which violate that social contract may have whatever effect is desired on the mechanics, but they rip up the fabric. Am I reading what you are saying correctly here?

Mr. Minaker: I think that that is an accurate observation. Our first presenter this evening, in representing First Nations, made reference to partnership, and I believe that it would be accurate to say that there has to be a belief in the partnership in order for that to be workable.

Mr. Sale: It strikes me as instructive at least that, of all the presentations, we have not heard one that runs counter

to what you are saying. That is, we have not heard any in support of the process or of the content of this legislation.

In your view, is Bill 49 fixable tonight when we go through clause-by-clause discussion of it, or is it of such serious concern to you that you think it should be pulled back for some sober second thought?

Mr. Minaker: A tough question, I would tend to believe that it should be–some sober thought should be given to this. With all due respect to the members of the committee, when you make reference to go in through this clause by clause, if it is the standing committee in front of me, then, with some of the display this evening, I am not convinced that we would be working in partnership for the best possible outcome of Bill 49.

Mr. Chairperson: Thank you very much for your presentation. You have acquitted yourself very well between two very prominent presenters, so thank you very much.

Mr. Peter Olfert, please.

Mr. Peter Olfert (Manitoba Government Employees' Union): Thank you, Mr. Chairperson, members of the committee. I would like to thank all of you for giving me an opportunity to express our organization's views on Bill 49.

The Manitoba Government Employees' Union is an organization representing some 25,000 Manitobans employed by the government of Manitoba and by other public sector employers. We are here today because Bill 49 will have a direct impact on a significant number of our members employed in the health care field. As well, it will have a potential devastating impact on the health care system which all Manitobans enjoy and value greatly. The government has described this bill as an integral step in health care reform which will rationalize health care delivery in rural Manitoba.

The government argues that such reform is necessary in order to ensure a cost-effective system which will in turn enable continuation of a high quality, accessible, publicly funded health care system. This bill has also been promoted by the government as creating a system that brings decision making in the delivery of health care closer to the people in the communities being served.

Now, if we accept these objectives as being the true objectives of Bill 49, then we must conclude that this piece of legislation is significantly flawed in its construction. The MGEU supports the overall objective of ensuring an accessible, high quality publicly funded health care system and continues to be prepared to support reform to the system that works towards this objective. However, we believe that this legislation in actual fact moves that system in the opposite direction.

This bill is smoke and mirrors at its finest, and it makes it appear that the government is doing one thing while actually they are doing something quite different. The stated intent of the act is to delegate decision making to regional health authorities. The provisions in the bill, however, consolidate all of the decision-making powers at the ministerial level with no public accountability. The regional health authorities are limited to providing recommendations to the minister, while the minister retains ultimate authority and control.

While the government initially claimed that elections would be held for regional health authority boards and advisory councils, the legislation contains no specific commitment regarding the selection of directors. We believe that this is critical, that the boards be elected if indeed these bodies are to be reflective of the communities' wishes. This provision must be clearly stated in the legislation.

The legislation prevents health care providers who are currently employed in the system from serving on regional health authority boards. We believe that not only should these boards be reflective of the communities they serve, but they should also include the meaningful participation of a range of health care providers who possess relevant expertise. This provision in the bill must be changed to allow for health care providers to be elected to regional health authority boards.

* (2100)

While the government has portrayed the bill as a genuinely needed overhaul of the publicly funded health care system to preserve its quality and accessibility, we view many of the provisions of the bill as paving the way for the undermining of these very objectives and dismantling of the system itself. The absence of standards and objectives to guide the regional health

authorities in their decision making and the absence of any mention of the Canada Health Act lead us to believe that this is a ploy on the part of the government to allow it to stray from these very principles.

We are distressed to encounter references to user fees in sections such as 54(f) and 59(i). Legislating the legitimacy of imposing user fees in the absence of specific principles and guidelines such as those set out in the Canada Health Act suggests to us that a two-tier system of health care delivery is being contemplated.

We strongly believe that the bill should contain specific reference to the tenets of the Canada Health Act and should set out the desired principles and objectives to guide the decision making of the regional health authorities.

The MGEU is also concerned with the ambiguity contained in Section 5 of Part 2, dealing with the minister's ability to enter into agreements which bypass the regional health authorities. Of particular concern is part (f) of the aforementioned section which states that the minister may enter into agreements with any other person or group of persons. This leads us to conclude that further privatization of the health care system is an objective of the government and this bill provides an avenue to continue this practice.

Turning now to Part 6 of the bill which deals with labour relations matters, we wish to voice our most strenuous opposition. The entire approach provided in this part of the Bill 49 is unacceptable, particularly in that it gives sweeping and unprecedented powers to the Minister of Health (Mr. McCrae) and disregards historical and established approaches to labour relations.

In Section 63, the legislation provides for the appointment of a commissioner who is given authority to make recommendations to the minister respecting trade union representation and jurisdiction. Among other areas the commissioner is to make recommendations on matters such as the composition of appropriate bargaining units and which unions are to be certified as bargaining agents. As the bargaining agent for many of those affected employees, the MGEU takes strong exception to this unwarranted intrusion into the democratic process of labour relations. This is clearly a denial of the fundamental right of workers to freely select who will represent them in the workplace and at the bargaining table.

The commissioner's authority to recommend extends to imposing collective agreements on groups of employees, as well as determining the contents of that collective agreement. Again, this extraordinary, unilateral power precludes employees from having any input through their chosen bargaining agent as to the terms and conditions of their employment.

Equally objectionable are the provisions of Sections 74 and 75, which remove any right of appeal to the commissioner's recommendations, either through The Labour Relations Act or the courts. We believe that the provisions of this section confer an authority which places the commissioner and the minister above the law, and we suggest that these provisions offend the Canadian Charter of Rights and Freedoms as contained in the Canadian Constitution. We would add that these provisions are particularly perplexing in view of the government's recent claims regarding changes to The Labour Relations Act and the importance of democracy in labour relations.

Should some form of regionalization of health care be put into place, we strongly recommend that the current provisions of The Labour Relations Act be allowed to operate unimpeded as the appropriate mechanism for resolving labour relations issues. As well, we support the continued role of the Manitoba Labour Board, which has dealt with similar issues in the past and has developed a body of rulings and expertise to deal with such matters in a manner that balances the interests of all parties concerned.

We do acknowledge, however, the potential for complexity and confusion which may arise in any transition in the regionalization of health care. On this basis we would be amenable to the establishment of some kind of office designed to facilitate the process through advising and assisting the various parties in resolving issues.

In conclusion, the MGEU cannot support the passage of Bill 49 without significant amendments. The act is unclear on the principles which will govern the regional health authorities, recommendations to the minister, and consolidates authority with the minister in a fashion that

makes a mockery of public accountability. The principles of the Canada Health Act must be enshrined in the legislation dealing with health care reform. Further, the legislation threatens the rights of health care workers in ways that invite legal challenge. Without amendments to address these concerns, the bill should be withdrawn in its entirety.

Mr. Sale: Thank you, Mr. Olfert, for a thorough presentation. I want to ask first about your second last sentence, invite legal challenge. Have you had legal advice on the contestability of sections of this act? Have you sought such advice?

Mr. Olfert: Yes, we have. There are a number of other unions that have. We are also in the process of studying, very closely, the recent court ruling in British Columbia that has struck down certain sections of the direction that they were proceeding in terms of challenges there. So certainly our information is, and the legal opinion is, that there are areas contained in this legislation that are certainly open to challenge.

Mr. Sale: Mr. Olfert, I do not know whether you were here last night or not, but a member of the United Church of Canada, on behalf of the Conference of Northwestern Ontario and Manitoba, raised potential legal questions in regard to confiscation of property. You are raising legal questions as have other unions around infringement articles in the Constitution. Given the seriousness of the questions being raised, is it your view that this legislation should be withdrawn and rethought?

Mr. Olfert: I would certainly concur with that. I sat through most of last evening's presentations and I have been here since 7 tonight and, quite frankly, I am appalled at the lack of interest, if you will, in this very important bill. I think some of the presenters earlier have stated the fact that except those that either represent or are involved very closely in dealing with health care do not even know that this committee is at the hearing stage. Unfortunately, we have about 45 people that are on the list to present, and we have got a million people out there that are very, very concerned if you talk to them on a one-on-one basis about the future of the health care system, where it is going and those kinds of things. I am really surprised and disappointed that this committee is not going to hear from a broader cross section of Manitobans during these days because it is too important for 45 presenters to deal with this issue.

Mr. Chairperson: Mr. Praznik. Oh, that is okay, I will go back to you. He raised his hand before your indicated you had another question. You will have your turn.

Mr. Praznik: Mr. Chair, if the member has one question to complete, as long as I have enough time to ask mine, I would defer, so he does not lose his train of thought of questioning. I would yield.

Mr. Chairperson: That makes that easy. Thank you very much.

Mr. Sale: I thank Mr. Praznik for that. Mr. Olfert, I have had a little bit of experience, and you have had a whole lot, in merging organizations that are represented by various, different unions and have to work this question out. Can you give some examples or an example, at least, of where this worked out reasonably well in a reasonably difficult situation using the tools already in place?

Mr. Olfert: Well, we had a merger in Swan River, and there was a merger between the hospital and the personal care facility there. Through the Labour Board, there were rules that were set out in terms of integration and intermingling of bargaining units and various union representation. In that case, as in any other case, both unions were able to speak to the members to try and convince them that ultimately, when the vote came down, they should support union A over B, and the results of the labour-conducted vote ruled in favour of a union. I believe that, truly, workers should have the ability to decide who will be their bargaining agent and what the collective agreement will look like.

I do not think that we need to have a czar commissioner dictate terms and conditions of a collective agreement, many of which have been in place in the health care sector for many, many years.

Let, where possible, The Labour Relations Act dictate a process, and let the unions and the membership decide who their bargaining agent would be. That is the democratic process.

* (2110)

Mr. Praznik: Mr. Chair, again, like Mr. Christophe before you, it has been some time, Mr. Olfert, that you and I have shared a table from another role that I had in this legislature.

Two questions for you--really, I appreciate that many of the bargaining units you represent are areas where you have certified under The Labour Relations Act, but one should not let the fact pass tonight in your comments as standing for individuals choosing their bargaining unit not to your design, but the fact is that the union you represent was a creation, in essence, of the Legislature and that it is a statutory bargaining unit for the civil servants it represents and was not founded under The Labour Relations Act, nor was the Manitoba Teachers' Society. So you may want to just comment whether or not your comments tonight would suggest that perhaps should change.

The second area I would seek your comment is, as we have mentioned before, part of the difficulty for my colleague is looking at experiences in British Columbia and Saskatchewan, where there have been large-scale amalgamations, and we appreciate your example in answer to the question from our colleague from Crescentwood (Mr. Sale) of a combination that worked well under The Labour Relations Act, but that was one small place. In areas where they have had large amalgamations such as Saskatchewan and British Columbia, both governments there, which are not of my political stripe, found that they had to provide similar legislation to what we are proposing.

Our colleague, in setting forward this legislation, the Minister of Health (Mr. McCrae) has had to look at those experiences. So I would appreciate your comment as to whether or not the Saskatchewan experience, where their government, Mr. Romanow's government, brought in and passed, their Legislature passing on June 24 of last year a legislative scheme similar to the one being proposed to deal with the situation that had become very unruly or did not work under their labour relations scheme--so perhaps you could give us some insight on that point as well.

Mr. Olfert: Well, on a couple of points, one is, I am only dealing with what we have to deal with here, that is, Bill 49, and my comments are directed to Bill 49 as opposed to some other legislation that does exist in another province.

However, I did mention the fact that there have been some problems in British Columbia, that there has been a court case, a challenge, a successful challenge there on part of the legislation and how they were proceeding there. So I think we have to be very careful, you know, and I am just indicating to you that I think that for the most part the Labour Board process has worked well in other areas. Mr. Christophe indicated earlier that it may only need a couple of amendments to The Labour Relations Act to provide the same, you know, to ensure that the Labour Board deals with those labour relations issues.

I do not believe that The Civil Service Act or The Labour Relations Act are up for discussion here tonight. So I will save my comments on those, other than to say that we do have 110 collective agreements we negotiate. Only one is covered by The Civil Service Act.

Mr. Chairperson: Thank you very much for your presentation, Mr. Olfert.

I would now like to call on Mr. Ben Hanuschak. You may proceed. Welcome.

Mr. Ben Hanuschak (Private Citizen): Thank you, Mr. Chairman. Firstly, I wish to thank you for granting me the opportunity to at least one one-thousandth of a second for a citizen of Manitoba to speak about the health needs of the people of Manitoba. I could not help but reflect on a couple of decades back when an issue affecting less than one-third of Manitobans, namely the automobile owners in the province, and at that time they had enjoyed the luxury of about 60 hours of debate in the Legislative Chamber on an issue dear to them and about 30 hours in committee, but I suppose time has become a more rare commodity than it was in days gone by. So be it.

Mr. Chairman, in reading Bill 49 one cannot help but think of, be reminded of, points repeated often with increasing frequency by the Premier of Manitoba (Mr Filmon) that we must be concerned about cost efficiency, that we must meet the needs of the community and that any piece of legislation is brought forth, is touted before the public with those two main objectives in mind, cost efficiency and needs of the community, and in response to consultations with the community.

Well, I think as Hans Christian Andersen had detected one and a half centuries ago in his fairy tale, The Emperor's New Clothes, I think that the time has come that the people of Manitoba be reminded once again that

the emperor has no clothes, that what is proclaimed to be contained in the legislation before us is not there at all, that the intent of Bill 49 is not to open the way to greater participation by the public in the organization of a health care delivery program and to provide for more efficient delivery–it is not that at all. It opens the way to very simple and quick and ready privatization of various facets of the health care program bit by bit by bit without having to go to the Legislature, without having to go to cabinet, without having to go to anyone who is responsible to the people of Manitoba. That is the long and short of the intent of Bill 49, and let us not forget that.

Mr. Chairman, the telling sign appears in three or four clauses of the bill which, in my opinion, is a gross violation of the democratic process. For over 200 years of the British parliamentary system, we have had a procedure for the enactment of private bills.

The Seven Oaks Hospital came into being by way of a private bill. In my memory, that is one of the proudest memories that I cherish when I was Speaker of the House and in May of 1970, when the bill received Royal Assent proclaiming the institution of the Seven Oaks General Hospital. That hospital came into being by way of a private bill in response to a petition from a group of private citizens, not the minister of the Crown. Mr. Russ Doern, who was a backbencher at the time, introduced the bill. The government members of this committee will recall–and if they do not remember they can easily find out–that one of their own members took exception to that, because he had received some sort of a commitment from the organizers of the Seven Oaks Hospital that he will have the honour to move first reading of the bill and something happened. Of course, I was Speaker of the House, I did not sit in the government caucus so I do not know what happened, but anyway he was denied that opportunity.

Mr. Chairman, there is valid reason for the existence of the concept of private-bill legislation. A private bill grants an individual, or a group of individuals, a legal entity, certain rights which are not normally enjoyed by the rest of the population. In this event, the right to run a hospital, No. 1; No. 2, the right of local control because that was written into the bill; No. 3, freedom from encroachment by the Crown. No minister, and that is in Beauchesne, has the right to, in anyway, either promote or deter the passage of a private bill. That being the case, once it becomes law, then no minister has the right to encroach upon the rights granted and ensured by that private bill.

* (2120)

Because if it were otherwise, the organizers at Seven Oaks Hospital would have taken a different route. They would have passed the hat and collected 50 bucks, or whatever it cost at that time, gone down to the company's branch, picked up the necessary documents, filled them out, took them back, paid the prescribed fee, and they would have become a legal entity, a corporation. But they wanted to assure the people of their community that hospital is going to be there to stay. Not only is it going to be there to stay, but it is going to be there to stay to deliver the types of programs that they were committed to delivering and that nobody is going to alter that.

If the minister feels that, in his wisdom, there is a better system for the delivery of health care programs than the existing system, then let him take a page out of one of the granddaddies of this political party, Sir John A. Macdonald. When Sir John A. Macdonald discovered that the Hudson's Bay Company stood in the way of Canada's confederation, he negotiated with them, and the deal was that he paid the Hudson's Bay Company 300,000 pounds and let them keep one-twentieth of all the arable lands south of the Saskatchewan River.

Now, I am not going to get into the debate of the merits of the deal, whether it is good or bad, but the point is that the deal with the private corporation–the Hudson's Bay Company, by the way, you will recall, did not even go to the Legislature. They thumbed their nose as they walked past Westminster and they walked straight into Buckingham Palace and, by God, Charlie the Second sat down and signed the Royal Charter and gave them the monopoly on the fur trade, which monopoly they enjoyed for 200 years, but nevertheless it was a charter, it had legal force and effect and it gave them the privilege to practise and enjoy what they did for two centuries.

The same is true of our hospitals, and may I remind the minister that when I make reference to the Seven Oaks Hospital, that is not only Seven Oaks Hospital but it is every hospital in the city of Winnipeg came into being by way of a private bill. In addition to that, for fear that he

might say, ah, but this bill does not apply to Winnipeg hospitals at this time, we are looking at rural Manitoba, and may I remind him that in his own city Brandon Hospital came into being by way of a private bill.

The Thompson Hospital came into being by way of a private bill. Obviously, the citizens of Thompson, they did not trust Inco to build a hospital and run a hospital for them, and I am sure Inco would have been very happy to build a hospital for them. They said, no, no, no, we do not want to give them the privilege of burying their own industrial mistakes so a group of private citizens set up the hospital.

The people of Pine Falls did the same thing, Mr. Chairman, they did not let the paper mill build the hospital. They petitioned. A group of local citizens petitioned the Legislature and got a charter to build a hospital.

The Pas is another hospital that came into being by way of a private bill. So what I am saying to you, Mr. Chairman, and through you to the Premier (Mr. Filmon) of the Province of Manitoba, and I say that advisedly because if this becomes law, it will have a ripple effect throughout the entire cabinet because surely if the Minister of Health (Mr. McCrae) can trample over hospitals incorporated by a private bill, then surely the Minister of Education (Mrs. McIntosh) would want to enjoy the same luxury and go march into the private schools, many of which are incorporated by a private bill and tell them how they should run their affairs. The Minister of Agriculture (Mr. Enns) surely would want to tell the Brandon Exhibition people how to run their affair every year. That is why I am directing my remarks to the Premier of the province because of the broad impact, a defect that the passage of this bill occurs. I agree with all the dangerous clauses that were flagged that were brought to your attention by previous delegations.

I have the uneasy feeling that if this bill becomes law that the muffled cadence of jackboots that you now hear will become crisper and clearer, and those, by the way, are the words of one of your colleagues, Mr. Sherman. It was a favourite expression of his when another party was governing, and that muffled cadence of jackboots will become louder and clearer, and the day will not be far off when the government will not be run by a cabinet but by a commissariat. Thank you, Mr. Chairman.

Mr. Chairperson: Thank you very much for that presentation.

Mr. Chomiak: Thank you, Mr. Hanuschak, for a very historically important and a very relevant presentation because you have raised an issue that I think has not been directly addressed, although I might add that you are in the company of–Mr. Alan Sweatman made a presentation here yesterday, and the same principle about trampling over the rights of volunteers in hospitals. He made it very clear to this committee that this legislation, the way it is written, had the right to trample on the rights of volunteers.

You have obviously done a lot of work in this area and I am wondering if you could provide any direction to the Minister of Health (Mr. McCrae) and this committee with respect to how we could implement or how we should proceed with respect to Bill 49 as it relates to private charter hospitals, because that is a relationship, as well, to faith institutions, which also have expressed a great deal of concern with respect to the way the government has imposed this legislation.

Mr. Chairperson: You have about two and a half minutes left, Mr. Hanuschak.

Mr. Hanuschak: I am very glad that you have asked that question, because this brings to mind a similar question which you had posed to another delegation which appeared before this committee yesterday. At that time you phrased the question, the words, have you any suggestion how this legislation could be made more palatable?

Mr. Chairman, how to make this legislation more palatable? It is like saying to the hangman parading you up to the scaffold and saying to him, Mr. Hangman, I do not like being hanged by a hemp rope because it scratches and itches my skin. Would you make a rope to hang me with out of something softer? So the hangman says, yes, I will make a rope for you out of silk.

The same is true of this bill. There is no way of tinkering with it. This bill opens the door to privatization, and I am opposed to privatization, and I can think of no way of making privatization of health services, of opening the door to make a profit on the backs of the sick more palatable. There is no way.

Mr. Praznik: A very brief comment and point. Mr. Hanuschak, it is always a privilege, I think, for those of us who are in the Legislature to have former members, former ministers and Speakers attend. We may not always agree, but I wanted to acknowledge your service tonight to the people of the Burrows constituency. I think you are noted as always a man who stood up for his principles and put his seat at risk in standing up for his principles on another day and in leaving the party of which you had been a member.

Mr. Hanuschak: Mr. Chairman, on a point of order, I did not leave my party. I left the party where it was at that day, where they were. I did not change.

Mr. Praznik: I very much appreciate that point, Mr. Hanuschak. Others at the committee may not agree with that, but I certainly appreciate it.

Mr. Hanuschak: They are 25 years later or 15 years later.

Mr. Praznik: If I may just finish, Mr. Chair, I just wanted to make the point for Mr. Hanuschak that I think it is important to recognize still that the Canada Health Act is still the overriding statute for federal funding, and it prohibits that type of extra billing and that type of privatization of our health care system if we are to continue to receive federal transfers.

So this bill, I would hope you appreciate, has to be taken in the context of the Canada Health Act. It cannot be judged outside of that context. That would be inaccurate. I would hope you would acknowledge that that context is there and governs what we do.

Mr. Hanuschak: I appreciate that, but by the same token it does open the door to trampling over private bill legislation.

Mr. Chairperson: We are out of time. Is there leave of the committee for Mr. Penner to ask a question and then Mr. Chomiak, maybe one at a time. [agreed] Okay, Mr. Hanuschak, by popular demand you are asked to stay at the mike.

* (2130)

Mr. Penner: Thank you very much, Mr. Chairman, and, you know, having had the privilege of a younger person of the day sitting in on some of the debates in the Chamber and listening, it is obvious, when I listened to you today, that many of our debaters in the Legislature have lost some of the flair that you present here again today as a former legislator. It is refreshing to hear someone of your calibre make a presentation before this committee the way you have done. I think you have impressed us with the points that you have made in respect to the establishment of the community health care organizations and the founding and the vehicle used to found these corporate bodies that are controlled and run by a community, the importance of which many of us have a great deal of respect for. Certainly, many of us in rural Manitoba respect the huge amount of hours spent by many people, giving freely of their time and effort to the care of elderly and sick on a voluntary basis. That point was made by Mr. Sweatman yesterday. I think you point out very clearly that we should not as legislators forget how much effort some people are willing to enshrine in serving their community.

So I simply want to comment and thank you for the presentation.

Mr. Chairperson: Thank you very much, Mr. Hanuschak. Mr. Chomiak has deferred the extra time that you took and is not asking a question.

Mr. Albert Cerilli. Mr. Cerilli, apparently not being here, will go down to the end of the list. Carmela Abraham. Welcome. You may begin.

Ms. Carmela Abraham (Private Citizen): I am not going to speak as good as he did; that is for sure.

I come to you as a private citizen who has worked in the health care field for approximately 20 years of my life. My mother was also a nursing assistant for 27 years. The one thing we have always counted on is job security. We always felt that we were secure in our jobs in hospitals, that our contracts were binding for the short terms that we did negotiate them for. I find that Bill 49 is going to take this away from us, that we are not going to be able to actually count on our contracts being binding, that this commissioner is going to come in and break it on us, that we could just change our wages.

I was a single mom for many years, and because we negotiated for the wages that I could support my child on my own, I did not have to go for any kind of assistance, and I never had to worry about being unemployed because I figured my job security was there in the hospital. I feel that Bill 49 is going to take this all away from me. It takes away my choice also of which union I want to belong to, possibly. It just makes me feel like it has just taken a lot of things away that I always felt secure in for the last 20 years. I just do not like the whole idea of Bill 49. It sounds too scary to me. Thanks.

Mr. Chairperson: Thank you very much for your submission. Madam, there is one question here.

Mr. Chomiak: Yes, I wanted to thank you on behalf of the committee for coming here tonight and your heartfelt presentation, giving us, again, a perspective as to what it is like and what effects a bill like this can have on a person who is actually working in the health care system. I think that is something that is often overlooked when we look at raw legislation.

I just have one question for you. How were you given knowledge about Bill 49? How did it come to your attention?

Ms. Abraham: It was brought to my attention through my union. I never really noticed it in the papers. I never heard anything on the news about it. So that was the only way that I had knowledge, that I knew that this was coming, and it actually shocked me that something like this would ever happen. I did not think any of our rights would be so taken away.

Mr. Chairperson: Thank you very much for your presentation. Oh, sorry, you get another one.

Mr. Sale: I should have put my hand up more quickly, I guess. Sorry.

You described a sense of insecurity and loss. If you were in that position of being a single parent and working without the security that you see in even a short term, a two- or three-year collective agreement and a job that was reasonably secure, obviously as long as you did your job and were competent, you felt you could keep that job, how would that change your life not to have that security? Would you make different choices, would you live under different stress? What would be the differences for you?

Ms. Abraham: Different choices. Well, I would have to decide if I wanted to continue in health care. My wages, they would more than likely drop, so if I want to continue in that way, then I would have to also look at–oh, man, I am lost.

I guess because I have been in it for so many years I do not know what else to do. I would have to look at possibly going back for training, and now the way the system is that you cannot get as much financial backing, if I decided to go back to school and take something, I cannot afford to. I cannot afford to pay for it.

You know, it is just I am not a high-income person. We are just making it as it is with what we have got, and the way I see this, it could possibly take a lot of my wages away. We have already taken a few 2 percent cutbacks throughout the years, with Filmon Fridays now, with the last 2 percent that we gave the last time away. It is just there is not too much more that you can give. I feel if I lost that, then I do not know. I do not think I would want to go back to waitressing, that is for sure. Five bucks an hour does not sound like I can support two kids on that.

Mr. Chairperson: Thank you very much. I have been informed that Annette Hupe, No. 11, Luke Jegues, No. 14, and Vernon Lyss, No. 15, will not be presenting, so the next person will be Lucille Barnabe. Ms. Barnabe, you may begin.

Ms. Lucille Barnabe (Private Citizen): Mr. Chairman, members, I have been employed at St. Boniface Hospital for 15 years, and this is where I am coming to you from I feel Bill 49 is a violation of personal rights in the Canadian Charter of Rights and Freedoms.

When the union is being chosen by the government. why should I pay union dues? Yes, the union is going to get along with the government, but what is it going to do for me? I object to the proposal that the commissioner will be arbitrary, not allowing an appeal or independent judicial oversight. I would also object to the commissioner not being elected or accountable to the public. This would throw into question the commissioner's neutrality. What avenue of recourse does

a person have if they do not agree with the decision from the commissioner? We are losing the protection of our fundamental rights by passing Bill 49.

I would also like to make a comment about patients. I am a cashier at St. Boniface Hospital, and I am not trying to promote St. Boniface Hospital. I would like to let you in on some of the stuff that happens there. There was a gentleman from New Zealand that sat at my desk for an hour and a half while he was awaiting a call from New Zealand, and his pet peeve was the health care system in New Zealand. Now, everything that was said yesterday is true, the poverty, the increase in crime, but one thing that was not said was a lot of these people have to sign away their homes so they can enter the hospital, and they automatically lose it because it is taken over by the hospital. I suggest you look into it a little further before you model us against New Zealand.

* (2140)

I keep hearing that we are going to have user fees. We are not going to have user fees, we already do. St. Boniface Hospital has two collection agencies hired by St. Boniface Hospital that go out and collect the user fees. I know for a fact that they have been implemented in the last year. I cannot quote you prices, because this is not my job. My job is collecting the money. I would be afraid to think where we are going with this. Please look into it a little further. Thank you.

Mr. Chairperson: Thank you very much.

Mr. Sale: You obviously had a long time with this person from New Zealand. Was he warning you about what has happened in New Zealand?

Ms. Barnabe: He says, yes, the diplomats have come from New Zealand to give the Canadian government a model, but it is not reality. The reality is what is out there. The mental patients are on the streets. There is an increase in crime, increase in poverty and, like he said, if you do not put your house in your children's name, you automatically lose it.

Mr. Sale: Were you aware at that time that Manitoba had sent some members of its civil service to investigate the New Zealand model?

Ms. Barnabe: No, I was not. I was aware that some of them had come here.

Mr. Sale: What in your view in Bill 49 is particularly going to lead us down the road towards what your friend from New Zealand was describing to you?

Ms. Barnabe: I think it is the lack of freedom. The biggest thing is, for one thing, what is being imposed on the employees, what is being imposed on the people who are receiving health care. They will have no choice. If you have money you will get health care. If you do not have any money, forget it, there is nothing for you.

Mr. Sale: I just wanted to thank you very much for bringing us timely warning. We are very concerned that we are simply aping New Zealand in a number of ways, and the consequences of the New Zealand experiment, so-called, for working people and lower income people and, indeed, for many people have been extremely disastrous, and the country's economic performance until very, very recently has been dismal and worst of all the OECD in nations, including what you cite about crime rate. So I think it is a very timely warning, and I thank you for it.

Mr. Chomiak: Mr. Chairperson, I also would like to thank you for the presentation, and I think it is very, very interesting, your presentation, from the perspective of a person who works at St. Boniface Hospital and deals with the public and raises the same concerns that were raised by someone like, for example, Dr. Shapiro, who appeared here earlier, the same concerns about privatization, the same concerns of the trampling of rights, the same concerns about user fees, the same concerns about following the approach of the New Zealand model.

I think it is very, very instructive and helpful for us as legislators to see that this just is not a political debate and this just is not an academic debate but that people in the system who know the system both at the level of Dr. Shapiro, who studies the system in an academic sense and people who work in the system, and patients all see where this bill is leading us. I think it is very, very important that we reflect on this. So I thank you for the presentation.

Mr. Penner: Mr. Chairman, I certainly also want to express our thanks to you for coming here tonight. I know it is not always easy to appear before committees like this, and I certainly in a previous position when I appeared before these committees was nervous at the

time. I note that some people have indicated their nervousness at appearing. You should not be.

The question I have is in regard to the user fees that you mentioned. Could you articulate for us the user fees that have been added at St. Boniface Hospital this last year?

Ms. Barnabe: It is not my job. I can name you a couple of them that I am aware. Dialysis fees, enterostomy fees, the rest I would not want to quote, because I would not want to misquote.

Mr. Penner: There appeared to have been, at least in my experience, some things that we have always had to pay for, whether it is 10 years ago, whether it is two years ago or eight years ago.

Ms. Barnabe: In the last year I am referring to.

Mr. Penner: It would appear to me that there are less things we pay for today. There are more things that have been included in the universal application of health care whether it be for seniors care, for personal care home care, for home care, many other services that have been added to the system over the last decade to the point where we pay for very little.

I am not aware that in our rural local hospitals there are any fees applied for services. That is the reason I ask because it surprises me that some of the city hospitals are actually applying service charges on some of these things. That is why I asked that you articulate these to us.

Ms. Barnabe: Yes, there are user fees being implemented.

Mr. Penner: Thank you.

Mr. Chairperson: Thank you very much. Next presenter will be Elizabeth Smith.

Ms. Elizabeth Smith (Private Citizen): Mr. Chairman, committee members, I am here to give you a patient's view on hospital care before and after health care reform. This is a personal issue. It is very graphic, and it is difficult for me to talk about. I am about to make to you a public disclosure of a very private matter, and I would appreciate sensitive questions only, please, or none at all.

Hospitals exist in order to provide for specific human needs, most notably physical and emotional. The devastating cuts implemented by this government make it impossible for hospital staff to address even basic needs.

My experiences, several experiences, as a patient prior to health care reform, have all been very positive. The routine was pretty basic. You go to the admitting desk; you fill out some papers, and someone would lead you up through a maze of foreign territory onto your ward. You would get settled into your room, you would meet your nurse, and she would tell you where to find things and how to get things that you could not find.

There were no surprises. You were kept up to date on your daily schedules. You knew what was going to happen. I was encouraged to ask a lot of questions and I did that, and I got a lot of answers. Back then my room was always kept clean. Everything that was necessary for me to function from my bed was within reach. I was dealt with by competent and confident staff members. It gave me the sense of trust and security that I needed in order to look ahead and not look back. Their enthusiasm helped to heal me.

The discharge plan was always in place in order to help facilitate my recovery at home. I was given appointments; I was given instructions; I was given prescriptions; I was given what I needed, and nothing was left to chance. Do you know what? That was hospital care. That was back then.

So here we are, and it is the mid-'90s, and health care reform has begun. I stop in the hospital to visit my daughter who was admitted that morning to have a foot operation. I get to her room, and do you know what? It is too late. They have taken her off to the OR already. All that remains where her bed once stood are three soiled napkins, a decomposing half-eaten sandwich all covered in dust bunnies.

A tumour in my head led me to a surgeon. He arranged my operation for the next week. There was a 50 percent chance of permanent and irreversible facial paralysis. For those of you who are not familiar with facial paralysis, I can easily duplicate that look by pressing your hand firmly against your face and pulling down until your eyelid hits about your collarbone. It is guaranteed to keep kids away.

* (2150)

Several days before the surgery I attended the hospital's pre-operative clinic. I had my questions with me as the doctor instructed me to do. Unfortunately, the nurse who was assigned to me that day had just bumped into the area from somewhere else in the hospital. She did not have a hot clue about the kind of surgery I was about to have, so I asked to speak with a head nurse, and in no time flat she made it crystal clear to me that she had far more important things to do with her day than stand in the hallway talking to me. So you know what? I think I had just been set adrift. In three days my head was going to be open on a table, and I did not know what was going on. I did not now if anybody knew what was going on.

So it is the day of my operation and things are much different now than they used to be. I am at the admitting desk and no one shows me to my room, no one gives me the lay of the land. No friendly voice comes up to me and says are you okay? Because you know what? I am not okay, and quite frankly I do not know if I am ever going to be okay. The nurse promises to call my husband when my operation is over, so I ask him to go home and wait. They will phone him. We are dressed in humiliating and revealing hospital gowns, about 12 of us corralled in a hall. We are marched single file down a public corridor onto a public elevator, down another public corridor. By this time our dignity is gone. It seems to me that we are no more than machines going in for broken repairs. I think of concentration camp victims walking to the showers single file.

Well, my operation is over, I am in the recovery room, and it is a bloody nightmare. There are too many people milling around, and there are too many voices. They are too loud and they are too harsh. There are bright lights over my face. They are penetrating my closed eyelids, and I am becoming very nauseated. I am being poked, and I am being shaked, and I can hear someone say, hey, wake up, open your eyes, what is the matter with you? You know, the old recovery room was not like that. It was a place of quiet solitude where you could awaken gently and you are addressed by your name. "Mrs. Smith, can I get you anything?"

Back in my room on the ward and I am alone, and my drug-induced sleep is thinning from time to time, and I am paralyzed. I cannot speak, I cannot open my eyes, I cannot stay awake. The left side of my head is bandaged thickly, so I lay on my back. I am vomiting. It slides down my neck, and it pools beneath my covers under my armpit and my hip. I am cold and I am wet and I cannot move because I am paralyzed. The hours pass, and it seems that I am required to drink and to void before I can be moved off this ward and my nurse can go home. It is late in the day, and all I want to do is to be left alone. My limbs will not allow me to sit up, yet she insists that I drink, and I insist that I throw up. I show her my messy gown and my bed. She gives me a towel and she leaves the room. I need a bathroom and I cannot summon help. Lucky for me my side rails are down, so I drop to the floor just as my husband arrives. I had been out of the operating room for about four hours. No one bothered to call him. My husband helped me to the bathroom. He sat me in a chair because my bed was a mess. He removed my wet gown and he got me dressed. You know, this had never happened before. All the many times I had been in before, this had never happened. Before, I used to wake up and I would be secure and safe in my bed. I would be clean, I would be warm, I would be dry, with my husband nearby. My side rails would be up, my call bell would be within reach, not five feet across the wall. I would have felt secure enough to look ahead instead of back.

The surgeon came in and he asked me to smile, and I guess I passed. He told me the paralysis I was experiencing was temporary and drug induced. It would pass. Before leaving, I was given a couple of appointments, and only after asking was I reluctantly given a small brown bag and some tissue for the ride home. My husband bundled me in a wheelchair because I chose not to stay for the night. That was because I needed to be cared for. It was pretty obvious to me at this point that I was in the wrong place for that. Nobody asked me if I had any pain medication at home, no prescription was offered to me for the pain that was soon to follow.

So, please, gentlemen, maybe you would like to tell me again, how is this an improvement over what we had before?

I have a friend who is a nurse at the hospital. Several months ago she took on a term position to escape the desolation on the ward that she called her home ward.

Her term had expired and she was about to return to the stroke unit. She called it the ward from hell. My friend loves working with elderly patients. You know, she is a ray of sunshine. She is an eternal optimist. She is caring, she is genuinely concerned and she is one in a million.

She and her aide can have an assignment of up to 14 patients per shift. Some of these patients cannot move, they cannot speak, they cannot summon help. Can anybody here relate to that one? You know, because I can. Every one of those patients needs a lot of help, a lot of time. There are not nearly enough staff members to give these people adequate care. How many times can my friend walk past a patient who is begging you to hold her hand so she will not die alone? How many times can she walk past the man whose skin is burning under his own urine and excrement so she can go and clean someone else in the same condition? How many times can you walk into a room only to find that your patient has died while waiting for you?

My friend has to make a decision real soon. She can stay on the ward from hell, she can fight the good fight and she can guarantee herself a complete emotional breakdown so she will be useful to no one. She can leave that ward and she can take with her the guilt that is associated with abandoning people who do not want any fancy frills. All they want is basic human care. It did not use to be like this.

Mr. McCrae, please examine the changes you have made to this system, acknowledge your mistakes. Please, correct them now, because it is not too late. Thank you.

Mr. Chairperson: Thank you very much for your submission. You certainly maintained control and made a very moving presentation. Thank you very much.

I would now like to call on Kevin Richardson. Kevin Richardson. Kevin Richardson, apparently not being here, will go to the bottom of the list. Pat Charter. Pat Charter, apparently not being here, will go to the end of the list. Ellen Kruger? You may begin.

Ms. Ellen Kruger (Manitoba Medicare Alert Coalition): Thank you, Mr. Chairman, and thank you to members of the committee.

I am here before you to express the very serious concerns that the Medicare Alert Coalition has with Bill 49, The Regional Health Authorities Act. The Medicare Alert Coalition is an organization comprised of health care consumers, 21 health care organizations and community organizations, advocacy groups and hundreds of individuals. I would like to mention we had a call from the Social Planning Council of Winnipeg who asked us to express their support for our remarks today. They are not a member of the coalition, but they would like it to be known that they are supporting the remarks we are making from the coalition. The coalition formed, in 1990, because of a common concern for the serious impact that reductions in federal transfer payments were having on health care services in our communities.

* (2200)

It is very clear to all Canadians and to our governments that medicare is our most valued institution. Indeed, it is one of the defining characteristics of democracy in Canada. The Organization for Economic Cooperation and Development has found that Canadians are the most satisfied citizens in the world with their health care system–or they were. This satisfaction, however, is rapidly decreasing. A recent Manitoba study found that nearly 75 percent of Manitobans felt that the Filmon government was doing less than a good job when it comes to health care.

Since 1990, the coalition has been working to increase public awareness of the threats to the current health care system and the changes that will be needed to bring medicare into the 21st Century. Last March, Canadians saw the demise of the Canada Assistance Plan and the introduction of the Canada Health and Social Transfer. Not only did this further distance federal government from delivery of national programs and its influence over setting standards for that delivery, it also saw further reductions in federal transfers to the provinces.

As the federal government reduces funding to the province for health care, they have also given up their suasion to enforce provincial compliance with the principles of the Canada Health Act. The five principles of the Canada Health Act, and you have heard this over and over, but I am going to say them again because they are so important obviously to our coalition's remarks and obviously to many others that have presented here to this

committee. These are the cornerstones of medicare and they give Canadians assurance that health services are available to all citizens.

These five principles are: Universality, providing uniform health coverage for all with services being provided under uniform terms and conditions; accessibility, access to care will not be restricted by the introduction of user fees nor will service be linked to age, disease, past health record or employment; comprehensiveness, ensures all necessary health services are covered whether done in a hospital or as a part of a community-based delivery system; public administration, administered and operated by a nonprofit public authority responsible to government; and portability, services are to be available to every Canadian wherever or whenever they move within the country with no disruption of service.

The Filmon government has frequently stated its support for medicare and its guiding principles. We have heard that Mr. McCrae has said that he will include a reference to the five principles. We are gratified to hear that there will be a reference, but a reference is absolutely not sufficient. We are calling on the government to demonstrate its support for medicare by amending Bill 49. Amend Bill 49 to assure Manitobans that medicare will be preserved and protected by incorporating the five strong words from the heart of medicare into Bill 49. It is essential that Bill 49 uphold both the intent and the spirit behind the five principles of the Canada Health Act, not just a reference to them. Bill 49 currently contradicts this act, for example, by making reference in a number of places to the introduction of user fees. Bill 49 is a critically important piece of legislation defining the future of medicare in Manitoba and so must be carefully reviewed and amended to define the best possible health care system for Manitobans.

The various regional health authorities must each be accountable to government and to the public and must abide by the intent of the five principles. Given the fact that these authorities will be expected to cut $100 million from health care budgets in rural Manitoba over the next year and a half and given the fact that when combined with previously announced cuts nearly $200 million will be cut from our health care system, Manitobans must be assured that these regional authorities have not been established merely as a vehicle for the gradual dismantling of our medicare system and as a means to introducing in a covert way a two-tiered health care system in our province.

In addition to enshrining the five principles of medicare and ensuring that all aspects of regional health care delivery are consistent with these principles, the coalition would like to raise 10 major issues that must be addressed in Bill 49 to ensure the provision of high quality health services to all Manitobans.

1. There must be adequate time allowed for proper public discussion and input into the design of our new health care system. Bill 49 has been too rushed and a delay is imperative.

2. Bill 49 must make a commitment to democratically elected regional health boards.

3. Community health needs assessments must be done before the health authorities begin to make any major service delivery decisions. We understand that monies are to be forwarded to these authorities by April '97 and they have no needs assessments with which to base their decisions on how to spend money, and that means money is going to stay in the status quo because it is going to be less money.

4. The Canada Health Act makes reference to all necessary health services being covered, which would preclude the need for a core services agreement that would define for Manitobans which services would be guaranteed and which ones would not.

5. Part 6 of the bill must be removed. The current Labour Relations Act has worked well in health care and there is no need to deal with labour relations in Bill 49.

6. Bill 49 must included a government commitment to a stable funding formula that will assure that all services will be funded at an adequate and a predictable funding level.

7. Bill 49 must direct the regional health authorities to fund the development of community-based services.

8. Bill 49 needs to define a broader vision of health services that would more fully integrate health and social services, taking into account the link between health and

socioeconomic status. The sustainability of health and ultimately of the quality of the health care system depends upon addressing the root causes of ill health. On this point, the government's record on social policy has been abysmal.

9. Bill 49 must state clearly the standards and principles of health care delivery. Any changes of these rules must only be done through the legislative process, which allows for public input. These very important decisions cannot be left to the regulations or to the discretion of individual ministers or alone to the government without public input.

10. Elected regional health authorities must have control over the management and delivery of health services in their region. Bill 49 concentrates decision-making power with the Minister of Health, yet holds the authorities responsible for the implementation of services, implemented, we might add, under seriously constrained financial circumstances.

In summary, the most important amendment that can be made to Bill 49, short of withdrawing the whole thing, is the inclusion of a meaningful commitment to the five strong words from the heart of medicare, and we mean with the intent and the spirit of those principles. However, given the many important concerns that we and others have raised, and given that Bill 49 will define how our health care system will be structured and who will be given decision-making powers, we urge the government to table this bill. It is a seriously flawed piece of legislation. Before any changes are to be made to our health care system, there needs to be broad, meaningful public discussion on issues like core services. Community-needs assessments must be done, and standards must be set. Changes to Bill 49 must be made to ensure democratically elected boards have access to long-term adequate funds to allow for the delivery of a universal, comprehensive, accessible, portable and publicly administered health care service.

I thank you for your time and your careful consideration of the points we have raised, and I would welcome any questions you may have.

Mr. Chairperson: Thanks, Ms. Kruger.

Mr. Marcel Laurendeau (St. Norbert): Thank you for your presentation. There are a number of areas that I would like to ask questions on, but I would like to give the opportunity to my other colleagues. The one I would like to touch on though is No. 4, where you state the Canada Health Act makes reference to all necessary health services being covered which would preclude the need for the core services agreement. Without the core services agreement, I mean, my wife would probably like me to have hair implants and cosmetic surgery and maybe a few other things done. Should they all be covered then or how do we define that process without having a core services agreement put in place?

* (2210)

Ms. Kruger: I think that is an important question, and the fact is we have been implementing a medicare system with rather a lack, in fact, of medically necessary service, a lack of a very good definition. We have also managed to provide medically necessary services to people when they need them. Probably hair implants are not medically necessary services, but the long and the short of that is the public needs to have input into the kinds of services they feel that are essential to maintain the health of our communities and the health of our nation, and the public has not had input.

Mr. Laurendeau: But then who would make the decision on which services it would be? I mean, in some cases some doctors might decide, well, tattoos should be removed or some cosmetic surgery might possibly fall into it. How would you define that without having that core services agreement?

Ms. Kruger: I think that that question–I cannot answer the question definitively because I do not think that anywhere in this country has anyone answered it definitively. However, the only way we can come to some kind of agreement on that is through public discussion, through discussion with health care providers, with health care recipients and to understand.

We now know that home care services are a medically necessary service. It did not used to be covered We know it is medically necessary. Are we going to lose this because it is not in an agreement? We need to be assured in the act what services are necessary and what will be covered, and then the public needs an opportunity to express their feelings about what are medically necessary services. That gives some guidelines. People ought to know through the act what services they are entitled to

under that act. Others may be debatable along the way, but the act must outline that.

Mr. Chairperson: Three minutes left.

Mr. Sale: Ms. Kruger, I am sure you are probably aware that the Minister of Health (Mr. McCrae) was quoting in the House his close working relationship with the coalition and which he was supporting in terms of their calls for the inclusion of the principles of the Canada Health Act in Bill 49. I certainly support the notion that they should be included in sufficient detail that it is clear what their meaning is. Was the minister aware of the points one to 10 and some of the other comments and concerns that the coalition obviously has about the act, or have you not had a chance to communicate that before this brief tonight?

Ms. Kruger: No. In fact, we had a preliminary press conference where we outlined some of the other concerns, but the minister has not had an advance copy of this document and so did not know what it contained. We did have an invitation to meet with the minister and, unfortunately, were not able to accept as both of our chairs were out of town at the time, but we did have an invitation for that discussion. So this is his first seeing of this paper as well.

Mr. Sale: I take then that the coalition's view is expressed most clearly in your summary, that you believe that basically it is a seriously flawed piece of legislation, that there needs to be public consultation and the implication of that it seems to be is that the bill has to be withdrawn at this time, because there obviously is not time for that prior to the inexorable rolling of the legislative wheels that are going to put this bill back before the House in a very short period of time without the process you described. So would it be fair to say that you want this bill withdrawn regardless of whether it is amended to include the five principles or not?

Mr. Chairperson: Ms. Kruger, please answer within a minute.

Ms. Kruger: I think that it is fair to say that our most important recommendation is the amendment of the five principles. However, all these other concerns are critical and we would not support a bill going forward without addressing at least those 10 issues, and certainly I have not heard anyone else in the room supporting this bill either.

Mr. Chairperson: Thank you very much, Ms. Kruger. Next I will call on someone who has dropped to the bottom of the list and that was Valerie Price. Is Valerie Price here?

Will the committee address the issue as to what should happen now that we have someone called a second time? We did not make a decision as to how to deal with that situation. Is there agreement that the person not responding to a second call now should be dropped off the list?

Mr. Chomiak: Mr. Chairperson, on that point, I guess our position would be dependent upon the extent to which the committee will be sitting and to the extent of how long we will be sitting tonight and whether, as I suspect, we will need another sitting tomorrow and whether or not at that time those individuals who may have not been able to appear may. At least those on the list may have an opportunity to make their presentations, so I am looking to the direction of the committee as to whether or not some consideration be made on that basis.

Mr. Penner: The normal process that has been, I think, prevalent in committees as long as I have been involved in committees is to drop the people off the list once they have been called a second time and are no-shows. So I would suggest that we follow that protocol and retain the process and drop the people off the list. They have had an adequate opportunity, two days in a row, to have had their names called to appear before the committee, and if they choose not to appear that is then of course by their own choice.

Mr. Chairperson: And we have agreement on that or suggestions?

Some Honorable Members: Agreed.

Mr. Chairperson: It has been agreed. Valerie Price I will then call again–Valerie Price not responding. I would next call on Albert Cerilli. Albert Cerilli, having been called a second time, will also then be dropped from the list. We then have a walk-in appearance this evening, Mario Javier. Welcome, Mr. Javier.

Mr. Mario Javier (Private Citizen): My name is Mario Javier, for the record. I have just been observing

here, last night and tonight and I took this opportunity at least to speak.

I came to this country in 1976, and ever since I have been an observer of what is happening in the government and in the country, until last year when I had to be involved a little bit when I become president of the biggest single unit local here in Winnipeg. I am president now of CUPE 1550 and, as you can see, I might have had to represent labour but then I am withdrawing it because CUPE had its presentation last night. I completely agree with it, and much of what has been said about Bill 49 has probably been said. It will be up to your decision, and we cannot do much about it and what the Legislature does. I just want to make some comment since I told you I have just been an observer.

Ever since I came here to Canada, I have worked in health care. I worked in municipal hospital as an orderly, and I worked in the operating room of the General for three years and until I became president of the local, I worked in the children's operating room, which now, as you know has a hearing.

I have been to meetings with the hospital joint management and staff and all I can say is that even your managers, your directors of the hospital are already complaining that we are already, as of now, working on a skeleton crew. While we are debating the health care up here, our sick people are suffering down there. They do not have the directives to be able to manage, and this is one factor ever since we tinker unto the health care since we had this Connie Curran some time ago, all the savings that we get from health care is only on closing of beds. There are systems that you have done, and this seems to be not working properly, the way I observe it. They try to send home people prematurely to make sure that they save money. But then again, as I see it in Children's, a lot of those children come back, and when they come back they are admitted for a longer time, so we do not know how we can save by doing this, and now we are going on to what we call regionalization. This could have been done at least eight or 10 years ago. Now we are too deep in trouble already, and we do not have the money and we are going to try to invite some people to at least help us do our business.

* (2220)

The way I observe Bill 49, it is not just the bill itself. It is accompanied by other bills that seem to have one purpose, an invitation to private entities to manage our health care system, perhaps our school system and maybe sooner or later will be a corporate Manitoba. If we are to go along with what we call universal health care, we should not perhaps go right away to private companies to help us in our health care system. We have all the people and we have all the minds here in Manitoba. We are not dumb here. We can manage and we have been managing the labour movement, for example.

I have, since 1990, had no increase whatsoever. This year I am facing another 2 percent,. Even without an increase, we also accept the layoffs. It is not a layoff. Whenever somebody retires, we do not replace them. I used to have 2,300 members, now I only have 1,900. Labour itself is trying to help to meet the demand of the short budget of the government.

We are also sympathetic on what you are. What we have been through is a total abuse of 10 to 20 years ago on our health care system or mismanagement of it. What I am afraid of is that if you go right away and do a drastic change, together with the other four or five bills with Bill 49, what you will see is a change that what happened to Russia. You have a drastic change, after that nobody knows where they are going. You have to learn how China is moving towards capitalism. They are doing it slowly in such a way that they can cope, but Russia, yes, they rejoiced for one night and suffered for 10 years. In China, they try to hold those people who are trying to change it overnight and now they are slowly rebuilding. They will soon be capitalist, and I am afraid they will be bigger than the United States.

So if you are–and we are going back to this health care reform–going to change, please do it slowly. Because if you do it drastically, you will have to pay for it. Maybe not you, maybe by the time that you will have to pay for it, you will already have your condo in Florida or in Texas or in Arizona and probably your children will be moving to Toronto or Victoria, but how about our children? They will be the ones to pay for it. We in the labour movement actually have contributed a lot for the changes in the health care system. From 2,300 to 1,900 now in a matter of six years is a big contribution just on a small local like mine. How about the nurses?

I can go on and tell you all the observations that I have made, but Bill 49, if you go ahead without any amendments, will have a ripple effect that you will probably see five to 10 years from now. What does a health care act have to do with labour? Why does it have to be there? I just want to take care of the sick. Why do you have to tinker with the workers? We just work there. We just care for your sick. Whoever made this up, whoever is the author certainly made the Legislature not look very smart. Thank you very much.

Mr. Chairperson: Thank you very much. Mr. Penner has a question.

Mr. Penner: Mr. Chairman, thank you for the presentation. I was interested in the statement that you made about the reduced funding in the health care system –I think that is the term you used–over the last couple of years and that you were pointing the fingers at that government-reduced funding as to the difficulties that you were having serving the public with their health care needs.

Are you aware, and I am sorry, I did not catch your name–

Mr. Javier: Mario Javier.

Mr. Penner: Mario. Are you aware, Mario, that eight years ago when we came into office that we spent roughly about $1.2 billion on health care a year? This year we are going to spend, or we have budgeted for almost $1.8 billion, over a half-billion dollars more money into health care than we did eight years ago. Last year we spent $60 million more than the year before in health care, and yet you accuse the government of underfunding the health care system. I do not think that is the word you used; you used "decreased funding." When I look at our budget, our total health care budget in this province, we have spent more money every year on health care, without fail, over the last eight years and yet you are indicating that we have cut spending in health care. I wonder whether you could articulate for us in which areas and how dramatically we have cut other than what the real budget numbers show.

Mr. Javier: If you will indicate that was eight years ago and of course your funding is probably less or more than what we spent last year, but eight years ago you have to remember that X-ray equipment probably is only $100,000 compared to $1,500,000 this time. Your medication and your drugs, which is probably next to salary, is the next most expensive of the health care. A carton of Tylenol during that time, or we might still be using Bayer's, is probably $1. Now it is $8 or $12 in some instances.

I did not indicate that it is the funding of the government that really eradicates the good system that we used to have. What I am saying is the way we run the changes. This is what I am going into. The changes could have started eight years ago and been done slowly. Labour has been adjusting to it every year. By spending itself you can see how it is being singled out that it is the labour that really eats up most of the salary, but then how about the physicians? They have been checked once in awhile and actually some of them even earn more than–the system itself should have been reformed eight years ago.

It is not just the labour. It is the multinationals, the drug companies that really screw us up here. Insurance companies probably tinker around with us. We cannot escape it now because 10 years ago we smiled with Brian Mulroney. Every time that he sings with Reagan, we go along with the tune and then we sign NAFTA. With NAFTA now we are engrossed to privatization. The American companies can come in here and lobby all our politicians. We cannot escape it. We have to make changes and we are doing it now. What is happening though in Manitoba is what McDonald's used to do with its McRibs.

* (2230)

Mr. Chairperson: We have just over a minute to go. I know Mr. Chomiak has–

Mr. Javier: If it will pass in Winnipeg, it will pass throughout North America. If your health care reform and all your bills pass through here, you will probably introduce it to Ontario and Calgary. I see it all because I am the foreigner who probably comes in here and look on you from the top. Here is the Canadian, they are very passive, they will just buy my McDonald and I will sell it in California, and this is what your health package is now. If you do not change this, or if you do not go slow on this health care reform, you will see the ripple effect of

this on your children while you are in Arizona in your condos. Thank you very much.

Mr. Chairperson: Mr. Penner, you have 30 seconds. You have to make it real quick.

Mr. Penner: Just one short comment. I would suspect from the comments that you made that there are some areas that we should move very quickly.

Mr. Javier: I agree.

Mr. Penner: The second comment I have to make is that we should look very closely at Mr. Jean Chretien's smile when he says we will cut $250 million out of your budget. I think we should look very closely at who is smiling and who is arrogant in Ottawa and how that is applied.

Mr. Chairperson: Thank you very much, Mr. Penner and Mr. Javier.

Mr. Javier: Thank you.

Mr. Chairperson: Next person on the list is Kevin Richardson . Is Kevin Richardson here? That is the second call for Kevin Richardson. Kevin Richardson is now dropped from the list.

Ms. Pat Charter. Is Ms. Pat Charter here? Ms. Pat Charter has been called the second time and is dropped from the list.

I will now canvass the audience one last time to see if there are any other persons in attendance wishing to speak to the bills that are before the committee this evening. Seeing as there are none, did the committee wish to proceed with clause-by-clause consideration of the bills?

Mr. Chomiak: Mr. Chairperson, we have two significant bills ahead of us tonight, two very significant bills, given the presentations we have seen for the last two days, with numerable, numerable amendments. These are extensive bills. These are complex bills. We have gone through two days of hearings. We sat till 2 a.m. last night. It is now 10:35 p.m.. I would suggest that the committee rise and that we reconvene and have an opportunity to spend proper time and attention to the clause-by-clause review of this bill, because I can indicate that, based on what we have heard in this committee, we are going to have more amendments than I have ever been involved in, in my tenure in the Legislature. I know the minister has indicated he has some amendments, and given the complex nature of this bill and the questions raised, we have no choice in this committee but to spend considerable time on clause by clause. I can assure you that will be next to impossible to finish tonight. On that basis, I think it is a common practice at this late time for the committee to rise and to reconvene at another opportunity in order to deal with the clause by clause of these very complex and difficult bills.

Mr. Penner: Mr. Chairman, I would suggest that we recess for five minutes to discuss the issue, if that meets with your concurrence.

Mr. Chairperson: Is that agreed?

Some Honourable Members: Agreed.

Mr. Chairperson: Five minutes. We will return then at–

An Honourable Member: Ten minutes.

Mr. Chairperson: Ten minutes. Return at 10:45 p.m. Agreed?

The committee recessed at 10:35 p.m.

After Recess

The committee resumed at 11:05 p.m.

Mr. Chairperson: Okay, we will call the committee to order. Thanks for everybody's patience.

What is the will of the committee now that we have had the recess?

Hon. James McCrae (Minister of Health): I would like to suggest that we begin clause-by-clause examination of Bill 37. My expectation is that we would be able to complete that in relatively short order

Mr. Chairperson: Is that agreed? [agreed]

Mr. McCrae: And then, Mr. Chairman, to proceed to clause-by-clause examination of Bill 49. I understand my honourable friend the honourable member for Kildonan (Mr. Chomiak) and his colleagues have things to say about Bill 49, and they also have amendments, as do I, as I have set out at the outset.

I might also indicate that we make it a habit, I do at least in these proceedings, to listen to presentations that are being made, and it may be that at a later stage some more consideration can be given to some of the presentations that have been made. I am not a legal draftsperson, so I need opportunity to address perhaps further the presentations that have been made. It may be that the amendments that I am already of a mind to propose will be as far as we can go, but that remains to be seen.

Mr. Chomiak: In general, I just want to indicate to the committee that as a result of presentations that have been made before the committee, in addition to amendments that we had prepared, there are numerous other amendments that we have now belatedly asked legislative staff to prepare, and this is going to take some time in order to do the translations and the preparation of these amendments, and they are considerable.

We may be in a position as well where some guidance might be sought as to how these amendments can practically be introduced to the bill.

Mr. Chairperson: What is the will of the committee with respect to Bill 49?

Mr. Penner: I would suggest that we deal with Bill 37 first and that we start the discussions on Bill 49 and proceed with those discussions till we deem it necessary to adjourn, and that might well be dealing in the entirety of the bill. But I think we should debate and discuss the issues as we go along and deal with it to that point.

I think the minister has clearly indicated his desire to give some additional consideration to some areas that have been expressed. I think the minister has clearly indicated his desire to give some additional consideration to some areas that have been expressed before us in committee, and I certainly accept that. I hope that the opposition can accept that, so if we take an amenable approach to this, to see whether we can move this along as far as we can, and then give it consideration.

Mr. Chairperson: I sense that certainly we already had agreement on No. 37. We should proceed with that and then we should start the process with 49 and see how far we get before we potentially bog down. Is that agreed? [agreed]

Bill 37–The Ambulance Services Amendment Act

Mr. Chairperson: Bill 37–Mr. Minister, do you have any brief opening statement to make?

Hon. James McCrae (Minister of Health): I think I could wait until we get to Clause 2, which is a clause for which I have an amendment.

Mr. Dave Chomiak (Kildonan): As we indicated during debate in the House of this bill, in principle we do not have difficulty for the most part with the principles of the bill, and we had advocated some of these provisions. As also indicated in the House and as expressed here at committee, we have had some difficulty with passage of this bill because so much of the actions under this bill depends upon regulatory authority, and we have not had access to the regulations pursuant to the bill.

* (2310)

Indeed, further, if one reflects back on the presentation made by the presenter to this bill, he had suggested some amendments that dealt with the regulatory authority, and we have really had no opportunity, obviously, to deal with those kinds of amendments with respect to the bill. So we are at a very serious disadvantage, and an unfortunate situation, I might add, insofar as this is a significant bill which we have not had proper information provided us in order to scrutinize. Consequently, the minister may proceed and the government has a majority. It may go clause by clause, but we have some difficulty in going through without having access to the regulations and the provisions that are contained in this bill since it is largely regulatory in nature.

Mr. McCrae: I would like to clear something up, Mr. Chairman. Mr. Dwayne Forsman was here to make a presentation. At that time a question was raised about

regulations, and the response was given that Mr. Forsman was privy to discussions about regulations and had seen regulations. Well, Mr. Forsman was mistaken on that point, with all due respect to him. There are no regulations prepared, ready for presentation to government for passage pursuant to this bill.

It is important to note that this bill does not become law until it is passed by proclamation. There are no regulations prepared for the honourable member to see. There were draft discussion documents which were the subject of discussions between our Emergency Services Branch and Mr. Forsman's organization. That was the type of documentation that Mr. Forsman was talking about. I do not have regulation documents that are available to share with anybody. So, just to make sure the honourable member is clear about that point, there are no regulations to be looked at, at this point. Besides that, the bill does not even become law except upon proclamation, and regulations, as the honourable member knows, flow from regulation and are not something that are all prepared and bound and ready for the honourable member's approval prior to the passage of legislation.

I just wanted that clarification to be made in case he was under some apprehension or some misconception that there were some regulations that exist, and I admit, from having listened to Mr. Forsman's comments, that one could be led to think that there might have been regulations that were all prepared, but there are not.

Mr. Chomiak: I appreciate the minister providing me with that information. I just want to add, however, two points. I had corresponded with the minister previously, and I do not have the letter here, but I was under the impression from the correspondence that some form of regulation or discussion of regulation had been circulated and that was reinforced my Mr. Forsman's comments. I still would have appreciated and would like to have had, since we are responsible for the passing of this legislation, a chance to review those regulations. So the principle does not change in terms of our position, but I am indicating to the minister now that we are not going to stall the process of the passage of this bill by virtue of that.

I want the minister and the government to understand what difficulty we have in opposition in dealing with legislation of this kind without having access to that kind of information. I am not saying we are not going to allow the minister to pass, but I do not feel comfortable with it. I do not feel comfortable as an opposition member even commenting on some of the provisions without having had access to that kind of information. I just do not feel that I have adequately been able to do my job.

The bill will pass tonight. There is no difficulty, that will be no problem, but I do not feel comfortable taking part in the process without having that kind of information. I am not faulting anybody–well, enough said.

Mr. Chairperson: During the consideration of the bill, the Title and the Preamble are postponed until all other clauses have been considered in their proper order by the committee. We will now proceed clause by clause with Bill 37, The Ambulance Services Amendment Act.

Shall Clauses 1, 2 and 3 pass?

Mr. McCrae: Mr. Chairman, honourable members will recall Mr. Dwayne Forsman coming forward, and I think that I tried to set out before this committee began hearing any presentations, that it is my habit as a minister to listen to presentations that come forward. If you look at my record both as a Minister of Justice and as the Minister of Health, as minister of whatever else I was–a number of things over the last few years–you will note that it has been fairly frequent that presentations made at committee have resulted in amendments being made.

Mr. Forsman comes forward with a useful suggestion, as have others, in this committee, and in this case it is my pleasure to make a motion pursuant to the presentation made by Mr. Forsman.

I move as follows, in both the English and French languages,

THAT section 2 of the bill is amended by adding "AND STRETCHER TRANSPORTATION" after "RESPONSE".

[French version]

Il est proposé que l'article 2 soit amendé par adjonction, après "D'URGENCE", de "ET LE TRANSPORT POUR PERSONNES SUR CIVIÈRE".

Mr. Chairperson: Maybe we can proceed before moving to Section 2. Clause 1–pass. Now, the amendment to Clause 2–

Mr. McCrae: Mr. Chairman, I move in both English and French languages,

THAT section 2 of the bill–should that not say "be amended"?

An Honourable Member: Is amended.

Mr. McCrae: Is it supposed to be "is"? All right. I move

THAT section 2 of the bill is amended by adding "AND STRETCHER TRANSPORTATION" after "RESPONSE".

[French version]

Il est proposé que l'article 2 soit amendé par adjonction, après "D'URGENCE", de "ET LE TRANSPORT POUR PERSONNES SUR CIVIÈRE".

Mr. Chairperson: Is there any debate on the amendment?

Mr. Chomiak: Yes, I just want to–it is true, I have been involved with the minister many times in committee, and there have been many occasions when he has put in amendments as a result of presentations. I am really, really hopeful when we get to Bill 49 that process will continue.

So, by virtue of this amendment, just so that I understand it correctly, the act will then become The Emergency Medical Response and Stretcher Transportation Act.

An Honourable Member: Right.

Mr. Chomiak: I do not think we will have a problem with that.

Mr. Chairperson: Shall the amendment pass? [agreed]

Clause 2 as amended–pass; Clause 3–

Mr. Chomiak: Mr. Chairperson, Mr. Forsman also made a comment and a concern about the definition, I believe, of patient and–well, since this act actually deals with ambulance service and emergency response, I guess it is not appropriate, but there was a concern, if the minister recalls, raised about the transport of emergency patients by stretcher services, if the minister recalls the comments of Mr. Forsman about movement from home, for example, to institutions as opposed to moving stable patients from institution to institution.

I am just wondering if the minister can give us assurance that that concern will be addressed.

Mr. McCrae: That concern will be addressed in the regulations, which the honourable member has not seen, but which he would not see in the normal course of the passage of legislation, in any event.

Mr. Chairperson: Clause 3–pass; Clauses 4 and 5–pass; Clauses 6 and 7–pass; Clauses 8, 9 and 10–pass; Clause 11–pass; Clauses 12, 13 and 14(1)–pass; Clauses 14(2), 14(3), 14(4) and 15–pass; Clauses 16 and 17–pass; Preamble–pass; Title as amended–pass. Bill as amended be reported.

Bill 49–The Regional Health Authorities and Consequential Amendments Act

Mr. Chairperson: Bill 49, The Regional Health Authorities and Consequential Amendments Act, does the minister responsible have a brief opening statement?

Hon. James McCrae (Minister of Health): Yes, Mr. Chairman, very brief because I know my colleagues are going to get tired of hearing from me soon enough.

I set out entering into this committee deliberation on Bill 49 with the intention of bringing forward amendments to deal with concerns about which I had heard even previous to the presentations made to the committee, and I have amendments which, I believe, respect the consultation process.

* (2320)

I will tell honourable members that I think I hear the expectation from the honourable member for Kildonan (Mr. Chomiak) that everything that ever gets asked for should be the subject of an amendment. That is not realistic, and I hope the honourable member can accept that. We will find that out as we go along, but you

cannot simply just say to every person who comes along and suggests that something ought to be changed in every section that that is what you should do. That is not the kind of government my honourable friend supported when the NDP was in office, and it is not the kind of government that would be a good government, in any event. I know the honourable member respects that kind of principle, but we will see as we go through the clauses of this bill.

Mr. Dave Chomiak (Kildonan): It certainly was apparent to us going into the committee that there were major flaws and difficulties with this act, Mr. Chairperson, and I think that, if it was not apparent to an objective observer going into this committee, certainly anyone who sat through the presentations and listened to the universal concerns, the common concerns expressed by presenter after presenter to this bill, and the overwhelming representation that this bill is not a good bill and ought to be reconsidered or, at the very least, ought to be subject to extensive hearings and extensive consultations prior to reintroduction in the Legislature.

I do not think that anyone could possibly look at this bill and say that it is a good piece of legislation, given what we heard in this very limited public hearing process that occurred. We had recommended, Mr. Chairperson, as you recall, that one of the ways perhaps to deal with this bill would be to hit the road and talk to people actually affected in the communities. That was voted down. Yet, in this limited two days of hearings, I would say it is virtually unanimous that this is not a good bill and not a good piece of legislation.

Now, the minister has indicated that he is going to be introducing amendments to this bill, and we may have occasion to support the principles of those amendments, but I tell you, Mr. Chairperson, you cannot make a silk purse out of a sow's ear. I just got that one because I heard a member opposite made reference to that during the course of the hearings. You cannot graft on to a bad tree a number of branches and expect that tree to be healthy. That is my own.

There are so many bad aspects to this bill that I do not think any amendments could actually improve this bill. Having said that, as a responsible opposition, we are going to use every means at our disposal to try to improve health care in this province and try to improve aspects of this bill. While we are opposed to almost every major aspect of this bill, as was reflected in the public hearings, I can indicate we will be extensively attempting to improve a bad bill through the course of this committee, through the course of this debate.

I am really on the verge of going on and on, Mr. Chairperson, but I recognize that other colleagues and other individuals may wish to comment, so I am going to limit my remarks at this point with respect to the opening aspect of this bill.

Mr. Chairperson: Thank you for your opening comments.

During the consideration of a bill, the Table of Contents, Title and Preamble are postponed until all other clauses have been considered in their proper order by the committee. Shall Clause 1 pass?

Mr. Chomiak: Mr. Chairperson, I am looking to the Chair for some advice. When you refer to Clause 1, are you referring to the entire Definitions section included in this bill?

Mr. Chairperson: That is correct, Mr. Chomiak.

Hon. Darren Praznik (Deputy Government House Leader): Mr. Chair, in the interests of ensuring, I think, an efficient operation of the committee, and I appreciate our colleague the member for Kildonan (Mr. Chomiak) has quite a number of amendments he wishes to propose to this bill, there are probably sections of this bill that are not controversial for him or are not going to be amended. It might be useful if he had a list of those. I do not know if he has a list of those sections.

Perhaps we could deal with, you know, certain blocks where there is not an amendment coming and work around this so that we can ensure that there is sufficient time to deal with his amendments as opposed to minimize the formality of sections that are not being proposed for amendment. I just think it would help us expedite and make our operation more efficient. I know the member for The Pas (Mr. Lathlin) has requirements to be on the road early in the morning, and I would like to propose that if it is possible.

Mr. Chairperson: Mr. Chomiak, what is your reaction to that?

Mr. Chomiak: Thank you, Mr. Chairperson. I do not disagree with the spirit of what the member is suggesting. There is some difficulty. I think there will be some difficulty in accomplishing that end, however, because many of the amendments that we are proposing are presently in the drafting stage, literally in the drafting stage, as a result of presentations made last night and presentations made tonight. The only way that I think we could accomplish that end, unfortunately, would be for us to take a small break and review and see if there are any aspects of this bill that would permit us to do that, but short of that I do not see any other way of going through, plodding clause by clause in a lengthy process.

Mr. Chairperson: What is the will of the committee?

Mr. Praznik: Mr. Chair, if my colleagues are willing I think we should take five or so minutes and do that. It just makes our operation far more efficient at this time of the evening and allows us to deal with the matters that are truly of interest to members opposite as opposed to those that are not. So could we take a short five-minute recess for Mr. Chomiak to give us that list and with the draft people?

Mr. Jack Penner (Emerson): I would concur with that.

An Honourable Member: Number 11.

Mr. Penner: Number 11. I changed from 13 to 11. I am as superstitious as others. I would suggest that we put 13 on the other side of the table. Mr. Chairman, in all seriousness, I concur with what has been suggested. I only make one further suggestion to the honourable member opposite, and that is in regard to planting a good orchard and using good root stock to get an orchard started. You can graft almost anything onto good root stock and expect a good crop to grow; however, you cannot graft cherries to an apple tree.

Mr. Chomiak: Mr. Chairperson, since I have been elected to this Chamber I saw an orchard that fell and that is now rising again, Mr. Chairperson.

Mr. Chairperson: It has been agreed to recess for five minutes. We will be back at 11:36.

The committee recessed at 11:29 p.m.

After Recess

The committee resumed at 11:45 p.m.

Mr. Chairperson: I call the Standing Committee on Law Amendments to order again. We are now proceeding with a clause by clause, not necessarily in order but as agreed from time to time, of Bill 49, and I will start then with Clause 1.

Clause 1–

Mr. Chomiak: Mr. Chairperson, I can indicate that we have coming up some amendments to the definition section included in this act, but I am opening with a question to the minister. One of the often expressed concerns about the regional health authorities is the role and function of pre-existing institutions and their bodies. I wonder if the minister might–there does not seem to be any reference to those bodies either in the definition or really throughout the course of this act. I wonder if the minister might indicate what the status is of those bodies.

Mr. McCrae: What bodies?

Mr. Chomiak: The existing health boards at all the hospitals and personal care homes, et cetera.

Mr. McCrae: Mr. Chairman, if the honourable member looks in Section 1, he will find the definition of "health corporation" at the foot of page 2, then turn to Clause 45 and following, he will see in Clause 46 that, and I will just read it for convenience: "Notwithstanding the provisions of The Corporations Act or of any other Act, including a private Act, establishing or respecting a health corporation, a health corporation may enter into an agreement with a regional health authority under which the operations, property, liabilities and obligations," et cetera. So as we have said, I think the honourable member, perhaps somewhat in a teasing fashion, referred to the expression "evolve." The boards may evolve. In other words, boards, as I have said to many of them over the last few years, it is in their hands as to what they want to do with their corporate status in the future.

Mr. Chomiak: Mr. Chairperson, so what the minister is saying, and it actually goes to the heart of my question

insofar as there is really no definition of the preexisting boards–well, I guess there is a definition of the pre-existing boards under health corporation, but in terms of their status, they will only continue to exist if they enter into agreements with the to-be-established–because that is how it reads.

Mr. McCrae: With due respect to the honourable member, Mr. Chairman, that is not how it reads. I will read on. ". . . may enter into an agreement with the regional health authority under which the operations, property, liabilities and obligations of the health corporation will be transferred to and assumed by the regional health authority and the health corporation will be wound up." That is, if that is what they want to do, if they prefer to carry on as a separate corporation.

For example, I have been given indications that faith-related corporations will indeed want to carry on as individual, autonomous corporations, and that is what is contemplated by this language here, as with an amendment I will be making later with respect to faith-related organizations.

* (2350)

Mr. Chomiak: Mr. Chairperson, I accept the minister's comments and, in essence, that is correct from a reading of the act. Now the rub will be that these institutions exclusively rely for funding–100 percent in most cases–from the provincial government and, therefore, while they may wish to remain as separate corporate entities, for example, let us take–notwithstanding the minister is going to bring in an amendment with regard to faith institutions, supposing X personal care home or X hospital board decides they do not want to go in tandem with the regional health boards, is there any guarantee or provision that they will continue to get funding from the Department of Health?

Mr. McCrae: Mr. Chairman, what we expect to see is not a continuation of the funding relationship with the provincial government, but the relationship will be with the regional health authority, and that can be done by virtue of contractual arrangements if that is what is felt is the best way for them to carry out their mission.

Mr. Chomiak: Mr. Chairperson, so for clarification–and I am not belabouring, this is very significant–these entities can continue to exist with a contractual relationship with the Department of Health?

Mr. McCrae: Everything was right up until the last few words–with the regional health authority. Just replace regional health authority for Department of Health.

Mr. Chomiak: So I go back to my initial question then. If they do not enter into a contractual relationship with the regional health authority, where will they receive their source of funding to continue to exist?

Mr. McCrae: If they do not enter into contractual arrangements with the regional health authority and they have no other source of funding, they will not get any.

Mr. Chomiak: Mr. Chairperson, perhaps the hour is late, I thought that was the question I asked in the first place. So their continued existence in terms of funding will be dependent upon them entering into a contractual relationship with the regional health authorities, and should they choose not to enter into a contractual relationship with the regional health authorities, they are effectively on their own devices, although you have indicated the act allows for them continuation at least as corporate entities.

Mr. McCrae: I think I can agree on that statement.

Mr. Tim Sale (Crescentwood): Mr. Chairperson, through you to the minister. Could the minister indicate what sections of the act, as proposed, corporations would continue to function under, because I have not been able to see that, and probably that is my inability to read this clearly? But, if the minister could show me where it is contemplated that corporations will continue to exist, faith based or otherwise, that would help me understand this part of the discussion.

Mr. McCrae: I think what I am not getting across to the honourable member is that there is nothing in Bill 49 that discontinues the existence of any corporate entity whether it be set up by legislation or under The Corporations Act or The District Health and Social Services Act. There is nothing in this act that winds any of those corporations up, and so that if there is to be a wind-up of a corporate entity, to be wound up and rolled in with the regional health authority, that is a decision that has to be made by the board of an incorporated organization, and there will

be some who are already planning to do that. There will be some who do not wish to do that because of their mission or their faith-related roots. There may be some who still just are not ready to engage in winding up or may never want to do that, and in those cases the relationship that they have will no longer be with the Department of Health but with the regional health authority in any given region. For the purposes of this discussion, I am referring to northern and rural because we are coming forward at a later date to deal with issues related to the City of Winnipeg and the Brandon Regional Health Authority. So I hope that is clear because there is nothing in this act that winds them up, so therefore you do not need anything in this act that says that they are not being wound up.

Mr. Sale: Mr. Chairperson, I do not think this is just a sematic argument. I cannot find where the expectation is that regional health authorities will contract with, or enter into, funding arrangements with existing health organizations. Now I am sure it is there, but I am just not seeing it and if the minister could simply point me to the sections that contemplate that that is the normal way of doing business for regional health corporations, that the winding up section, which is very explicit and quite lengthy, is the exception to the rule and not the rule, then tell me where it is.

Mr. McCrae: Mr. Chairman, let me respond like this: If we go directly to the very first clause after the definitions, Clause 2, it says, "The purpose of this Act is to create regional authorities with responsibility for providing for the delivery of and administering health services in specified geographic areas." The responsibility for services received by people in the region, other than the ultimate responsibility which is under the Constitution of Canada, rests with the provincial governments.

With Bill 49, what is happening is the delegation of the responsibility for providing for the delivery of and administering health services is being made to the regional health authorities. So if there is a facility out there that is in the business or engaged in providing services, it will have its funding source and its working relationship with the regional health authority. So if they remain autonomous corporations, they can remain autonomous corporations, but they have to fit their programming in with the plan set out by the regional health authority for the region. In other words, they cannot be out there isolated from everything else, funded quite separately and apart, operating programs that are not part of the regional health plan or not operating programs which are required by the regional health authority for a particular area. So the working relationship is with the regional authority by virtue of Bill 49.

Mr. Sale: Mr. Chairperson, I have asked the minister several times now and he gives the same explanation. I accept that he thinks that is the explanation but if that is all there is to it, why did 44 faith-based organizations find it necessary to meet privately with the Premier (Mr. Filmon), meet with the minister, have a press conference, have legal opinions and raise the very serious question of their continued ability to administer their own services? Because very clearly those who attended the press conference around Future Directions: The Next Steps, understood the minister to mean–and I do not think misunderstood his words that day–that the role of the boards of directors as stewards of their property and stewards of their services was contemplated to end. If that is not the case, then it is hard to understand why the corporation of the United Church of Canada has legal opinion that there is a serious problem with this bill and why 40-something faith-based groups share that concern. So I guess I am really asking if the minister has amendments that would allay this concern, why does he not simply share them with the committee and tell us where they fit.

Mr. McCrae: We should move to the right clause, Mr. Chairman.

Mr. Sale: Well, why do we not go to that clause?

Mr. Chairperson: Maybe you could repeat that, I am sorry.

* (0000)

Mr. McCrae: Yes, Mr. Chairman, I think it is not a sematic issue, I think the honourable member simply does not understand what is being contemplated or being done by Bill 49. I say that with respect because of what he has just said. The United Church from Baldur was the sole spokesperson coming to this committee relating to faith-based concerns. Because of my wish to allow the time

for honourable members to ask their questions and for all the presenters to be heard, I did not engage the presenters, but discussions are going on with faith-related organizations. There seem to be indications that we are moving along very nicely with that, and that my expectation is that the understanding we reach will give them the understanding that they need, combined with an amendment to this legislation to have regard for the mission and the role of faith-related organizations.

I refer the honourable member to Section 64, as well, on page 73 of Bill 49, which deals with payments for services provided to insured persons by hospitals or personal care homes in health regions.

Mr. Sale: Mr. Chairperson, the subsection heading?

Mr. McCrae: It is Section 81(10), I am sorry, page 73, right at the top, Section 64 of The Health Services Insurance Act is repealed and the following substituted: Rates of payments to hospitals and personal care homes in health regions. It sets out in this section that payments for services provided to insured persons by a hospital or personal care home in a health region shall be made to the hospital or personal care home in accordance with any agreement between the regional health authority for the health region and the operator of the hospital or personal care home; and by a hospital or personal care home which is not in a health region and to which subsection 57(1.1) does not apply shall be at the rates set by the minister.

What this is saying is that payments will be made for services to hospitals and personal care homes by the regional health authorities pursuant to any agreement there might be between the regional health authority and that facility. This would not apply to a facility which winds up its corporate status and throws in its lot with the regional health authority and becomes an entity or a facility of the authority itself.

So what we have is a system where services are provided out of these various facilities but they have different corporate arrangements. It is felt that it is an appropriate thing to do. It is not something that is happening everywhere in the country, but it is happening in Manitoba where we feel that that is an accommodation that can be made, and it is a very important accommodation to faith-related organizations. This bill is replete with sections in it which have been drafted with that in mind, with accommodations being made to health corporations that want to maintain their autonomy and do their business with the regional health authority through contractual arrangements. Nobody has come to me and said they do not want to be part of the reform process or work outside of the programming set out by the regional health authorities, unless it is to provide some service that for ethical or religious reasons they do not want to provide, and no regional health authority will be imposing that kind of an obligation on a facility.

Mr. Sale: I just wanted to thank the minister for the clarification. It is helpful to see those sections.

Mr. Penner: I just want to indicate to members opposite that I had exactly that same concern, and I think the minister will concur that the minister and I did a significant amount of discussion on this because I am very much concerned that the volunteerism that has been very prevalent in many of the rural areas, most of the rural areas, that has been largely instigated by local hospital boards or personal care home boards and those kinds of entities that operate and have done an excellent job of operating, be maintained or at least that there be an allowance under the bill for that maintenance to be sustained.

I am satisfied in discussions that I have had with local board chairmen that they understand the contractual arrangements, at least those that are currently involved within the regional structure, and board members of regional structures understand the contactual abilities under the act that are there. So it gave me a greater degree of satisfaction to have that discussion with them. So when the minister shared with me some of the amendments that he is proposing, I am quite satisfied that the bill, in its final form, will meet the requirements of the needs of those that require health care services in rural Manitoba, probably to a better degree than they are now, because it will put it in the hands of local people instead of bureaucrats.

Mr. Chomiak: I appreciate the comments of the member for Emerson, and I appreciate the clarifications of the minister. Of course, we do not have a definition of what these contractual relationships will consist of, and we do not have really–contract is an interesting term. By using the word "contract" it implies a bargaining, two

equal parties or two relatively equal parties coming to a table and negotiating and agreeing upon a set of principles. Contract can also imply the kind of contract that we see that we enter into in daily life on a regular basis, which is that some large entity or some large group actually dictates all of the terms of the contract and we basically sign on the bottom line.

I wonder if the minister might comment on that particular point. I will just raise, without taking us down the rhetorical line here, I do not want to take us down the rhetorical line, I am trying not to, but with respect to New Zealand, one of the hallmarks of the New Zealand regional system that has been established is the contractual competitive relationship where institutions within a region have to compete for contracts from the regional authority. That is the structure in New Zealand.

So I wonder if the minister might comment with respect to the issue about contract and perhaps comment on the New Zealand model.

Mr. McCrae: I will try briefly to cover this point. If I could get the honourable member to understand that I have been working from two very important principles here, it might become a little clearer, not that the honourable member or his colleagues will end up supporting it or anything like that, but just that you will understand better where we are coming from.

It has been determined that the ability to run programs, the ability to say where those programs should be provided ought to rest with the regional health authority. That is a very, very important matter, and it is something that has not been a problem in our discussions with any of the facilities with which we have had discussions.

* (0010)

Everybody is in agreement that the RHAs ought to be in control of the programs, that various surgical programs, medical programs, palliative care programs, whatever the different kind of programs are.

The citing of the programs is the other issue. The competition the honourable member refers to in New Zealand is not the kind that we are talking about here, I do not think. We have competition now, a very unhealthy competition. It is not a competition that has resulted in the kind of population health outcomes that we need to see for the investment we make in our health system. What we have is, well, for example, hospital A–we will use a hospital–in community A and hospital B in community B, five miles apart or 10 miles apart, each trying to provide an identical wide range of services. Well, everyone has agreed that is just not on anymore, it is not cost-efficient, it does not make any sense, especially if one of those facilities might be chosen through whatever process to provide a certain range of services and the other one provide a certain range of services which might be somewhat different, one from the other. It is a better way to configure your health care delivery.

So it is not–the idea of the competition of the past has been very unhealthy. It has required governments to provide funding for a whole range of services, and the honourable member knows and I know that in some places services are funded but hardly required so that that reconfiguration in the different regions of the different specialties and services is something that needs to flow from this process.

The competition should not exist in the same way it has. It has been unfortunately a competition that has been characterized by the importation of political considerations into health care decision making, which is something we think has not been a healthy thing in terms of our population health outcomes.

I hope that gives the honourable member some basis. If you could remember the issue of programs and the siting of those programs, the fact that there is agreement everywhere that that ought to rest with the RHAs, and then we go from there, I think it will help you understand even if you do not agree.

Mr. Chomiak: I appreciate the comments of the minister. We could probably have a much lengthier discussion on this, but I do know we want to try to proceed. I just want to raise one point in this regard. One of the issues that has been raised by many intervenors with respect to this bill is the ability of the minister to overrule completely those decisions made by RHAs. It is very clear in the legislation the minister has the authority to do that. I wonder if the minister might comment on that.

Mr. McCrae: Again, with all the respect I can muster, it seems that on a daily basis somebody is asking the minister to overrule somebody on something or other, and then when the minister tries to say, well, you know, this particular hospital operates in this particular way and they have an autonomous board and they have their own administration and the answer comes back, yeah, but, you are the Minister of Health and what are you doing about it? Does this ring a bell with anybody in this room? I think it may do that.

I have prefaced my comments earlier by saying that under the Constitution of Canada, health care, the administration of the health system in the provinces is the responsibility of the provinces. We are not walking away from that. On the one hand, it suggested that all power rest with the minister. On the other hand, we are giving everything to the regional health authorities, and you cannot have both. So, yes, I think there are provisions in the act that allow for the minister or the government of the day–I have no illusions about being minister for the next 25 years, so I do not want anybody to think it is going to be me. [interjection] The honourable member for Emerson (Mr. Penner) wants to take issue with that and he is welcome to do so. All I say is that in all the other legislation that Bill 49 tends to replace, you will find powers resting with the minister on virtually every page.

Mr. Chomiak: Mr. Chairperson, all of this discussion does not really get us anywhere unless, of course, we know what the core services in the services are. I wonder if the minister can share that information with us.

Mr. McCrae: The core services requirements of the regional health authorities is something that has been in the intervening time since the naming of the chairs of the RHAs and the establishment of the northern and rural health task force that has been the subject of work in development of that core services requirement that will be made known to the RHAs in time for them to apply that requirement with their funding envelopes in order for them to take charge April 1 of 1997.

Mr. Chomiak: Mr. Chairperson, will they be apprised of those core services prior to December 1 when they have to submit their plans?

Mr. McCrae: That is the work that is underway now, and we need to get that to them as well as budgetary estimates and targets to them as early as we can so that they can make their plans heading into April 1.

Mr. Chomiak: Can the minister share those core services with members of the committee?

Mr. McCrae: Not yet, Mr. Chairman. I am not able to do that because the core services document is in the final stages of development.

Mr. Chomiak: Mr. Chairperson, earlier in the discussion the minister indicated that Brandon and Winnipeg would be dealt with with respect to the provision of regional health services. I wonder, can the ministry give us a definitive answer as to whether Brandon and Winnipeg will be included under the auspices of this act or whether we will be seeing another piece of legislation?

Mr. McCrae: I wish I could be totally definitive. The answer to the question really calls for a lot of drafting considerations, I suggest, and I am awaiting advice on that. If I knew all about how drafting worked and thought it was possible, I would say, would it not be nice if we could have one act for all the regional health authorities in Manitoba? That would obviously be my preference. If it is not possible for technical reasons, then we will have to look at a separate piece of legislation, but amendments to what we now know as Bill 49 coming forward in, I guess, the next session of the Legislature. We will know then for sure but I cannot be more definitive right now. I wish I could.

Mr. Chomiak: Mr. Chairperson, under the definition of health care, health care provider included in the definition section, the presentation by MARN pointed out that health care provider was defined as a duly qualified medical practitioner. To paraphrase the MARN recommendation or to try to do justice to what they presented, I believe they took some exception to the fact that medical practitioners were defined in the act and that nurses and other practitioners were not defined in the act specifically. They had wondered, and in fact they had recommended, that this section of the act under (a) be eliminated, but I am wondering if the minister has considered, insofar as we have talked about, empowering nurses to provide, to carry out health care up to the level of their training, which is not something that is necessarily the case now, whether or not the minister has

considered expanding that definition in Section (a) under health care provider.

* (0020)

Mr. McCrae: Mr. Chairman, certainly, I can tell the honourable member that no offence is ever intended by virtue of the way we draft legislation, simply because we still have a lot of doctors in Manitoba who receive their remuneration by way of fee-per-service payments. There needed to be that distinction drawn simply for technical drafting reasons in the legislation. That was the only reason for that. There certainly is an acknowledgment on our part of the role nurses play, and others, of course, as well, in the delivery of health services in Manitoba.

Mr. Chomiak: I would like to move our first amendment.

I would like to move

THAT the definition "regional health authority" in Section I be amended to add "that includes a mental health consumer on the board and must have a subcommittee consisting of members of the regional mental health council" at the end.

[French version]

Il est proposé que l'article 1 soit amendé par adjonction, à la fin de la définition de "office régional de la santé", de "dont un membre qui est un utilisateur de service de santé mentale et qui comprend un sous-comité dont les membres sont membres du conseil régional de santé mentale".

Mr. McCrae: I can certainly appreciate what would be behind this amendment put forward by the honourable member. The make-up of the boards is something that is dealt with in other parts of the legislation and would be dealt with also through regulation, and this amendment is not in any–I do not propose to agree with this amendment, and my reason for doing that is that, I guess, the honourable member could well be following it up with further amendments to specify the total make-up of the boards. The honourable member already knows our policy with respect to the composition of the boards. But I certainly have had plenty of contact with people involved with the delivery or receipt of mental health services and understand what the honourable member's intentions are, and I agree that they are very good intentions.

Mr. Chomiak: I thank the minister for those comments, and I am very pleased the minister recognizes the reason and the rationale behind this specific amendment because of the circumstances we found in the past with respect to mental health consumers, that mental health tends to or has on occasion been a forgotten part of the consideration in health care. I appreciate the fact that the minister has acknowledged and at least recognized that.

Mr. McCrae: I have, indeed, Mr. Chairman, and in appointments to the board, it is a difficult thing to do, but we did try to keep in mind the mental health requirements of all Manitobans. Indeed, in one of our regions, the chair of our board is a mental health service practitioner, and so in one area, at least, we are pleased about that, especially since mental health services in the south Westman area, there certainly has in the past been quite a concentration of services there and there still is, and so that is appropriate. The more we can see to that requirement in other regions, then we should do that.

Mr. Chairperson: Any further debate on the amendment?

Voice Vote

Mr. Chairperson: Shall the amendment pass?

An Honourable Member: No.

Mr. Chairperson: All those in favour, say yea.

Some Honourable Members: Yea.

Mr. Chairperson: All those opposed, say nay.

Some Honourable Members: Nay.

Mr. Chairperson: The Nays have it. The amendment is defeated.

A formal vote is requested.

A COUNT-OUT VOTE was taken, the result being as follows: Yeas 4, Nays 6.

Mr. Chairperson: The amendment is defeated, six to four.

The amendment is defeated four in favour of it, and six opposed.

Mr. Chomiak: I also have another amendment. Under Section 1, under the definition of health services, and

THAT the definition of "health services" in section 1 be amended to include

(o) all services must be

i) regionalized, available and accessible,
ii) individualized, balanced, culturally and geographically relevant, and
iii) locally co-ordinated, governed, and accountable.

[French version]

Il est proposé que l'article 1 soit amendé par adjonction, à la fin de la définition de "services de santé", de ce qui suit:

o) tous les services sont:

(i) régionalisés et accessibles,
(ii) individualisés, équilibrés et adaptés sur le plan culturel et géographique,
(iii) coordinés et régis localement et font l'objet d'une responsabilisation des administrateurs locaux.

Mr. Chairperson: There has been a writing error in the amendment proposed, and the "o" in the proposed amendment should be "n." Is that correct, Mr. Chomiak?

Mr. Chomiak: That is correct.

Mr. Chairperson: And that is corrected in both the English and the French, so the "n" will replace "o."

Mr. McCrae: Again, these are very worthy sentiments, Mr. Chairman, but, in my view, we are in this definition part referring to health services and saying what they are, and then my friend's amendment goes on to tell us how it must be done, which goes beyond the scope of a definition section of legislation and in my humble view probably does not belong here, and, on that basis, I am not able to support it.

Mr. Chairperson: Any further debate on the motion?

* (0030)

Mr. Sale: Very briefly, Mr Chairperson, this is a very important concept for those of us who have been involved in human service planning, in that area, for a lot of our lives. In particularly Sections 2 and 3, there, I think, is a recognition among all members here that different cultures and different parts of our province have quite sharply different understandings of health and expectations about health care and the notion that health services ought to be defined as having characteristics of being individualized, which means focused on the individual person, not on the assumption that one size fits all; balanced meaning that they provide for not only a medical model approach but have a variety of recognitions, a social service model, human service model, other models.

But, particularly, I would say to my honourable friends opposite, it is so important in this province that we recognize the cultural content of health care, and to the minister's credit and to the system's credit, that has been recognized, and our hospitals in Winnipeg, to some extent, and in some of the northern and other hospitals. I remember being very impressed when I walked into the Swan River hospital and found that there were on staff people who spoke 34 different languages, so a patient coming to that hospital who was only fluent in one of those 34 languages could nevertheless find an advocate on staff who could interpret for them. I think that is a very important value. When you have a smudge in a child's room, an aboriginal child in the hospital here, that is a healing ceremony. Whether it fits the traditional allopathic model of medicine or not, it is nevertheless a healing ceremony.

So I really think these are very appropriate. I recognize the reality of the situation, as the minister has spoken, but I commend to the committee and to the minister the values contained in this proposed amendment.

Mr. McCrae: Mr. Chairman, I appreciate what the honourable member for Crescentwood has said, and further to my initial response to the honourable member for Kildonan (Mr. Chomiak), I would draw the attention of honourable members to Section 23(2) on pages 16 and 17. Specifically page 17, subsection (h), the words

"health services" are there, and we already have a definition for it in Section 1: Ensure that health services are provided in a manner which is responsive to the needs of individuals and communities in the health region, et cetera, and if you read the whole section, I think you will get a sense that what the honourable member for Kildonan is proposing is dealt with perhaps in different language, but I think the same point is being made in Section 23.

Mr. Chomiak: With all due respect, I do not think that that section the minister pointed to actually deals with the breadth and scope of this particular amendment, but if the minister thinks it does, then I look forward to his support of this particular amendment in the act, because there is nothing wrong with restating these factors. So, if the minister is convinced that this particular section is already covered, I do not think there is any problem with voting for it in this section of the act, particularly since it is under a section that defines health services, and it certainly serves to reinforce the traditions and the sentiments. So I look forward to support on this amendment.

Voice Vote

Mr. Chairperson: All in favour of the motion.

Some Honourable Members: Yea.

Mr. Chairperson: All opposed.

Some Honourable Members: Nay.

An Honourable Member: On division.

Mr. Chairperson: The motion is defeated on division.

Mr. Chomiak: Mr. Chairperson, we had hoped to bring in an amendment in this section dealing with community health services. One was prepared for me by council, which does not really capture the essence of what I really think does justice to it, and it is my own fault in terms of drafting, but presentation after presentation before us in this committee the last two days made reference to the lack of a definition and a lack of a role for community health services in this act. Just as an opener, I wonder if the minister might comment on that.

Mr. McCrae: A few minutes ago, the honourable member was asking me about the core services to be provided by the regional health authorities. The definition of health services sets out community health services, emergency medical response services, home care and so on. Those items set out in this definition need to be fleshed out in the core document, so the community health services will be fleshed out in that document and will be the subject of the requirements of the RHAs to deliver.

Mr. Chomiak: Mr. Chairperson, along the same lines then within the definition section of Section 1, we have a definition of provincial objectives and priorities. Provincial objectives and priorities described in the definition section are described as those prescribed by the minister and then reference to Section 3(1), and then it goes on in 3(1) to say that the provincial objectives and priorities are those established by the minister for the provision of health services in the province and various areas of the province. Again, representation was made in front of us the last two days by individuals about a clear definition of the legislation of what the objectives and priorities are of the government, and I wonder if the minister might indicate where those might be.

Mr. McCrae: The various policy statements made over the years, certainly the one in 1992, the Quality Health for Manitobans, The Action Plan, the pathways statement sets out objectives and priorities for this province set out by the minister as it says in Section 3(1). We have populations in this province which we have identified for priority policymaking with respect to services in the provision of health and health promotion services for seniors, for women, for the aboriginal population and for children in our province. Those are the kinds of objectives and priorities we are talking about and to establish them in legislation is not the appropriate way to deal with that. The appropriate way to deal with that is to allow for us to be able to respond, for example, to a report like the health of the children report.

If some Legislature, by omission, forgot to put that in legislation then you could always, I suppose, argue that you do not have to do it because it is not in the law. If you achieve an objective which you have laid out in the legislation, you still have this objective in legislation that you are supposed to keep working on that you have already achieved. I think having it the way it is set out

there with the minister establishing provincial objectives and priorities is the way to have it.

Mr. Chairperson: Clause 1–pass.

Clause 2(1)–

* (0040)

Mr. Chomiak: Mr. Chairperson, I guess when we talk about the act, we see in here under purpose that the minister's intention is basically to structure regional authorities to deliver and administer health services in the specified geographic areas, yet we see throughout the act mentioned and needed desire of core services and of other aspects of health care.

Would this not be an appropriate section to include a definition that would encapsulate not just the provisions of the Canada Health Act but many of the other aspects and concerns that were raised by presenters here and that have been raised by us both in committee and in the House with respect to the purpose of this act? In other words, Mr. Chairperson, the act just is not a structure. The act just is not an administrative piece, but the act has far more purpose than simply setting up an administrative structure.

Mr. McCrae: Mr. Chairman, legislation can do many things, but certainly one of the most important things is that legislation can enable us to do what it is that we as a government are bound to do under the Constitution of this country and to do what is necessary to bring about the healthiest population that we can bring about.

Legislation proscribes, legislation prescribes, legislation enables, and when we are dealing with health legislation, I have been persuaded that the Canada Health Act is a very important and paramount statute in our country. No matter what we legislate, we cannot breach the Canada Health Act, but, further, there are principles in that act to which we subscribe and we might as well say so.

This seems to be the appropriate place to do that, at a very prominent point in the legislation where we are setting out the purpose of the act.

So I am going to move, in both the French and English languages,

THAT the following be added after subsection 2(1):

Canada Health Act criteria
2(1.1) This Act shall be administered in a manner that complies with section 7 of the Canada Health Act, which sets out the criteria of comprehensiveness, universality, portability, accessibility and public administration in relation to the operation of the Manitoba Health Services Insurance Plan.

[French version]

Il est proposé d'ajouter, après le paragraphe 2(1), ce qui suit:

Conditions d'octroi de la Loi canadienne sur la santé
2(1.1) La présente loi est appliquée en conformité avec l'article 7 de la Loi canadienne sur la santé qui énumère les conditions d'octroi quant à l'intégralité, à l'universalité, à la transférabilité, à l'accessibilité et à la gestion publique du Régime d'assurance-maladie du Manitoba.

Mr. Chairman, this amendment is pursuant to the undertaking I made at the beginning of this committee's hearings, a commitment I made not only in response to concerns expressed that it needed to be done, but that we all live under the paramount authority of the Canada Health Act. This amendment, early on in this important legislation, makes that clear.

Mr. Chairperson: Any debate on the amendment?

Mr. Sale: We will be supporting this amendment and certainly we welcome it. It is something to be nonpartisan, for a moment at least. The Liberals have put forward such a proposal; the NDP has put forward such a proposal; and now the government has put forward such a proposal. So I presume it will meet with universal support.

I think the one concern that I am sure that the minister shares is that the Canada Health Act has in it some assumptions about services which date from the early 1970s. As he knows, and we all know, the provision of services and the style of services provided have changed enormously since that time. So I think it is very important that the principle of administering this act in compliance with the Canada Health Act be understood in

terms of a principle and not in terms of a fixed menu of services, some of which perhaps are even no longer appropriate and many other services have been added to that menu which we all agree are vital. I know the minister agrees that, for example, home care is an absolutely vital service without which our costs would skyrocket out of control. Those are my concerns.

I absolutely support putting the words in, but I think we all recognize that words have to have substance and assumptions behind them, and, of course, these do. But I want to put on the record the difficulty that in the narrowest sense the assumptions behind these are the old insured services as listed in the Hospital Insurance and Diagnostic Services Act, which was a federal act passed in the 1960s.

With those comments, I certainly support the intention.

Mr. Chomiak: As my colleague has indicated, we will support this amendment. This support for the amendment should not be mistaken for support for the act or a majority of the provisions in the act. We still take the position that this is a bad act, and we are not supportive of it, but we certainly welcome this addition to the act. The provisions in this particular amendment–I do not want to belabour the point–I think it could have been more expansive, frankly, in terms of the wording, but, notwithstanding that, I think we can support it.

I think it is also appropriate that–actually, this would be an appropriate section for a more expansive recognition of what the purpose of health care is in the province of Manitoba, and would be an appropriate section, although I do not have any more amendments, for additional amendments that would define the essence of what health care and medicare is in this country.

Mr. Chairperson: Shall the amendment pass?

Some Honourable Members: Pass.

Mr. Chairperson: The amendment is accordingly passed.

Clause 2(1)–pass; Clause 2(2)–

Mr. Chomiak: We are proposing an amendment to this act under subsection 2 to be amended to strike out "and the regulations" in the part of subsection preceding Clause (a).

Mr. Chairperson: Debate on the amendment?

Mr. Chomiak: Mr. Chairperson, I am sure members will recognize the concern expressed by this particular amendment insofar as our concern is over the regulatory power that has been given and the pre-eminence it has been given to regulation and regulatory power over statutory power, which is why we have symbolically asked for his particular amendment. I think it makes the point that was made, not only by ourselves but by many presenters before this committee, that there is difficulty because so much is left to regulation and so much is out of the hands of elected officials and our opportunity to debate and to bring these concerns forward to the public. So for that very important reason, we submit this amendment to the committee for due consideration.

* (0050)

Mr. McCrae: Mr. Chairman, in general, I think it is correct that regulations under one act do not usually supersede just basically any other acts, but the reason I support the present reading of the bill and not the amendment proposed by the honourable member is that the section we are dealing with here is very specific about which acts there might be a conflict with. This is all health legislation and it is for that reason it spells out very specifically four areas and that is why I can support the clause without amendment.

Mr. Chomiak: To that end, the minister will note that Section (c) includes private acts established and respecting a facility or health corporation which I am under the impression that the minister is going to be bringing some kind of amendment reflecting, but whether or not the minister does, I think that the point made by many presenters and certainly and specifically one presenter this evening about the significance of the minister taking the powers over private acts, I think, is something that was not lost on members on this side of the House and I think may, in fact, not be legal. It may not be legal, Mr. Chairman, for the minister to do that. Notwithstanding that my training indicates–I mean, the legislators can probably say anything, but they may not be legally correct. I think it would be wise for the committee to support this amendment we are making, so

that regulation, indeed not just acts but regulation, can supersede provisions contained in private acts in the province.

Mr. Sale: Mr. Chairperson, my honourable members opposite, I understand they are facilitating the process by being private and enjoying this, but I think this is a debate that they should be listening to because–and I am not being critical, I am simply asking for their attention to this–I think they may have a concern here.

When a private act of a hospital, particularly a faith-based hospital, has in it some regulations that regulate how that hospital will carry out or that personal care home will carry out its care, essentially what this section of the act is saying is that where there is a conflict between this act or its regulations–and we have no idea what the regulations will be at this point; they will be drawn over a period of time, presumably, and can be passed at any time–where there is any conflict between that faith-based organization's regulations and the regulations of this act, this act will prevail.

Now, I think that is precisely the question that Mr. Penner raised in a private conversation. I believe it is a concern that the faith-based hospitals have raised, and I cannot see that the minister would lose anything, anything of substance, by allowing this amendment to pass. If he is then satisfied a year from now that there is a need for this amendment and he has tested out this question with the faith-based organizations, he can easily amend his act to bring these few words back in. Nothing at all would be lost by that, and I would ask the minister in all sincerity if the faith-based organizations are aware of Section (c) of 2.2 and the implications that our critic has raised. I would ask the honourable members opposite if it would not make sense, in terms of the good will that the minister is trying to develop with the faith-based organizations, to indeed accept this amendment with the recognition that if there is some need a year from now, this legislation is not going to come into effect in any real sense for quite a while. We know that. He could bring back this technical amendment quite easily. I would urge the committee to give serious consideration to passing this amendment.

Mr. McCrae: Again, I certainly appreciate why both honourable members for Kildonan (Mr. Chomiak) and Crescentwood (Mr. Sale) raise this, as I responded already to the honourable member for Kildonan. We are talking about where there is a conflict. This is not something to simply overrule or to obviate the necessity to have any regard for laws that already exist or regulations that already exist. This is not to do with any conflict related to religious values or ethical traditions. [interjection] Well, the honourable member needs to wait until we get to reference, as I have undertaken to do to bring forward an amendment, to take account of the concerns expressed by faith-related organizations.

You see, the honourable member is assuming they cannot read, and I asked them last June to go through this legislation. They did, and they have come back with our staff. They have been discussing their issues with us, and we have a very well-crafted amendment to bring forward at a subsequent clause. There is no need for us to take Clause 2(2) and take this point that the honourable member for Kildonan raised from, I think, a drafting point of view and then carry it over to what the honourable member for Crescentwood is saying, because we are dealing with–and this language, by the way, is seen in other legislation. This is not the only place it has ever been. I suggest we look at the body of law put forward by the honourable members' colleagues of the past, and we could have a real long discussion, but I know we do not want to do that. No, the point is, this is to make it appropriate where conflicts do exist, and I am advised that if there are any such conflicts that have to do with financial or technical issues and not with the issues that are of importance and have been raised with us with faith-related organizations–that is why I cannot support the amendment.

Mr. Chomiak: I was going to suggest that perhaps we not deal with this section of the act and deal with this section of the act in conjunction with the amendment the minister proposes to make regarding faith institutions, and that might clarify it, but I am not even sure if that is necessary because I think that our amendment is very specific when it deals with regulations. That is a significant point. We are not even saying at this point that this act prevails in a conflict situation with a faith institution. We are actually saying regulations, and that is a given, some of the concerns expressed in front of this committee. This is saying that regulations can prevail. Regulations made by the government can prevail over the act or any regulations made by a private act, and I think that is a dangerous precedent to set. I would urge

committee members to very seriously consider passage of this particular amendment, or alternatively to forestall review of this amendment until we have had an opportunity to review the amendments the minister is going to bring forward regarding faith institutions and consider it in light of that.

Mr. Penner: This is just a brief comment, Mr. Chairman, in regard to the amendment as drafted by the opposite member. It suggests that, "be amended by striking out 'and the regulations.'" The act actually reads "or the regulations under that Act."

An Honourable Member: Actually it reads "and the regulations." Later, in 2(2)(b) it talks about "or the regulations under that Act."

Mr. Chairperson: Mr. Penner has raised a point. Mr. Chomiak, with assistance of legal counsel, is working at addressing the point that you raised, Mr. Penner.

By agreement the committee is deferring the debate on the proposed amendment to subsection (2) of Section 2. Okay. You want to then–passing that one by for the moment–move on to Clause 3(1).

Mr. Chomiak: Mr. Chairperson, we are proposing a major amendment at this point under 3(1), and I will read the amendment, it is an extensive amendment. I think it will be very clear that this is a fundamental amendment that we are making. I will read it.

THAT the following be added after subsection 3(1):

Universal health care delivery
3(1.1) Provincial objectives and priorities referred to in subsection (1) shall embody the following principles:

(a) all citizens of the province shall have access to quality health care without financial or other barriers; and

(b) monetary gain or profit from any person, including a health care organization, health care provider, or health corporation, is not an appropriate factor for consideration of the design or implementation of any health care delivery system; and

(c) that all health care services be provided and delivered on a "not for profit" basis; and

(d) a minimum level of services available to all Manitobans, including health education, health promotion and disease prevention, communicable disease control, public health, seniors, social services, home care services, long term residential care services, rehabilitation services, chronic care services, acute care services, palliative care services, diagnostic services and emergency services.

[French version]

Il est proposé d'ajouter, aprés le paragraphe 3(1), ce qui suit:

Universalité des soins de santé
3(1.1) Les objectifs et les priorités de la province dont il est fait mention au paragraphe (1) se fondent sur les principes suivants:

a) tous les citoyens de la province ont accès à des soins de santé de qualité sans avoir à surmonter d'obstacles quelconques, notamment des obstacles d'ordre financier;

b) le gain financier ou le profit que pourrait tirer une personne, y compris les organismes des soins de santé, les fournisseurs de soins de santé ou les corporations sanitaires, ne sont pas des facteurs appropriés dont il faut tenir compte dans la conception ou la mise en oeuvre d'un système de fourniture de soins de santé;

c) tous les soins de santé sont fournis et dispensés sans profit.

d) un minimum de services accessibles à l'ensemble des Manitobains, notamment l'éducation sanitaire, la promotion de la santé, la prévention des maladies, le contrôle des maladies contagieuses, les services de santé publique, les services sociaux, les services de soins à domicile, les services de soins à demeure à long terme, les services de réadaptation, les services de soins chroniques, les services de soins intensifs, les services de soins palliatifs, les services de diagnostiques et les services d'urgence.

Mr. Chairperson: Debate on the proposed amendment?

* (0100)

Mr. Chomiak: Mr. Chairperson, this amendment is self-evident. It is a very extensive amendment, but I

think it can go a long way to allaying many fears that were expressed by the public during committee consideration. It goes a long way towards–again, while we have stated that we have great difficulty supporting this act, I think an amendment of this kind, an extensive amendment of this kind that deals with the fundamental principles and which deals with significant issues that were raised at the committee level and go to the heart of the debate and concerns we have expressed, particularly those relating to profit-making in health care, an amendment and an agreement by the government to an amendment of this kind I think would go a long way towards providing assurances to citizens of Manitoba of the government's intentions with regard to this act. It certainly would preserve the integrity of our health care system as it exists now.

In putting forward this amendment, Mr. Chairperson, I think it is possible that friendly amendments or changes to our amendment could be entertained because when we proposed this amendment, perhaps it is not as accurate or extensive as we would like, but certainly the principles contained in this amendment, albeit they may not be worded as well as we would like and there may be a friendly amendment attached to that, the principles are so fundamental and so important. Given what we heard at the committee hearings and given what the minister said, I think that this amendment is the kind of amendment that would allay fears in the public and would go a long way to demonstrating where the government is intending to take health care in this province down the road.

Mr. Chairperson: Is there further debate on the motion?

Mr. McCrae: Mr. Chairman, I think what the honourable member is trying to do is build on that Canada Health Act, Section 7 criteria of comprehensiveness, universality, portability, accessibility and public administration in relation to virtually everything. This amendment is fraught with danger. If this was going to be part of the body of our health law in Manitoba, I would have thought that the New Democrats would have brought it in a long time ago if they thought that it was feasible to do that, and they did not. Without financial or other barriers, there is not a judge around here–if Solomon himself were still with us he would have to give up on this one. He would not be able to interpret this one.

Mr. Chomiak: Mr. Chairperson, I will certainly admit that, if I were to take another look at this amendment, I would have to redraft it. I would make some changes to it, and I recognize there are some concerns, but, given that we are now at 1:05 a.m. and given that we seem to be proceeding to move through this bill, I think that, notwithstanding some of the weaknesses in the wording, we should get a clear expression from the minister whether or not he agrees with the provisions that there should be not for profit in our health care in Manitoba and whether the minister agrees that the regional health authorities and other bodies should be on a profit basis or not-for-profit basis. If the minister believes in the provisions of the Canada Health Act, then certainly at least if the minister has problems with subsection (a), then I am prepared by friendly amendment to eliminate those sections, but, certainly, the provision of not-for-profit basis and a minimum level of services ought to be something that ought to be considered and put in this bill if the minister and the government fully intend to implement the provisions of the Canada Health Act that they have already agreed to incorporate within the body of this bill.

Mr. Penner: The Pharaohs drove Moses out of Egypt and into the Promised Land, although in the final analysis, Moses was not able to achieve the Promised Land, and I think this is somewhat reflective of that attempt. I think that the honourable member, by looking at this amendment, probably drafted this with tongue-in-cheek. I am not quite sure of that, but, seriously, Mr. Chairman, I agree with the minister that if we would, in fact, concur with the passage of this amendment, it would cause a great deal of difficulty. I am not sure that that is the intent of this bill.

So I would suggest, Mr. Chairman, that we move on and deal with this matter of dealing with this amendment.

Mr. Praznik: Mr. Chair, I was only going to suggest–the member for Kildonan has indicated he needs a little work on this–that the opportunity for him, should this be defeated, to introduce an amendment at third reading certainly exists, or in report stage. He has the time to do some work if he wishes to.

Mr. Chairperson: Shall the amendment pass?

Some Honourable Members: No.

Mr. Chairperson: The amendment is defeated. On division?

Mr. Chomiak: On division, Mr. Chairperson.

Mr. Chairperson, if we want to return to consideration of 2 (2), I have had put in front of me the amended amendment, and I thank the committee for consideration, but I seem to have lost it in my pile of documentation here. I do not know if I have to re-move it. I am looking for your direction.

* (0110)

Mr. Chairperson: Mr. Chomiak, I am advised that the easiest way to deal with this would be for you to withdraw the first one tendered with respect to subsection 2(2), and if you would care to do that, then we could proceed with your revised amendment to 2(2).

Mr. Chomiak: Mr. Chairperson, I withdraw the amendment that we brought in previously regarding Section 2(2), and I move

THAT subsection 2(2) be amended by striking out "or the regulations" and "and the regulations" in the part of the subsection preceding clause (a).

[French version]

Il est proposé que le paragraphe 2(2) soit amendé par substitution, à "et ses règlements ont", dans le passage qui précède l'alinéa a) de "a".

Mr. Chairperson: Any further debate on the motion?

Mr. Penner: Mr. Chairman, I thought we had agreed that we would set aside this section.

Mr. Chairperson: We did and it has come back again.

Mr. Chomiak: Mr. Chairperson, I am prepared to accommodate the member for Emerson (Mr. Penner) if the member for Emerson is suggesting that we not deal with this amendment until we get to the amendments that are being brought forward with regard to faith institutions by the minister. We certainly on this side are prepared to accommodate the member, and I think that is a valid suggestion.

Mr. McCrae: Mr. Chairman, I think we can deal with this now. I am advised that issues, for example, like a corporation wanting to borrow against the prospect of getting money in from the regional health authority for that purpose is an area where this type of conflict can arise, and it is in that kind of area that we are talking about.

It is perfectly appropriate that the legislation read the way that it does because there is no way a regional health authority should have to be bound to underwrite unapproved financial undertakings by corporations with whom they do business. So that is what this is all about, and it has nothing to do with any of the more sinister types of things that some honourable members might want to put forward. It is on that kind of basis that we would not accept this, I would not accept this, amendment.

Voice Vote

Mr. Chairperson: All in favour of the motion to amend 2(2), say yea.

Some Honourable Members: Yea.

Mr. Chairperson: All opposed, say nay.

Some Honourable Members: Nay.

Mr. Chairperson: The Nays have it. The motion is defeated on division.

Mr. Chomiak: Mr. Chairperson, we had originally indicated going through the committee that we were going to reassess our status as 12:30 a.m. We are now at 1:15 a.m.

An Honourable Member: We are making progress.

An Honourable Member: Let us carry on.

Mr. Chairperson: Clause 2(2)–pass; Clause 3(1)–pass; Clause 3(2)–pass; Clause 3(3)–pass.

Clause 4–

Mr. Chomiak: Mr. Chairperson, I wonder if the minister could outline for me what the intention is behind the provision of Section 4 in the act.

Mr. McCrae: Yes, as the honourable member knows, some programs are provincial in their scope, such as our cancer programming and our dialysis programming, the breast screening program through the Manitoba Cancer Treatment Research Foundation. That is part of it. The other part of it is that it is felt that the government could, if it felt it was appropriate in a particular community, enter upon a pilot project to demonstrate a new service or for whatever reasons the government of the day might wish to provide additional services to take account of a population health situation which might call for such a thing. That is what this for. It is not to inhibit; it is to provide flexibility, to provide more or expanded services where that is indicated or appropriate.

Mr. Chomiak: That is how I read that particular section. Can the minister explain to me, therefore, should the minister decide that a particular health region was not offering a service that the minister thought they ought to be offering under subsection (b), would the commensurate funding for the provision of that service be taken from the global budget that is being offered in that region, or would the minister provide additional funding to supplement that service in a particular region?

Mr. McCrae: Mr. Chairman, I do not really foresee that happening where a regional health authority, given a core service requirement, simply does not do it. I do not see that coming up, unless there is some particular geographic or some reason I do not know of today that a regional health authority does not want to or will not or refuses to. There certainly must if there is going to be money in their envelope for it, so I do not see that really coming up in the way the honourable member has described.

Mr. Chomiak: Just for purposes of clarification then, if, for example, a health region did not wish to offer, in their wisdom, chiropractic services, would the minister use this provision to provide for chiropractic services in that region and fund it accordingly?

Mr. McCrae: Mr. Chairman, in the example the honourable member uses, he has to understand that under the Manitoba Health Services Insurance Act, provision is made for the payment of fee-for-service payments to chiropractors, physicians and people who get fee-for-service payments. So that is really not something that under Bill 49 is the part of the regional health authority responsibility, because they are under another act, which that part of that act is not being amended by Bill 49

Mr. Chomiak: Mr. Chairperson, when I queried the minister on the provision of services during the Estimates process, and he can correct me if I am wrong, he indicated to me that not in the initial instance would the provisions of the fee for service, the medical act, apply to regional boards but that it was a vision that it ultimately would. I wonder if the minister might clarify that.

Mr. McCrae: Mr. Chairman, there is indeed a vision that we will not be shackled to the fee-for-service system on an indefinite basis so that in future it may well be–and provision would need to be made for that, but it may well be that salaried arrangements, block-funding arrangements for a physician and other specialist services can be possible. I think, if I remember right, I might have said to the honourable member that we have agreements with, for example, the Manitoba Medical Association which runs for another year and a half yet, and we have to take account for that. So I will have to review Hansard to see if I have contradicted myself. I try not to do that any more often than I have to.

Mr. Chomiak: Mr. Chairperson, in fact, my memory could be faulty. In fact, it is on occasion, but it does get us to an interesting point, and that is the question of the minister saying that medical services, the quarter-of-a-billion-dollar medical services, the line item in the Estimates, chiropractic services and those other services are exclusive and outside of the arrangements under this bill.

* (0120)

Mr. McCrae: Anything under the present fee-for-service system is outside this bill at this time, yes. Monies for salary arrangements and sessional arrangements with physicians that exist now will go to the RHAs for administration It is the fee-for-service part of it that remains under the old system until that gets changed, unless it gets changed

Mr. Chomiak: Mr. Chairperson, I do not want to belabour this point, but it does open up a whole avenue of questions in regard to this application. Will the minister, for example, be able to forward to health districts the ability to attract physicians outside of the fee-

for-service arrangements in order to assist them in attracting physicians to their area?

Mr. McCrae: I will try to answer this way. I welcome opportunities to review fee-for-service arrangements wherever those opportunities arise. When they do, and the short history has shown that we can get some very positive results by moving to other systems of remuneration, and when we do that, then it will be possible for us to transfer the monies that we would have been spending as a department under the fee-for-service system, transfer those funds to the RHAs to be appropriated in contractual or other arrangements with physicians.

I am very open to looking at whatever ways are going to do that important function of trying to assist in retaining physicians, attracting them and certainly retaining them in what we call underserviced areas.

Mr. Chomiak: This may or may not be the appropriate time for this question, but there was a very valid concern expressed with relation to public health services in regions and a recommendation that there at least be a public health officer, a medical officer, in every region. Would that fit under this particular section?

Mr. McCrae: I wonder if the honourable member would clarify that question. This is sort of like Estimates, rather than a review of a bill, so it is getting a little–

Mr. Chairperson: Thank you, Mr. Minister.

Mr. Chomiak: Mr. Chairperson, I appreciate the fact the minister is responding to these questions, but most, if not all, of these questions were brought forward by members from the public during presentation, and I think it is appropriate that we deal with them when we go to clause by clause.

I used the example of medical officers because I was–I used an inappropriate example, now that I understand it, with respect to chiropractic and medical fee for service with respect to the provision of services in a region, and I was actually trying to saddle one point on top of another point, but if the regions are responsible for public health services and it becomes part of the core services, presumably they are responsible for public health services.

Mr. McCrae: Mr. Chairman, the honourable member, I believe, is asking about what will be the administrative or the legislative authority and responsibility for medical officers of health in the province of Manitoba. Dr. Macdonald, I understand, was recommending that there should be a medical officer of health in each and every region. That is not the subject of consensus everywhere at this point, although that may emerge in time. At this time we do not have that. It may well be that in future this function will be the function of the regional health authority, but we have not reached that stage in the evolution of health reform in Manitoba to this point.

Mr. Chomiak: Mr. Chairperson, I thank the minister for that response, and just to take it one step further, I will use that as the example, that the regional health authorities have the responsibility under health service to provide public health services and whether it is in core or not I am not quite certain, but we will presume it is in core, and presumably, say, nine of the 10 regions have a medical officer and the region decides that they were not going to do that, they are not going to have a medical officer in their region, even though they are responsible, in their wisdom, they decide their public health provisions do not require them to have a medical officer, presumably Section 4(b) would then allow the minister to step in and say we want a medical officer in that region. Would then the region have its budget for public health or its global budget reduced by the amount that it would cost for the minister to step in and appoint a medical officer in that region?

* (0130)

Mr. McCrae: Again, we are dealing in a hypothetical situation here, but if that matter came up, do not forget what we said earlier on, the powers of the RHAs are powers delegated to them by the Minister of Health. The monies that go to the RHAs are monies through the government of the Province of Manitoba. So they have responsibilities that are delegated to them and they must carry them out. It is not a question of making a decision that they do not want to. On the other hand, it is very much a consultative process too. If a regional health authority can, with good solid evidence, show that there

is a requirement or not a requirement, then obviously that would have to be looked at by the department.

Mr. Sale: I have one question here. I hope it does not lead into a long chain of questions, but–I will wait until the minister is free.

Mr. McCrae: Sorry, Mr. Chairman, very quickly I would refer Section 35 to the honourable member for Kildonan (Mr. Chomiak) just to follow up on the last point.

Mr. Sale: I think this is the right place to ask the question, and the minister will correct me if I am wrong. Under the new system of regional health authorities, will a citizen of a region have the right to seek a service outside the region which she or he believes would be more appropriately or would be of a higher quality, perhaps, because of the concern that, let us say hypothetically, you have only one pediatrician and that person may not be highly regarded in that community because perhaps he or she is old or has not kept up with the trade, whatever? Are patients free to seek services outside of regions, and will the region, then, have to pay for their service regardless of whether the region wanted them to leave for that service or not?

Mr. McCrae: Mr. Chairman, yes, I am glad the honourable member asked this question because the freedom of the patient, the citizen remains as it has been; freedom of choice, freedom to get a second opinion, those sorts of things. The funding models being developed right now by RHAs take into account the historical pattern of where people access their service and stuff like that and that is the kind of considerations that go into the development of the funding model.

The honourable member for The Pas (Mr. Lathlin) raised a question like this in the House one day, and I do not think I answered it very well. The point that he was making was that people are going to be force-marched, kind of, from one facility where they used to go to another facility, especially in his region in the North where it is quite inconceivable that the hospitals that are rather sparsely situated in northern Manitoba are going to be shutting down and people are going to have to be going somewhere else. It just is not like that, so the answer the honourable member is looking for is a positive one. We have been giving that undertaking, by the way, now for some three years to people who have been asking throughout Manitoba. Does this mean I have to get my service somewhere else? The freedom is still there for the consumer.

Mr. Sale: I just would commend to the minister an approach that his Minister of Education (Mrs. McIntosh) is using, although we do not always agree with the content, but there have been rights of patients, rights of students, rights of parents, rights of people involved in teaching the system articulated in some bills. It would be very helpful, I think, if people had those rights declared somewhere, the right to treatment where the person is confident of the quality, whatever that is. I do not want to belabour that.

I will ask the minister, though, one other question.

Mr. McCrae: A very quick response. The honourable member makes a great point and the next edition of Health News, I think we should put that in there so the people will know.

Mr. Sale: Mr. Chairperson, anytime I can help Barbara Biggar, I am really glad to do so.

An Honourable Member: We will let her know that, Tim.

Mr. Sale: I am sure you will, yes.

An Honourable Member: She might just hire you as a consultant.

Mr. Sale: Well, stranger people did when I worked as a private consultant.

Mr. Chairperson, could the minister indicate whether the concern raised by Chief Muswaggon and by Mr. Lathlin in regard to the redrawing of the boundaries for the northern tribal councils is under active consideration? Not only will they obviously be free to seek health care where it makes most sense geographically, but administratively it would make great sense for them to be in some kind of contiguous arrangement so that they are not in fact hopping regions and swapping budgets all the time.

Mr. McCrae: In my discussions with Grand Chief Muswaggon and his colleagues, the question indeed

arose. Certainly from the standpoint again of the consumer, it would not make any difference one way or the other, but from the standpoint of the administration of these programs, the issue raised about representation on a Winnipeg board because of so much use being made of Winnipeg facilities, I undertook to those at the meeting that I would discuss those matters and consider them further.

The bill itself does allow for adjustments to regional boundaries. We do so with fear and trepidation because of the process that has already been used to arrive at the arrangements we have, but if a proper case can be made in future, it would be given consideration, and I did undertake to look at those two issues and will continue to do so.

Mr. Chairperson: Clause 4–pass; Clause 5–pass; Clause 6–pass.

Clause 7–

Mr. Chomiak: Mr. Chairperson, we are proposing an amendment at this point, Section 7.1, and, given the tenor in the room, it is a very, very positive recommendation, and given the concerns expressed by many presenters to the committee about the difficulty on consultation, I think it is something that ought to be very seriously considered and amended and included in the act. It would go to the heart of many of the concerns expressed by presenters about their lack of consultation regarding the act itself and would ensure that difficulties of that kind will not occur in the future, so I move

THAT the following be added after section 7:

Consultation
7.1 In exercising his powers under this Act, the minister shall (a) undertake broad consultation with boards, providers and the public; and (b) announce any proposed changes to the health care system with appropriate time and mechanisms for users and providers to respond".

[French version]

Il est proposé d'ajouter, après l'article 7, ce qui suit:

Consultation
7.1 Dans le cadre de l'exercice des pouvoirs qui lui sont conféres en vertu de la présente loi, le ministre:

a) consulte les conseils, les fournisseurs de soins et la public;

b) annonce les projets de modification du système de santé en donnant aux utilisateurs et aux fournisseurs de soins les moyens et le temps nécessaries pour répondre aux changements proposés.

Mr. McCrae: I can see what the honourable member is trying to do. It just describes everything we have been doing already. I mean, if it was meant as a compliment, I accept it and I appreciate it, but if it was not, then my problem is with this kind of notice on an amendment like this, you know, I am tempted to have a look at this. I can see some problems, I think, with the second part, but the first part about consultation, I mean, that is our middle name around here and it certainly describes–

An Honourable Member: Consult, that is all we do is consult, consult, consult. We even talked to David about it.

Mr. McCrae: Yes, and without reading this in the context of every little part of the act, there are some things that may not call for consultation at all; in fact, it might be inappropriate to consult in some areas, and that is why I have trouble, but I sure do–I am just so tempted on this one, but I just cannot accept it, I am sorry, Mr. Chairman.

* (0140)

Mr. Penner: Mr. Chairman, when you consider the actions that government has taken over the last eight, nine years in making changes to bills and legislation, I think it should be clear to members opposite that this government has certainly adhered to the consultative process in virtually all aspects, and I would caution the minister to not write into legislation those kinds of consultative requirements because it might in fact hamper the provisional changes that might be required from time to time. Periodically, a minister needs to make some quick decisions, and this legislation would not allow that.

I, however, do agree with the amendment at the bottom of the page, that announcements of any proposed changes to the health care system should be done with appropriate time mechanisms for the users and to provide responses. I have no difficulty with that part, but that, of course, has been a tradition and a trademark of our government. We

have allowed for that continually. So it is not something, again, that I would require and write into legislation. It is simply a matter of the application of provisions that we have abided by.

Mr. Chomiak: Mr. Chairperson, there is probably no better illustration of a difference of opinion between the government side of the House and this side of the House in health care than the government pronouncement that they are the most consultative government in the history of the province and our contention that the government is the most secretive and least consultative in the history. It is clearly a chasm which I do not think that we will be able to solve today, but I am concerned because of the concerns expressed by presenter after presenter after presenter, and members of this committee will recall, when we asked specifically presenters about the consultative process, to a person, they indicated the lack of consultation and their grave concerns. So, it is very clear to us, if the government is as consultative as they say, I do not see why they would feel any threat with this amendment or amending it friendly to allow the minister to have flexibility in an emergency situation, but if our contention is correct, that they are not consultative, I can understand why they would fear, I can understand why they would oppose, the passage of this amendment. I think the truth will be in the vote, and it will be very clear, from what happens in the vote, about what the government is doing.

Mr. Chairperson: Shall the amendment pass?

Some Honourable Members: No.

An Honourable Member: Yes.

Voice Vote

Mr. Chairperson: All those in favour, say yea.

Some Honourable Members: Yea.

Mr. Chairperson: All those opposed, say nay.

Some Honourable Members: Nay.

Mr. Chairperson: The motion is defeated on division

Clause 7–pass; Clause 8(1)–

Mr. Chomiak: Mr. Chairperson, again, we are proposing another amendment in this clause that, given comments I have heard from members opposite, I do not think, would have any difficulty in members passing, and we have taken this amendment from one of the presenters that came to the committee.

So I move

THAT Section 8 be amended by striking out Clause 8(1)(b) and the following substituted:

8(1) (b) shall establish a regional health authority for each health region to provide for the delivery of community-based health services in the health region.

[French version]

Il est proposé que l'alinéa 8(1)b) soit remplacé par ce qui suit:

b) constitue un office régional de la santé pour chaque région sanitaire, en vue de la prestation des services de santé liés aux communautés dans la région en cause.

It is self-evident, Mr. Chairperson, that there was very much a consensus, I think, of presenters that the community-based services were not recognized and that there was a need to do so. So I think it can only serve to strengthen the act to recognize the basis and nature of community health services by including that amendment in the act.

An Honourable Member: Which word did you take out, David?

Mr. Chomiak: Community-based.

Mr. McCrae: Yes, I just have a quick question. When the honourable member puts before me an amendment for me to read and then talks about it at the same time, I do not hear and read very well at the same time. So this is something that happens.

I am wondering, when the honourable member suggests he is replacing what we have in 8(1)(b) and saying that there should be a health authority for each region to provide for the delivery of community-based health services in the health region, he is saying that they should

be providing community-based health services but not any other kind with this amendment.

Mr. Chomiak: The purpose of the amendment is–all that the amendment does is add community-based into (b) to emphasize the fact that community-based services, that is the nature and purpose of the act, to provide community-based services because the government and the minister indicated that was the government's intention all throughout. We are just adding the words community-based.

Mr. McCrae: Mr. Chairman, I think the honourable member might want to reconsider this one, because he has excluded institutional services by this amendment, and–[interjection] Well, I am just reading it and it says, shall establish a regional health authority for each region to provide for the delivery of community-based health services in the health region. The honourable member has forgotten dozens of hospitals in our province, and who is going to run them? So it may be they would like to withdraw it and have another look at it, but that is his call.

Mr. Chomiak: Mr. Chairperson, I thank the minister for those comments. The minister does raise a good point. [interjection] I accept the minister's comments, and I will withdraw the motion.

Mr. Chairperson: Is it agreed the motion be withdrawn?

Some Honourable Members: Agreed.

Mr. Chairperson: Clause 8(1)–pass; Clause 8(2)–pass; Clause 8(3)–pass; Clause 9(1)–pass; Clause 9(2)–pass; Clause 9(3).

Mr. Chomiak: I wonder if the minister might clarify what is meant by the director or chairperson in 9(3).

* (0150)

Mr. McCrae: The section to which the honourable member refers means that the directors–

Mr. Chairperson: Maybe we now have an amendment. Did you wish now to move an amendment?

Mr. Chomiak: After he answers the question, I am going to move the amendment.

Mr. Chairperson: The amendment has been presented but before the amendment is moved, Mr. Minister will speak.

Mr. McCrae: In the interim, pending passage of this legislation, the boards are set up pursuant to the corporation's act. Section 9(3) just continues that appointment until replaced through whatever mechanism replaces them.

Mr. Chomiak: Mr. Chairperson, I thank the minister for that response, and to that end, we are proposing an amendment.

THAT subsection 9(3) be amended by striking out "appointed or" and the effect of that would be that notwithstanding–

An Honourable Member: Elected.

Mr. Chomiak: The member for St. Norbert (Mr. Laurendeau) is right on tonight and very swift and sharp. Indeed, Mr. Chairperson, I was going to explain the fact that notwithstanding that already the boards have been appointed and we have gone towards elected boards, that this is a perfect opportunity for the government to reconsider its position and to consider again the recommendations of the northern and rural task force and deal with the question of election. So we submit this motion to the committee in order to ensure that the election takes place as was promised and recommended.

Mr. McCrae: This is one area where the difference of opinion is fairly clear, and I do not think there is any need to take a lot of time on debate. A number of presenters raised the same point the honourable member raises, and of course there are throngs out there who see it another way. We are just not going to agree on this one, so we could vote on this one without too much delay.

Mr. Penner: Mr. Chairman, just very briefly, I respect the drafting of this section for one very simple reason that we might encounter a situation at some point in time whereby it would be difficult to solicit anybody to run in a given area for a given position. This act, as it is drafted, would allow for the appointment in case of an

election not proceeding in a given area should we choose to elect these people. So it is open enough as drafted here to make that allowance without amending the act later on to allow the minister to appoint a member. So I concur with the drafting; it is well drafted.

Mr. Sale: Mr. Chairperson, I support the amendment obviously, but I agree with Mr. Penner in this case which is probably a relatively rare occurrence, but I think that there is a case to be made for having a majority of regional boards elected and a minority appointed. At least in the early stages of regionalization, I think there will likely be instances where the need to balance regionality, ethnicity, gender, expertise, whatever, will arise. I guess what my honourable colleague and critic is underlining is the point which I believe Mr. Penner and I actually agree on, and that is that we should have a majority of the boards elected.

What we are looking for in this amendment is a commitment from the minister that in policy the government is going to move very speedily to electing a majority of the board through an appropriate mechanism, which obviously is not in this act in terms of whether you follow The Local Authorities Election Act or some other such legislation, but I believe my honourable colleague makes a fundamental and important point, and I believe this is one in which many government members agree, that it does not serve the minister's goals and it does not serve anybody's goals to have health governance politicized.

When the minister is the appointer, and when we have seen some of the unfortunate appointments that have been made in the past few months, particularly in the case of northern boards where defeated candidacy seems to be a prerequisite for appointment, I do not think that the minister wants that to continue. And let me say in a very nonpartisan way, I do not want to see our health systems governance politicized any more than I would want to see the Minister of Education able to appoint school trustees. I do not want to see a Minister of Health able to appoint the governors of a vital system like our health care system.

So this is not a trivial amendment and it is far from a trivial question. I believe it is an issue on which many rural MLAs in both parties, but, I would say, particularly in the government side of the House–I have some very serious concerns because let me suggest to them that governments change, and they know that. They will always say that of course they are going to be the government forever, but we know that is not the case. I would ask them, do they want to have a situation where when we take power, we simply say to all those good folks down there that have served on these boards–are dismissed with thanks and we will appoint our own people, thank you very much.

That is the invitation that is implicit in the appointment of the governors of the health region. I think it is a bad invitation. I do not think it serves anybody's best interests to have politically appointed people. [interjection]

The member for St. Norbert (Mr. Laurendeau) trivializes this issue. I do not believe he will find it a trivial issue when push comes to shove and government changes, so I ask the honourable members to be very serious in thinking about this issue. I must agree, and I know I am not embarrassing my member by saying that the government should have the ability to appoint but it should be a minority of members and not a majority. So with great respect to my colleague, I think that there is a need to have the word "appointed" in here. I think the amendment needs to be in Section 14 in terms of the election section.

So I hope that when we come to that section that I will have support for changes to that section.

Mr. Chairperson: Do you want to withdraw this amendment?

An Honourable Member: No.

Mr. Chairperson: Okay.

Voice Vote

Mr. Chairperson: All those in favour of the amendment, say yea.

Some Honourable Members: Yea.

Mr. Chairperson: All those opposed, say nay.

Some Honourable Members: Nay

Mr. Chairperson: The amendment is defeated–

An Honourable Member: On division.

Mr. Chairperson: –on division.

Mr. Chomiak: The hour nearing 2 a.m., I wonder if we might, for purposes of not just ourselves but staff as well, take a short break and consider where we are at in terms of deliberations on this bill.

Mr. Chairperson: Before we do, shall Clause 9(3) pass–pass.

An Honourable Member: Why do we not finish Section 3 and then call it quits?

An Honourable Member: Yes, that makes sense. I have the real controversial ones coming up.

Mr. Chairperson: Let us just see how far we can go. Shall Clause 10(1) pass?

Mr. Chomiak, are you moving an amendment?

Mr. Chomiak: I move Section 10(2) be amended by striking out the word "may" and substituting the word "shall" in the part preceding–

Mr. Chairperson: This referring to 10(2). Clause 10(1)–pass.

Clause 10(2), Mr. Chomiak has an amendment.

Mr. Chomiak: Yes, I move

THAT Section 10(2) be amended by striking out the word "may" and substituting the word "shall" in the part preceding clause (a).

[French version]

Il est proposé que le paragraphe 10(2) soit amendé, dans le passage qui précède l'alinéa a), à "peut, s'il l'estime indiqué, prendre", de ", s'il l'estime indiqué, prend".

Mr. McCrae: Mr. Chairman, I am sorry, but I should not substitute my judgment for that of a legally trained person, however, how can you "shall" if he or she considers it advisable?

* (0200)

Mr. Chomiak: The minister has raised a good concern, and it actually brings us to a point that I think is very valid. As I indicated earlier in this process, we are putting together these amendments on a makeshift basis because we are now proceeding–it is 2 a.m. We were up here until 2 a.m. yesterday, based on representations made by individuals. Mistakes are and will be made, Mr. Chairperson, but we are reaching the point where I think dealing in a clause-by-clause basis with a very complex bill gets to be very difficult, and proper attention cannot be paid to the detail that is necessary. I think surely it makes the point that it is not just us who are sitting in the Legislature, but it is staff that are sitting here. These amendments are my responsibility, and the mistakes are my mistakes, but the point is, we are reaching the point where, I think, we are not achieving any public good at this point. People are tired. We have made considerable headway. We have passed the other bill. We have moved on this bill. There are considerable and complex amendments coming up.

Given that it is 2 a.m., I think this might be an appropriate point to have the committee rise, Mr. Chairperson, and reconvene at a future date to deal with the bulk and balance of the amendments.

Mr. Penner: With the Chairman's concurrence, I would suggest that we finish Part 3, and I concur with what the honourable member is saying. I think members on this side of the committee certainly recognize that staff, everybody–[interjection] I concur with what the honourable member, Mr. Chomiak, said–that staff, everybody has been here for a long time. Committee members had been here last night till better than two o'clock, and we are here again at 2 a.m. in the morning. I think, with the concurrence of the minister and the Chairman, I would that we adjourn after we finish this part and then continue–I am not sure, Mr. Chairman, whether we could continue tomorrow morning the sitting of this committee.

Mr. Chairperson: Let me consult my advisor clerk.

Mr. Praznik: Mr. Chair, I think I would like to suggest, as our Deputy House Leader, that we proceed to vote on this amendment, and then deal with Clause 10(3), which takes us to the end of Part 3, which is this page. Then I think we should adjourn the committee. This committee has done a great deal of work, and I appreciate the fact that mistakes do get made as the hour draws near. So I think we have concurrence to do that.

Obviously, there are scheduling issues, room availability and those types of things, and our House leaders will have to rearrange this. It will also help the member for Kildonan (Mr. Chomiak). It will give him a number of hours tomorrow or whenever to be able to check over his amendments to assure they reflect what he is intending.

Mr. Sale: Mr. Chairperson, I think we all concur. I just wanted to put on the record the minister did not get a chance, unless I missed his doing so, to introduce his staff that have been helping--maybe he did, but I missed that. I wanted to thank all of the legislative staff, particularly those who helped in the drafting at short notice of regulations, and staff who helped to interpret what is a complex and far-reaching act. I think that the committee has kept itself sane and reasonably polite, and staff have been of great assistance. I just wanted to put that on the record.

Mr. McCrae: I would certainly want to add to it and agree with what the honourable member for Crescentwood (Mr. Sale) has said. As a minister, I could not manage at all without the help that I get to try to do the right thing for the people of Manitoba. Just for the member for Kildonan, I certainly meant no offence. I realize the time of day, and it is a good time of day when mistakes get made. So it might be a right idea to proceed at another time.

Mr. Chairperson: Are you withdrawing the amendment?

Mr. Chomiak: Yes, Mr. Chairperson, I withdraw the amendment.

Mr. Chairperson: The amendment is withdrawn. Is that agreed? [agreed]

Clause 10(2)--pass; Clause 10(3)--pass.

Would someone move that this committee recommend to the government House leader that another meeting of the Law Amendments Committee be called to continue clause-by-clause consideration of Bill 49?

Mr. Praznik: I so move it, Mr. Chair.

Mr. Chairperson: So moved by Mr. Praznik. Agreed? [agreed]

Committee rise.

COMMITTEE ROSE AT: 2:06 a.m.