



Third Session - Thirty-Sixth Legislature
of the
Legislative Assembly of Manitoba
Standing Committee
on
Economic Development

Chairperson
Mr. Mervin Tweed
Constituency of Turtle Mountain



MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Sixth Legislature

Member	Constituency	Political Affiliation
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	Steinbach	P.C.
DYCK, Peter	Pembina	P.C.
ENNS, Harry, Hon.	Lakeside	P.C.
ERNST, Jim	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	Ind.
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, Hon.	Riel	P.C.
PENNER, Jack	Emerson	P.C.
PITURA, Frank, Hon.	Morris	P.C.
PRAZNIK, Darren, Hon.	Lac du Bonnet	P.C.
RADCLIFFE, Mike, Hon.	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.
Vacant	Portage la Prairie	

LEGISLATIVE ASSEMBLY OF MANITOBA
THE STANDING COMMITTEE ON ECONOMIC DEVELOPMENT

Tuesday, June 24, 1997

TIME – 4 p.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – Mr. Mervin Tweed (Turtle Mountain)

VICE-CHAIRPERSON – Mrs. Shirley Render (St. Vital)

ATTENDANCE - 11 – QUORUM - 6

Members of the Committee present:

Hon. Messrs. Cummings, Derkach, Pitura

Messrs. Ashton, Evans (Interlake), McAlpine, Mrs. Render, Messrs. Rocan, Struthers, Tweed, Ms. Wowchuk

Substitutions:

Hon. Mrs. Vodrey for Hon. Mr. Pitura
 Hon. Mr. Praznik for Mrs. Render
 Mr. Chomiak for Mr. Evans (Interlake)
 Mr. Sale for Ms. Wowchuk
 Ms. McGifford for Mr. Ashton

MATTERS UNDER DISCUSSION:

Bill 41–The Regional Health Authorities Amendment and Consequential Amendments Act

Bill 50–The Freedom of Information and Protection of Privacy and Consequential Amendments Act

Bill 51–The Personal Health Information Act

* * *

Mr. Chairperson: Order, please. This afternoon, the Standing Committee on Economic Development will come to order, and we will be considering clause by clause Bill 41, The Regional Health Authorities

Amendment and Consequential Amendments Act; Bill 50, The Freedom of Information and Protection of Privacy and Consequential Amendments Act; and Bill 51, The Personal Health Information Act.

Mr. Gerry McAlpine (Sturgeon Creek): Mr. Chairman, I move, with leave of the committee, that the honourable member for Fort Garry (Mrs. Vodrey) replace the honourable member for Morris (Mr. Pitura) as a member of the Standing Committee on Economic Development effective July 24 with the understanding that the same substitution will also be moved in the House to be properly recorded in the official records of the House.

Mr. Chairperson: Mr. McAlpine, just to correct that, I believe it is June. This is where I will ask for leave of the committee to do this. [agreed] Thank you.

Mr. McAlpine: I move, with leave of the committee, that the honourable member for Lac du Bonnet (Mr. Praznik) replace the honourable member for St. Vital (Mrs. Render) as a member of the Standing Committee on Economic Development effective June 24, 1997, with the understanding that the same substitution will also be moved in the House to be properly recorded in the official records of the House.

Mr. Chairperson: Is there leave? [agreed] Thank you.

Ms. Rosann Wowchuk (Swan River): Mr. Chairman, I would like to also make some committee changes.

Mr. Chairperson: Is there leave? [agreed]

Ms. Wowchuk: I move that the member for Kildonan (Mr. Chomiak) replace the member for Interlake (Mr. Clif Evans); the member for Crescentwood (Mr. Sale) replace the member for Swan River (Ms. Wowchuk) and that the member for Osborne (Ms. McGifford) replace the member for Thompson (Mr. Ashton).

Mr. Chairperson: Agreed? [agreed]

Before we proceed, I would just like to ask if the committee has a time limit that they would like to sit to this afternoon?

Mr. McAlpine: I would move that the committee sit until 5:30 or until such time as the business is dealt with.

Mr. Chairperson: Is that agreed? [agreed]

We will now proceed with clause-by-clause consideration of the bills. Is there a preference of the committee in the order of bills that we receive? Numerical? [agreed]

**Bill 41—The Regional Health Authorities
Amendment and Consequential
Amendments Act**

Mr. Chairperson: We are going to commence with Bill 41. Does the minister responsible for Bill 41 have an opening statement?

Hon. Darren Praznik (Minister of Health): Mr. Chair, rising out of the committee presentations last night—well, I guess the most detailed one was from the interfaith association.

We met with them and I have a number of amendments to propose relating out of discussions and their presentation last evening. So we may want to proceed into the detail, and I will raise each one as they come up.

Mr. Dave Chomiak (Kildonan): I appreciate the comments of the minister with respect to the amendments as proposed by the interfaith organization. The concerns that they had raised were concerns that had been brought to our attention as well. We were going to and still may propose amendments in that regard to address those concerns.

We look forward to the opportunity of looking at having an occasion to review the amendments proposed by the minister to see whether or not the concerns as addressed by the Interfaith Health Council can adequately address the concerns raised by the Interfaith Health Council yesterday.

Having said that, Mr. Chairperson, I want to indicate for the record that it is very interesting that what we see, we see a sense of cherry picking on the part of the minister and the government with respect to the kinds of amendments they will accept and the kinds of amendments they will not accept.

It is very, very clear and very, very evident from presentations that were made last evening for five hours in this chamber that there are some amendments that are necessary for this act in order to receive the support of all members of this House and, I might suggest, to receive the support of many of the members and many of the groups who participated yesterday and who indicated for the record that while they were on the minister's consultation council, advisory group, in preparation for dealing with Bill 41, the minister indicates that there is a privacy and confidentiality committee and there was a group—

Point of Order

Mr. Praznik: Just a point of order, I appreciate the member's comments about that, I believe on Bill 41. Just for his clarification, the comments of which he is referring, I believe he is referring to Bill 51, the health bill. We only had a couple of presenters yesterday on this bill, and we did not have that consultation committee. I do not know if we are going to do comments on all bills. I just seek some clarification.

Mr. Chairperson: We thank the minister.

* * *

Mr. Chomiak: Mr. Chairperson, I thank the minister. I was off on the wrong speech.

Mr. Praznik: Okay, can we save it for the next bill?

Mr. Chomiak: I thank the minister for those comments. I was actually proceeding down the wrong tangent, the wrong fork in the road.

But now that the minister has corrected my direction here, and I thank him for those comments, with respect to this particular bill, Mr. Chairperson, we have a number of concerns, and we had addressed them in the House.

It is unfortunate that the bill was introduced in the fashion and in the manner that it is, because the bill basically deals with three different issues. Firstly, it deals with the question of the establishment of a regional health authority and a long-term care health authority for the city of Winnipeg, and that is something that we have had a problem with. We had a problem with the predecessor bill, Bill 49, and we have a problem with the structure and the establishment in Winnipeg.

* (1610)

The second aspect of the bill deals with what we have referred to, and I think appropriately, as the Holiday Haven amendments. Those are concerns dealing with the amendments to provide the minister with power to deal with situations that arose similar to the Holiday Haven situation. While we argued and still argue that we thought the minister had sufficient powers under the previous act to deal with the Holiday Haven situation, nonetheless we are supportive of those particular provisions.

By the way, I might add, we are supportive of those provisions subject to amendments of which the minister has already indicated, but the third part of the bill deals with The City of Winnipeg Act, and we are very concerned about some of the amendments in this act relating to the City of Winnipeg and the provision of health care services. So by virtue of the fact that this bill is a bundling of various aspects of health care under one bill, it makes it very difficult to deal directly with support or nonsupport of a particular bill. We are, therefore, forced to look at this bill and try to improve it in the areas where we think it can be improved and in areas we are opposed to that we cannot vote for it. So it makes it very, very awkward.

I have indicated in many speeches on many occasions in the House that we have a problem when the government on an omnibus basis bundles together different aspects of bills in order to make changes, and we would much prefer if the bills were presented on the basis of dealing with the substantive issues and dealing with the particular issues and then it allows for a more meaningful debate and it allows for an opportunity for opposition parties to provide a support or nonsupport on the basis of the bill. As this bill now stands, even

though there are sections of it that we approve of, there are sections of it which we disapprove of, and we have no choice, of course, in the final analysis, but to oppose the bill outright.

Notwithstanding that, however, because we are realistic and because we are a conscientious opposition, we will attempt to the best of our ability to amend this act that is before us, Bill 41, in order to improve ultimately the final operation of this bill, and that is what we intend to do here today as we go through the clause-by-clause analysis of the particular bill.

I might indicate at this point, Mr. Chairperson, I might outline for the purpose of the minister some of our concerns in this regard. If one is to look at the concept of a regionalized health authority for the city of Winnipeg, certainly the government began the process with the establishment of the Bell-Wade Report that was produced approximately two and a half to three years ago. At that time there was a recognition that there must be a co-ordination and a consolidation, if I could use those words, of services in the city of Winnipeg and a recognition of some kind of program, development on a program basis in Winnipeg.

Subsequently, the government embarked on a consultation, a quasi-consultation process, in order to determine what is the best means to deal with regionalized and to deal with governance. The government, by invitation only and through the consulting firm of KPMG, who incidentally were involved in the Bell-Wade Report, put together a consultation process by invitation only whereby individuals made their viewpoints known. At the last minute, members of the opposition were actually invited to that consultation process. We appreciated and in fact we attended.

It was very, very interesting that while there was a consensus amongst the by-invitation-only individuals who attended that consultation process, while there was a consensus on most issues, when it came to governance, there was absolutely no consensus whatsoever. In fact, there was opposition completely to government schemes for governance. So, it came as somewhat of a surprise to many individuals who attended that by-invitation-only conference and by

many other individuals that the government was proceeding to regionalize the city of Winnipeg.

The Chairperson might recall that there was a study, the rural and northern task force study, that recommended the regionalization of rural and northern Manitoba, that is those regions outside of Winnipeg, but that process did not take into account the city of Winnipeg or the city of Brandon. It made a number of recommendations, many of which were followed by government. Some very significant ones were not followed by government. So, subsequently, the government brought in Bill 49, which is the product of the amendment that we are looking at today, and now we see before us a bill that is doing to Winnipeg what the government did to rural and northern Manitoba.

Now, we have had a long-standing debate and much disagreement as to how and when the process of this governance model should operate, Mr. Chairperson. I think it is unfortunate, and I do not have an answer for this, as to why, when Bill 49 appeared before this committee last year, we had 40 to 50 presenters, and I might add with perhaps one exception—and I am not entirely certain—who were unanimously opposed to the government plan of regionalization. But we had 40 or 50 presenters.

Now, on a significant bill like this that affects over half-a-million Manitobans, we had very few presenters. That is the problem now. Some observers might feel that somehow this suggests that the process is working. I suggest that what is not working is that there is no consultation and contact between the government and the public with respect to the plans, so most Winnipeggers do not have a great deal of knowledge as to precisely what is going to be happening as this consolidation and as this model for governance proceeds.

Indeed, it was interesting that when we deal with the city of Winnipeg, that certainly contact with the City of Winnipeg with respect to this bill was relatively late in the process. I guess what will probably happen is that the bill will likely be approved by the government majority and the process will be put in place. Only after the process is up and functioning will people actually be fully informed as to the significance of what is happening.

I suggest, Mr. Chairperson, that this is a very significant and a very marked departure with respect to how we deal with health care in both Winnipeg and Brandon. I suggest that this bill bears a lot of scrutiny with respect to how the process should work. It is interesting that most of the amendments we are making here today in the course of this bill deal with the previous Bill 49, notwithstanding that Bill 49 has not functioned that long. It only became functional April 1, so we have not really had an opportunity to experience the pluses or minuses with respect to Bill 49.

I suggest, and I will go on record as indicating, that we will be back to this committee should the government proceed; we will be back to this committee with significant amendments to Bill 49 before too very long. That was one of the reasons that we opposed initially Bill 49. Not initially, we opposed Bill 49 outright because we said the government ought to have heeded the advice of the northern and rural task force and developed a pilot in order to see how the process worked.

We also urged the government to listen to the 40-plus-odd presenters who had made presentations at that time. I raise the issue of the presenters at that time because it is very relevant to this bill here today, because the advice given to us generally from the presenters on the original Bill 49 applies to this amendment, Bill 41, as well. I think it behooves the committee to pay attention, and it would be worthwhile for the minister and all members of the committee to refer back to the committee proceedings on Bill 49 in order to acquaint themselves with some of the concerns that were raised by presenters at that time as they relate to Bill 49 and as they relate quite directly to Bill 41 that is before us today, which in fact is an amendment of Bill 49.

I am struck by several of the concerns that were raised that I am going to raise again today with respect to concerns. First off, it was very clear, and I cannot say it was unanimous because not all presenters dealt with the issue, but for all the presenters that dealt with the issue, which was something like three quarters, all recommended elected boards were a must. That was a certainty.

* (1620)

The second issue that I think was very significantly brought to the attention of the committee was by a solicitor, in fact a solicitor that would be familiar with government members, though the name escapes me at this time, who made an impassioned plea to the government that, before they proceeded to regionalize and to establish the government-appointed boards, they ought to take into consideration all of the very good work done by volunteers and the volunteer committees and the volunteer boards that have made our rural health centres and our rural hospitals and our northern hospitals and facilities function very, very effectively. He made a very impassioned plea which I think still prevails now that you do not cast aside, you do not cast aside all of the individuals who have worked so hard, and through their blood and sweat and their sweat equity, Mr. Chairperson, have built—if we can take any credit for the health care system in this province now, it is because of the efforts of people like that. He was very, very concerned, and raised the point that, in going to this process, we are diminishing the role and diminishing the responsibility of all of those volunteers and all of those organizations and all of those faith groups and all of those other service organizations that have done so much to build up our health care system and our health care institutions.

I also raise the issue, because it is very, very relevant to the proceedings at hand, of the presentation made by the Centre for Health Policy and Evaluation, a body that I think has a very good reputation, notwithstanding that on occasion we agree with their analysis and some of their results, but nonetheless has an outstanding reputation. The presentation by the Centre for Health Policy and Evaluations certainly gave members on this side of the House the opportunity to question the government's initiative in terms of regionalization.

I might note, my fellow member of the Legislature has just indicated to me that the lawyer whom I was referencing was Vaughan Baird. Vaughan Baird was the individual who made the very, very passionate plea on the part of government to hold off in terms of their regionalization plan. Regardless of his political affiliation, I think his words were most profound and I think it is necessary for members of this committee to reflect on what he had to say at that time.

But to return to the analysis of the Centre of Health Policy and Evaluation, quite clearly the Centre for Health Policy and Evaluation indicated to the committee and indicated to us at that time on Bill 49 and subsequently indicates to us in our review of Bill 49 through this amendment in the form of Bill 41 that the government ought to take a step back in terms of regionalization. Now, regionalization was in vogue and it varies from the Michael Rachlises of the world to more right-wing commentators. Regionalization has been in vogue in this country for some time and that point was made, but the presentation made by the Centre for Health Policy and Evaluation was to take a step back from regionalization because the early returns and the early results on regionalization were not delivering the kind and the style of health care that the proponents of regionalization had suggested in the first instance.

As an example was cited the experience in New Zealand which quite clearly from the government's establishment of regionalization in Manitoba is very similar in its structure to the experience that the government is introducing in Manitoba, and that the early returns from New Zealand indicated that far from making the health care system more efficient, it in fact had made the health care system much less efficient. In fact the experience in New Zealand was that costs went up, waiting lists went up, regionalized board members were resigning in droves, conflicts occurred and the experience was not delivering what proponents of the system had indicated.

Now, these are my words, but I am only reflecting as accurately as I can, as memory serves me, the presentation that was made by this Centre for Health Policy and Evaluation through Evelyn Shapiro. That information and that advice should cause all of us in this Chamber and in this committee pause to reflect on the whole process of regionalization.

There is no question, as I indicated earlier, the proponents of the regionalized structure vary right across the political and ideological spectrum. It has been cited by many as a panacea for health care, and I have a sense that the current Minister of Health is falling into that trap, that somehow there is a sense that, and certainly I get that impression from the responses in Question Period that somehow only a rejigged or

reorganized system will solve all of the problems in the health care system. I think, just in terms of principle, that is not correct and if one goes down that road too far, I think you will find it is not a panacea.

Now, leaving aside the issue as to whether one should regionalize or not regionalize and which is the product of this bill, to fall into the trap of assuming that a regionalized or reorganization structure will solve all your problems is inappropriate and, quite frankly, a mistake. It is far too complicated a problem to simply feel that only by rejigging the system will we deliver more efficiencies; it is far more complex than that.

Certainly, the impression that we get from the minister is that waiting lists, emergency doctors, emergency rooms, labs, home care, virtually every aspect of health care by virtue of regionalization will somehow magically become better, more efficient. Now there will be economies of scale, and there will be efficiencies that will be realized by a form of management but to look to organizational structure alone as the panacea and as the solution to the problems that are occurring in the health care system, I think is a mistake. We certainly get the impression that is the road that the government may be going down.

So, Mr. Chairperson, as I indicated, this bill is comprised of three parts. We have problems with—shall I term it “parts one and three”—that is the whole concept of regionalization in Winnipeg, as well as the third part, the concept of the province taking over the provision of health services in the inner core in the city of Winnipeg.

The second part of the bill, which is the part of the bill which we can support, deals with the issue of Holiday Haven which has a long and very tragic history during the course of the last seven or eight months in this Chamber. The minister is bringing in legislation in order to remedy a problem that existed at Holiday Haven and perhaps, in his viewpoint, will remedy problems in the future. While we support this kind of provision in the act, we do want to make the point that the real problem in our view with respect to Holiday Haven—withstanding all of the information that is on the record in the House and in this committee that I have raised on many, many occasions as it relates to Holiday Haven, and I certainly do not want to go over that information again—but one of the major problems

in our view with respect to personal care homes is the question of the private for-profit personal care homes. There is a preponderance of difficulties and problems at the private for-profit care homes, and that is well illustrated.

* (1630)

Part of the difficulty with that was the government when it does expand and creates more beds in the system has generally proceeded to do it through the private for-profit care home rather than the nonprofit care home system, and that is a major difficulty, but the overall problem with respect to personal care homes has been canvassed long and hard and has been outlined in many, many instances both in the House and in committee. Many of the recommendations, particularly the 39 recommendations made by the long-term care committee, which were provided to the government several years ago, they were provided to the government, outlined the problems in the personal care homes.

First and foremost, of course, is the whole issue of standards, and very directly related to that is the whole question of the staffing issues. Now we have had a debate—and I do not want to use valuable committee time to rehash the debate that we had in the Committee of Supply for the Estimates with respect to staffing levels and the like—but I just use the occasion to remind the minister that it is staffing levels that are a major, major problem with respect to our personal care homes, and again urge the minister to move quickly.

The minister has indicated that he will be moving on many of the recommendations, and I think the minister probably will, but I must also indicate that I have heard it before. The previous minister promised on many occasions to move. In fact, I think I cited something like 16 occasions in the last three years that he would move on those recommendations and has not.

I do have some hope that the minister—because the minister has indicated and has already proceeded to implement some changes in personal care homes with respect to the complaints procedure and we welcome that. That is a small first step, but we look forward to numerous other provisions and numerous other

fulfilment of recommendations in order to ensure that our loved ones, who go to personal care homes both now and in the future, will have the kind of care that our parents and grandparents believed were present in personal care homes 10 or 15 years, 20 years ago when the system was really expanding and when I believe there was a good deal of confidence in the system, something I think that has been seriously eroded in the last few years and I think has been the subject of many reports and inquiries and is not simply something that I am saying rhetorically.

Having said that, Mr. Chairperson, I can indicate that, while we think that the minister already has the pre-existing power to deal with the issues of the Holiday Havens of the world, we are supportive of that amendment to Bill 41 as it relates to Holiday Haven. In fact, as I review my comments in this regard, I cannot help but reflect on that particular issue and on the fact that there are still many questions that are unanswered with respect to that issue, there are still many reports that are untabled, and there is still a story that has to come out, not for political purposes but for the benefit of all Manitobans to ensure that a Holiday Haven can never happen again.

The amendments that are proposed in Bill 41, as they relate to institutions, if used judiciously, could ensure that in the first instance when a concern is raised about a nursing home, the minister would have some recourse. It is an interesting and directly on-point, I think, discussion to contemplate whether or not had the previous minister had this kind of legislation, whether anything would have moved faster with respect to Holiday Haven. It is an interesting point, because I might add that we called for the takeover of Holiday Haven in October in the Legislature, by letter in November, by letter in December, by letter in January, again by letter in February and then, subsequently, there was a response. I compliment the minister on a quick response following the incident. There was actually movement on that. It is interesting whether or not, and it is more than a historical discussion, as to why there was not specific movement. That is the story that has to come out with respect to Holiday Haven. Notwithstanding that, certainly we would be supportive of the particular amendments as they relate to Holiday Haven.

Turning to the final section of the bill, Mr. Chairperson, you know, there are a number of concerns in this area. Historically, the City of Winnipeg has provided a longstanding public and otherwise health service in the city of Winnipeg, and I might add an excellent one. In many ways, the City of Winnipeg pioneered many aspects of health care and have done an excellent job. Now, we in this Legislature, without a lot of discussion, are being asked to take away that responsibility from the City of Winnipeg. That is—again, one might ask the question, why the urgency?

Now I appreciate the fact that the sections of this act dealing with the significant changes to The City of Winnipeg Act, as providing for medical health services, exist in this act, or in Section 24(1) and 24(2), and 24(2) more specifically, do not come into effect until, as I understand it, a proclamation. I will be querying the minister of this. I assume that the intention of the government is to not proclaim those sections of the act until final negotiations have been concluded favourably with the City of Winnipeg before that section is proclaimed.

But our concern in this regard, Mr. Chairperson, is one of the practice of the government. Our experience has been, for the most part, when a government has taken over a service, particularly in the health care field, that the service has not been enhanced or maintained at the same level but has suffered from cutbacks. We are very, very concerned, because I think it is generally accepted by all that the services offered, the health services offered by the City of Winnipeg are excellent and some of the best in the country. If the government can guarantee us that the services that will be subsequently offered when this act and this part of the bill are proclaimed are of the same or better level, then I guess that is a point—it will be difficult for us to argue against the provisions of this act.

Now, Mr. Chairperson, there is an argument that can be made. Most jurisdictions, most municipal governments have a public health capacity, and they should have a public health capacity. There is no doubt about that. The question is, to what extent do they have this public health capacity, and to what extent does the local government deliver this service and to what extent does the senior government deliver this service. One could argue long and hard about whether

or not a municipal government is closer to the population, ought to be delivering that service, or a senior level government because of constitutional—a delegation of power—has the complete authority to deliver that service and ought to deliver that service.

But let us leave that debate aside, because people can be found on all sides of the debate. Leaving aside that—and I think my colleagues perhaps will have an opportunity, and I hope members will have an opportunity to discuss this when we get to that section of the act.

But keeping aside that particular issue, the real issue for us, the fundamental issue with respect to this amendment is whether the service that will be delivered in the city of Winnipeg will be of the same quality as is presently being delivered. I am frankly quite concerned. My experience in this Chamber and in this House has been, when the government takes over service for efficiency or melds two services together, that the ultimate service provided is much less than was previous. Now we are not talking about garbage delivery; we are talking about the provision of public health services.

* (1640)

Let us not forget, and let me just indicate what is being amended, because I do not think it was clear in the committee yesterday, and I think it is very significant. I think I should repeat for all members what we are intending to repeal from The City of Winnipeg Act.

I cite Section 431.4(1), the city may make by-laws, rules and regulations not inconsistent with The Public Health Act or regulations for (a) the prevention, treatment, mitigation and suppression of disease in the city; (b) the supplying of medical, surgical, obstetrical aid, accommodation in medicine and articles that are considered necessary to prevent or mitigate a disease, and the acquisition or building of temporary hospitals and other places for the reception of sick or infected persons; (c) the medical and dental inspection of children; (d) without restricting the generality of the foregoing (i) the conducting of child health centres (ii) the conducting of public health nursing services including clinics.

You know, Mr. Chairperson, these are very, very significant, and the government is suggesting that this entire section be repealed. Certainly there can be an argument made that certain sections of this act are anachronistic and arise out of a different era and a different time, and we accept that. Given the dearth and the lack of responsibility this government has assumed for child health and child services, and given the cutbacks that we saw in the form of, for example, the Children's Dental Health Program that the government cut several years ago, which could be the topic of a long dissertation in this committee, given what the government did in those areas, I am loath to, holus-bolus and carte blanche, give to the government of Manitoba the power to eliminate the city's responsibility to deal with this particular issue and with these issues.

Further, we are proposing under this amendment in Bill 41, which amends The City of Winnipeg Act, to remove the power of the City of Winnipeg to appoint a medical health officer. Section 64 is being amended: The Council shall appoint a Medical Officer of Health who shall have powers and duties of Medical Officer of Health under The Public Health Act in addition to any powers and duties under this act.

That act, the health aspects of it, are being eliminated from any responsibility of the city. Now, I might add that certain provisions dealing with grounds, vacant lots, real estate drainage, scavenging systems and the like are still being maintained under The City of Winnipeg Act, but the government is removing the public health function.

I say to the government, show us the plan, show us, demonstrate to us how you will provide this service, and perhaps you can convince us to support the aspects of this bill dealing with those sections. But short of that we cannot take it on face value. We cannot accept on face value that the Government of Manitoba will effectively deliver the service, and—

Point of Order

Mr. Praznik: I may not have a point, but I just ask the member if he is going to be speaking right to the end of 5:30, if I could let the staff go home? If that is his

intention, he should just let us know and then I can let our staff go.

Mr. Chairperson: It is not a point of order, but I will ask Mr. Chomiak if he wished to declare his intentions. It is entirely up to you.

Mr. Chomiak: I might indicate the minister is aware that generally we on this side of the House have been fairly co-operative with respect to the utilization of staff and how matters will function. We have been very co-operative in ensuring that staff are not inappropriately present in a committee and that we continue to function on that basis, and I might add that given developments in the House presently it is somewhat difficult to determine precisely how matters will proceed this afternoon. As I was—

Mr. Praznik: On the same point, if the member could just clarify for information, I take it the length of his speech is determined, as he has indicated, on what goes on in the House as opposed to the substance of the matter at hand, and I accept that. That is part of the parliamentary system but, if that is the case, I would just like some clarity, because it is unfair to all of the staff here who have many, many duties. If we are into a bit of a filibuster because of the House, that is part of the system. I would just like to have an idea so I could let them know what their expectations are so we can be humane to those who work for us.

Mr. Chomiak: Mr. Chairperson, I do not believe that the minister has a point of order, and if the minister wants to be irresponsible and suggest that somehow our commenting on this bill is filibuster, I mean, we have the rights in this Chamber. We have the right to comment; we have the right to debate. We have indicated by virtue of hoist, we have indicated in this committee that we have thought for some time that proper scrutiny has not been provided and has not been able to be provided. We are attempting by course of these comments to put on the record advice, so—

Mr. Chairperson: It is not a point of order, and you are certainly not obligated to make an answer one way or the other, and if that being the case I will just ask you to continue.

Mr. Chomiak: Thank you, Mr. Chairperson, and I will indicate that it is my intention to continue to put points on the record and put on behalf of my constituents and on behalf of those people who made presentations for five hours yesterday to try, on behalf of those individuals who made presentations yesterday, to represent their interests and to provide for their—

An Honourable Member: You spoke longer than they did.

Mr. Chomiak: —to protect them. It is very difficult to speak above the comments of the Minister of Health, but to return to the advice that I was attempting to provide the minister as it relates to Bill 41, I can indicate that if we were given some kind of guarantee, if we could have some kind of guarantee that the services that will be provided to the individuals in Winnipeg and to the citizens of Winnipeg are commensurate with those that they are presently provided or indeed in fact are enhanced, it would make deliberation on this section of the bill much easier and allow us to have some idea as to whether or not we have an opportunity to support this measure.

It is unfortunate that it appears that the minister may be sending staff home with respect to this bill and other bills. That is unfortunate if in fact we end up proceeding on a clause-by-clause basis at the conclusion of my remarks. If the minister had some patience and had allowed me to perhaps conclude my remarks, I would have been able to give him some indication and I still will give him some indication when I conclude my remarks, Mr. Chairperson.

As I indicated, one of the problems with this bill is the omnibus nature of this bill and the way in fact it deals with various issues which makes our support or nonsupport of the bill difficult, because some sections, as I indicated, we are supportive of and some sections we have a problem and difficulty supporting.

Having said that, Mr. Chairperson, I think for the most part that I have concluded my remarks in this regard. Thank you.

* * *

* (1650)

Mr. Chairperson: During the consideration of a bill, the preamble, the title and the table of contents are postponed until all other clauses have been considered in their proper order. Recognizing that there are some amendments to come forward, I would suggest that we proceed in a clause by clause rather than blocks of clauses. Is that agreeable to the committee? [agreed]

Shall Clause 1 pass?

Mr. Chomiak: I just wanted to query the minister why he decided to proceed to amend The Regional Health Authorities Act and not establish a separate act or separate legislation for the urban centres of Winnipeg, because the previous advice given to me by the previous minister was that he was proceeding along the lines to have a separate act.

Mr. Praznik: Mr. Chair, the member for Kildonan's recollection is correct. The intent of the previous minister and of the process was to have a separate piece of legislation. When I assumed this office in the winter and had a chance to review this, there were a couple of issues that came to light. One was obviously the time necessary to prepare a second act but that should not in itself be a determining factor. I also felt it was very, very important that our regional health authorities whether they be in Winnipeg, in Brandon or in rural Manitoba, be governed by the same statute. I find it, as a legislator, somewhat difficult when different areas of the province are governed by different statutes. So, in the interests of meeting that goal and also because when we looked at our options of developing a completely new piece of legislation versus amending, quite frankly, the easiest means to prepare this bill since all of the provisions already existed in the former Bill 49, was to do this by way of amendment. I took it to cabinet and had cabinet concurrence to proceed on this basis.

Mr. Chairperson: Clause 1—pass. Shall Clause 2 pass?

Mr. Chomiak: Mr. Chairperson, in Clause 2(1), which is an amendment to Clause 8(1) of the existing Bill 49, the decision is made to establish two regional health authorities. I am wondering if the minister can indicate why a determination was made to establish two regional health authorities.

Mr. Praznik: Mr. Chair, many of these issues I think I dealt with in second reading when I introduced this bill. The reason, again, I reiterate for members of the committee, was the sheer enormity of Winnipeg and the work that has to go on was felt to be somewhat too large a task to have one board initially. Consequently, it was felt best to split the functions and create two boards. However, it is ultimately our intention in the best interests of an integrated system at some point in the future, I would not even say foreseeable future, but at some point in the future it is likely that these two boards have the possibility to merge. In the interim period, it was also a concern expressed that if we had gone with one board, that given the sheer magnitude of the facilities, they would dominate the work of the board as opposed to allow for the development of the continuing and long-term care, home care functions, public health functions that are placed in the second board that we are establishing or the one of the two boards. That is why we proceeded on that basis for the city of Winnipeg.

It is the only exception in the province that has those two authorities and that required quite a number of amendments to The Regional Health Authorities Act to provide for two boards and one authority in the case of the city of Winnipeg. But I do share with him, as I have in discussion, that we would expect that these boards will work very co-operatively with the intent some day when they have done much of their work and the time is right for the government of the day recognizing to eventually merge the two boards for one health authority for the city of Winnipeg. I do not suspect Darren Praznik will be Minister of Health when that happens. That is quite a ways into the future.

Mr. Tim Sale (Crescentwood): Mr. Chairperson, I have a very deep concern about processes that we are putting in train by this section and by this bill. I want to just put a couple of comments on the record about this and ask the minister to respond I hope as fulsomely as he would like to this, because I am deeply worried by what we are doing here.

I believe, Mr. Chairperson, through you to the minister, that the result of this act will be that Winnipeg will be the only major metropolitan, and indeed even minor metropolitan city in Canada that does not have a fully functioning Department of Health at that level of

the city. I do not know of any other jurisdiction, and I had some connection with public health departments when I was director of the Social Planning Council and went to a number of conferences. I think the minister will probably agree that city public health departments in places like Toronto and Calgary, Vancouver, Winnipeg to some extent, perform functions that are far in advance of many other places in the world. They are very, very progressive. They are very proactive.

When you combine a field-based, community-based system that is by its nature not institutional, in other words it is not delivering care primarily out of an institution and most of its budget is not soaked up in an institution, that entity tends to have a community focus and tends to be more amenable to the kinds of real health issues that are happening out in the community level.

Experience in human services in the 1960s, 1970s, 1980s was that when amalgamations took place, it tried to bring into one entity both institutional and community outreach kinds of services, that the budget pressures and sheer institutional demands to service the institution drove out the community-based concerns. I think the minister can sympathize with this from his own experience, even though he has only been for a matter of months now as Health minister, that the budgetary and simply the sheer volume of demands of a place like the Health Sciences Centre or any hospital, the demands of a big system, nursing home system, for example, are insatiable.

Most jurisdictions have seen the wisdom of keeping separate the field-based preventive developmental kinds of services from the institutional, curative, restorative services that just—and this is not blaming anybody, it is just the nature of the beast—tend to soak up an absolutely enormous amount of resources. When push comes to shove, the demands for direct service to immediately respond to do this surgery or to provide resources for these kinds of high tech services are harder to deny if the trade-off is one more nurse visiting a few more families or spending a few hours in a school hoping to prevent something down the road that, of course, by the nature of the beast you could never prove. That is the whole problem with prevention.

* (1700)

The ministers of Education, former ministers of Education, who were present at this committee know that problem that when we argue to try and prevent—oh, it is wonderful to see such collegiality—things from happening you can never prove what you prevented, so it is very hard to fund prevention, particularly in stringent budgetary times.

I am very concerned about this notion that somehow we can get systemic efficiency by combining huge units that are made up of very large physical structures with a whole lot of capital and technological infrastructure inside them. Quite frankly, Mr. Minister and Mr. Chairperson, you have watched and we have all watched the big institutions fight for survival and fight successive governments, not just this government but any government. We watched that in Ontario. We have watched it in Saskatchewan. We have watched it in Quebec. Institutions have a great deal of clout and a great deal of resources they can muster. Community-based services, public health nurses in the inner city have much, much less ability to bring to bear political or community pressure to help them survive, so I am really concerned that we are going down a wrong road here by talking about amalgamating all levels of service, both community-based and institutional, under one board.

The second major concern that I have with this section, which really puts in train an uncertain end to the City of Winnipeg's role in public health. I guess I say an uncertain end because as the minister said last night and as presenters said last night we have to do a bunch more negotiations. We do not know where we are going on this yet. So I think in general, in principle, as a lawmaker and as someone participating in this process, I am very uncomfortable with saying that we are going to put in place an act which essentially puts however large a gun it is, it is nevertheless a gun to the head of the City of Winnipeg and it says, we are going to take over the things you do some way someday. We have the authority to do that now. Of course, the province has always had that authority. It has it by virtue of being the creator of the City of Winnipeg through The City of Winnipeg Act, so it could do that at any time.

But surely in the interests of the well-being of citizens and the well-being particularly of those citizens

who depend on the City of Winnipeg public health department, the province would be much better to sit down with the city, work through the details, work through the financial issues, work through the questions of how do you protect and preserve what my colleague the member for Kildonan (Mr. Chomiak) has rightly pointed out to be superior public health services in the inner city, what is the funding required and how is that going to be done, and then bring to the House the legislative framework and the regulatory framework that makes that possible.

These are very, very, very tricky questions. Do we want to have a medical officer of health for the City of Winnipeg, under the jurisdiction of the City of Winnipeg and The Public Health Act? If we do, what is the role of that medical officer of health, and what is the medical officer of health's ability to function if there is no functioning public health department? What is the interaction between public health in the City of Winnipeg which historically, I think all members know, is primarily a function of sanitation?

High levels of public health in the developed world are not an outgrowth of having large hospitals or even large numbers of doctors. The government's own white paper, The Action Plan, very correctly pointed out that the real sources of health in our community are clean water, clean air, safe workplaces, healthy living spaces, recreation, citizen ability to take some control and charge over their lives.

I have referenced in past speeches, Mr. Chairperson, the very, very useful studies called the Whitehall studies in London, England, which looked at the health of the population and found in a nutshell that the health of citizens was largely related to the citizens' perceived control over their own lives. That is the proxy. I think we have been confused for a long time about this in our public policy. We have thought that it was related to poverty—and indeed there is a strong relationship between health status and poverty—but the Whitehall studies teased apart what the nature of that relationship was and found that the real issue is the sense of control and power over our own lives and our ability to make decisions about our lives. If citizens have that sense, they will be healthier than if they do not.

So when we turn over to one megastructure all of the levers on public health and we do that through an act

that makes all of this possible before we have any clue about what it means, I think we are setting ourselves up for potential serious trouble.

What is going to be the health inspection function under The City of Winnipeg Act? Is health inspection now to be part of a regional health system? Is that what is being contemplated? Perhaps that would be a good thing. Is that what is being contemplated in rural Manitoba, that the regional health bodies will not only be the deliverers of direct care, but they will also be all the inspectors and the enforcers of the regime of clean water, clean air, safe workplaces?

There was a time when I think we all believed that if we could have one jurisdiction that delivered all of those kinds of preventative health services we might be better off, but I am not sure that there is consensus on that anymore, and yet here is the government bringing forward legislation on a legislative framework which in an unclear and uncertain way says that when we proclaim this you are out of business for the City of Winnipeg's public health function.

I think there is a very good reason, Mr. Chairperson, to ask the government to seriously reconsider whether it wants to lump so much into one basket. There is a good argument to be made, I think, for pilots. There is a good argument to be made for public processes of consultation and building the service system, at least building the skeleton of it so that the public of Manitoba, and Winnipeg in particular, might have some sense of what it is these regional health bodies are going to do.

To date, all we have is Bill 49 and Bill 41, and the bills, as the minister knows and as the committee knows, spell out only the very, very broad strokes of what a regional health authority is supposed to do, but the details of how that is going to actually function at the neighbourhood level, how that is going to function at the level of the health inspection department of the City of Winnipeg, what that is going to do to the public health mandate of the city, what it is going to do to the two clinics that the City of Winnipeg operates, completely unclear, not shared with any group that I know of.

I should share with the minister and the committee that there is a small group in the area that I represent

that is working away at the question of how do we strengthen our neighbourhood's ability to promote and produce a safer and healthier neighbourhood? What are the things that we could do at the local level? Even though Misericordia Hospital and others know this group exists, we have not been able to find out where the government thinks it is going in regard to this overall regional health system within the city of Winnipeg.

We hear something about neighbourhood health networks, and I may not be as in touch as I should be, but I have not seen a publication on neighbourhood health networks yet. I have not seen anything that would lay out for me what the mandate of those neighbourhood health networks would be. So I have a real concern that we are setting in place a framework, and we do not have a clue at this point what goes inside that frame. We do not have a clue what the real role of the city will be in the future.

Let me end my comments on this section by asking the minister to consider what might have happened to services in the city of Winnipeg had the government decided eight years ago to put this framework in place when they still had some level of support for the public health system, and then they went into the recession of 1991-92 and decided that in response to the Mulroney government's cuts to the health care system that the Filmon government was going to cut it just as severely and then more so.

What services in the city of Winnipeg would have survived those cuts, considering that we have closed some 1,500 beds in total, laid off hundreds, well over a thousand staff? We do not apparently have surgeons able to operate anywhere near the amount of time that they are needed to operate on critical surgery. So we have operating rooms left empty simply because government has decided that hospitals have to live on what are essentially 1985 dollars in levels of funding, if you do the current dollar value of the funding that is now available to our hospitals. What chance would community services have had in that kind of regime, in that kind of savage cutback climate?

* (1710)

I am very glad the City of Winnipeg was still in charge of public health as we went through this

government's savage attack on the health care system, because the City of Winnipeg maintained to the best of its ability a real public health system under great, great pressure, but they did, to their credit, maintain as best they could a good public health system.

I would say to the minister that experience in other jurisdictions is that when severe cutbacks come, it is the preventive, community-based outreach services that suffer first, and it is the big institutions that suffer last, and if you look at the degree of suffering the big institutions had in the last few years, goodness knows what would have happened to those preventive and community-based services the government wants to take over and lump under its regional health authority.

So I am very concerned about this whole act. I am concerned about putting forward a framework to take over the City of Winnipeg's function before we have any idea what is inside that framework, Mr. Chairperson.

Mr. Chairperson: Clause 2(1)—pass. Clause 2(2).

Mr. Chomiak: Mr. Chairperson, this particular section amends a section in Bill 49. As I can at least view quickly through this section, it is not a significant change, but I wonder if the minister might outline for us what proposal he is referring to in terms of this section to be prepared and whether or not any of those proposals have been carried out and what the, in fact, purpose of this particular section is.

That is my first question: What is the purpose of this section? Has this particular section been utilized? In other words, has a proposal been prepared and consultations carried out respecting the proposed establishment of the health region in the city of Winnipeg and, if so, will the minister table those proposals?

Mr. Praznik: Mr. Chair, the only change from the existing bill is, this is amended to accommodate two authorities in Winnipeg, as the member will be able to point out. The purpose of this section, as I understand it, was at some time in the future if another authority is to be created or requested, it gives them powers, the minister, to cause a proposal to be prepared to do that. Obviously, in the early stages of creating regional

authorities, we are creating them on a province-wide basis. It is my understanding that this—well, it has not been used in the past because we were creating a regional system for the province. The work was done on a province-wide basis.

But should we have a request, say, for example, from the Swan River area, a formal request from them to create another region in that area, it would allow the minister, empower the minister to require a proposal to be prepared by that group and to have consultations as considered appropriate if we had a request. Very realistically, one request I would expect may come at some point may be in the Island Lake area, which is all First Nations, by and large, communities except for some Northern Affairs communities. Given changes happening in that particular area with the federal government and funding for aboriginal health, there may be a request for a special health or another health region, and this would simply empower the minister to be able to conduct a study. In fact, one would probably even argue that the minister has that power now as a prerequisite for acting anyway. So whether one needs this section or not is perhaps debateable, but the fact is, if we are going to have it in the act, it should be amended to allow to accommodate an authority or authorities.

Another possibility may come up. At some time I could see an authority, for example in Brandon, if there was not a need to have two boards in the city of Brandon or a larger area for community health versus institutional side. So this does give that possibility. Very arguable that you do not need it all; a minister can always ask a proposal be prepared or a study done before they exercise the power.

Mr. Chomiak: But as it applies to the City of Winnipeg per se, given that the power in Section sub 8(1.1) indicates only two regional health authorities can be established in Winnipeg, then it would be redundant as it applies to the City of Winnipeg. Is that correct?

Mr. Praznik: At this stage, sure, quite likely.

Mr. Chairperson: Clause 2(2)—pass. Before we move on to Clause 2(3), I will just advise the committee members that Bill 61 has been referred to this

committee also from the House just recently, so just for information only.

Clause 2(3)—pass. Clause 3.

Mr. Chomiak: Mr. Chairperson, as you are probably aware and as we have indicated on several occasions, we are concerned about the fact that the government appoints exclusively the boards, exclusively to all of the health care regions, and has appointed and will be shortly appointing in full force the regional health authority of Winnipeg and the long-term care authority.

There has been much debate with respect to the merits or nonmerits of the issue of whether or not these boards shall be elected. We have been of the viewpoint that given the responsibility and given the extent of powers that are being asked of these boards and applied to these boards, that there should be elections to this function. I might add that we are making this proposition in line with the recommendations of the Department of Health's own task force report, that is the regional and northern health task force report, that made the recommendation as a mandatory recommendation I might add.

Just for clarification, I can indicate that when the rural and northern health task force made recommendations, they made mandatory recommendations and they made recommendations that were not mandatory. But one of the mandatory recommendations made by the government's own hand-picked committee that made recommendations for the establishment of regional health authorities and for the structure made it a mandatory recommendation that the regional health authorities ought to be elected, or I might suggest some form of quasi-appointment election process, but the key recommendation was that ultimately and directly the regional health boards should be elected.

To that end, we have accepted their advice and the government has completely rejected that form of recommendation and advice. We think it is unfortunate because in this era of if in fact the government is intending to cede discretion and some responsibility to regional health authorities, it is unfortunate, in 1997, that these boards are still subject to government appointment. Even more unfortunate, that we see the

composition of these boards reads basically like a Conservative Party ex-candidate and membership group.

An Honourable Member: Now that is not fair.

* (1720)

Mr. Chomiak: I hear a comment from some members that that is not fair. If you look over the list, Mr. Chairperson, being a candidate or being a Tory member goes hand in glove with a majority of appointments to the regional health authorities. That was one of the difficulties and I think that was the wisdom I think of the rural and northern health task force in terms of why they recommended there ought to be elections rather than government appointments. [interjection]

Members opposite are I think somewhat defensive on this issue by suggesting that there are on the membership of some boards some non-Tories. We will admit that, there are some non-Tory members. [interjection] The member said there is actually a candidate or two who would actually run for the NDP. I think if you looked at the ratio of ex-Tory candidates versus ex-NDP candidates who are on these boards, it would probably be something like 25 to one. The minister raises the issue of Manitobans on boards. Do not get us started on the issue of Manitobans and non-Manitobans.

Mr. Chairperson: Order, please. I think I have given you a lot of latitude. Can I ask you to just refer back to Clause 3. You were right in there until the last couple of minutes.

Mr. Chomiak: Thank you, Mr. Chairperson, and thank you for your direction. Your wayward colleagues have managed to provoke some debate which I will cease and desist from, based on your direction.

I might add that this is a serious issue and there certainly are some merits, and there is validity in arguing the issue of the taxation rights. Certainly that issue is a valid issue to raise in this context. There is some validity in arguing a mix but to hold this and to completely 100 percent eliminate the right and the ability of the citizens of Manitoba to have elected boards I think is wrong.

I might add, returning to the point that I made earlier, that during the original presentations to Bill 49, it was almost unanimous of the presenters that the boards ought to be elected. In fact, as I pointed out earlier in my comments, even people like Vaughan Baird had difficulty with the recommendations of Bill 49, so I urge the committee to put aside the political arguments. We will put aside our political arguments; members opposite can put aside their political arguments and consider the fact that it is not time in 1997, when you are proceeding down the road to develop regional health authorities that will have incredible—I might suggest, let us look at the Winnipeg regional board as an example. The budget of the Winnipeg Regional Health Authority will be in excess of \$500 million. In fact they would probably, give or take the budget of the long-term care authority, it will be somewhere in the neighbourhood of probably a billion dollars. We will have a hand-picked board of the government administering a one-billion-dollar budget.

The minister might argue and members opposite might argue—and I ask them to put aside their political arguments for this point—while in the past the boards have been hand-picked, I might add in the past we have made recommendations that those boards should be elected because there have been some difficulties with some boards by virtue of this appointment process. But, Mr. Chairperson, if we are moving into a brave new era of some form of health reform, surely the government would consider some form of election.

Why not the option? If the government is so convinced that the idea is wrong, why not some kind of mix? We are willing to look at some kind of a mix or some kind of a reasonable process, but what the government has done is 100 percent appointment of the majority of whom are—they might be very able individuals, I do not question a lot of their capabilities—but they tend to be leaning toward a particular political persuasion and that certainly suggests in the public's mind that there is some bias. There is some concern, genuine concern on the part of the public whether a hand-picked individual of the government will be able to assert independence and will be able to assert authority for their kinds of decisions or whether they will knuckle under and completely—so what are you accomplishing?

One of the concerns always with the creation of boards was that they would be set up as fronts for actual government decisions, but they will be there to take the flack. We are already seeing that happen as predicted in rural and northern Manitoba, that the boards are being subjected to attack from local residents as a result of decisions made by government. Which decisions made by government? Decisions to reduce budgets. Decisions to reduce services that have been made by the stringent budget reductions that have been put in place on the boards. Consequently the boards, some have suggested, have been set up only as fronts to take the political heat from the government with respect to the decision-making process, so the government has their cake and they can eat it too. They can tell the boards, their political appointees, what to do and when the political heat hits, it is the board's responsibility. We have certainly seen that in a political sense, so there are strong justifications and there is strong need for an elected process for this.

Therefore, I propose

THAT the following be added after section 3 of the Bill:

3.1 In the following provisions, "appointed or" is struck out:

- (a) subsection 9(3);
- (b) subsection 14(1);
- (c) clause 15(1)(c);
- (d) subsection 15(2).

[French version]

Il est proposé d'ajouter, après l'article 3, ce qui suit:

3.1 La Loi est modifiée:

a) dans les dispositions mentionnées plus bas, par suppression de "la nomination ou à":

- (i) le paragraphe 9(3),*
- (ii) l'alinéa 15(1)c),*

(iii) le paragraphe 15(2);

b) dans le paragraphe 14(1), par suppression de "nommés ou".

Mr. Praznik: Members on this side of the committee have sat patiently and quietly through many long speeches by members of the New Democratic Party here this afternoon. We can on this side truly understand and appreciate the reluctance of the New Democrats to want to have appointed boards. I think their experience in government, when they appointed boards and the resulting disasters in many of the organizations in which they appointed their own to govern, is a good reason for anyone to be scared of their appointments to boards.

One only has to look at the Workers Compensation Board, which I was responsible for a period of time, the mess that we inherited when we came into office because their politically appointed board, quite frankly, had run that organization into the ground. We only need to look at some of the decisions that were made by the New Democrat appointments to the Manitoba Telephone System and decisions that were made there that cost the ratepayers of this province. One need, again, look at the Manitoba Public Insurance Corporation and their New Democrat appointed board. In fact that one boomeranged back right on them, became their politically appointed board; was so incompetent, it ended up coming back and reducing them to a 12-member caucus in the next election.

Let us also look at the New Democrats in Ontario and the boards that they appointed, their Workers Compensation Board again appointed by the New Democrats, with New Democrats, driving it into the ground almost to ruin. So, I can understand where New Democrats are coming from when they have very little faith in the boards that they have appointed. Their own experience in appointing their own party supporters to boards has been a costly one, not only for the taxpayers but also for them politically as they have been judged.

Mr. Chairman, we have had a much different success rate in government in the appointments we have made. If one looks at the boards to which we are responsible, where we have appointed boards of directors, we have taken a number of Crown corporations and agencies

and with our appointments on them—people, yes, many of whom are supporters—turned them around to the benefit of the people of this province.

One that comes to mind is McKenzie Seeds in Brandon. In fact, let us not forget that the New Democrats, who were appointed by New Democrats to run that particular organization, I think, were involved actually in some criminal proceedings at one point in time. When we came into office and that particular organization was in debt, backed by the taxpayers, and the board that we appointed—and, yes, we make no apologies that the board we appointed contained many people who support our party, but they were competent. What they managed to do was to turn that organization around, turn a profit, and ultimately we were able to sell it to great benefit to the province and to the people of the city of Brandon.

* (1730)

Manitoba Public Insurance Corporation, another corporation turned around by the people we have appointed onto it, again, securing it in the public sector because now it functions well, efficiently and ultimately has regained public acceptance. So if we look at the real crux of the issue here, it is that governments are elected to govern and be responsible. We are charged with making appointments to various agencies and organizations that provide service to the public, and in doing so, we must be responsible for the people that we appoint. By and large, we have had great success in appointing people that we felt that we could trust, that are able and capable of serving the public interest, and they have produced on behalf of the people of Manitoba.

Regrettably, in many, many cases when the New Democratic Party was in power here or in Ontario or British Columbia, the same could not be said. In many cases the people they appointed served in a matter that led to the agencies in which they governed coming into severe public disrepute and costing their taxpayers a great deal of money. These are all—[interjection] Well, the member raises Saskatchewan. That is a place the New Democrats have had much greater success in

government. In fact, this government has a very good working relationship with Premier Roy Romanow in Saskatchewan because we, on a policy level, function very closely together, and we have made no bones about saying that. It is just with the New Democrats in Manitoba, in Ontario and British Columbia, the same cannot be said to be the case.

Mr. Chair, we have talked on many occasions about electing boards. We are not adverse to that. We believe that may happen in the future, but with the responsibility or with the power to make decisions must also come the responsibility to return to the taxpayer. We ultimately believe, after giving this great consideration and also talking to many people in municipal governments, that if one is to proceed to elected health boards, which may come in the future, I am not opposed to that, with it would also have to come a taxing authority to ensure that those people who were elected to those boards were directly accountable to their taxpayers by having the power to levy a tax to pay for their errors.

If one talks to people who have experienced elected boards in other regions, particularly in Saskatchewan, I think one of the problems that they encountered was that direct financial responsibility to the people who elect them was omitted. So, what we suggest is—this act provides for elected boards; we are not adverse to that—after we get our boards up and running and the kinks in the system worked out, it is a matter to consider, as I have said before, but with it would also have to come some taxing authority.

Mr. Chairperson: It is the opinion or it has been advised that the amendments are out of scope and therefore cannot be considered.

The hour now being 5:30 p.m., what is the will of committee?

Some Honourable Members: Committee rise.

Mr. Chairperson: Committee rise.

COMMITTEE ROSE AT 5:33 p.m.