

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, October 23, 1989.

The House met at 8 p.m.

CONCURRENT COMMITTEES OF SUPPLY SUPPLY—HEALTH

Mr. Chairman (Harold Gilleshammer): We will call this meeting to order to discuss the Estimates of the Department of Health. We are on line 1.(b)(c) Health Advisory Network, \$500,000—the Member for Kildonan.

Mr. Gulzar Cheema (Kildonan): Mr. Chairperson, at the conclusion of this afternoon's Estimates, there was a question asked by me to the Minister of Health (Mr. Orchard) in regard to the future policy direction in terms of very specific areas of concern that most Manitobans have and where the health care is going in terms of the community-based concept of health care versus the hospital-based health care, and also the planning in terms of getting resources into the outlying communities outside the area of Winnipeg.

Just a general policy statement, if the Minister of Health has projects on a future list or at the present. We do not see the present list right now on the Health Advisory Network. The second question is that other than whatever the present committees are looking at the number of issues, is there anything the Minister has put on hold so that he is going to investigate for next year? Is there any special projects going to be in front of the Health Advisory Network next year?

Hon. Donald Orchard (Minister of Health): Mr. Chairman, my honourable friend's question is very appropriate because it is the topic that every provincial administration is wrestling with right now and the territorial Governments as well. But let me deal with it and I will try to be reasonably brief.

We consider the issue to be important enough that we are going to approach it from several strategies. Some are operative already, some are yet to be undertaken. The one yet to be undertaken primarily is the Alternate Health Care Services subcommittee of the Health Advisory Network that will take a look at some of the strategies my honourable friend alluded to in terms of moving services out of the institution, the acute-care institutions, hospitals, by promoting ambulatory care, day surgery programs and other initiatives that have been tried in varying degrees by various institutions in the last little while.

Also the other thing that the Alternative Health Care subcommittee of Health Advisory Network will take a look at is the staffing issue, the medical personnel issue and whether there are services that can be undertaken by other professionals in a more economic fashion to provide a wider range of services without sacrificing quality but improving the continuum of service. Looking at innovative community-based programs that might assist in spreading the variety, I guess, I do not know if that is the right word, but at any rate the continuum of services available in the community.

* (2005)

That subcommittee, the membership will be announced and its terms of reference et cetera, the process of being established then will be under way. That is not the only strategy. There are several that I have mentioned. For instance, Health Services Development Fund primarily is looking at projects that can offer innovation and reform to the system, some of the areas we talked about. We are being pretty shrewd in our approval of any projects through the Health Services Development Fund because we do not want any projects approved thereunder to be merely an add on to the health care system as has happened in the past. We are very much output analysis oriented and efficacy oriented and quality of patient care oriented.

We have commenced the process of moving more services into the institution, for instance, in mental health. A number of initiatives are taking us more to the community and away from the formal institutional setting.

Our capital program, when we get to the Health Services Commission, will demonstrate that is a similar direction we are taking with the acute care hospitals in terms of some of the announcements we hope to make in the capital program. Very much we are encouraging and this is not unique, I mean previous administrations are doing the same thing in terms of trying to develop a wider range of not-for-admission surgical procedures, so that you do not have the expensive reliance on the hospital as a hotel facility.

In a continuing care program we are undertaking right now a consultation paper, so that we can take recommendations on how the service might better reach those Manitobans that should be accessing the service. Hopefully, that will improve the community-based aspect of home care.

To answer my honourable friend, I cannot say that this one item is where we are moving toward an over reliance or what has been an over reliance not only in Manitoba but across Canada on the formal institutional care in moving it appropriately and where appropriate and where effective to community-based services. Those are some of the areas that we have commenced that initiative within.

Mr. Cheema: As regard to the first answer the Minister of Health has given regarding the alternate use of, other than the doctors or nurses or other professionals, because it is quite evident from all the statistics that we have right now in Canada for the last few years the program has been more geared towards the professional-oriented rather than the patient-oriented program.

The number of administrations are moving in a direction away from that and making a program which is more applicable to individual need rather than to

satisfy certain professional groups. I think definitely this is a good step and we will encourage the Minister to maybe explore further possibilities of what is happening in Ontario and British Columbia.

With regard to the Health Development Fund, in the press at least, there was one line indicating that the programs will be given, in terms of preventive health, only three years. I think maybe the Minister should look at that because any program you start in prevention, the time, three years time is not an adequate period to evaluate them and make a reasonable judgment. I think it should be looked at and expanding that maybe further, depending upon, we do not know which programs the Minister of Health is going to start in terms of prevention. There was one announcement over the weekend on the prevention of cardio . . . and it seems a very good program. Certainly, I think a three-year period in any prevention is probably not adequate. Will the Minister consider that possibility of looking at it in terms of expanding it?

* (2010)

Mr. Orchard: Yes, but let me point out to my honourable friend though the three-year category was picked to offer a little more narrow focus on the projects that we might approve under the Health Services Development Fund. I say that because already with only what basically a four-to-five week period of time since the fund was formally announced, for the 10 million available we have in excess of \$45 million of projects.

I think my honourable friend can see that we have made the criterion fairly stringent so that we have a better judgment vehicle. The objective being—and I make no apologies for this—is that if on the short term we can approve, bring into service some alternate strategies and prove within a three-year period of time that in fact, they have contained costs, provided better service, lowered the cost escalation. I think it is fair to say that we would want to put those pilot projects strategies in place across the system.

So the three years was deliberate, but I fully recognize my honourable friend's point. I think participation is 20 years old, or at least 15 years old, and probably now we are starting to see results from it. I recognize that, I accept his suggestion, but we have kept it at three years for the other reasons that I have just offered to my honourable friend.

Mr. Steve Ashton (Thompson): I also have some questions in terms of the Health Services Development fund. I assume we wish to deal with this item since it has been raised. If we want to deal with it separately, I am certainly willing to do that. I do get the sense of the questions relating directly to the fund. I do not want to get into too many details if it is more appropriate to deal with it later, if it is the will of the committee, although we certainly could.

Just following up, in terms of the Minister's comments, obviously it is a major area of need in the health care system. It was recognized by the previous Government, recognized by the current Government, without getting into some of the concerns that I know we have

expressed about the late implementation of the Health Services Development fund.

I just want to follow up on the Minister's comments in regard to pilot project funding. I know that under the Health Advisory Network which we are discussing now, there will be this committee, another sub-committee, that will be introduced. Presumably it will be commenting on the Health Services Development fund because it does deal specifically with that area.

I am just wondering, one of the problems, to put it directly to the Minister, has been that they are having programs at the federal level in this area. They have basically run into the difficulty that sometimes the pilot project funding will start a very necessary project which has proven to be a real need in the community. I can think of a number of ongoing ones in the health care promotion field that were basically started, the Gatekeepers Project in northern Manitoba for example being an excellent example.

The problem has been though that when you start projects through pilot projects, it is getting permanent funding. My understanding is that is not the intent in this case to provide that permanent funding. I realize one of the criteria, and the Minister said it directly is that we are looking at not for add-ons but we are looking for replacements, too.

The problem though in the alternate health care field, and this is a problem that has been expressed to me by people who are very involved in this, is that you are dealing with two separate accounting methods. If you want to call it in terms of social accounting, short-run and long-run. When you are dealing with a budget as we are here on a year-to-year basis, there are short-run costs involved that have to be accounted for.

* (2015)

So if you have a health care promotion community-based program, it requires X number of dollars to operate in a year. It may have the effect of reducing the institutional care, but it will not have that in a directly accountable way, and if it does have that effect it will be over a period of time. I am just wondering what the Minister's thoughts are in terms of how you can deal with this great difference between the short- and the long-run? I know it is difficult for the Minister, it was certainly difficult I know under the previous Government when you are dealing with for example, on the one hand demands for preventative health care which are often long-term oriented programs and on the other hand, immediate institutional needs. I know my colleague the Liberal Critic and myself have raised some of these concerns, other MLAs have. I am sure the Ministers had these addressed by the committee, but how does the Minister propose to deal with this very great difference between the short- and the long-run accounting for these particular areas?

Mr. Orchard: Mr. Chairman, maybe Bill will elaborate upon part of the answer I give to my honourable friend, the Liberal Health Critic. You see, it is not an unfair criticism of the previous Government because this is the way health care has been dealt in Canada, not only

in Manitoba but across the nation. We have essentially reacted to current demands, I think you can call it crisis decision-making in some regard, squeaky wheel syndrome of making forays into new policy area. Some of them have certainly been started as pilot projects through some funded make-work job creation initiatives of federal Government and even provincial Government, but the across-the-board reality is that virtually none anywhere in Canada, of new initiatives, have ever been put under a scrutiny before they have been brought in to demonstrate whether they were the most effective use of scarce dollars to put to new programming.

None of them have ever been required to develop, if you will, a business plan before approval and initiation of the project to demonstrate the parameters of the program, what it was going to do, what kind of services it was going to provide, and where it was going to replace services in the system or do a job in a more effective and cost-effective and people-effective manner within the health care system, and as part of the proposal undertaking to demonstrate where cost containment or cost savings or better delivery modes were possible. No analysis was ever required of that. Certainly the efficacy of the process was never put under a microscope to see whether really the health status of the target population would be improved.

All we are saying under the Health Services Development Fund, and we are using the three-year pilot project analysis and the very, very substantial monitoring of the expected outcomes, is so that at the end of three years—and I know this is going to be a tough decision to make three years from now—if the program has not lived up to the approved mandate, i.e., that it would, for instance—and let us just use an off-the-wall example, or an out-of-the-book example of a certain not-for-admission surgical procedure that can lead to less in-patient days in a given hospital, and they wish to take that. They say we can save \$40,000 on in-patient care costs by going out-patient with an NFA procedure.

At the end of the period of time, we think the system will have no more costs and we are going to serve XYZ people. If at the end of that three-year proposal they have served more people at a cost over here, funded under the Health Services Development Fund, but at the same time have continued to spend on the in-patient days of the institutional side so it is a pure add on to the system then we are going to say, I am sorry you did not live up to the concept of reforming the health care system.

I mean, for too many years now in this province and across Canada, everybody has had it both ways. They have sold Government on programs that were going to do the job better but continued to spend in both places. That is why we have a 178 percent increase in costs over the last decade when our population grew by 6 percent.

Regardless of whether I am sitting here as Minister, or Dr. Cheema, or Steve Ashton, the same reality is going to be faced by Government, and we are going to be tough in the enforcement of the Health Services Development Fund criteria, because it is our window on reform, and if we are not tough with that \$10 million, I mean we have no hope on the other \$1.5 billion.

So I know it is taking a long time to answer my honourable friend's question, but it has to be that way if we are sincere in our stated attempt at reforming the health care system to make sure it has the ability to meet Manitoban's expectations and real needs five years from now, 10 years from now, 20 years from now. It has to be reformed and the process has to start today.

* (2020)

Mr. Ashton: I appreciate the Minister's philosophical outline of the dilemmas involved. I appreciate that.

What I am pointing to is the great difficulty in terms of, shall we say, pilot projects, and I think federal Government is probably the best example of that, because they have in the health care field—just taking it broadly—had a number of programs that have done exactly that. In some cases you had programs started which have continued. Well, before we had a reasonably comprehensive program in place for women's shelters, for example, the federal Government had sponsored a number of pilot projects on a declining formula basis. What that had the effect of doing was it pioneered in a key area but also increasingly threw the burden on another level of Government, which is a problem.

In other cases projects have been started, have fulfilled the need but have been completely dropped, once again, because in this case I can point to the Knight Riders Project. It is very similar to the Main Street Project in Winnipeg, which had a great deal of success in northern Manitoba according to the definition of the criteria.

The problem arose, however, when the funding got thrown completely to the provincial Government. The provincial Government said it would support such programs if there was cost-sharing. The federal Government said no, we are turning the whole situation over.

I have a couple of other questions, but I want to specifically ask the Minister whether specific activities, grants, will also account for federal funding that is already available to a certain extent and whether that will be a factor, because it seems to me there is some logic if there is a program that not only can get cost-sharing in the short run but could lead to being a permanent program, perhaps cost-shared with the federal Government, that it should receive some priority in terms of funding, particularly if you are using the tight three-year time frame, or will that not really be considered at all? Will the Minister be looking at the federal programs, because there are some in exactly this particular field.

Mr. Orchard: You know that does not preclude a proponent of a project from coming and saying we want X number of dollars and we can access, on the other side of the coin, the federal dollars. Let me tell my honourable friend that does not preclude anybody from making that part of the application, but we are going to be very, very inquisitive as to whether there is an expectation that two years down the road, three years down the road, we are going to be expected, as

a province, to pick up the federal part of the dollars, because my honourable friend has nailed an Achilles' heel of our generous federal Government.

They are the heroes in several areas. For instance, I think a formal MLA of this House instituted a Seniors Transportation Program in one very narrow sector of Winnipeg, which happened to be in the centre of his constituency, and then dropped the funding a year ago, and the big lobby was onto this Government to pick it up. The provincial Government turned in to be the bad guys when there was no intention of the federal Government ever to continue funding the thing.

I think those days have to be behind us in that if we are going to be serious, particularly in the health care field, of tackling a reform agenda we have to do it with our eyes wide open, and if we are going to access federal funds there has to be a pretty clear understanding that should the program prove successful that it is beneficial to both levels of Government that both levels of Government will continue to fund.

* (2025)

Mr. Ashton: I certainly agree with the Minister in terms of the generosity, which sometimes can be a temporary generosity. The reason I am raising this is because I do think it is something that needs to be considered. I realize the focus, and I did not want to strictly focus in on the \$10 million fund, although we have sort of gotten into it through the window of the Health Advisory Network, because obviously in dealing with the Health Advisory Network we are presumably dealing with a broader focus than strictly the fund itself.

As I understand the fund, the fund is more restricted. The Minister has mentioned the three-year time frame. It is more looking, for example, at particular equipment. It might be considered sort of a parallel capital fund rather than strictly an operating fund and what operating funds are, clearly seed money, to use an analogy in this particular case.

In fact, I want to ask the Minister, in getting back to the more general question of alternative health care strategies, what other activities, outside of the \$10 million fund, are going to be considered in this area? Presumably there are a series of other initiatives that could be taken in this particular field. Some of them do perhaps require a different institutional framework. The community clinic model, obviously being a contrast to the institutionalized model in terms of northern remote communities, perhaps looking at more of a mixture in terms of delivery of programs that would mix in standard institutional care with health promotion. I am just wondering if the Minister could outline some of his thoughts on future development in terms of alternative health care outside of the \$10 million strategy.

Mr. Orchard: Well, Mr. Chairman, in answer in response to my honourable friend, the MLA for Kildonan (Mr. Cheema), I laid out a number of initiatives that we have undertaken this year already to try and bring a community-based service delivery focus that is effective, that removes the reliance on institutional care. I guess

the example that I would use which is more mature, in the 17 months that I have been the Minister, is the mental health initiatives, the reorganization, and stemming from the reorganization, the commencement or the announcement of six community-based projects, each of which is designed to provide support and capability within the community to allow early intervention in mental health difficulties.

The person suffering from a mental health difficulty, whether it be contemplation of suicide or depression or any number of circumstances, might be able to access—and note I say might be able to, because I mean no program is going to perfectly intervene—help in the community closer to home rather than have the mental illness progress to such a stage that the only alternative is showing up escorted by City of Winnipeg Police at Grace's emergency ward, and being admitted as a mental health patient for a number of days of in-patient care to stabilize a problem that if intervened with by professional staff several weeks earlier would have prevented that.

Now we have a number of initiatives that we have started in mental health since the reform. There are a number of initiatives that we are moving on in terms of the medical, the other medical portions of delivery. All of them, quite frankly, are based on attempting to get away from the high-cost use of the institution. Our greatest cost, as I indicated earlier on this afternoon, in the system is that fully 50 percent—over \$750 million—is spent out of the \$1.5 billion budget on hospitals alone. Add personal care homes and other institutional settings like our two mental health centres, and you have a budget in excess of \$1.1 billion on institutional care.

Clearly we are moving as quickly as we can and in as effective a method as possible towards providing community support so that the care is more readily available and effectively available in the community. In doing so, and some of the demonstration projects may well take us down that path, if they can identify savings on the institutional side that we can achieve, I think we are all better off for it. The system does not escalate in costs and in fact the earlier the intervention, the less expensive the treatment.

* (2030)

Mr. Cheema: Mr. Chairperson, I would like to offer a couple of suggestions. I think one which could be very useful to save a taxpayers' dollar is to look into the multicultural aspect of medical care because, as we understand, for the last few years there has been a new revolution in the health care system, and how the new Canadians are coming and how they are using the system. There are a number of factors involved; the language barrier, the cultural barrier, some of their implications, and also their so-called sometime idea that this is free medical care, but without realizing that this is not free medical care. It is the Medicare by the people, for the people.

There have been two medical conferences on the multicultural aspect of health care in Canada, and there was also a group that was recently developed in

Manitoba. I understand the Minister of Health (Mr. Orchard) did attend that meeting along with the federal Minister of Health, but I was hoping that some conclusive policy would come from this ministry. I think it will save money, and why I am saying it will save money is because it is not uncommon for a few people—for the reasons that they do not even understand how the health care has to be used—No. 1.

Number two, there is not, at present, a physician list which will outline that these physicians understand some of their language, and that could be a very valuable asset.

Number three, providing not only physician services, but the social worker, the nurses, the mental health care workers, and that is being looked at in Ontario and could be very useful. I would encourage the Minister of Health (Mr. Orchard) to maybe include that suggestion, and look at that possibility by the Health Advisory Network. Maybe the Minister of Culture and Heritage (Mrs. Mitchelson) should get involved in this aspect, because I did hear there was a press release then where there was some initiative. There were a few members put on that task, but I am not familiar with the full detail of that press release, but certainly this is one area I think that should be looked at. It will definitely save taxpayers' dollars.

It does not have to start with a number of clinics; it could be one project in the centre part of the city, and see how it works. I think people will appreciate that they could see the physicians who speak their language and they understand the culture. At the same time, there will not be duplication of services, which I am sure if we trace there are a number of duplication of services, because people do not sometimes have patience. They run from clinic to clinic trying to find someone they like, they could feel comfortable with. If we could provide them at the initial stage, there will definitely be a saving of a lot of taxpayers' dollars.

My one question is there is a general feeling in the public and in some of the health care professionals that how the federal Government gives funds to the provincial Government on the basis of acute care beds and sometimes the funding, and I will ask the Minister of Health (Mr. Orchard) to clarify for my own knowledge, that if the patients are in the personal care home or extended care, perhaps then the provincial Government does not get adequate funding. Is that correct?

Mr. Orchard: Let me deal with my honourable friend's first issue first. You might recall that in the throne speech we announced the concept of a Multicultural Health Advisory Group, and I want to tell my honourable friend that 10 days to two weeks ago I had one of the best meetings I have had in terms of feedback, of enthusiastic participation, and really, I have to say, satisfaction with concept. That was a meeting I held with a number of invited guests to share with them a discussion paper on multicultural health, that we want their feedback so that they can offer to us suggestions of improvement with the concept being that at the end of this month to have that feedback from the invited groups to take the next step of formalizing the policy paper and discussion paper and then moving towards

the formation of a Multicultural Health Advisory Committee.

The issues are there and they have been there for a number of years and let me share my inability, without the advice of the newcomers to this Province of Manitoba, the inability to understand some of the problems. It is pretty comfortable having been born here and used to the customs, used to the culture, used to the language, used to the system. That is not the case with many newcomers and some issues as easy as a misinterpretation of what the literal translation is in another language can often make people offended or fearful or not accepting of a medical suggestion.

The whole basis around the Multicultural Health Advisory Committee is to provide the Government the knowledge of how we can make the system more accessible to newcomers to overcome the language and the cultural barriers that are there, to develop a format of education and awareness to the health care providers because they are a very important part of it, to become more culturally sensitive themselves as providers of care to the—maybe to the unique customs and mores of newcomers who naturally, on a first arrival, bring with them the customs from their respective homelands.

That consultation is very much in process, and as I say, was one of the most enthusiastic and one of the most gratifying meetings I have had. We had a four-hour meeting with the group and I am expecting some very positive feedback and some very rapid initiation of the Multicultural Health Advisory Committee on some of its recommendations.

Let me emphasize to my honourable friend that I think the point he makes is right, that I think that for a very modest investment we can end up through the whole philosophy of earlier intervention, a substantially lower cost provision of service to those new Manitobans, because often, because of language or cultural or any number of barriers, newcomers are not accessing the system early and small problems become large problems with, of course, larger costs associated with their remedy. So I think that my honourable friend is right and I am certainly looking forward to the suggestions and the feedback that we know we will receive, given the enthusiasm of the committee we met with.

I simply believe that there is a lot of very good will out there to undertake this initiative. Let me just leave you with one small example. During the Mental Illness Awareness Week, Mount Carmel Clinic provided space, and that was their commitment, space. Government did not provide any money at all, but Mount Carmel Clinic provided space to, I think, three or four Spanish-speaking newcomers to provide mental health counselling to Central American and South American Spanish-speaking immigrants to Manitoba, newcomers to Manitoba because often they have left countries under duress and there is a tremendous psychological adjustment.

* (2040)

Mount Carmel Clinic with no impact on their budget, or virtually no impact on their budget, has given these

people a home for counselling. I mean, that is the kind of initiative and the counselling is provided by volunteer Spanish-speaking professionals. That is the kind of partnership that can deliver the economic and quality service that saves the system substantial dollars, and Mount Carmel is able to do that because they have a good facility and it fits with their outreach to the community. Although I had no dollars requested or provided to that project, I took time off to go to Mount Carmel Clinic to be part of that kickoff, because I thought it was such a significant initiative to be undertaken without constantly coming to Government and saying, you know, we can do this if we just have so much dollars. Those volunteers did that without asking Government for any money, and Mount Carmel provided them the home to operate out of. It was a very, very substantial initiative that I think we will see more of as we approach the advisory committee and its recommendations to Government on newcomer health issues.

Mr. Cheema: Mr. Chairperson, my second question was in regard to the federal Government's policy regarding the funding procedures. I think they are still following the policy which was probably a good five or ten years ago. If they are going to go with what the provincial Governments are trying to do, trying to make some significant changes in the health care system, there is still a feeling out there that the funding procedure still depends upon some of the bed occupancy and it is not that they have not adjusted to the needs if the patient is in a personal care home or an extended care bed or the home care services. Can the Minister clarify just for my knowledge if that is true?

Mr. Orchard: Mr. Chairman, if I understand my honourable friend's question, he is asking, is the majority of federal participation of funding linked to the bed occupancy? I do not know whether you could make that concrete analogy, because the old formula was basically a 50-50 sharing of the acute care hospitals in the medical line. From that is established a base of funding which is not strings-attached funding. In other words, we do not have to continue funding the acute care hospitals with the federal money or the medical line. It is global funding, where they leave the policy and spending decisions up to the discretion of the respective provincial administrations, but my honourable friend is correct in that the genesis of the block funding was based on acute care hospitals and physicians' services. All other services, including personal care home services, were not part of the federal funding formula, and still are not.

Mr. Cheema: Mr. Chairperson, just one more comment, we have a procedure in place where the Manitoba Health Services Commission oversees physicians and how they are using the Medicare system. I would like the Minister to clarify why there is not in the system some sort of checking system as to how Medicare is being used by the general public at large. A lot of people are concerned that the system may be at times abused or overused. We do not have co-ordination among physicians or among the major clinics, even among major hospitals.

The patients are sometimes discharged from, say, one clinic and the next day they show up at another doctor or another clinic, and still the taxpayers end up paying all those dollars. They have a serious concern and I think it is a legitimate concern, that at some time there has to be some kind of policy coming out to let the public know this system is not a free system and has to be used on a very wise basis. That does not mean that there has to be any restrictions, but I think for any system there has to be co-ordination among major players in the system, how the money is being spent. I have not seen anything, any policy directions, for the last one and a half years. Last year we raised the same issue, and I thought that this Government, especially they claim they want to be good managers, and I would certainly ask the Minister to clarify the situation. Is he considering, or will he consider something like that to have—I think that from a financial point of view it is extremely important to have a system put in place where the tests are not being co-ordinated, you know the X-rays are not done every once or twice a week for the same procedure, and there is some mechanism to check how the system is being used, because it is still 33 percent of the provincial health care budget.

Mr. Orchard: I just want to make sure I am understanding my honourable friend in what he is asking for. Are you indicating that we ought to consider some method of individual patient tracking as to their use of the system?

Mr. Cheema: No, Mr. Chairperson, what I am asking is that I do not think that at present there is any mechanism to co-ordinate this so-called centralized computer system where the doctors can trace, or the clinics can trace, that these tests are already being done, so that there is no duplication of services. There is a perception that sometimes the tests or the system is being abused.

I think that I would just like the Minister to clarify if they have developed any plan to make sure that there is a central registry where the people could trace if the major tests were done, and if the hospitals are co-ordinating with each other or not.

Mr. Orchard: No, Mr. Chairman, I think it is fair to say that there is not such a system in place between physicians, and I do not know how physicians handle this when a patient comes into their office. I think in terms of working up the medical history of the individual I believe an obvious question that is asked, I know it has been asked of me, is did I have a complete examination and tests done recently? If so, where and by whom?

I do not know if a patient simply says no—I mean I do not know how a physician can guard against that, because I do not think by and large that physicians are in the business of running patients through tests after tests after tests really because the patient wants them.

I do not know of what check system my honourable friend would be leading up to because the only thing

that is in place now is—I believe it is 5 percent of the mill registration numbers annually, is it 5 percent or 2.5 percent? Two percent to 2.5 percent are currently random sampled and sent out, as to here is what you used in the health care system in the past year.

We are actively looking at the cost and whether it would be an effective use of resources to double that and have about a 5 percent sampling per year, so that patients would understand the kind of services they accessed, what the costs were to the system, and increase awareness of the fact, as my honourable friend says, that the system is not a free system. It is paid for every step of the way by tax dollars.

Mr. Ashton: Mr. Chairperson, I want to get back to the area once again in terms of alternative health care, because I just want to deal actually briefly with some of the statistics the Minister put on the record.

He is quite correct in terms of the spending on health care having increased far more than the population increased, but I am sure that he would be the first to recognize it is for a number of reasons not strictly because of add-on care. It has been because of a number of factors: the change in demographics, we are dealing with different types of care because we have an aging population, and there has been shifted population patterns.

* (2050)

The Member for Kildonan (Mr. Cheema) for example talked of the specific health challenges facing many new Canadians. It is also influenced by the situation in northern Manitoba, where the health situation in many of the remote communities or the Native communities is in a rather different situation than it is in the urban communities and certainly in Winnipeg.

There is a totally different health care profile. Many greater degrees of care are required for the same level of population. I think the Minister would also acknowledge too that one of the advances that has taken place is in the general area of technology. It has been reflected in our overall situation in terms of life expectancy. Essentially, compared to 20 years ago for example, or 25 years ago, our health care system is a better health care system. The obvious question arises though, and it is a question the Minister I know has to deal with and the people in the health care system have to deal with on a regular basis, and that is the extent to which you invest in new technology when it is available. There are a variety of different experimental techniques or even proven techniques that are available in many cases.

The same thing in terms of drugs—I know there are a number of different particular drugs suggested for example for the treatment of heart attacks. There is a great debate in the medical community about both the effectiveness and the cost effectiveness of those particular drugs. Those are two separate questions. The effectiveness refers to the specific impact in terms of individual patients. The cost effectiveness refers more in terms of the costs to the health care system.

I think the same debate has been raised in terms of many of the advances that have taken place in terms

of transplants for example. It is an expensive mechanism, but it saves lives. I know it is not something that we tend put directly but in a lot of cases decisions are being made that affect peoples lives.

I would suggest to the Minister that has been one of the underlying factors behind the increase in spending, and that is that we actually have a better health care system than we did 20 and 25 years ago and I would suggest even 10 years ago.

We tend to forget that sometimes because of the pressures of declining funding at the federal levels, so an increased requirement for support at the provincial level, the pressures from even more technology, more treatment techniques that are available, or alternative health care mechanisms that are available, or health promotion that is available and having to take a certain budget, no matter what budget is set, and having to allocate it between the different areas of health care. I am sure the Minister would, upon reflecting on the statements, because I think I sense his intent, but would admit that that is really the bottom line that has happened in terms of the health care system, and that is the bottom line dilemma that we are all faced with no matter which political Party we are in, and that is making some decisions and in some cases some pretty tough decisions about the future of the health care system.

What I want to specifically ask the Minister in regard to the Health Advisory Network, because I assume that they are dealing in the overall context of the health care system, and I note that in the last year in Estimates that was the context that the Minister placed the Health Advisory Network in. I want to put aside for a moment the criticisms I made earlier this afternoon, although I am quite willing to debate that with the Minister again at any time, but to put that aside for the moment and concentrate on the specific role of the different subcommittees.

I note, for example, in terms of both the Rural Health Services Task Force and the Northern Health Services Task Force that a lot of the focus is on what I would call institutional questions. For example, the Northern Health Task Force, one of its criteria is to look at cost-effective means to expand the scope of health services in northern regional hospitals which may reduce interhospital transfers to Winnipeg. I agree with that. I think that is an area that certainly needs to be looked at. In fact we are in the danger of reversing in many cases because of the shortage of trained physicians. We may have services that have been provided in the region provided now in Winnipeg, because there is nobody to provide that in the regions.

It similarly talks about the need to improve recruitment and retention of physicians and other health care professionals. That is something I referred to earlier today as being important. It makes some reference to considering means to avoid duplication and fragmentation of health care services to northern residents. Now I am not exactly sure of what that means. Perhaps the Minister can clarify that in his response.

I look at the Rural Health Services Task Force and it is very similar to the northern one in terms of it

recommends the need to improve recruitment and retention of physicians and other health care professionals and will consider a cost-effective means to expand the scope of health services in rural regional hospitals, which may reduce inter-hospital transfers to Winnipeg. So the focus in both of them is on very institutional questions.

I realize there is this separate task force or this subcommittee on alternative health care mechanisms, but I am wondering whether the Minister does not perhaps feel that the specific regional ones, and I include Winnipeg in this as well, the Winnipeg, the rural, and the northern subcommittees, whether they should not also be looking at the alternative care as well. I particularly for example would focus in on the North where you have a major problem in the health care system in dealing with Native health care needs.

I really feel the system does not deal adequately in terms of Native health care needs. That is something that is shared with many people in the system. The Minister mentioned I think a very good point in response to the questions earlier about multicultural health care.

The language problem is also a problem in the health care system in northern Manitoba. Many people do not have the knowledge of the specific medical terms. I think many people generally do not, but it is specifically magnified in terms of the Native community. I think some question has to be raised about the efficacy of the way in which services are delivered at the institutional level in terms of that interface with Native people.

So I throw that out as an example the Minister has already referenced, but I want to also put it in the context of the northern communities, the remote communities, where we have basically a limited institutionalized system.

You have of course medical services, the federal Government providing services to Treaty communities. We run into a situation where there is almost a continuing rapid escalation of the demands on the health care system because of the health care problems that exist, the socio-economic problems that exist and the inability of the health care system to deal with it.

So I am wondering if the Minister feels that whether these task forces of these subcommittees are appropriately focused or does he feel that they should perhaps be more broadened in their approach into looking at the alternative health care questions, particularly as I said I mentioned northern Manitoba. It is the same case in rural communities and in many areas of the city. I think you can use the same arguments in the core area of Winnipeg, the north end of Winnipeg. Does the Minister perhaps think that the subcommittees should be broadened in their approach?

Mr. Orchard: Mr. Chairman, no, not at this stage of the game. I say that very specifically to my honourable friend, because I know he is interested in the answer. The answer in part lies on page 83 of the Estimates Book.

The Hospital Program last year was \$761 million for our hospital services. This year we are budgeting \$815

million. I know my honourable friends, and I am not saying this critically, will from time to time bring issues to the floor of the House in Question Period saying you are not spending enough money on given programs in the hospital field.

Okay, I mean that is reality, that is the environment we are in. That is why it is critically important, because if a patient leaves northern Manitoba and comes to Winnipeg, the budget does not go down in Thompson hospital, or The Pas hospital, or the Flin Flon hospital, or the Churchill Health Centre, or the Gillam hospital. The budget stays the same, and that patient costs budget in Winnipeg when the patient arrives here for whatever reason. That is why it is critically important to make sure that we are not foregoing an ability to economically make some small changes.

I do not know what they might be, that is why I have a task force in the Rural Health Services, to study whether there are economic policy personnel program suggestions that will enable us to deliver more services closer to home.

That is an objective I do not think anybody disagrees with, but my honourable friend can quickly see two things emerging if we succeed in that. First, it will not significantly increase the budget to the hospital in the northern community, whichever one it may be. One thing it will reduce is (a) the northern patient transportation cost; or (b) the air ambulance cost, or both.

* (2100)

That is a saving to the system that then allows us to refocus those resources on improvements to alternate health care delivery systems which may be proposed from time to time. Until we come to grips with the bottom-line issue of almost \$816 million proposed spending on the hospital line throughout the Province of Manitoba this year—and that same analogy will apply to the rural hospital study because that is where 50 percent of the budget is, and that is where we have to find the answer as to whether we are effectively delivering health care, or whether we are paralleling the services and paralleling the costs. That is not effective for patient care.

So that is why the primary focus is on those areas, and for that definite reason, because even a modest amount of success there significantly helps all concerned.

Mr. Ashton: Mr. Chairperson, I appreciate the institutional challenges that do exist and I will be more than willing, for example in the case of a number of the issues the Minister referred to, to provide suggestions in terms of ways of dealing with the problem.

For example, when you deal with rural and northern hospitals, one of the biggest problems is the shortage of physicians. That is the key factor on whether a particular service in a hospital or particular department in a hospital is rated at certain levels. I know, in the case of a number of hospitals where there has been a desire to have regional status, what has prevented

that from happening in the case of some departments is the inability to attract staff. When I say staff I mean not just physicians but nurses as well because I think across rural and northern Manitoba, even in Winnipeg in the area of nurses, especially specially trained nurses, there is a severe shortage.

I can understand that, and I know when we get to the Health Services Commission and the particular line in terms of the hospital program, we will be dealing with those particular issues, and definitely there are needs in hospitals.

I think that we would be remiss as Opposition Critics if we did not bring those to the attention of the Minister. There may be times when we suggest that this should be a greater priority, or that should be a greater priority, and I think that is to be expected.

The bottom line that I am looking at is the Minister himself put the Health Advisory Network in terms of a very general focus when he first introduced the concept in Estimates last year. I realize it was not the first time it was discussed. I mean he talked at the specific time, criticized the Liberals for their call for a Royal Commission, indicated there had been various studies that had been conducted within the Department of Health in terms of health care issues and basically framed it in terms of we know what some of the problems are, we need to put it in a global perspective and act. By the way, the term global perspective is exactly the Minister's term.

That is why I am wondering why the Minister would not think, in addition to the important work the subcommittees will be carrying out in those areas, that we have outlined why they would not be also mandated to look into alternative health care. When I say that, I realize there is a separate subcommittee in that regard, but I cannot see how you can come up with any recommendations in particularly rural and northern communities in terms of the health care system and in particular northern communities without including the whole question of alternative health care.

For example, the one statement that is in there that perhaps could be used to look at this area, and I quote: It will consider means to avoid duplication and fragmentation of health care services in northern residents.

It seems to me if you are going to look at any system's changes, I could make some suggestions in terms of co-ordination, for example, in the provincial medical system and medical services. I think there is a poor level of communication back and forth, there is not a co-ordinated use of the hospital facilities that are available, and the referral of patients has become a problem. I can outline those in greater detail at a more appropriate time in the Estimates, but I cannot see how you can look at northern hospital care, or rural hospital care, or even as I say in the City of Winnipeg, without having the specific focus turned also to alternative health care arrangements. How can you come up with any long-lasting global recommendations in terms of health without going beyond the institutional questions and getting into some of the more community based and alternate health care questions?

Mr. Orchard: Mr. Chairman, obviously I am not a very good communicator because we have sat here for about three and one-half hours now talking about the Health Advisory Network.

The subcommittees that we have established, the Teaching Hospital Review, the Winnipeg Hospital Role Study, Rural Health, Northern Health do in fact focus primarily on the institution, the level of care, the role, whether there is overlap duplication, hence waste of resource in all of those areas. Now those are subcommittees of the Health Advisory Network which will report to the steering committee. In addition to that—particularly the rural and the northern ones—each also consider medical personnel as a question. What are the strengths, what are the weaknesses—physicians the most obvious one, but certainly the availability of other professionals, therapy professionals, nursing professionals, pharmacists et cetera.

In addition to that the Health Advisory Network, through the steering committee, struck another task force, or will be striking another task force—it is in the final stages—of the Alternative Health Care Services. Now I realize it may not seem to be a logical movement but if we deal with the institutional areas by separate subcommittees, and they report to the steering committee and as well an alternate strategies subcommittee reports to the steering committee, the steering committee as the overview body can pull together the weaknesses in the institutional system with the strategies developed by the Alternate Health Care task force and provide Government with a better overview because you will have had knowledgeable inspection of teaching hospitals; Winnipeg hospitals; rural facilities; northern facilities and alternate health care strategies coming under the purview of the steering committee of the Health Advisory Network.

I think there is an excellent opportunity for marrying, if you will, the advice drawn together by a number of professionals in each of those areas to come up with a strategy that assists us in assuring the institutional side is working effectively, efficiently and with quality care and efficacy of service delivery, and identifying at the same time alternate strategies that can move further services out of the institution and into a community based program if that is one of the emerging strategies that comes out of that. The steering committee is in an excellent position. It is like the coach sitting above a football field being able to watch both sides play. That is why the steering committee is established as such with a wide variety of expertise and membership and, from it, spinning off specific tasks, policy issues and decisions to various task forces. They report back to the steering committee for compilation and marriage, if you will, of emerging schools of thought.

I think that if my honourable friend can see the genesis behind it, I think he would have to agree that it has as good a potential for success as anything that has been tried to date in grappling with some very complex health care issues.

Mr. Ashton: I am fully cognizant of the theory behind the Health Advisory Network, but I would just like to remind the Minister of his words when he announced

the networking committee last year. He stated—and this is a direct quote from Tuesday, October 25, 1988—“We know what the problems are in large part in the health care system,” and he goes on later to say, “What we need now is the development of realistic solutions.”

* (2110)

(Mr. Edward Helwer, Acting Chairman, in the Chair)

Now, when the Health Advisory Network was announced by this Minister's political Party in 1988, there was a deadline set of 1990. When we were in Estimates last year, in 1988, the budget was struck. There were various signals that were given to people in terms of the time frame. I guess what I am concerned about is that the whole process seems to be slowing down. The Minister talked last year about knowing what the problems are and coming up with the solutions; he is talking now of certain items having more immediate need, and sure, there may be critical situations.

I agree totally with the Minister if he suggests that the shortage of physicians in rural northern communities is a critical situation and needs immediate attention. I agree absolutely because it is threatens the whole functioning of the medical system. That is how serious it is, and I agree with him 100 percent, but I guess what I am concerned about—and one of the reasons I think both Opposition Critics are spending the time to discuss the Minister's initiative, or some of us would probably say lack of initiative in a number of areas in terms of the Health Advisory Network—is the fact that it is grinding down.

All this bold talk of new initiatives by 1990, about knowing what the problems are and coming out with solutions, seems to be giving way to a couple of very tightly focused areas receiving priority, and the other areas: five subcommittees not having any deadline; three subcommittees not even formed yet; only one subcommittee that has a deadline; and I am not even just putting this in a political perspective here.

I would ask anybody in Manitoba to look at the situation and to comment on it, and I think the first thing that the average Manitoban would say is: there seems to be a lack of commitment to this overall health care reform. I mean \$58 out of a \$500,000 budget—we went into that before and I do not want to belabour the point, but Mr. Acting Chairperson, \$58 out of \$500,000 budgeted; delays in putting subcommittees into place; focused on the committees which leave out whole chunks of areas.

I do not believe personally how you can discuss northern health care issues without looking at alternative health care and preventative health care. We have serious medical problems in the North that cannot be resolved strictly through the institutional care.

So I guess my concern, and it is as much an observe of the health care system—you know taking away any of the partisan differences we may have in approach—is really what has happened to this global approach the Minister talked about, about knowing the problems and coming up with the solutions. I do not hear that today from the Minister. I do not hear those bold words.

I hear instead some rather defensive defences of what has happened with the Health Advisory Network and the delays that have taken place with the subcommittees being put in place to no firm commitment on the part of the Minister to put a time frame in terms of the subcommittee—even to discuss the time frames.

I am not suggesting that the Minister dictate to the committee. I realize that it is a group of interested outside professionals, but if the Minister can do with one subcommittee which he admitted he had done—discussed the deadline, surely can he not sit down with the rural, the northern, the Winnipeg subcommittees, the alternate subcommittee and put some time frames on it? Can we not get a bit more of a commitment to this talk in 1990 of an action plan that seems to be slipping away by the hour and by the day from the Minister?

That is where I am coming from in terms of these concerns, and I just quite frankly am surprised that the Minister has gone from the broadest perspective possible—even as late as 1988. One year ago virtually to the day the Minister was talking global terms, and now he has gotten everything down into very compartmentalized and slow-moving compartments in the Health Advisory Network. Can the Minister not provide a bit more direction in this area to the Health Advisory Network and start it working a bit quicker? Can we not see some more development towards this reform that the Minister is talking about or are we going to be sitting here again in 1990 and discussing the same situation with the Health Advisory Network?

Mr. Orchard: Mr. Acting Chairman, I suspect we will be here next month on the same argument, but I just want to put it into a small amount of perspective for my honourable friend, the Member for Thompson (Mr. Ashton).

I will accept his criticism. I do not believe it because it is spoken shallowly. Northern health issues have never been studied as an independent issue by any Government in the last 20 years in the Province of Manitoba. I want to tell my honourable friend and remind him that the Party he is a Member of today was Government for 15 of those 20 years.

We will go around and around and around on this issue, and I suppose I could solve it all by saying to my honourable friend, if the budget for northern health care today is \$50 million, we will double it to \$100 million. Will you be happy? Do you know what, my honourable friend from Thompson would think a little while and he would say, oh yes, but you have not done it soon enough, or no, maybe it is not enough. My honourable friend does not understand the process of issue resolution.

If my honourable friend did understand issue resolution, problem study, having represented with the exception of Thompson from the period of time 1977 to 1981, every northern seat has been represented by a New Democratic Party Member for the last 20 years, 15 of which they have been in Government. If they understood problems and development of solutions, we would not be sitting here today talking about the

problems in northern Manitoba health, because if my honourable friend tries to make the case that magically these problems have all occurred in the last 17 months, no one will believe him. My honourable friend, to his credit, has not even suggested that.

To say to me today that what we are doing is not good, because we are seeking solutions to long-standing problems in an informed way, I simply ask him to do a little self-inspection and ask himself why his Party in 15 years out of the last 20 in Government, did not undertake an analysis of northern health issues. There has to be a little bit of balance in my honourable friend's criticism of this Government. I can go through line and chapter and verse and point out to my honourable friend what we have done to improve northern health services already.

I started that this afternoon and my honourable friend said, oh yes, but that is what you did for me yesterday. What are you going to do for me today? He just said, do you want the list? Well, that is the whole problem in the health care industry. Everybody has a shopping list, and nobody has a blank cheque, including the taxpayers of Manitoba. If we do not understand how we are providing patient care in northern Manitoba, whether we can do it in the Thompsons, in the Flin Flons, in The Pas, rather than flying those patients to Winnipeg, if we do not understand where there is duplication of service, we are not going to resolve the problems in the long run. That is why the first and foremost inspection of the issue centres on the institutions, and back again to page 83, for my honourable friend, of the Estimates, \$816 million in hospitals, 50 percent of the budget. Now, we are not narrowing our resolution of northern health problems, rural health problems and challenges facing health care delivery throughout the province to the Health Advisory Network.

* (2120)

I went through it this afternoon and I will repeat it again for my honourable friend, SCOMM. I am not saying my honourable friends neglected SCOMM, but I am saying they did not have a chairman for a number of years. I am saying the Minister did not meet with them. I am saying that they did not resource them adequately. Well, does that mean they did not care about rural and northern recruitment of physicians? Cannot say. Maybe my honourable friend could tell me why they did not put a chairman in place, why they did not increase the funding, why the former Minister of his Party did not meet with them on a regular basis.

I can simply tell you we have doubled the funding in our first year in Government, we have co-chaired it with two excellent physicians, one from rural Manitoba, one running the northern medical unit, and those people meet on a regular basis with the Minister and on an even more regular basis with the Deputy Minister, because we believe they hold a substantial key to solving the problem, over the long term, of recruitment and retention of physicians to rural and remote Manitoba.

Now, compare the record. Who did what? My honourable friend has no leg to stand on in the Standing

Committee on Medical Manpower because it was allowed to deteriorate under my honourable friends. I have built it back up with the assistance of my colleagues and their support at Treasury Board and at budget time. I will put that record against the NDP's record any day.

My honourable friend, we can go around this time and time again, and my honourable friend is going to say, well, you have not given a deadline to the Northern Task Force to give you some results, therefore, you are just giving it lip-service. Oh, I might say that my honourable friend, when they were Government, the NDP were Government, did not give a deadline to a Northern Health Task Force because one did not exist. They did not even investigate the issue.

My honourable friend cannot make those criticisms stick or make them legitimate because there is more initiative to resolving the problems, and I will quote his Leader in the House from last week, "inherited problems." We intend to get on with the job of resolving those problems as solutions are presented to us, as we did with dialysis, as we did with northern mental health residents, as we did with air ambulance funding, as we did with medical officer funding in the Thompson General Hospital, as we did in The Pas with 24-hour emergency medical officer services. You know, I can go on and on.

We are resolving the problems and the Northern Task Force. Should it make the observation to us two months from now that "XYZ" Policy needs to be looked at, we think there is an effective resolution to a problem that will not add enormously to the budget. Let me assure my honourable friend, without a full report that issue will be dealt with upon recommendation by the task force. That is the nature of the task force, to give us resolution to problems.

My honourable friend can criticize that there is no deadline for reporting, but I simply say to my honourable friend, at least there is a committee studying northern health issues under a Progressive Conservative Government, something that never happened in 15 of 20 years of NDP Government in the Province of Manitoba where they represented to a man and a woman the entire seats of northern Manitoba, so served in a health care way.

Mr. Ashton: Well, Mr. Acting Chairperson, I would be glad to compare the record of the last number of years, compare the record of this Minister and his Party in northern Manitoba, and compare it to the record under the NDP. I am glad to debate the Minister at any opportunity, any occasion, anywhere. I would love to do it. I tell you, I find it frustrating when the Minister starts the debate as a way of avoiding questions. In fact, what he does is he recycles the same opening speech that he gave before. I wish the Minister would have at least the concern for this committee to come up with some more original approaches than he has tried thus far. He is not going to convince Northerners of his statements, because they know.

Let us talk about the situation in northern Manitoba. What matters to northern Manitobans is the number

of physicians we have. The problem has been growing worse and I have never suggested that it is a problem that was created by the election of the Conservative Government in 1988. Their dilemma is that they have to deal with it, they have to recognize the problems, and I think people will hold them accountable for that. Whether the actions the Minister has taken on the standing committee of medical manpower will do it or not remains to be seen.

I would suggest, and I have raised this with the Minister before, there are some initiatives, rather than merely reinitiating this particular committee, that could have the desired impact. I have even mentioned some today in my question in the Legislature, indicated a number of initiatives being taken by the local community and asked the Minister if he would support the initiatives of the local community. I will continue to do that, not just to criticize, not to suggest that the Conservatives are responsible for all the problems. For the Minister then to turn around in response to some very real questions about the priorities of this Minister and this Government and then try and rewrite history, I think is incredible.

He may like to score points with his colleagues, and the Conservative Party would love to hear that it is all black and white out there, what a great job this Minister is doing. There is only one problem with that. The only people that agree with that are his 23 colleagues in the Conservative Caucus. They do not believe that in northern Manitoba. They remember the record of the Conservative Government from 1977 to 1981 and they have compared.

I went through this afternoon the many initiatives that were undertaken throughout northern Manitoba by the New Democratic Party. I will say this to Northerners: they are willing to give this Minister a chance. I think they recognize, given the minority Government situation, that there is some possibility that there will be a different situation this time.

I will say right now, I believe that this Minister has reacted differently than the Sterling Lyon majority Government did. There were vicious cuts in the health care system in 1977 and 1988 in northern Manitoba. I can provide to the Minister, in case he has forgotten because he was a Member of that Government, the figures on just how much the funding was cut back. I notice there has been a difference since 1988. I am glad to see that, because we in the New Democratic Party have said we are willing to give this minority Government a chance to work. I think one of the key litmus tests on whether this minority Government is working is in our health care system, our biggest department, and whether in fact the Conservative Government does bring in the same type of policies we saw from 1977 to 1981 or whether it does turn over a new leaf and do something about the health care problems.

As I said, the Minister may get off and do all this sidetracking about the rhetoric back and forth. If he will look at what I have said in this committee thus far, I have said I do believe that with a minority situation the Conservative Government has done considerably better than it did between 1977 and 1981. I must say

that is not saying much but I wish the Minister, before he talks to the 23 of his colleagues in this Legislature, starts talking to some people in northern Manitoba. They will say the jury is out on this Minister, the jury is out on this Government. Northerners are willing to give this Minister a chance. I would say it is the same in all parts of the province. They are willing to give this Minister a chance.

I really ask the question, and this perhaps to some of his colleagues who must be listening tonight, I have heard a lot of rhetoric from the Minister, a lot of inaccurate information. The Minister knows there have been a number of studies that have been done into northern health care. He knows that one of the major problems in terms of northern health care is the lack of co-ordination between medical services which is operated by the federal Government and by our provincial health care system. He knows the situation in northern Manitoba. He knows also the situation in rural Manitoba, or at least he should. He represents a rural constituency. He knows that there are growing problems in many communities related to depopulation, related to the aging of the population. There is a need for a complete change in emphasis in terms of the health care system.

I wonder what the Minister is trying to prove here tonight when we ask questions directly, when we ask for nothing more than an explanation why this Minister has spent \$58 out of \$500,000. why this Minister has recycled the health care promotion trust fund, why this Minister, since we have started Estimates, has recycled his opening statement. At every opportunity he has the same tactic. I think that anybody who has watched this debate will notice what he does. As soon as he is asked a question that gets anywhere near critical, or even suggests that the Minister might have some explaining to do, what does he try and do? He tries to spin it off into another debate about a completely separate set of issues.

* (2130)

I will debate the Minister anytime, in terms of the record of the previous Government, in terms of the record of the New Democratic Party since it was founded in terms of Medicare and the record of his Party, if that is what he wants to do. We are here today to discuss the Department of Health Estimates, Mr. Acting Chairman. If that is what the Minister wants to do, let us do it.

I believe last year the Health committee went for 40 hours in Estimates, 40 hours. Does the Minister want to continue that debate for that length of time? I would suggest what he do is start answering some questions and really deal with some of the difficult problems he has put himself in.

It was his Party that set the agenda of 1990. It was his Party that announced the Health Advisory Network and said we know what the problems are, we are going to come up with solutions. Now it is his Party that spent nothing on it, given it very little priority, and is seeing its 1990 date slip away from between his fingers. Now that may be considered political debating by the

Minister. Quite frankly I do not think it will make that much difference in the next election or make much difference out there to the people on the street. They are not going to be really worried if the Minister has broken his promises or is not giving the priority in the right areas.

What they are going to expect is exactly what the Minister said he was going to provide last year. That was what we need now, the development of realistic solutions, instead of the recycled announcements and the recycled rhetoric from this Minister. I do not know why the Minister is insistent on that. Whenever Opposition Critics make any statements he gets into this flustered look that he currently has, which shows a complete lack of concern for the statements that we made. He does it whether we ask straightforward questions or point out the inadequacies of the department.

I do not know why he gets off into those particular tangents. He is not the Health Critic who, maybe a few years ago, was probably following the footsteps of Abe Kovnats having it both ways. He is the Minister now and he has to answer the questions.

I can tell him as Opposition Critic I do not intend to have it both ways. I am sure the Member for Kildonan (Mr. Cheema) does not either. We are willing to give the Minister suggestions and possible ideas in terms of solutions. That is what I was suggesting today, that the mandate for the Health Advisory Network subcommittees be broadened. That is how we got into this before the Minister slipped off into his usual political rhetoric. That is what I was suggesting to him, that perhaps the Minister had too narrow a focus. What I do not understand with the Minister is why whenever there is any criticism that gets anywhere near the Minister or the department—God knows what person would not criticize the Minister after his big statements on the Health Advisory Network and lack of action—why the Minister gets off and refuses to answer questions.

I asked the Minister straightforwardly, will the Minister consider broadening the mandate of the subcommittees, particularly the regional subcommittees, to include some of the important issues of alternate health care, the issue we have been discussing tonight? Will he consider doing that in view of the fact that no matter what you do in terms of institutional care, you will still not solve the growing difficulties in the health care system unless you deal with the need for alternate health care, preventative health care and health care promotion, things that the Minister has paid a lot of lip-service to in his opening statement.

I am just trying to ask the Minister: will he not perhaps recognize that there was a mistake made in this area and agree to expand the mandate of the subcommittee so that we can get some of those solutions that the Minister is looking for?

Mr. Orchard: With all due respect, that is the 51st time my honourable friend has asked that question, and then when I answer it he complains that I never answer

it. I mean, my honourable friend cannot make up his mind when he hears an answer and it is one that he does not (a) either understand, or (b) certainly does not agree with. Well, he asks the question over again and demands an answer. I cannot invent the answer that would make him happy and go home just gloriously content. I cannot possibly think of what the answer would be that he would like to hear. I am telling him what the agenda of this Government is. I have answered each and every one of his questions tonight.

(Mr. Chairman in the Chair.)

I have neglected to answer his reference to \$58.00 for the ninth time this afternoon and this evening. When my honourable friend complains about me repeating my answers, he might do a little introspective investigation and ask himself why he is persisting in asking the same obsequious questions time in and time out and time in and time out, and when answers are given to my honourable friend either you fail to comprehend them or they are not the answers you want. Therefore, you ask the question again.

I do have to say however, that my honourable friend the Liberal Health Critic (Mr. Cheema) has asked questions tonight, I have given him as direct an answer as I can on them, and we have moved from topic to topic in an orderly fashion. We have not had to deal with the rhetorical circumspective viewpoint of the Liberal Health Critic tonight because he has been asking legitimate questions, not repeating diatribe from this afternoon as my honourable friend from Thompson has done tonight.

Now if my honourable friend wants me to give him the answer again I can, but it might take 25 minutes to do that, and then my honourable friend would say I am taking too long to answer the questions. So I have answered my honourable friend's questions. He may not like the answers—I cannot help that—but I have answered his questions. If he is unsatisfied he can pose his questions again. I can do no more than answer the questions to the best of my ability which I have been doing this evening for my honourable friend.

Mr. Chairman: Shall the item pass—pass. The Member for Kildonan.

Mr. Cheema: Mr. Chairperson, the last year after our tour of the North we visited a number of communities. After my return I wrote a letter to the Minister of Health, and in that letter we pointed about four areas of major concern. There was number one regarding Thompson Hospital, and that was regarding the nursing unit at the pediatric ward. They had a serious concern that was questionable whether it was underfunding or understaffed, whatever term the Minister wants to use or interpret in his own way. That was causing a significant concern to the nursing staff because there were two nurses who were taking care of more than 18 to 20 babies, and at times they had some serious babies. On one occasion it was very clear that one of the babies was transferred to St. Boniface Hospital because of the shortage of nurses, and there was also some problems with the equipment they had in terms of the ventilators and one of the bassinets and some

of the blood cell analyzers. Those issues were the questions in my letter. I did get a response from the Minister that he was going to look into the situation, but can he update on those?

Mr. Orchard: Well, Mr. Chairman, we can certainly provide the detailed update when we get to the hospital line of the commission and when I have my executive director and appropriate staff here, but as I recall the issue, there was no underfunding—underfunding was not the issue. It was I guess a perception of flexibility with management and staff in terms of how they arranged the staffing patterns, because the funding ability was there to arrange the staffing. I know that some areas of equipment were addressed. I cannot answer if the—I do not even recall a blood analyzer.

Mr. Cheema: It was a blood gas analyzer and also some of the transcutaneous monitors such as the saturation monitor just to monitor the oxygenation when they were resuscitating babies and giving them the ongoing support. I think that was, to the best of my knowledge, when it was resolved, and that was why the staff was also satisfied to some extent.

The other area of concern was the psychiatry wing at the Thompson Hospital. It was more like an open area, and I think that needs to be addressed and how the patients are being admitted there. Now with the shortage of staff there that may cause a further problem, and maybe the Minister should look at that.

The second point we made was a positive suggestion regarding the hospital at The Pas. That was in the process of considering at least having about five beds in terms of to deal with patients with mental illness. I just wanted to ask the Minister of Health (Mr. Orchard), have they made their decision or not?

* (2140)

Mr. Orchard: Mr. Chairman, the issue with The Pas is under discussion with the Mental Health Directorate right now, and I cannot give you a status as to whether we will be able to see to that request. I simply have nothing else I can report on that right now, but it is under discussion.

Mr. Chairman: Shall the item pass—pass.

Mr. Ashton: Just in terms of a couple of the points that were raised by the Liberal Health Critic, I think the more appropriate time to deal with it probably would be the Health Services Committee.

In terms of the situation in the Thompson General Hospital, the obstetrical ward and the nursery, it was partly, as the Minister indicated, a problem of the allocation of staff between full-time and casual. There since have been some moves internally to deal with the problem.

However, there is a recurring problem and it is not unique to Thompson. It is something I want to get into under MHSC, the question of nursing staff loads and particularly nursing staff loads that are being made more complicated by a shortage of nurses. In the case

of the Thompson Hospital there is a big problem in the nursery now, for example. There are problems in hospitals across the province in terms of shortages of nurses that are becoming a problem.

The other concern in the Thompson situation was also in terms of capital funding. It illustrates, to a certain extent, some of the need for greater communication, because I remember when I raised it with the Minister he quite accurately pointed out that there had not been communication from the board at the Thompson Hospital in regard to some of these problems. Nonetheless they existed. In fact, I have been in that hospital dozens of times. I even had the opportunity to tour it, and it was clear to anyone. I know the new administrator has raised this and there have been specific MHSC requests that have been forwarded.

I do not want to get into detail on these matters now, because I realize it is not the appropriate point in the Estimates. Since the Liberal Health Critic had raised it I thought it would be important to clarify for the record that yes, the Minister is correct, that part of the problem was internal allocation, but there also was the very real concern about overall shortage of nurses, the burnout on nurses and the capital funding requirements in that hospital. In that sense it mirrors the general situation across the province.

Mr. Orchard: I listened with interest to my honourable friend.

Mr. Chairman: Shall the item pass—pass.

Proceeding to item 1.(d) Research and Planning: Provides conjoint planning, evaluation and research activities for the Department and the Manitoba Health Services Commission. This includes long-term planning and policy analysis related to a broad spectrum of health programs, health research and manpower planning. (1) Salaries, \$4,16,000.00.

Mr. Cheema: Mr. Chairperson, can the Minister of Health (Mr. Orchard) tell us how many positions are vacant?

Mr. Orchard: There is one position vacant, an economist, and we are into current recruitment on that one.

Mr. Cheema: I will go directly to my questions now. Can the Minister of Health tell us, last year during the Estimates we had a detailed discussion on the walk-in clinic study in Manitoba, and since that time there has been an increasingly number of walk-in clinics. Definitely, as I indicated last year, initially walk-in clinics did provide an essential service in terms of taking the load off some of the hospitals, but in the past few months, in fact for the last past year, there has been concern among the public that walk-in clinics continue to increase and there are problems in terms of duplication of services; also the question as to whether some of the walk-in clinics provide a continual care. Also there is a problem in terms of the public mind, what is the definition of a walk-in clinic versus family practice?

I understand this is a very difficult area but still I would like to ask the Minister of Health, has there been any study, as he said they were going to do as of last year, and what is the terms of reference of that study, and can he update on that?

Mr. Orchard: Mr. Chairman, what was in place as of May of last year was an analysis to see whether some of the accusations, some of the concerns about walk-in clinics were legitimate in terms of incidents of double-doctoring impact on the system, cost escalation because of walk-in clinics. Now we have not got finalized—it is my understanding of this—the next year numbers which would take us to March 31, 1988. Am I not correct? Yes. So that I cannot offer to my honourable friend any more complete information than what was available last year when we talked about the walk-in clinics.

My honourable friend has hit upon the real difficulty in it, i.e. establishing the definition of walk-in clinic. If that was easy to do I think some measures to control growth or utilization might be more readily proposed by all, including the MMA who has a concern over the walk-in clinic as an issue. I wish it was easy to define a walk-in clinic. It seems like a fairly straightforward thing to be able to do, but it has escaped the wisdom of better minds than mine and others in the medical profession.

Let me tell my honourable friend a couple of things. It seems as if the cost implication of walk-in clinics is remaining relatively constant. In other words, they represent approximately the same proportion of billing through the fee-for-service billings. It appears as if there is some exchange of walk-in clinics and they are in fact replacing some business which would occur at the emergency hospitals. That of course is a benefit if that were the case, but there also is some incidence of the double-doctoring that people are so concerned about, that you go to the walk-in clinic at night and then to your family physician a day or so later, representing an add-on cost to the system.

We have the issue as one of priority and if we can mature our statistics from fiscal year ending March 31, 1988, it might give us a little more focus on how we approach the issue with the MMA and with the College.

Mr. Cheema: Mr. Chairperson, I do understand this is a very sensitive issue and it is going to be very difficult for any administration to make certain regulations in terms of how the walk-in clinics are run, then questions are going to come, the mobility of physicians and how they operate.

It is a very difficult problem. Initially when the walk-in clinics came, there was a general belief that this would help release some emergency rooms but, as the Minister has indicated several times today, the hospital budgets have not gone down. In fact, there has been a substantial increase, and I think it would be worthwhile just to maybe analyze a few emergency rooms, how that has been impacted by the walk-in clinics in the surrounding area, because there is a public perception that their tax dollars are not being used properly.

It is difficult for me, personally a physician, to agree to some of their allegations, but I think it is a general

concern that when you have a—let me choose my words very carefully here, I do not want MMA or anyone to go after me. I think there is a perception that it is the quality care in terms of how public perceives the medical profession. That is really a very touchy issue here. People do not want to just go to any health care institution and not have confidence in their health care professionals.

We do not want that to happen and I think that to some extent it is the responsibility of the provincial Government, as well as all the organizations, to come up with a solution to this problem which is going to become worse if we do not deal with it right now. I will give an example. What is going to happen if the walk-in clinics start opening in Safeway, SuperValu, all those stores? This is a fear among the public and also among the professionals that some kind of guidelines have to be in place. It is a difficult situation. I repeat that to the Minister for Health, that cannot really come about on its own. Colleges give the licence and anyone can go and practise medicine anywhere else.

* (2150)

I think that issue should be addressed and I think the Minister should seek a consensus from all the concerned parties so that we continue not only to have a good system but a system which should not be viewed as the Americans have a system, where people have advertised "come to my clinic" or "come to my hospital and I will take care of you." I think that could be a problem eventually if that problem has not been tackled.

Also I would like the Minister to maybe state his policy that there is a concern that these walk-in clinics or any clinic, whether it is a physiotherapy clinic or a health clinic, how the licensing process—shall it be given to the professionals or some of the business groups? There are a lot of people who have a concern that if business groups start opening all these clinics, it is going to have a definite impact on the taxpayers' dollars.

It is the same study as we see if there is a bed in the hospital, there are chances for the bed to be occupied if there are more clinics. Definitely this would be a problem, because it is not only doctors' fees. Each doctor, as the Minister of Health (Mr. Orchard) would know, not only his own fee, there is a substantial fee attached to how the system is used in terms of how the lab, X-rays and nursing staff and everything else can be used. I think that issue must be addressed now and definitely a consensus has to be achieved, because I think there is a fear in the public mind, and I think they have a right to fear. Even though it is a difficult problem, I think it needs to have attention and maybe the Minister of Health should set up a special committee to deal with this special problem. I do not think it is going to be an easy one, but I think it needs to be addressed. I would like the Minister to put his comment on the record.

Mr. Orchard: Mr. Chairman, I appreciate that my honourable friend chose his words very carefully so that he did not offend maybe some of his colleagues. I appreciate his concern and obviously, as critic his

Party is concerned about the walk-in clinics and the necessity to come to grips with the issue, either through a regulatory mechanism or guidelines which may serve in terms of curtailing the proliferation or setting standards of operation in the walk-in clinics so that there is not an abuse of the system.

It is rather important to us that we have the full-year analysis completed, and with the recruitment of our health economist, that will be achieved. From that, emerging patterns may well guide us with proposed solutions.

My honourable friend is correct, those solutions are not going to be created in isolation. They are going to be created in co-operation with some of the major players like the College of Physicians and Surgeons and the MMA, and that will be done. I have no hesitation in saying that.

In terms of the individual pattern of practice, my honourable friend might well know that any physician who is overutilizing the system, that is picked up by the peer review committee. Walk-in clinic physicians are not exempt from that review and that in a way is part of the existing check and balance that is in place.

Mr. Cheema: Mr. Chairperson, I did not say that the physician may be overusing, but I think it is just like if there is a clinic, or opening a shop, if the facilities are there people tend to use them. It is very clear that if there is proliferation of all those clinics and the population of Winnipeg has not grown, and in Winnipeg the number at present for each doctor is 480 people, unless there are some regulations reached by consensus put in place, there is always potential danger for: No. 1, the overuse of some of the services; No. 2, the possible problem in terms of some of the business people setting up these clinics and expanding them. That is a concern.

I think the College of Physicians and Surgeons do have that concern and, if I recollect, one of their newsletters did indicate that they would rather see clinics giving licences only to professional people rather than sort of a business point of view. I think I do agree with them on that respect, that the clinic should not be operated by individuals and run by individuals who do not have a medical qualification.

Can the Minister of Health (Mr. Orchard) tell us what the policy of this administration is on that issue?

Mr. Orchard: Mr. Chairman, I really do not know whether we are differing in approach. My honourable friend has pointed out some concerns on the walk-in clinics. They have not materialized to date, like in terms of the SuperValu example that he is using, but I suppose if Superstore wanted to put in a little walk-in clinic instead of an optometric store, I guess nothing is stopping them from doing that.

The resolution is on, in part, the definition side, and that is where you really run into trouble. I had a number of discussions with a very knowledgeable individual in the health care field, who is no longer with us, on the walk-in clinic issue, and the commitment was to work with us to develop some definition guidelines. He

envisioned maybe three different categories of walk-in clinic with only one of them being what the general public might consider to be a "walk-in clinic." Unfortunately that definition outline was never, never achieved and we are still fighting with the definition aspect of it.

Mr. Chairman: Shall the item pass?

Mr. Ashton: I have a number of questions in this department, I am wondering if we really want to get into it with only about one-and-a-half minutes left.

Mr. Chairman: What is the will of the committee? Call it ten o'clock? The hour being 10 p.m., committee rise.

* (2000)

SUPPLY—URBAN AFFAIRS

Mr. Chairman (William Chornopyski): I call this section of the Committee of Supply meeting in the Chamber to order to consider the Estimates of the Department of Urban Affairs. We shall now commence consideration of the Estimates for the Department of Urban Affairs. We will begin with an opening statement from the Honourable Minister of Urban Affairs. The Honourable Minister.

Hon. Gerald Ducharme (Minister of Urban Affairs): Mr. Chairman, I am very pleased to introduce—and very brief comments—the 1989-90 Estimates for Manitoba Urban Affairs.

Mr. Chairman, in my first year as Minister of this small, yet important, department, I have had the opportunity to appreciate the important role played by the province in developing and maintaining legislative financial and planning framework for the urban government of Winnipeg.

I would like to express my personal appreciation to the staff members who make up the Department of Urban Affairs. They are a group of competent and productive professionals who serve this Government very well. Mr. Chairman, the City of Winnipeg is very unique. First of all, 60 percent of the provincial population is contained within this one urban municipality. For this reason, all levels of Government share a strong common interest in improving the quality of life for all Winnipeg citizens. This requires co-ordinated planning and some foresight if economic culture and social activities are to address community needs.

Mr. Chairman, although many departments of the Provincial Government interact with the city and its citizens, the focal point for intergovernmental relations between the city and province is the Department of Urban Affairs. This includes the administration of The City of Winnipeg Act and the co-ordination and implementation of provincial urban policies and programs in the City of Winnipeg.

The City of Winnipeg Act is in the process of a complete review by my department and separate

legislative measures have already been introduced in the House and others will follow. I did provide the critics with a schedule of The City of Winnipeg Act and if they would appreciate the time and efforts that go into just making the changes to the first part of the Act we introduce, they would understand why we are doing it through a phase period.

Regardless of whoever the Minister is, or the Government in time, we will have a type of schedule that is necessary and planned ahead. It is necessary in dealing with not only the political level of the City of Winnipeg but the administration level. They are all aware of the schedule that will be in process over the next several years.

First of all, the province has always played an important financial role by providing grant assistance for programs that are consistent with provincial philosophy and supportive of common city-provincial priorities. I am able to report an increased level of support in ongoing provincial grants provided to the City of Winnipeg.

Mr. Chairman, the Manitoba Urban Affairs is also responsible for the responsibility of the renewed Core Area Initiative Agreement which runs from 1986 to 1991, the second core area agreement. This, along with the original Core Area Initiative, has seen a successful completion of over 1,100 projects.

Manitoba Urban Affairs has been instrumental in negotiating with Winnipeg just recently in the Shoal Lake Indian Band No. 40, an agreement to protect the quality of Winnipeg's water supply. The Indian Band has agreed that it will exercise its authority to control activities on reserve lands. This will help protect the quality of the City of Winnipeg's drinking water. Funds are requested to support this initiative. This is an agreement that has been drawn up between the City of Winnipeg, the province and the federal Government. The latest word I have from the federal Government is that we should have their signed agreement by the end of November on this particular initiative. I am pleased, it was in the works for quite a few years. I have to compliment the negotiators on behalf of the Urban Affairs Branch and also the negotiators on behalf of the City of Winnipeg and the federal Government in bringing this to its very satisfactory result.

I recently proposed the establishment of a riverfront corporation to the Government of Canada, the City of Winnipeg and municipalities in the Winnipeg region. They have been invited to participate in the initiative.

The corporation would be responsible for enhancing the Winnipeg region's river corridors, its natural and heritage resources as focal points for community activities and as tourist attractions. The corporation would be public not for profit and would include public and private partnerships. It would have a mandate to research, plan, develop, design programs and to promote our river corridors.

Over the past few months, on behalf of the province, my department also has been negotiating, and did negotiate, with the City of Winnipeg and the Headingley community. We did search and we came up with a

workable alternative to Headingley's request for a referendum on secession from the City of Winnipeg.

I am hopeful now that the City of Winnipeg has passed it and the province has that the citizens of Headingley will look at it and bring back their thoughts on their commitment to keep Headingley within Unicity.

I am satisfied that careful planning and budgeting continues to ensure that the Department of Urban Affairs is achieving its mandate in an efficient and effective manner.

Mr. Chairman, that concludes my brief opening remarks.

I would be pleased to provide additional information answering questions concerning the four resolutions in these Estimates. I will address, as the questions come up, other initiatives that we have been taking and other ones that we are working on in our programs, and I will be looking forward to the remarks of the two Opposition Critics. Thank you very much.

Mr. Chairman: We will now have the customary reply by the critic of the official Opposition Party. The Honourable Member for Fort Rouge.

Mr. James Carr (Fort Rouge): Let me begin by being kind to the Minister of Urban Affairs (Mr. Ducharme) by saying that those of us in Opposition appreciate the Minister's generosity at public meetings when he often recognizes Members of the Legislature who happen to represent that area. I know that when I go to downtown events, Mr. Chairperson, I am always recognized by the Minister and I want him to know that we appreciate that. In the spirit of legislative collegiality, it is important that we be recognized as Members of this Chamber, and this Minister is particularly good at that.

Let me also thank the Minister for sharing some legislative changes, through Bill No. 32, with critics of the official Opposition and the critic for the third Party in advance. I even believe that certain amendments were made as a result of that consultation.

So let me again thank the Minister for the spirit of collegiality which he represents better than many other of his colleagues on that side of the House.

The Department of Urban Affairs is very important, and its importance is magnified by the position that Winnipeg holds in our province with more than 60 percent of the provincial population. It is obvious that the provincial Government has a real interest in what happens in our metropolitan city. It is also true that the Department of Urban Affairs, though it has a very small staff, and it must, Mr. Chairman, have one of the smallest staffs of any department of Government, has an enormous impact. Because of the way in which our Constitution reads, municipalities are really the creatures of the provincial Government. Provincial Governments have almost total power on the shape that municipal Governments take in Manitoba and, in particular in terms of this department, the City of Winnipeg.

The Minister of Urban Affairs (Mr. Ducharme) and through him the Legislature of Manitoba has the power

to determine how many councillors serve the City of Winnipeg, what the powers of the mayor will be, how the community committees are structured, how the standing committees are structured and what the powers of those committees are to be.

The administrative structure itself of City Council is very much in the domain of the provincial Government. So we have a situation where this Government and this Minister really have enormous power and would shape the lives of more than 60 percent of the population of our province.

It is also very timely that we debate the Estimates of the Department of Urban Affairs now in this week because we are in the midst of a civic election campaign. During the course of that campaign many issues have come to the floor. Some of which I am sure we will debate through the policy initiatives this Government has taken or chosen not to take over the next couple of days.

* (2010)

The Department of Urban Affairs has several principal functions. One is the transfer of cash to the City of Winnipeg. Some of those grants are unconditional; others have strings attached. We will want to ask the Minister what the criteria are for attaching strings to some money and allowing the City of Winnipeg more discretion in other examples.

The whole issue of capital projects and the use of those capital funds by the city is something that we are interested in. We all know that cities across not only this province, but across the country, are facing major problems of infrastructure, of roads and sewers and water, and that the Minister of Urban Affairs, we hope, has something to say about that policy, and perhaps most important, the whole sense of vision that this Government has for the development of our city. When I talk about a sense of vision, Mr. Chairperson, I am talking about people—people who live in the core area of our city, people who have the needs of housing, of social services, of employment, the quality of life that they enjoy as citizens of Manitoba's capital.

Inasmuch as the Minister has something to say about the way in which the downtown of our city is to develop, I want to ask him questions about the Forks Corporation, about North Portage, about the core area, about the nature of federal-provincial-municipal agreements for the downtown and its revitalization. We will want to talk to the Minister about what innovative projects he intends to introduce this Session and beyond to improve the quality of life of citizens who live in our city.

One of the major issues, of course, is the revitalization of the core area and similar developments in the suburbs, and we will want to talk to the Minister about that balance between orderly suburban development and the protection and preservation of the inner city of Winnipeg. We are hoping that the Minister will be in a position to give us some advice on where his Government intends to take us.

So I am looking forward to I hope a lively exchange with the Minister on issues that range from urban sprawl

to multigovernment agreements on the form of downtown and of the City of Winnipeg. We will want to talk about co-ordinated planning. We will want to talk about inner-city issues. We will want to talk about the administration of his department. We will want to talk about those rural municipalities which surround Winnipeg and the relationship that the city has with those rural municipalities, who ought to have the authority to develop and who ought not, how decisions are made, and the levels of co-operation between rural municipalities and the City of Winnipeg.

So I am looking forward to a stimulating and useful exchange of views. I thank the Minister for the co-operation that we have had from him so far and look forward to the next number of hours of debate.

Mr. Chairman: We will now hear from the critic of the Second Opposition Party, the Honourable Member for Logan.

Ms. Maureen Hemphill (Logan): Mr. Chairman, I would like to take a few moments, in fact, a few minutes more than I usually take in opening statements, because I want to paint a bit of a picture. The Member for Fort Rouge talks about wanting to talk about a vision of our city. I think I want to talk about the picture of our city that has been painted, I think, by a very comprehensive report that has been done by the Social Planning Council, and that the collective information that is coming through there paints a picture that we did not really have before. I think we sensed parts of it and people that work there knew that it was coming but did not really have the whole picture and I want to paint that picture tonight, even at the expense of having to cut down a little on some of my questions later on.

The picture that is being painted I think is one that covers the six-year period and that really is quite frightening, because it shows deteriorating trends and worsening conditions in all areas in housing, in employment, in services, in income, in the makeup of the groups in the inner city. I think it is something that we all need to be aware of and that we need to talk about how much of a priority is this going to have with Opposition Parties and with the Government, so that we can have an integrated approach to begin to attack it. The trends that are there now are trends that the cities in the U.S. that now have slum conditions are at such a point that they may never get out of them. We have the same trends that they had that they recognized and that they have let continue. What happens if we do not start dealing with these trends, we are going to end up in the same situation, I think with a dying inner city, with slum conditions that will be very hard to turn around. I say this in spite of the fact that we have had the inner core agreement that has brought the three levels of Government together, that have put large amounts of money in to try and address some of these, but what we are finding out is that it is not stemming the tide.

We have to look at where the money is going, what it is being targeted on, and I believe that all Government departments, such as Housing and Native Affairs, all have to have an integrated approach to protecting the

inner city. I am hoping to find out from this Minister and this Government whether they recognize the problem, whether they have seen the picture being painted and whether this is something that concerns them and whether it is a priority for them.

I think one of the most serious issues facing us in the inner city is housing and we are fortunate, I guess, in having the Minister of Urban Affairs (Mr. Ducharme) be the Minister of Housing. The reason that I am describing some of these in Urban Affairs is that I believe it is the Department of Urban Affairs, it cannot do everything itself, but it is the department that should be bringing together all of the appropriate agencies and departments to have a concentrated integrated attack on this.

Our housing in the inner city is worsening, their houses are deteriorating. We are losing low-cost social housing. We have an increase of 14 percent in housing outside of the inner city and a 7 percent decrease in housing inside the inner city. We have lost 2,500 units in the last six years of low-cost social housing. People are paying more in the inner city for poorer housing, they have less income. Twenty percent of the people in the inner city are paying more than 30 percent of their money in housing. That is an incredible statistic because these are the people whose income is going down and their rents are proportionately going up. It is one of the reasons why the food lines are increasing. They do not have enough money after they have paid for housing to cover the other basic needs, such as food and shelter.

The rental situation shows an even more serious trend because in the inner city most people cannot buy, they do not have the money to be able to own a house so there is a very high rental activity there. The rents in the inner city are going up 10 percent while the rents in the suburbs are going up four percent, so rent controls are not working in the inner city. The protection that should be there for the people who need the most protection is not working. We have to look to try and figure out why.

Single parents in the inner city, one in every three families with children under the age of 18 in the inner city, one in every three families is a single parent. I think that is becoming epidemic proportions. They are under the age of 25, the majority of them are under 25, Native, visible minorities and most of them are women. They are women who are unemployed, have a low education, a low level of income, high housing costs and who live in poverty with their children. If we do not do something to address that, high population in the inner city, we are going to be in trouble.

Unemployment: Unemployment, provincially, might be running at 7 or 8 percent. In the inner city overall, it is running about 12 percent, but in neighbourhoods, in catchment areas in neighbourhoods, the unemployment rate goes from 12 to 30, or 40 or 50 percent. We have to stop talking about unemployment rates of 7 or 8 percent. We have to start talking about the inner city as an area like the North that needs a regional economic development to get some of these people off unemployment. The unemployment subgroups, 30 to 40 percent of the Natives are unemployed and those who are employed, of the Natives, work 26 weeks or less.

* (2020)

The income in the inner city is decreasing. The income, incredibly, of those with an average income below \$7000, dropped 25 percent, while the high income earners, over \$48,000, increased 5 percent. It does not matter what you are looking at, those that have the least are in a decreasingly worsening condition and those that have the most are improving their condition. We have to do something about turning that around. We have a vanishing middle class and that is provincially overall. The high incomers are increasing by 2 percent and those with a low income have increased 13 percent, so we have a polarization between the low and the high income and the middle class is disappearing. We have a lot more poor, a few more rich and a disappearing middle class.

The population is a big problem for us too because we have an aging population. We have less middle class and the population in the city that is increasing is increasing in the subgroups that are the most disadvantaged and the most depressed. So we have a major increase of 70 percent in the increase in the Native population in the inner city. The immigrant population is stable, but the Asian population, the visible minority, has increased by 30 percent. Single parents have increased 70 percent.

The combination of all of those is just putting us on a path that is going to be very, very difficult. There is not going to be enough money, enough people working to pay for the increasing groups that are disadvantaged and are not working.

We have to find ways to bring them into our labour force. We have to bring the immigrants, we have to bring the single parents, and we have to bring the Natives into our labour force. Because our immigrant population is stable and in fact even going down, and as I said with the aging population that we are going to be in big trouble there because we are not going to have enough money, enough people earning money to pay the taxes to pay for the social programs that we have.

I am getting very close to the end, I am looking at 10 minutes for this and then sitting down for while, so that you can ask questions to make up the difference.

Low birth rate, little immigration, declining middle class, increase in the most dependent population, deteriorating housing, increasing costs, increasing employment, we are heading for serious problems. What I want to do I guess is just paint a bit of a picture for the Minister because I believe that since all of these declining statistics are in the inner city that the Minister of Urban Affairs has to go beyond the normal activities of looking at whether a development will go here or whether it should go there, or what our development policy is, and really has to look at what we are going to do to reverse the growing trends that are leading us, will continue to lead us into a dying, declining inner city, and whether we want to turn that around and if we do, how we are going to do it. Those will be some of the areas that I will be concentrating on with my questions as we get into the opportunity to share thoughts and policies and ask questions of the Minister.

Mr. Chairman: I thank the Honourable Member for her remarks. I would remind Members of the committee that debate on the Minister's Salary, item 1.(a) is deferred until all other items in the Estimates of this department are passed.

At this time, we invite the Minister's staff to take their places at the table and ask the Honourable Minister to introduce them.

Mr. Ducharme: Vernon DePape will be here during the Estimates procedure.

I also maybe could take a minute to just get away from the issue at the present time. My Deputy Minister teaches a night course at the University of Manitoba, and he has 35 students present, maybe it is not quite 35, but there are quite a few of students. This is their workshop tonight to review Estimates procedures. They are enrolled in the public finance and budget controls, a certificate in public administration, so I will be at my best behaviour and I know that the other Members will be at their best behaviour.

Mr. Chairman: We shall now consider item 1.(b) Executive Support. In the spirit of co-operation the tone has been set, the Honourable Member for Fort Rouge.

Mr. Carr: Mr. Chairperson, because the issues which face this department are not so much administrative but policy, most of my questions will focus in on policy initiatives that the Government intends to take or to explain ones that they have already begun to implement.

I am interested in the Activity Identification under this subappropriation number that the offices and the executive support for the offices of the Minister and the Deputy Minister contribute towards the achievement of provincial goals and objectives in the City of Winnipeg.

I would like the Minister to highlight for us what his goals and objectives are for this Government vis-a-vis the City of Winnipeg, how those goals are established, and how they are evaluated.

Mr. Ducharme: First of all, through my previous experience sitting on council, I felt that goals can be established by consulting with the City of Winnipeg. It is a consultation process that happens with not only the political level but the administration level.

In our first year of office we have brought in specific goals. We felt that if there was a question brought up about suburban sprawl, our goals and one that we are establishing now is to have the city sit down and review the City of Winnipeg urban limit line, The City of Winnipeg Act, Plan Winnipeg. At the last official delegation meeting we did sit down with them and we talked to them about a strategy that should be put in place over the next couple of years dealing with Plan Winnipeg.

Right now is a very appropriate time to do that. The most appropriate time to deal with that particular case is a slow period in growth. Also new actors will come into play when the new council is elected in the next week. There are going to be new faces. There is

automatically going to be eight retirees and changes at that level.

We did bring in just recently the River Front Corporation that we established. We felt that there was a need out there to establish that particular corporation to deal with the responsibility of enhancing the Winnipeg region's river corridors. We felt that we took the leadership in approaching the City of Winnipeg and the federal Government.

There has been question in regard to the surrounding additional zones in regard to the responsibilities of those particular additional zone people. We have introduced a Winnipeg Region Committee. We have already had a meeting with the surrounding municipalities and the reeves to bring in and get their ideas. We felt that process should be started after the municipal elections. We have and will continue to establish the second urban capital projects allocation to deal with what the city feels their responsibilities are, as mentioned by one of the critics, in dealing with the deterioration of capital projects as well as the new projects. We are into that negotiation process now.

Major is the rewrite of The City of Winnipeg Act. I know there was mentioned in some words that we were acting too slow, that it would take four years to change that Act. I do not believe that. I believe that the Act is going to be changed and it is going to be changed properly. It will be in consultation with the City of Winnipeg and then done properly. There are always going to be amendments coming with The City of Winnipeg Act and I feel that to rewrite the major portion is a responsibility of this particular Government.

* (2030)

I did already mention that the comprehensive review of The City of Winnipeg Act and Plan Winnipeg is one of our goals. Probably urban Native strategy is another goal that we are working with, with the different departments, and economic development of Winnipeg. Also there was mentioned to bring in housing and our concern in regard to housing. That was brought in by the other critic. I would like you to know that to get that co-ordination you did mention that the Minister is the Housing Critic as well as Urban Affairs Critic. I did bring on to MHRC Board. I have now appointed, and I did it several months ago, my deputy minister to sit on that board, my Deputy Minister of Urban Affairs. So you get that little link between Urban Affairs and Housing.

As you probably appreciate, the way the Act is written the people who have been sitting on that Housing Board are primarily senior bureaucrats at the housing level and that is the way it was written up by the previous administration. So not to change the Act through the legislation I did bring in my Deputy Minister.

I feel that over the next several years, once we get the Act in place and the changes that have been taking our time, as Minister, my first 18 months have been putting that Act in place, and I feel that once that Act is in place and we get the major portion out and I know under which responsibilities I am dealing with at City Hall that we will be introducing other responsibilities and other initiatives from this particular department.

Mr. Carr: The City of Winnipeg Act is a huge document, it is something over 600 pages long. The provincial Government has over the years in tremendous detail instructed the City of Winnipeg on how it is to organize itself, in painstaking detail.

What is the Minister's view of the degree to which the provincial Government ought to instruct the City of Winnipeg on how it should be organized, both politically and administratively? Is he of the view that the province should have a hands-on approach, that the Act should be as detailed and specific as it is or does he think that the City of Winnipeg should be left to make more of its own decisions, that the hand of the provincial Government should be less heavy and less imposing?

Mr. Ducharme: To the critic, to sum it up quite quickly, I do not think that the Province of Manitoba should be the final appeal of every decision made by City Hall. There seems to be a case where we now are in that light, that where any time a decision that people feel is incorrectly made at City Hall, we are the final appeal. I think our leadership should be in drafting legislation so they can operate. I believe that we will do that and we have done that on parts of The City of Winnipeg Act.

Just to mention one brief part that you saw on the latest Bill we brought forward suggesting that the City of Winnipeg through the administration can have whatever they want to operate under, under by-law, for instance, dealing with the not having to require a board of commissioners, they could have an administrative, a city clerk or a city administrator instead of the board of commissioners. I think that under the way the Act is read, the City of Winnipeg will, under the way it is structured, have now the responsibilities with a stronger what you call EPC chance to relate policy.

I feel as Minister that if we can develop the Act so that they are drafting that policy without the interference of the province and not have us to look as being the final appeal. There have been many cases brought up in this Legislature dealing with certain conditions, three or four projects as you know, in the last couple of months that as the Minister of Urban Affairs you skate around the issues but you can be brought in on every issue. I could have attended an issue every second day in the last month and a half at a meeting on a local issue because I felt that the Urban Affairs Minister could do something about it. I feel that our responsibility, and to repeat again, is not to be the final appeal, it is to draft legislation so that they can draft proper policy.

Mr. Carr: The Minister does not want to be the final arbiter of civic issues, and I think I understand why he is saying that, but currently in order to amend Plan Winnipeg it is necessary to get the Minister's approval. Is the Minister suggesting that that is an appropriate role for the Minister to take? Is he suggesting by inference in his answer that final approvals to Plan Winnipeg ought not to be a ministerial responsibility, and could he clarify that?

Mr. Ducharme: First of all, let us get it quite clear, the plan that was adopted by City Hall in April of '86 was

a long process that went around with community committee hearings. If you saw the original draft and second draft and third draft, it went on and on and on, and it is a joint process. I am hoping that maybe in the new review, when we are dealing with the city itself, in general, that maybe we will have more, not just the City Council and political level, and the Minister drafting up that particular plan and giving their input, maybe it could be another type of forum that could be developed, that was done back when the original planning was done back in 1916. There was an ideal plan that was drafted by a combination of businesspeople, people who had real concerns in the area, who said we are really concerned about the City of Winnipeg, we want to be involved in the process.

Also, to the critic, the Act itself now, under Plan Winnipeg, is probably broader to deal under than the Metropolitan Plan that it replaced.

Mr. Carr: Mr. Chairperson, I requested from the Deputy Minister some time ago a copy of Plan Winnipeg which is used by the Minister's office, and I must tell you that I was appalled by what I saw. A copy of Plan Winnipeg, which is the working document used and consulted by the Minister of Urban Affairs (Mr. Ducharme)—I should have brought it into the Chamber—is full of written scrawl, barely legible. This master plan which governs the rules for the City of Winnipeg is literally illegible. It cannot be read without the help of either a microscope or some translator who understands the language of scrawl. This was really quite astonishing, not only that the administrators at the City of Winnipeg had to work from this document, but the Minister of Urban Affairs himself, who is the final arbiter and is the final court of changes to Plan Winnipeg, is burdened by this cumbersome, illegible document. Can the Minister tell us what the status of that working document is, and is he still having to work from that illegible scrawl?

Mr. Ducharme: To the critic, I am aware of the procedure. I know he did come to, my Deputy Minister, and he was told that is the copy we have. He has to remember that I really, when I do my comparison notes, we do it by file as the changes to the Act come forward and review each file in each particular event that it happens. So we are not working from a scroll, we are working from each additional file, and I hope he appreciates that. We have been told its establishment by law, City of Winnipeg, and we have asked the City of Winnipeg on several occasions to provide us with an update, to assure that under the computer age that they could provide us that type of thing. I am saying to the Member that I appreciate his comments, but I can assure him that I am not working from that scrawl, I am working from files dealing with every time you have a change to The City of Winnipeg Act, we are updating our files and dealing with it file by file by line.

Mr. Carr: If I may suggest, humbly, the Minister may want to ask one his very able support staff to type the scrawl, at least. Symbols are sometimes important, and when I received that copy, what it said to me symbolically is that Plan Winnipeg is in a mess, because the document itself was a mess and was really illegible, but I have made my point, and I am sure the Minister will.

Mr. Ducharme: I think I can answer that.

Mr. Carr: Sure.

* (2040)

Mr. Ducharme: I am assured by the Deputy Minister. He was very concerned about your comments. He tells me that Mr. Tom Yauk, who is the new commissioner over there, has taken it within his powers to draft it up, and apparently he has got one completed and we will receive it very shortly. If Mr. Yauk says so, you know Mr. Yauk from background, we will get that particular plan.

Mr. Carr: I must say, I am heartened by the Minister's response. It never did make it into the public press. I thought that a picture, a snapshot, of one of the pages of that copy of Plan Winnipeg, which is the one that the Minister of Urban Affairs works from, would have been embarrassing and illustrative in many ways.

An administrative question, Mr. Chairperson, on this appropriation, it seems that there are the same number of staff positions in Executive Support, and that is to say, five, but the total salaries have gone down by about \$8,000.00. Has there been some reclassification of those employees, same number of employees but a lower salary total? I wonder what the explanation for that is.

Mr. Ducharme: Could you maybe just explain what line you are dealing with because we are going to be jumping around? You have to remember, last year as you know, there was a previous Deputy Minister who was on staff and when he left there were some payouts. That was not under our administration, but when he did come to the payouts then it became part of our administration. When he left there was a payout for that particular employee. He is now running for City Council out in St. Norbert.

Mr. Carr: I note from the organizational chart of the department that the Director of Policy, Co-ordination Branch is a vacant position. Could the Minister tell us how long that position has been vacant and when he intends to fill it?

Mr. Ducharme: You are going to get good news. We hired the individual this morning, not in that particular position but we are co-ordinating and using some of that position with the employee that we hired this morning. It has been vacant I think from about January on.

Ms. Hemphill: I too am going to concentrate on policy issues. The Minister was kind enough to agree, I think, that I will not necessarily be sticking to a line but since we do not have a tremendous amount of time allocated to this, we thought we could—he would not mind what I covered at any particular point.

I would like to ask the Minister if he is aware of the social planning report and of the statistics and information in the picture that is painted in the fairly recent compilation of information about the inner city and have there been any discussions among his Cabinet

colleagues or in Cabinet as a Government about the declining trends and the seriousness of those declining trends in the inner city?

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

Mr. Ducharme: I am aware of the report. There has been no discussions at Cabinet in regard to that report. We are always dealing with what are concerns in regard to the decline in certain areas over others. I hear from the Housing hat that I wear about the concerns and about the decline and about the rates, I guess the vacancy rates that are occurring in different areas and things like that. Other than that, on my Housing side I have not dealt with that particular thing.

Ms. Hemphill: If the Minister has not yet seen the report, there is a summary that has been written of it that is not one that was available through the social planning council but one that I had done in our caucus. I would be glad to share it with him because it summarizes all of the significant statistics in all of those areas. I think it is important that the Minister and this Government get the picture. I think that it is very important that they not continue to have a sense that there is some particular problem with housing, perhaps the amount of social housing or the decline in the quality of housing or they not have a sense that there is another problem over here but that they really have a picture and a sense that the inner city is once again on the downward slide. The trends are all worsening, and unless that is (1) recognized and understood, and (2) identified as a priority area, then I think we are going to be in very serious trouble in another decade in the inner city.

Could I ask the Minister whether or not the inner city and its conditions is a priority with this Government, and if so, what steps do they have in mind to take to begin to deal with some of these issues?

Mr. Ducharme: First of all, Mr. Acting Chairman, if you are asking whether it is a responsibility or a concern of ours, definitely it is, yes. As you can probably appreciate, there will be—depends on what you are looking at, if you are looking at the core programs that will be coming on stream when they are being discussed about renewal because up until now we have had very little say in where the monies have gone, because when I became Minister most of that particular part of the program was spent already.

If you are wondering about the revitalization, the Weston Project has come on, we have shown our support to the continued support of that program, Spence-Memorial, the same way. We have looked at other areas where coming on stream in the next little while as your '89 phase—first of all your '88 phase was approved by Cabinet with the Winnipeg Community Program in Transcona centre projects, phases one and two. One was approved in '88 and the other approved in '89 so I think that the issue of the areas that are suffering, not only in the core but in the surrounding areas that you related to, unfortunately it is happening all over the city.

If you take a look at some places where you need some revitalization, there is even some in St. Vital where

you look between St. Anne's and St. Mary's. When you look throughout the city we find that there is that process happening with the deterioration of those areas. You are going to end up for sure—and we talked about the social planning council. I know that when we are dealing at UAC, when we get talking with the other Ministers, and when we get to the core again, and when we get to MHRC, I know that report will be discussed. I know probably MHRC has got a copy of the report. I do not know if they have a copy of your draft that you are talking about, but we would be glad to receive that.

As you can probably appreciate, I did support the core area programs when I was on City Council. I continued to support the core too when I was on City Council. I addressed the issue with Jim August and Mr. Diakiw and when we went to a program that was established with about 12 or 14 countries were involved and we discussed those types of programs that were affecting right throughout the world and you discussed other cities that were having problems. We had cities from the States, we have cities from Europe, they were all addressing the same problem.

* (2050)

Myself, personally, as a Minister will do everything I can to work with the two portfolios, Housing and Urban Affairs, to try to generate the housing and the revitalization. You did mention about developments and developments have been mentioned. You cannot really stop work. We are not stopping any of the growth that is within the urban limit line where we feel that in Housing we have been involved in a couple of programs that we hope that those monies generated from the profits of MHRC, lands that should be sold, should go back into the core area, go back into these type of programs that you are talking about.

(Mr. Chairman in the Chair)

It is a situation where one can not work against the other. It has to be a partnership that you are dealing with, the downtown core and you are dealing with suburbia because they do have different problems but they can work together. We are addressing it and I have the advantage of addressing it as Housing Minister and Urban Affairs Minister.

Ms. Hemphill: Mr. Chairman, just to perhaps pin the Minister down since he raised one of the subjects of where they are allowing and in fact even encouraging the development to take place in the suburbs, I think it would be expensive maintaining, revitalizing and renovating the inner city, but where they have done that? They are expecting to make \$8.5 million with the Genstar Development? Is the Minister saying that they are making a commitment? The Government is to put that \$8.5 million that the Government intends to make into the inner city, into improving housing in the inner city?

Mr. Ducharme: First of all, it is not Genstar, it is Ladco in south St. Boniface on that vacant land that has been sitting there all these years costing us \$600,000 a year. We are saying that it is a combination. It is a combination

taking those monies that is hopefully developed out of those particular areas and having a partnership between the city, or between the core and suburbia. It has to work together, you cannot say you take a chunk of money and throw it back here. It is a combination and fortunately the suburbia is growing. So if you are going to need monies, you are going to need it in the areas that do need this help.

What I am saying as Minister is that we are very, very up front, and we have never suggested that these monies stay out in suburbia. We will use these monies for all housing projects. I still believe to this day that it was a good project. It was vacant land sitting there and it was almost infill. If the Member would go out and look around, she will see that you are growing on all three sides of that particular development, except for the south portion that gradually goes to the Perimeter Highway, all other centres were building. It is unfortunate that it was not done five years ago. The money would already be in the Government's hands to do something with what the money that was made. Unfortunately, we have missed the peak period. That is very unfortunate.

Mr. Carr: I asked a question of the Minister in the House just a few days ago about criteria which are used to determine whether or not the province will involve itself in tripartite arrangements with other levels of Government. The Minister's answer at the time was that I should wait for the Estimate process. Well, here we are.

Does the Minister have a list of federal-provincial and city projects that this Government is currently involved with, and can he table it?

Mr. Ducharme: We can give you the basic projects. The ones outlined in the summary gives you the ones that we have done with the core. We can give you the north of Portage project, we can give you the Shoal Lake, I have explained, I think you have seen the Shoal Lake particular project dealing with the Winnipeg water supply. We can give you the tabling of the Riverbank Development that we felt that we are asking all three levels of Government to participate in. We can make available to the Member anything that we have gone on three terms. The other day, I was out to an opening of an underpass that the province, the city, the federal Government, CPR, all were involved in that particular case. I think we are 1.6 million of 11 million in the total project.

I think the objectives are that you sit down with the other levels of Government and say, here is something that we feel should be a program and we want your participation in because you may have been contributing a part of your federal monies by employment in this type of thing, and then we are saying why do you not put those monies in and be better spent and used to come in with the City of Winnipeg and the provincial Government. So I think that it is something that suit consultation process.

I think the Member when he did ask his questions referring to the lab site and why we did not participate in that. We are still under the same assumption that

we were the other day that when the Minister of Health and myself met with the city back last spring, when Mr. Bowman and Dr. Friesen said, here is the location that we say of the four is the best, is No. 1. We met with the mayor in the mayor's office. We endorsed that particular location. There was no question at all that was the location. At that time, the civic leaders said that they would provide that particular land. I mean, after all, the federal Government was putting in a 100 million project in the area, why would they be asked to contribute towards the land in that area when the city said we are going to produce that particular piece of land?

When you take a look at the piece of land that is involved, if you look at the history of the City of Winnipeg and you go back through their budgets, at some time they have discussed and they have even had it in their budget at previous times, to co-ordinate and combine that particular works with another works yard. There was nothing new in the lab site establishing that was the only reason why they were moving the Works Yards. The Works Yards was at times being talked to be amalgamated with other works yards. There was nothing new that the lab created. We are saying that the City of Winnipeg, it is up to them to look at their position and decide that is the site they want to put the lab.

Mr. Carr: The Minister says that the federal Government has contributed, he said 100 million, but I believe it is \$93 million towards the construction of the lab and that the contribution of the City of Winnipeg was going to be land upon which the lab would be built. What the Minister is saying by implication therefore is that the province will contribute zero.

The reason I asked him to table a list of federal-provincial-municipal agreements, and the reason I asked him to give us a sense of the criteria used to establish whether or not provincial funding is warranted would be to try to compare those projects already announced or already implemented with this one being debated here to see if we could not come up with a way in which the province could see itself clear to contribute to the process. The Minister has said the federal Government is putting in \$93 million.

It is going to cost a number of millions of dollars to move the yards and I am trying to establish here why this Government does not believe there is a provincial interest in seeing this lab built downtown. Maybe that is the question. Why will the Minister not commit his Government to a single cent seeing as how the federal Government is putting up \$93 million and the city is considering moving the yards at a cost of, well, we do not know yet, maybe \$5 million, maybe 15 million. Why is the Minister and his Government silent?

Mr. Ducharme: I think the First Minister (Mr. Filmon) was very, very obvious to the Member when he got up. You make the decision for the right decision, not because all of a sudden you bribe someone. I think that was made quite clear to the Member that you can always make a decision if the only thing you are talking about is dollars. The city, at the time when we sat down at the table, before they made their decision, said that they would deliver the land. I am not saying that we

at the provincial level are not concerned that that is the best site. We know it is the best site. We will continue and it has been reconfirmed, we are waiting for the City of Winnipeg Council. We know there will be some new faces, we have never stopped talking to the mayor. They will have to decide amongst themselves that is their best site. The same as they had to decide when they got into other agreements, they had to decide what their priorities were. We decide where ours were and I think that City Council will have to determine whether they can provide that site. I want to make it quite clear for the record. There was talk a long time ago that the Works Yards would be combined with another works yard. Before the lab ever came into this arrangement, there were talks on it. I want to make sure that is on the record.

* (2100)

Mr. Carr: Did the Minister have any conversations with the mayor about the possibility of provincial involvement to finance the movement of the Works Yards?

Mr. Ducharme: We talked with the mayor over the period of time since last spring. We have never said that we would put any money on the site. We did express concerns to him that we felt that was the best site. After all, the federal Government said it was the best site. They were the ones that said through their committee that they addressed with Mr. Bowman and Dr. Friesen and the other individuals who were on it, they said it was the best site. So there was never a concern from this provincial Government that they would be switching the site that was determined by that committee.

I must keep expressing that the City of Winnipeg has to make that decision. What happens, you are hypothetical, if the new council goes back and says no, we are not moving our yards? They have to make that decision first. They have to sit down and make that decision and make that judgment. That is all we are saying, make that decision whether you would have the Works Yard as your site.

Mr. Carr: Did the mayor ever request provincial funding from the Minister or to his knowledge any other Ministers of the Premier (Mr. Filmon)?

Mr. Ducharme: The mayor never requested money for that particular site.

Mr. Carr: I am interested in the relationship that develops between three levels of Government for very large urban renewal projects. We think of the North Portage Development Corporation and the Forks Development and core area initiative as three examples.

One of the concerns that we have is that when you have three levels of Government involved that accountability is diffused. That when you ask Ministers questions they often say, well, that is the responsibility of an arm's length corporation, or why do you not go talk to another level of Government, and particularly I am interested in this context of development agreements, for example the development agreement

that was signed between the North Portage Development Corporation and Cadillac Fairview. You cannot argue that the North Portage Development Corporation, or the Forks Corporation for that matter, is anything less than a fully publicly funded corporation with all of its resources being derived from three levels of Government.

Why is it then that these corporations take on the look of sometimes a private club? They are very reluctant to make public information that many people think ought to be in the public domain. Is the Minister supportive of this secrecy and this shroud of mystery which surrounds the agreements between these corporations and some of their partners?

Mr. Ducharme: I disagree with "shroud of secrecy" simply because I see that information when I am sitting as a shareholder. So I cannot look at it the same light that your looking at it.- (interjection)-

An Honourable Member: That is right, I cannot see it.

Mr. Ducharme: No, I am there when we go to our meetings with the board, but I must assure the Member that I think the bottom line is what your consideration should be that you are not using taxpayers money to keep these operating. You certainly have not done with the North Portage. You know the people that are on there, the chairman of the board, we put people on there that have a responsibility, and you put them on there to carry out that responsibility. It is the bottom line when you get your statement at your meeting and at the end of each year. You go over the statement and find out if they are not operating to that responsibility.

To know every individual lease between people at the Forks or at the North Portage you have to remember that there is a lot of times where, if you take the Cadillac Fairview Agreement, these agreements are between people that they deal with right across Canada. There are reasons why those people want these leases not known. They have business agreements, you have different agreements between tenants, you will have reasons why someone will get different square footage than others. I think that is something that is between the North Portage people and the people that they are dealing with.

I agree the perception is out there but that is a problem that people have to remember that you granted these people responsibilities. You have elected a chairman, you have elected board members from all three Parties, three levels, the Minister sits provincially, the Mayor sits and so does Mr. Epp from the North Portage. So we have to deal with that board and that concept. I do not know how much you want to know is good. Do you want to know every lease? Everything else is quite public between them and I think it is something that you have to have, and you allow them to manage under.

I can assure you any lease agreements that I have seen are no different than any lease agreement throughout the whole industry. They have turned around,

and kept it non-political. They have even hired management people in The Forks to make the arrangements between them and the people that are in The Forks market. I think you have to have that business-type attitude if you are going to run it and make sure that you are not using the taxpayers' money to make it pay.

Mr. Carr: One criticism which is often expressed about the way in which these arm's-length corporations do their business is that they have become over time fiefdoms and that they compete as fiefdoms for scarce public resources. You have The Forks Development Corporation with its own mandate, which is off over here, and you have the North Portage Development Corporation with its mandate, which is over here, with their own separate boards of directors, and you have the Core Area Initiative which is separate again.

There is no co-ordinating mechanism to make sure that there is some sense that the city is going in the same direction, but rather we have very highly paid chief executive officers of these arm's-length corporations whose political accountability, by the Minister's own admission in his last answer, is diffused. It is diffused because it has now become a buffer. The Minister is able to say there is a board that we have appointed, and they have the responsibility of making those decisions, and we do not want to interfere in how they make those decisions. Meanwhile, we have at stake here hundreds of millions of dollars in total I would think of public dollars, and no sense that all three, or maybe there are even more, maybe I am missing some, are not pulling in the same direction.

We proposed some time ago that there ought to be one single downtown corporation, one single downtown redevelopment corporation. I hope the Minister did not decide not to proceed with that idea just because those of us on this side of the House thought it was a good idea and made a public issue of it. I want the Minister to know that if he should ever steal any of our ideas, we will give him all the credit for it. Imitation is the sincerest form of flattery, I think is how the expression goes. We are not interested in scoring cheap political points with some of our good ideas, Mr. Chairperson. We are interested in seeing them implemented.

So I would like to ask the Minister if he has given any thought to one single downtown development corporation in order to co-ordinate his Government's initiative and co-ordination of the initiative of the other two levels of Government at the same time.

Mr. Ducharme: To the critic, I wonder who stole whose thoughts, but that is another question. However - (interjection)- yes, maybe you would listen for a minute. The core area was established to have a program, and to implement programs far different from the North of Portage, which over a period of time will gather assets, and the same is with your Forks area. You have to remember that the difference in the mandates makes that very difficult. You could have a linkage. Remember, the shareholders on all three are from the same three levels of Government. You could share linkage between them, but you have to remember that you have a life span of the core of five years. You do not have any

life spans on the other two, Forks and the North of Portage.

* (2110)

I think that more appropriately, and without letting any cat out of the bag, I have already, back in I believe it was June or July, established that I asked the three levels that maybe we should start having those particular joint meetings among the three levels of Government, and it was not because I was concerned that we are competing against one another.

You take a look at the mandate of North of Portage. It is a lot different from the mandate of the Forks. The Forks is land that was sitting there, thank goodness, from the federal Government that came forward, and this land was received without a lot of expropriation involved. You did not have to pick up those expropriation costs. It will take a little while to develop that. I hope it takes quite a length of time because I think that people themselves will come forward and tell you what they want in the Forks. With the North of Portage, you had to pick up the monies that were expropriation, you had to pick up the infill costs, and many, many more costs. Then you had to fill it in with more buildings and structures to offset that cost factor that when it came on board.

It is not as easy as the Member has suggested to go out and combine them, but I must admit to the Member that I believe the joint meetings—to start it out with and sit down with the shareholders on more joint meetings, to deal with, and I am talking about regular joint meetings, to sit down with them and go through these particular programs that we are involved in.

We always talk about the “big three,” because that is where the majority of the monies have been going. I will compliment the individual for having his press release to say that he would agree with that. I would also have to say to him, did he take my thoughts when he made that press release also?

Mr. Carr: The Minister said we are taking his thoughts, and that is fine. Is the Minister saying, and I hope he is, that he is moving towards the creation of a single downtown redevelopment corporation? Does he think it is a good idea, or does he not?

Mr. Ducharme: I would say on a practicality it is probably a good idea now that you have the North of Portage where it is, you have the Forks where it is, I am not saying the core, because it is a different system altogether. As you can probably appreciate, what I explained has an expiration to it, it had a five-year term to it.

What I am saying is I am one of three partners. I am one of three partners that is sitting on these boards. I have made several suggestions in regard to the Forks and North of Portage, and this is probably on my shopping list.

Mr. Chairman: Item 1.(b)(1)—pass; item 1.(b)(2)—pass; item 1.(c)(1)—pass; item 1.(c)(2)—pass.

Item 2. Financial Assistance to the City of Winnipeg, which provides for the current operating grants to the City of Winnipeg. (a) Current Programs Grant; (b) Transit Operating Grant; (c) General Support Grant; and (d) Special Education Transfer Grant.

Shall item 2.(a) pass—the Honourable Member for Logan.

Ms. Hemphill: Mr. Chairman, as usual, not necessarily on that line but with a line of questioning, can the Minister tell us whether or not his Government has an economic plan for the City of Winnipeg? If they do, what is it, and if they do not, how they intend to deal with such high unemployment rates in neighborhoods that range from 12 percent to 60 percent in a neighborhood, and in target populations, such as Native and single-parent where the unemployment rates will be in the range of 50 percent to 60 percent? Is this identified as a target area for an economic plan since it clearly is one of the most depressed in the province, and if not, why not?

Mr. Ducharme: As you can appreciate, the department if they know, is that the city is conducting an economic plan. Councillor Stefanson is chairing a committee that is going to be bringing forward a plan apparently in the next two or three weeks. I imagine they are going to bring it forward after the election, and when we receive that plan then we will look at it and discuss it with the City of Winnipeg. We do not want to duplicate what they are doing. What we will do is we will consult with them and give our remarks off their particular plan when they bring it forward.

Ms. Hemphill: I appreciate the fact that the Government is prepared to look at the economic plan that comes from the city, but the province itself has a responsibility for economic development, sustainable development and for identifying regional disparity within the province.

I think when you look at that and they have more money actually than the city does to deal with all of those issues, does the province not see some responsibility to take programs that deal with housing, that deal with employment, that deal with the social and economic factors and have their own development plan and not wait for the city to develop one, that they will then either approve or tag along with? What is the province's responsibility?

Mr. Ducharme: I have no problem waiting for the city's comparing the people that will be putting that plan forward, knowing the work that Councillor Stefanson has been involved in. When it comes forward I know that there will be opportunities for us to develop our own to reply to that particular plan.

Ms. Hemphill: Mr. Chairman, could I just go back for a moment to the previous answer that the Minister gave when I asked him if they made money on co-operating or adjoining in the development out in the suburbs? Would they put that money down into the development and renovation in the inner city?

I just want to get a little more definite answer from him, because what I understood him to say is that they

intended to take that money and not spend it necessarily out in the suburban area where the development was. I appreciate that, but I also thought he was saying that they would spend it generally on housing or in development in other areas. I guess what I am looking for is a little clearer commitment that the money will be targeted where the need is the greatest. I do not think there is any question that that is in the inner city.

We know that one of the reasons that the inner city has declined over the years is that the tremendous costs of development in the suburbs and the tremendous cost of infrastructure, which sometimes can cost about \$40,000 a home, is borne by all of the taxpayers in the city, and is particularly borne by inner city residents who then do not have the money available to maintain the infrastructure that is in the inner city.

I am asking, given the information that is showing so clearly the serious deterioration of housing stock in the inner city—we have one of the oldest housing stocks in the country—and the tremendous decline of social housing, will they direct that money into the inner city?

Mr. Ducharme: To the Member, the other critic, when you say you are taking monies and you are putting it back into the system, what do you call the \$44.5 million for neighbourhood and community revitalization that is on the second core agreement? Now that was put back into the system. You have also got a total—this is a second core agreement that has come into place. So I am not saying that everything has been done in the core that you would want to do, but I must say that there is constantly monies that are coming out of the system and going into the core area development. The monies—all I was saying earlier, and I said it when I made my announcement with the development, was that we were criticized in Government for creating \$10 million net profit that would go back into the system.

I feel that it will be up to this Minister to make sure that when my housing projects come forward, and you have the projects for the different areas, and when the core area agreement is signed again and all this, that I remind my colleagues that some of this money has come from the development of Government land. At that time that will be my responsibility as Minister to get that message across. I must point out that I still think that when you can produce that type of monies and get it back into the system, what was wrong with it?

As I must say, the previous Government—and not to be too critical to the previous Government—the land was sitting there costing us \$600,000 a year, and why not get the money back into the system. I think that getting \$10 million back into the system, and when it gets into the system then it is up to me as Housing Minister or whoever the Housing Minister might be, it is up to them to fight at that level, to say, "Listen, the money came out of there. This money should go here, or this money should go there".

The same as Urban Affairs Minister, when you are talking about joint programs with the federal Government and the city Government, you have your priorities, and as Minister you must handle those priorities, and you must do your best as a Minister.

* (2120)

You sat at Cabinet level, and I am sure that you had times when you wanted to get your point across and you did your necessary homework, and it would be up to myself to do that.

Ms. Hemphill: Mr. Chairman, then I appreciate what the Minister is saying. Could the Minister tell us then if the deterioration in inner city housing is a priority for him, and whether he believes when he is looking at housing programs, whether it will be a priority for him to try and get some of that money directed into renovating and improving the housing stock in the inner city?

Mr. Ducharme: No doubt about it. I do not think I ever would have been involved in approving the first core agreement when I was city councillor if I had not believed what you are saying.

Mr. Carr: Mr. Chairman, I am trying to go line by line. We will see how it works. My friend the Honourable Member for Logan (Ms. Hemphill) is not only not going line to line, she is not even in this department.

Ms. Hemphill: I think I am.

Mr. Carr: That is okay. She thinks she is. The financial assistance to the City of Winnipeg—and then when you factor out the \$2,100,000 Special Education Transfer Grant for the last fiscal year, we still only have a very marginal increase in transfers from the province to the city.

I am wondering, Mr. Chairperson, just what effect that this very limited increase, in the transfer to the city, is going to have on Winnipeg property taxes? Has the Minister given any thought to the consequences of this grant on the ratepayers of the City of Winnipeg?

Mr. Ducharme: First of all, as you will probably appreciate when the City of Winnipeg is doing its budget, they wait to see what capital and grants they get from the province. These are the ones they took into consideration when they did their 1989 taxes.

We had to make sure that we filed, with the City of Winnipeg, the grants beforehand and when they are doing their budget, at the end of March, they take into consideration the amount of money they are receiving from the province.

Mr. Carr: What criteria are used by the Government to establish which of the grants to the City of Winnipeg are conditional and which are unconditional?

Mr. Ducharme: I just want to make sure on my list, but the only conditional grant is a transit grant really. The other ones we do not attach any ribbons to say they come forward to us saying, here is what we want in regard to some of their capital projects. Most of the time I am not aware of moving away from those particular requests. The only conditional one is the transit one.

Mr. Carr: What is the status of the southwest transit corridor?

Mr. Ducharme: I guess in about February we asked for a brief. I think it was February. You will have to bear with me, February or March. We had a briefing and the official delegation was there. They gave us some cost estimates in a ballpark figure of what it would cost for that corridor. I think it was in the vicinity of about \$45 million or \$50 million. We asked, but they are now conducting an up-to-date engineering report that we have not received to this date. When we receive that engineering report, then I am sure the city will ask us to sit back at the table with them again, but that was strictly a ballpark figure that their administration had used.

They had gone on more on the principles of why they suggest the corridor. They felt that the rapid transit and underground today is too costly. I think their total budget would be eaten up in interest alone to operate that particular system, so they have suggested that they will come back with the engineer's report and when we receive that I am sure we will be back to the table with them. So that is where it has been at.

Mr. Carr: Mr. Chairperson, are the Minister and his Government in favour of the concept of the southwest transit corridor? Is there a commitment to proceed, or does the Minister have some problems conceptually in accepting the ideas that have been put on the table to date?

Mr. Ducharme: While I was in City Council I did not have any problem with it. If you are talking about our Government, I have not taken that southwest corridor back to Cabinet. Conceptually, personally, I have looked at it. I feel that maybe financial restraints today, to establish such rapid transit and subways, is just so costly. So if we are looking at alternatives and more flexibility with bus routes that can feed in and off the system, basically it is a good idea. I have made no commitment. I want to see what they come up with when they come back to the table with their engineer's report.

Mr. Bob Rose (St. Vital): Mr. Chairman, I have a couple of questions of the Minister. First of all, he has been talking, in a previous answer, about the use of profits from the sale of lands, in this particular case, the ones in southeast Winnipeg. He has talked about \$8.5 million that can be distributed for, and I do not want to put words in his mouth, I think the figure of \$8.5 million was kicked around and I may say that—

An Honourable Member: Not by me, no.

Mr. Rose: —not the Minister who said that figure. Whatever profits we are talking about, the amount is immaterial. I think that any projections, especially in today's markets, have been very optimistically put.

Has the Minister, or the Government, taken into account that they are already talking of distributing profits, that these additional or these expanded facilities are a continuation of the sprawl. This is a continuation of sprawl, even though he describes it as being in the middle of a particular two or three developments. Does he take into account the millions of dollars that are

used on schools and community club expansion, library expansions, expansion of sewage disposal services, et cetera, that are needed on taxes on the inner city and the established suburban areas. Those monies provide those services. Will there be enough money left over to at least pay—never mind distribute excess profits, but will there be enough money to even pay for the services, or additional services, provided for those areas?

Mr. Ducharme: First of all, the basic services I am talking about, the lights and streets and everything else will be paid for by the development.

However, he did mention that we have been optimistic. If he goes back and looks at the record of south St. Boniface and St. Vital, even during the period of 1981-82 when the housing starts were right down to almost nil, there was always a minimum. I think the minimum amount sold in that area was about 125 houses.

When we set our expectations they were not just projected by that particular developer, they were also in projection with the other two parties that had given us a basis of making their projections. I think one was Genstar and there was another group that gave us their projections. We used the minimum, and I think when you can use less than the minimum that had ever been sold in that particular area, only forecasters I mean, you are sitting there and someone has come forward with a project, I still say to this day that to sit there with vacant land at \$600,000 a year carrying costs and to sit there, and it is too bad that the previous Government did not grab that time when the forecast was at its boom because you saw the development that is east of there which just blossomed overnight.

You also have to remember, when you talk about this particular area of the city, this is still the cheapest land in the City of Winnipeg to develop. Those tests showed that. If you look through all the reports of Plan Winnipeg that were given, while Plan Winnipeg and the planners of the City of Winnipeg—they all suggested that it was the cheapest land to develop.

That is why other areas have not been approved. That is why the one in Transcona was not approved. That is why the one in Headingley was not approved. That is why the southwest quadrant of the city—the land drainage problems.

This particular area is one of the cheapest to develop. When you get into police and fire you hope, through a period of time, that the city when they are making their development agreements and when they are doing their—remember we are a partial landowner, we have to go through the development agreement, and we have to go to the City of Winnipeg to get our zoning agreement.

* (2130)

So all of that is still ahead of us, and it will be up to the planners and the City of Winnipeg who will decide whether they want to approve that subdivision or whatever. When we are into an agreement we have to look at MHRC and we look at the land sitting there. Peat Marwick reports dispose of some of your land,

it is costing too much money to carry, and so we felt that, hey, let us get rid of this particular piece and then hope that other pieces will come on stream. We have sold other land in the City of Winnipeg, and we just did not go into a joint venture because this one in particular was profitable for the Government to do so.

Mr. Rose: Mr. Chairman, I realize what costs are put in there by the developer and by the city, but my specific question was when the province projects profit on development. I find it rather unusual that land banks are used to keep real estate profits or real estate values down and have more affordable housing, but that the province indeed picks her time and place to be perhaps just as greedy as private developers. I want to know specifically, Mr. Chairman, have they taken into account, which they do not in the City of Winnipeg take into account like other cities in North America and indeed Canada, the cost of developing and the ensuing burden that comes on the established part of the city to provide schools, community clubs and other services?

Is this taken into account when he is projecting these profits that he indicates can be spread on other projects in the City of Winnipeg, including the inner city who needs great piles of money for housing rehabilitation.

Mr. Ducharme: First of all, if the Member from St. Vital (Mr. Rose) believes that the land banking of this money kept lots down in that particular area, I have to disagree with him. He knows what the cost of lots are in south St. Boniface and south St. Vital.

The cost of development when we are figuring our profits—first of all, you have to remember that is the housing department who is going to a developer. We calculate it in there the same as you would with two developers going forward. We have developed our costs on what we would make over and above our costs that we perceive the City of Winnipeg to be asking us to do on that particular piece of land. That is normal in the procedure of a development. We have taken and considered our profits over and above anything that the city might ask us to contribute in our development agreement, and that is quite normal in a development agreement.

We have gone ahead and we have said the city is probably going to ask us this, they are going to ask us this, they are going to ask us this, based on previous other developers. Are you saying that because we are the MHRC we should be in a different position than another developer that is next door, we should now have to calculate other criteria when we are figuring out whether there is going to be a profit? We have figured in ours what we feel the city is going to ask when the final development agreement is drawn up. Maybe there might be something put in there that we are not even aware of, and if that is the case and if it came down to it that there are some things in there that are so different from other agreements, then we would have to make that decision at that time. Right now we have taken into consideration anything else that has been in previous development agreements asked by other developers in the vicinity of that particular land.

Mr. Rose: We well understand, even though the Minister tries to pretend or indicate that they are the same as

any other developer, that they are indeed different from any other developer. Maybe that is where the Minister should be looking at and seeing what is being done in other parts of this country and in North America, in that his department is different and his Government is different as far as development is concerned, yet it is his Government that pays 100 percent of the school that will have to go in that area. The Minister is indicating that there would be profits to be split on other areas of the city, including inner city housing.

I come to the conclusion, Mr. Chairman, and I do not seem to get the point through to the Minister, that there will not be anywhere near the extent, if any, profits to be distributed to the rest of the City of Winnipeg, because they will be spent right in that particular area on expansion of the facilities that I have mentioned before, including community clubs, schools and what have you, financed in great degree by the provincial government.

Mr. Ducharme: Is the Member for St. Vital (Mr. Rose) suggesting that maybe we would have been better off to go out and give and sell the land to someone for \$3 million instead of making \$10 and then we still have to pay for the schools? I cannot believe that.

Mr. Rose: Mr. Chairman, I am not suggesting any such things and he knows better than that, but I am suggesting that the Minister gets up here to the people of Manitoba and he says there is a profit on a piece of property. Indeed, there is no profit on that property if he has to use whatever surplus to the cost of normal development by putting in schools and other facilities at provincial Government expense.

An Honourable Member: Watch the cholesterol.

Mr. Rose: It does not harm me anymore.

Mr. Carr: Mr. Chairman, just at least for me one other question on this subject. The Minister said that the city still has to approve zoning. What happens to the joint agreement if they do not?

Mr. Ducharme: If they do not approve zoning, then there is no joint agreement.

Mr. Rose: Mr. Chairman, some time ago the Government changed Ministers in regard to responsibility for seniors and previous to that we had debate and discussion about the Seniors Transport in the City of Winnipeg, specifically a pilot project that was in the southwestern part of Winnipeg that was intended to be expanded throughout the whole city and perhaps indeed throughout the entire province from one degree or another. Certainly it would have to be different in rural Manitoba.

This turned out to be a very successful and cost-effective program but the previous Minister of Seniors seen fit to give no support to such a program and indeed funding from the provincial Government lapsed. Being that there is a new Seniors Minister, and I know that Minister is very keen on looking after the needs and the wants of seniors and certainly any word that

we have is that transportation in the City of Winnipeg anyway is a high priority for seniors.

Given the fact that the reliance put on the previous Minister and indeed at that time, the Minister of Urban Affairs, that Handi-Transit in the City of Winnipeg would fill the bill and that indeed that by all accounts, and I think by direct observation by the Minister of Seniors, have there been any discussions between the Minister of Urban Affairs and the Minister of Seniors to revisit that decision not to take part in the expansion of Seniors Transport in any way?

Mr. Ducharme: Yes, I have had conversations with the Minister responsible for Seniors and as a result you will see in this budget procedure that we have increased the Handi-Transit from 100,000 to 185,000 per annum and allowed for a three-year phase in period instead of the original four years. It has been such a successful program that we, through negotiations with the city, have got it on stream even quicker than was previously anticipated.

Mr. Rose: Mr. Chairman, just recently I understand that the Seniors Minister's staff is undertaking somewhat of a review and investigation, or certainly a second look at Seniors Transport in southwest Winnipeg. Although we do not have direct details of what their findings were, we would imagine that one of the things that they would find is that these seniors are not at all disposed to use Handi-Transit and that they find it inconvenient. They cannot stand around in the cold or indeed, even the warm weather for hours, waiting for that sort of transport to come.

Indeed there are still the same numbers who utilized the Seniors Transport before who are still utilizing it even though their costs to do so are much higher than the use of Handi-Transit. It is obvious, Mr. Chairman, to just about everybody but the Government, that Handi-Transit, in spite of the ridership (interjection)-

Hon. Albert Driedger (Minister of Highways and Transportation): I am sorry, I just want to raise an issue here that I had the same problem that the Member for St. Vital had. A few years ago when I was critic in the House where I had to stay in my seat when I thought that as critic I could be allowed to come to the front, and I was not recognized when I changed my seat. I just do not want to set a bad precedent and I apologize, but that is how the rules have always been here, that in the House you have to be in your seat to be recognized. In a committee outside of the House it is a little different. I do not mean to offend by that but I just thought it is important to raise that.

* (2140)

An Honourable Member: Hansard finds it easier, too, if you are in front of your microphone.

Mr. Chairman: I thank the Honourable Minister for that observation.

Mr. Ducharme: Just in answer to that, I guess Hansard really has an easier time picking it up from the mikes of the individual Members.

In answer to the Member for St. Vital, I can appreciate he asked me several questions during my first Session as Minister in regard to the Handi-Transit ridership and the seniors, and we felt, and we went along with what the city had suggested that they felt they wanted to extend the Handi-Transit to people throughout the City of Winnipeg and not to the one particular area.

If he looks at the ridership target, it has increased in 1989 from 1988. First of all I will give you 1987, it was 97,000; in 1988 it was 121,000 and the budget for 1989 is 164,000.

I would just like you to remember that there are some people, that not everybody takes exception to this particular Handi-Transit. There are people who are delighted with the program since we have expanded it. I know that probably there are going to be some in the comparison of probably over 200,000 trips in 1989.

Just to read from a letter I received on April 25, 1989, "Handi-Transit has enabled me to be a viable and contributing member of society once again. I felt it was mandatory for me to express my sincere gratitude for this vital service for the disabled of Winnipeg." I just feel that I know there are always two sides to an issue. However, when that decision was made by the previous administration and then it was carried on by this administration, not only did we agree that that probably was the route to go, at the first opportunity when I got to Estimates this winter, along with consultation with the City of Winnipeg, I said, "Listen, I have been criticized," and I have to appreciate the Member for St. Vital for criticizing me. That is his job as critic, but I want him to know that at my first opportunity I made sure that we phased it from a four-year to a three-year phase so we could pick up a type of ridership that he was concerned about.

I think that through the program we are doing that. Just to add light to it, I know that it might not be completely what he wants but his concern is that we have increased the monies for 1989.

Mr. Rose: Mr. Chairman, I would also like to thank the Honourable Minister of Transportation for putting me in my place. I certainly did not intend to break the rules and we are aware of that.

I would wonder if the Minister could just give me a review of ridership. I applaud the City of Winnipeg and I applaud the province for increased funding for Handi-Transit and the fact that they have provided more transportation for the handicapped people of all ages, in the City of Winnipeg particularly, but the fact of the matter is, as I pointed out earlier, they are not servicing the funds that they have provided.

They have done a good job for the handicapped, we do not take that away from them, but they have not got an appreciable increase in ridership of seniors, of whatever age, over 55 or over 60 or over 65, that indeed do not have handicaps. I am wondering if the Minister, if not at this time, in the very near future, could supply us with specific figures as to the number since the expanded financing, the numbers of increased ridership by seniors over 65 years old in that period of time.

Mr. Ducharme: All I can say to the Member is I do not know where they collect the stats on those who

have requested to get on the program and have not been eligible for the program. As you know, the program is for someone who, whether he is 65, 70 or 25, under this particular program if he qualifies he gets on the Handi-Transit. So it has no age barrier. It is set for people who cannot take the regular bus transportation and so I do not know whether, if there are those stats, I will provide the Member with those stats from the City of Winnipeg, but what he has to remember is that whether you are 19, 20 or 75, if you qualify under this particular program, you get to ride on the Handi-Transit.

Ms. Hemphill: I have a question about urban Native strategy. It was mentioned by the Minister in his opening statements. We have something like 20,000 Native families in the inner city in the City of Winnipeg. More and more are being forced off the reserve by the federal policies. A majority of the single parents in the inner city are Native. A majority of those unemployed are Native, a majority of those living below the poverty line are Native, a majority of those living in substandard housing are Native, and the largest increase in the population in the inner city is increasing in the Native community. What is happening with the urban Native policy that was promised in the throne speech by this Government? What has happened since the conference was held on urban Native policy? What steps have been taken and what stage is the Urban Native Policy Development Plan at?

Mr. Ducharme: I thank the Member for the questions. First of all, the work has been completed on an inventory of relevant provincial programs and in August the consultants presented the report on the community consultations and the conference to the Northern and Native Affairs Minister (Mr. Downey). The Minister has received, has gone through the recommendations, and I know he will be establishing his particular, I guess you would call it councils or so forth, with staff resources. We have not seen what he is going to establish as a result of that particular consultant's report.

We sit as a member on the urban Native strategy. My department sits as a member and we have contributed towards that. I must say that the only thing as a result of it and as a result of ourselves sitting on that particular committee, just recently the core area granted monies for registry to be conducted by, I believe, it is Kinu Housing (phonetic) and one other housing group. I think it was a core area grant in the vicinity of \$50,000 or \$60,000 that they at least start that registry, because there was—as you know the problem with the numbers is bad enough, knowing how many, what the Native population is in Winnipeg. Then the other problem is knowing where they go to provide housing. There was not a registry, so I hope that core Area grant comes up with some type of suitable idea for registration, and that comes from my other hat I wear in the core, is that it funnels through the system. I am sure that when the Minister responsible is ready to table his report and everything, maybe he will do that at Estimates or what have you, you will hear about the strategy that he has developed.

Ms. Hemphill: Mr. Chairman, I am just wondering, first of all I am a little surprised that the major initiative for

urban Native strategy seems to be in the hands of the Minister of Northern Affairs (Mr. Downey). I would have thought that at the very least it would have been not just the Minister of Urban Affairs sitting on a committee or having staff sitting on the committee, that it would have been a duo, a joint responsibility, so he might want to explain that. When does he think that the urban Native strategy will be available for public discussion?

Mr. Ducharme: First of all, she misunderstood. We have been sitting on that committee. My staff sits on it. I have designated one of our employees to sit with us. I cannot tell you when the Minister of Native Affairs (Mr. Downey) will give you that particular strategy. That will be his responsibility to do that. I am sure he will come forward soon with that particular strategy, but I must assure you that we have been sitting on it and it is a good, cohesive to be able to sit on that particular strategy.

Mr. Carr: I would like to get back to the issue of transfer payments from the province to the city. They are creeping up very slowly, and I think below the rate of inflation. What percentage of city expenditures comes from the Province of Manitoba, and how does that compare to other cities of comparable size across the country?

Mr. Ducharme: Roughly 17 percent on current and 11 percent on capital—11 percent of their budget on capital and 17 percent of the budget on current.

Mr. Carr: The second part of my question was how those numbers compare with provincial contributions to other cities of comparable size across the country.

Mr. Ducharme: Now, as you know, Edmonton just did a comparison of their own and they have suggested they are the best and Winnipeg was down below, but we do not know exactly whether they have taken into consideration contributions to core programs, North of Portage programs, whether to take into consideration the recent announcement by the Minister responsible for the libraries, so it is hard to compare. There is no apples-to-apples type. We feel that there has been, I think even some time ago, some criticism in the Cherniack Report, that said the province was not contributing a sufficient amount. Even the city has told us that it is hard for them to compare. They just want to come out and say you are not giving as much as provincial. The Cherniack Report, we did, after they saw that it was hard to compare, they retracted that. There was a letter from the chairman even retracting that. So all I can say, I have asked my staff to try to compare. I have had the press phone and try to compare. I have had the city try to compare and there just is not anybody who is consistent with what province contributes to what programs, and we think that we are doing very well. Edmonton thinks they are doing very well, so that is all I am saying.

Mr. Carr: There is an old expression in international politics, Mr. Chairman, that where you stand on an issue depends upon where you sit. I am almost willing to—well, I was going to use the word "wager," but that

would be inappropriate—that when this Minister was a member of City Council, that he argued that the contributions from the Province of Manitoba were insufficient. He is shaking his head, Mr. Chairman, so he is agreeing with me, that when he was sitting on the other side of the table, he thought that the province was stingy in its grants to the City of Winnipeg and now he is proud of it. So before they were stingy and now they are generous. The only thing that has changed is the side of the table that he sits on, and he knows that I am right.

One thing we know for sure and that is that Winnipeggers pay among the highest property taxes in Canada. So we have two facts which bear one against the other towards a conclusion. One is that Manitoba is not particularly generous in its transfer payments to Winnipeg, and the second is that Winnipeg has among the highest property taxes in the world. Now the Minister is no longer a city councillor, he is a Minister of the provincial Crown. Is he concerned?

Mr. Ducharme: I have a tendency to believe that it probably would have been worse if I was not Minister. Mr. Chairman, the Member should know, he would be surprised if I did not answer that. He answers that whatever table I was at, that is called negotiations. The same as the Leader of the Second Opposition (Mr. Doer), when he was union negotiator for MGEA, he took a stand at that time, he was negotiating for them. My responsibilities have always been to whoever, always try to be as broad as you can be on this particular topic. You do have your responsibilities, you try to look

at it globally, and it seems that the more you go up the ladder the more global you get.

When I was on the school board, I cursed the City of Winnipeg because they did not give us enough for our land or charged us too much for our land. They did not give us enough grants here or they did not give us enough grants there. When I was with the City of Winnipeg, it was the same way. It is part of the process.—(interjection)—No, I do not have any aspirations to run federally, so I will never know what it is like when I get to that level. But I must say that I am not embarrassed as to what we are doing. We are negotiating for the capital side. I would be more concerned about the city when they say that they keep down their level of operation, I think they said 2.8 or something along those lines. I say that ours—you are comparing records that it is below the cost of inflation. There are other factors that have come on stream that suggest otherwise, if you take in the libraries and you take in other grants. I am suggesting that on this side of the table we are being very generous.

Mr. Chairman: The hour being ten o'clock, committee rise.

Call in the Speaker.

IN SESSION

Mr. Deputy Speaker (William Chornopyski): The hour being after 10 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow (Tuesday).