



First Session - Thirty-Sixth Legislature  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**  
**(Hansard)**

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



Vol. XLV No. 44 - 10 a.m., Friday, October 6, 1995

ISSN 0542-5492

**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Sixth Legislature**

**Members, Constituencies and Political Affiliation**

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

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Friday, October 6, 1995**

**The House met at 10 a.m.**

***PRAYERS***

**MATTER OF PRIVILEGE**

**Hospitals Emergency Departments Status**

**Mr. Dave Chomiak (Kildonan):** Madam Speaker, I am rising this morning at the first opportunity I have on a matter of privilege, and this matter will be followed, according to the rules, by a substantive motion which I will introduce at the end of my comments.

Madam Speaker, all of us in this Chamber have been elected to represent the concerns of our constituents and Manitobans. We went through a long election campaign where there were promises made. We are sitting in session now attempting to represent the views and the concerns of our constituents. That is why we are here in this Chamber. One of my responsibilities as a member is to bring matters of importance to the attention of the minister and of the government, matters of great concern, and I feel that my rights as a member of this Legislature have been breached by the actions of the Minister of Health (Mr. McCrae) in this Chamber the last several days and, in particular, yesterday in this Chamber.

Madam Speaker, I was contacted late last week and early this week by individuals, by patients, by nurses and by others who indicated to me that the government was intent on permanently closing the emergency wards of the community hospitals during the nighttime. On Monday in this Chamber, I asked the Minister of Health directly whether this was happening, and the Minister of Health did not reply, did not respond.

On Tuesday, we asked the Minister of Health about the permanent closing of wards in the community hospitals, and the Minister of Health did not respond, Madam Speaker. Yesterday in this Chamber, we asked, by my count, on eight separate occasions, both the Leader of the Opposition (Mr. Doer) and myself, on eight separate occasions, we asked not only the Minister of Health (Mr. McCrae) but the Premier (Mr. Filmon) about the permanent closure of the wards, and the minister and the Premier refused to answer.

Yet, while this was happening, Madam Speaker, the Deputy Minister of Health, clearly under the direction of the Minister of Health, was phoning the community hospitals and advising them that the wards would be closed permanently. More crucial to the violation of my rights as a member of this Legislature, within minutes, in fact within seconds of leaving this Chamber, Madam Speaker, when the minister refused to answer, the minister went into the hallway and stated to the media and to the public, yes, that those wards would be closed permanently.

Madam Speaker, how am I, as a member of this Chamber, duly elected by the citizens of Kildonan, and how can any of us in the opposition benches, duly elected, properly undertake our job when this government contemptuously refuses to answer questions for which they have answers—and they may not answer the questions, and yet they refuse to answer them to the duly elected members of this Chamber and then go out into the hallway within seconds and confirm what we have known to be true?

How can I represent those individuals and those patients who phoned and contacted me as an individual member and asked about this very serious concern? How can I represent those individuals, Madam Speaker, when the government keeps this information to themselves and then has the contempt to march out of this Chamber and publicly state what we have asked on Monday and on Tuesday and on eight separate occasions yesterday?

Madam Speaker, how can we do our jobs in this Chamber? Why are we taking the time and expense to sit here in this Assembly when the government refuses not only to answer but contemptuously then goes in the hallway and provides those answers?

What are we to do, not have Question Period, just to sit back and let the minister say nothing and let the government proceed to close hospital beds, take away people's rights and access to their hospitals with no response from the duly elected members?

\* (1005)

Madam Speaker, both the Premier (Mr. Filmon) and the Minister of Health (Mr. McCrae) ought to be censured by this Chamber for those actions, and I feel as an elected member that my rights as an elected member and those rights deriving to all of us in this system have been seriously harmed by the actions of the Minister of Health and by the actions of the Premier.

Therefore, I move, seconded by the member for Wolseley (Ms. Friesen), that this House do censure the Minister of Health for a breach of the privileges of its members by misleading its members in the matter of information made available to the media and withheld to the members of the Legislative Assembly. Thank you, Madam Speaker.

**Hon. James McCrae (Minister of Health):** Madam Speaker, I appreciate the opportunity to respond to the honourable member and at the end of the discussion I am quite prepared to leave matters in your hands for review or for whatever disposition you feel appropriate.

Madam Speaker, at no point have I ever intended to mislead or leave honourable members with some incorrect impression. I think some of that misleading goes on from time to time in this place, but I would never want to say that anybody would intentionally do that, and it is a very serious matter to be accused of doing something like that. Indeed, I would deny that I had any intention ever to have misled anybody.

Yesterday, the honourable member was asking questions about emergency services, and as he was doing so, discussions have been taking place amongst departmental personnel, hospital personnel, medical personnel and others, with a view to trying to respond appropriately to the recommendation of mediator, Jack Chapman, who recommended just that.

The intention had been, I believe, fairly clear on the part of everyone to address the matter, and it was a good likelihood, Madam Speaker, that certainly during nighttime hours there would be adjustments made in the emergency services capacity in the community hospitals. No one ever suggested a permanent closure of emergency rooms, and that is not what we have been talking about, Madam Speaker. We have been talking

about the nighttime hours, and, indeed, yesterday, my problem with the questions being asked by the honourable members was that the issues related to the time of the closure during the nighttime hours was not resolved.

Indeed, I am able to tell honourable members today that as a result of a consensus reached amongst the facilities and the others involved in the discussions, the time of the closures would be from 10 p.m. until 8 a.m. each morning. I was not able to give that information yesterday, Madam Speaker, and that is the reason that honourable members have concluded that somehow I was holding something back. That decision had not, at that point, been taken.

So, Madam Speaker, I think honourable members, if they review my performance and comportment in this Chamber in my capacity as Minister of Health, I have tried to be very open with honourable members because I strongly believe that, through them, the public of Manitoba, all of us, will be better served if we have quite an open dialogue about the changes that are going to be required in our social service network, which is required because of the changes in the revenues coming to us from Ottawa.

Honourable members are all aware of that, and I think the more we can have the public informed on the issues, the better. If there has been a misunderstanding, I am always willing to try to make up for things like that, Madam Speaker, but I certainly would not like to be accused of deliberately misleading anybody, because I did not do that.

**Mr. Kevin Lamoureux (Inkster):** Madam Speaker, I share much of the frustration that the member for Kildonan (Mr. Chomiak) talks about. This is, in fact, an issue that we raised, in fact, last week when we first heard that there was concern about the emergency services at community hospitals being closed down for a period of time. That is why we sought confirmation from the government in terms of what their actual intentions were.

In terms of this matter being one of privilege, even though I share the frustration of the member for Kildonan because the public does have a right to know

and this government has not been clear, and I would ultimately argue, as the member for Kildonan has, that the government could have been more forthright in telling Manitobans through this Chamber exactly what their intentions, their real intentions, were to do with our community hospitals, the matter of privilege itself deals with the content of answers.

\* (1010)

Unfortunately, this particular Minister of Health (Mr. McCrae) somehow manages to evade answering a question directly, but it is the choice of that particular minister.

They do not have to be straightforward and give us a blunt answer. At times, it is frustrating, and to that end, Madam Speaker, I am not too sure if it was a matter of privilege, but it is a very important point, and that is, as opposition members, we tried, as we in the Liberal Party tried last week, to get confirmation from this government that those health emergency services would be made available.

We felt the frustration when this government was hiding behind whatever it could find in order not to tell Manitobans what, in fact, it was actually doing, and now and only now, we are starting to see what this government's real intentions are.

As for the member for Kildonan (Mr. Chomiak), it does upset us also, but in terms of the matter of privilege, Madam Speaker, unfortunately, the minister can get away from answering a question directly, as he and the Premier (Mr. Filmon) have chosen to do.

**Hon. Jim Ernst (Government House Leader):** Madam Speaker, a question of privilege is a very serious matter and ought to seldom be raised in the House. We have concerns about all members' privileges with respect to their performance in office as an elected member of the Legislature.

The Minister of Health (Mr. McCrae) has offered his explanation, but I refer you now to Beauchesne's 416(1): "A minister may decline to answer a question without stating the reason . . . and insistence on an answer is out of order . . . . A refusal to answer cannot be raised as a question of privilege . . . ."

Madam Speaker, I submit that the question of privilege raised by the member is out of order.

**Mr. Gary Doer (Leader of the Opposition):** Yes, rising on the same point of privilege raised by the member for Kildonan (Mr. Chomiak), Madam Speaker, we asked all week and yesterday very, very specific questions to the Minister of Health (Mr. McCrae).

This was pursuant to his own deputy minister the evening before and the day of the questions informing hospitals in our communities that the hours of emergency services would be reduced.

We did not ask the minister what the specific hours were. We asked the question eight or nine times yesterday whether to confirm or not the government decision that was being communicated to our community facilities as to whether or not the decision had been made or had not been made, Madam Speaker, to reduce the hours of emergency services in the five specific hospitals, a yes or no question.

Madam Speaker, it is the essence of this Question Period that the public is informed about government decisions, that the public is able to determine what is rumour and what is fact, what is actual government decision and what is actual rumour about government decision and what is the impact going to be on the public.

We are the ones, Madam Speaker, who approve funds in this Legislature. We are the ones who approve legislation in this Legislature. We are the ones who have to ask questions on behalf of our constituents in this Legislature, and to have a process where the same questions are being asked to the government that were being communicated by the government's own officials to community hospitals, to have a refusal to answer those questions in this Chamber and then to have simultaneous release of that information in the hallway with the media in scrums comes to the essence of Question Period.

Is parliamentary democracy and accountability of ministers going to take place in this Chamber, or has

parliamentary democracy been replaced by a scrum in the hallway, Madam Speaker?

That is the essence of the point of privilege from the member for Kildonan (Mr. Chomiak). If we cannot ask questions about a decision that is made by the government and communicated the night before in this Chamber, and if this minister feels he is more accountable to a klieg light and a microphone than he is to this Chamber, then we have to evaluate everything we are doing in this Chamber.

\* (1015)

We are the elected representatives. We have a duly elected responsibility. This minister has taken an oath of office. He has taken an oath of office. He has pledged allegiance. This Premier has taken an oath of office, and surely they could have the parliamentary respect to answer his questions with candor in this Chamber, especially when the decisions have already been made, have already been communicated.

Surely this Chamber is entitled to the same information that the media is entitled to in the scrum after Question Period. That is the essence of the point of privilege from the member for Kildonan (Mr. Chomiak).

**Madam Speaker:** I thank all honourable members for their advice. I will review the information that has been forthcoming, and I will take this matter under advisement and bring back a ruling at a later date.

## ROUTINE PROCEEDINGS

### PRESENTING PETITIONS

#### Emergency Health Care Services— Community Hospitals

**Mr. Kevin Lamoureux (Inkster):** Madam Speaker, I beg to present the petition of Bret Dobbin, Kara Wood, Karen Dobbin and others requesting the Legislative Assembly to urge the Minister responsible for Health (Mr. McCrae) consider making a commitment to the people of Manitoba that emergency health care services in Winnipeg's five community

hospitals will remain open seven days a week, 24 hours a day.

#### Federal Immigration Policies

**Ms. Diane McGifford (Osborne):** Madam Speaker, I beg to present the petitions of Tran Ba The, Tran Thi Kiem, Tran Thi Ngog Suong and others requesting the Legislative Assembly to request the Government of Canada to cancel fee increases and instead institute policies that will encourage immigration to Manitoba.

## READING AND RECEIVING PETITIONS

#### Emergency Health Care Services— Community Hospitals

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

**Some Honourable Members:** Yes.

**Madam Speaker:** Yes. The Clerk will read.

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

THAT emergency health care services are the core of Manitoba's health care system.

THAT Manitobans deserve the greatest possible access to this care.

THAT the government is considering reducing access to emergency services.

WHEREFORE your petitioners humbly pray that the Legislative Assembly urge the Minister responsible for Health (Mr. McCrae) consider making a commitment to the people of Manitoba that emergency health care services in Winnipeg's five community hospitals will remain open seven days a week, 24 hours a day.

\* (1020)

**PRESENTING REPORTS BY  
STANDING AND SPECIAL COMMITTEES**

**Standing Committee on Economic Development  
Second Report**

**Mr. Mike Radcliffe (Chairperson of the Standing Committee on Economic Development):** Madam Speaker, I beg to present the Second Report of the Standing Committee on Economic Development.

**Some Honourable Members:** Dispense.

**Madam Speaker:** Dispense.

*Your Standing Committee on Economic Development presents the following as its Second Report.*

*Your committee met on Thursday, October 5, 1995, at 10 a.m. in Room 255 of the Legislative Building to consider the Annual Report of the Manitoba Development Corporation for the year ending March 31, 1993, and the financial statements of the Manitoba Development Corporation for the year ending March 31, 1994.*

*Your committee has considered the Annual Report of the Manitoba Development Corporation for the year ending March 31, 1993, and the financial statements of the Manitoba Development Corporation for the year ending March 31, 1994, and has adopted the same as presented.*

**Mr. Radcliffe:** Madam Speaker, I move, seconded by the honourable member for Morris (Mr. Pitura), that the report of the committee be received.

**Motion agreed to.**

**TABLING OF REPORTS**

**Hon. Eric Stefanson (Minister of Finance):** Madam Speaker, I am pleased to table the 1994-95 Annual Report of the Special Operating Agencies Financing Authority.

**Introduction of Guests**

**Madam Speaker:** Prior to Oral Questions, I would like to draw all honourable members' attention to the

public gallery, where we have with us this morning fifty Grade 5 students from Linden Christian School under the direction of Mrs. Grove and Mrs. Bartel. This school is located in the constituency of the honourable First Minister of Manitoba (Mr. Filmon).

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

**ORAL QUESTION PERIOD**

**Health Care System  
Emergency Services**

**Mr. Gary Doer (Leader of the Opposition):** Madam Speaker, my question is to the First Minister (Mr. Filmon).

The government has now confirmed that the emergency wards at community hospitals are going to be closed from 10 p.m. to 8 a.m. This, of course, was a matter of some concern prior to the election campaign, and the Minister of Health rejected the proposal to close those hospitals before the election campaign.

Madam Speaker, during the election campaign, the Premier stated in his TV commercials that our health care system is, quote, strong, and you can mark my words, I will not let anyone take these health care services away from us.

Madam Speaker, many people feel that this is a breach of the Premier's own election promise. This is taking away a service that was provided before the election to members of our community, and I would like to ask the Premier to advise this House as to whether he will overrule his Health minister and provide those community services consistent with his own election promise.

**Hon. James McCrae (Minister of Health):** Madam Speaker, I am pleased also to tell honourable members that emergency room doctors will return to work today. I am very happy to be able to say that. Emergency rooms at Concordia Hospital, Grace, Misericordia, Seven Oaks and Victoria will remain closed from 10 p.m. until 8 a.m. Community hospitals have reached a decision on this interim measure, and we are working

with Manitoba Health staff today to develop protocols to make all that work.

Health Sciences Centre and St. Boniface Hospital will remain open 24 hours a day, seven days a week. All major trauma cases will continue to go directly to one of the two major hospitals.

For people requiring services and people needing information, the Health Links line at 944-3467 remains available to help people determine an appropriate course of action to take.

\* (1025)

**Mr. Doer:** Madam Speaker, if the minister wanted to make a ministerial statement, we would have been glad to have that.

I asked the Premier (Mr. Filmon) a specific question about his word during the election campaign, his commercial, his promise, his commitment, his face, his voice, his figure on the commercial, and I was disappointed the Premier could not tell us whether he felt that he was breaking his own election promise or not or whether he would overrule his Minister of Health.

Yesterday, I tabled minutes from the emergency department review working committee that indicated that if a decision is made because of dollars, the group should indicate at the same time that it is not a medically sound decision. By-passing an emergency department at a hospital and adding five extra minutes to a call could affect the quality of care that a patient receives.

Madam Speaker, I would like to ask the Premier (Mr. Filmon), can the Premier guarantee that his decision will not result in the loss of life for any Manitoba citizen because of the closing of community hospital emergency wards from 10 p.m. to 8 a.m.?

**Mr. McCrae:** Madam Speaker, the honourable Leader of the Opposition seems, by his questioning, to think that he still lives and governs in the '70s, when revenues for governments were increasing at double-digit levels, and governments were still borrowing money.

I would love it if we had the same \$600 million that we have to spend this year on interest for the debt, the debt that we have in this province because of the actions of the honourable member and his colleagues.

Madam Speaker, we are very committed to a quality health care system for generations to come. The thing is, if we did what the honourable member said, we would not have a health system even today to continue to develop and work in consultation with providers and consumers to build the best system that we can have within the ability of our economic system to provide.

The honourable member also wears blinkers. He does not look beyond what is going on in the province of Manitoba to what was Bob Rae's Ontario, where 10,000 hospital beds were closed by that government under the leadership of Michael Decter. He knows who Michael Decter is, too. He forgets things.

**Mr. Doer:** Madam Speaker, all we are asking the government to do is not go back to the '70s or the '30s or the '20s. We are just asking them to go back to their own word during the election campaign. That is all we are asking, the Premier's own word.

Madam Speaker, the government has other alternatives. The savings that they will allegedly get at the risk of gambling with potentially people's lives is \$1.6 million.

There are other options the government can look at. Instead of gambling with people's lives, why does the government not look at other alternatives? The VLT proprietor percentage is about 20 percent right now with the government. If you were to reduce that to 15 percent, you could redirect \$8 million back into health care. You could put more money back into health care.

Would the Premier look at another alternative in taking these massive millions of dollars that are being provided with the massive expansion of gambling and taking some of that money that is available and redirecting it from private owners of hotels to the public emergency wards in our communities, a sound alternative, a sound idea, so instead of gambling with people's lives, we can use some of that revenue to provide decent health care services, Madam Speaker?



**Hon. Gary Filmon (Premier):** Madam Speaker, we on this side take all of our decisions very seriously, and I reject categorically the suggestion of gambling with people's lives.

\* (1030)

We operate on the basis of advice given to us by the best of professionals, by many people who have reviewed this, including medical professionals, including the people who have signed that very document that the member refers to, are involved in the decisions that are being taken, Madam Speaker.

It is only the members opposite who operate for cheap political purposes, not this government.

#### Point of Order

**Mr. Doer:** Madam Speaker, on a point of order, it is against our rules to impugn motives. The Premier can answer the question. It is a very factual question. I did not impugn the motives of the Premier. I made a statement about what his promise was and what the reality was, and I would ask the Premier to start being dignified and be Premier-like instead of going down to the gutter in terms of impugning motives.

**Madam Speaker:** On the honourable Leader of the official opposition's point of order, I have been duly informed that the term "cheap political shots" and comparable wording has indeed been ruled unparliamentary and on other occasions has been ruled parliamentary, so I am in a bit of a dilemma, but I will caution the honourable First Minister to please pick and choose his words carefully.

\* \* \*

**Madam Speaker:** The honourable First Minister, to quickly complete his response.

**Mr. Filmon:** Madam Speaker, it is indeed difficult to remain dignified in response to the tactics of the opposition, but I thank the Leader of the Opposition for his advice and we will ask for his continued advice as to all the areas in which we may reduce our spending, because we face \$220 million of annual reductions in

transfers from Ottawa and we will need to have all the ideas that he can share with us.

#### Access Program Queen's Bench Ruling

**Ms. Jean Friesen (Wolseley):** Madam Speaker, Judge Perry Schulman of the Court of Queen's Bench yesterday rendered his judgment on a case brought to him by Access students, and I want to quote from that judgment.

Judge Schulman said: I find that the government entered into a legally binding agreement with each of the students under which it committed itself to provide them with the same level and character of funding during the second, third and fourth years of the program as it had committed to them in the first year. The government breached the agreement when it changed the level and character of funding in 1994. I can table that judgment, Madam Speaker.

I want to ask the Premier of this province whether he intends to live up to this contractual obligation, or is his government going to fight the students? Is it going to appeal this, and are we going to see young, disadvantaged Manitobans have the door closed in their faces again?

**Hon. Gary Filmon (Premier):** Madam Speaker, in response to reductions from Ottawa on the Access program, a program which I believe is not only beneficial but has obviously assisted many of our aboriginal people in this province in gaining the post-secondary education that they seek, this government chose to find a way in which the support for those aboriginal students would continue to be up to the levels that were expected, but some of the money would come from repayable loans as are granted to other students, all students in Manitoba, as opposed to having it all in the way of nonrepayable bursaries and other supports.

We felt that was a reasonable compromise. Clearly, the judgment that has been rendered by Mr. Justice Schulman is one that we will have to examine and look at to ensure that we continue to operate in a way that is not only fair and reasonable but in a way that is acceptable in a legal sense, and we will want to take the time to review that judgment.

**Ms. Friesen:** I want to ask the Minister of Justice whether she will confirm that her department will in fact be billing the Department of Education for over \$100,000 for fighting the students on this issue, and will she tell us what she estimates the cost of an appeal will be?

**Hon. Rosemary Vodrey (Minister of Justice and Attorney General):** No, I cannot give the member any information on the cost of an appeal at the moment because I do not believe any decision has been made in that way.

At the moment, we will be doing exactly as our Premier (Mr. Filmon) has said, and that is that we will be examining the judgment which has come down, as we do all judgments, Madam Speaker.

**Ms. Friesen:** I want to ask the Premier to use this as an opportunity, to take this judgment very seriously and to use it as an opportunity to reverse the mean-spirited direction of this government.

This was a program that had international renown, which got people working, and had made good economic sense for all Manitobans.

Will he use this as an opportunity?

**Mr. Filmon:** I note the member utilizes precisely the same kind of tactics that her Leader accuses me of when she talks about mean-spirited motivation behind these decisions. I will ignore that, Madam Speaker, because I know where it comes from.

I reject categorically the characterization. As I said, this government, in recognition and support of the Access program and all of the objectives and indeed the real achievements that it has demonstrated, in response to major reductions in funding from Ottawa for that particular program, tried to find a compromise way in which we could offer the same levels of funding to those students who would take the program.

The compromise was that they, as all other students who take out student aid, would get a portion of that aid in the way of repayable loans. That was our motivation to assist and to continue to offer the same

levels of available assistance to those students. That is why we took the decision. That is our motivation to continue to support the program despite cutbacks from Ottawa.

We will continue to work within our government to find ways in which we can continue to support the program for the needs of those students who would take that program.

### Health Care System Emergency Services

**Mr. Dave Chomiak (Kildonan):** My question is for the Minister of Health.

How can this Minister of Health, within a day of the settlement of the doctor's strike and in light of what the Leader of the Opposition (Mr. Doer) has said about his previous studies concerning the closure of emergency wards, and in light of the experience during the strike, make a decision like that, suddenly, to close the emergency wards at night, of the community hospitals without examining the situation, without study, without reflecting on it, unless the plan from the very start was to close those emergency wards all along?

\* (1040)

**Hon. James McCrae (Minister of Health):** I am sure nothing I can or could say will ever move the honourable member off his assertion that this has been the plan all along. That being said, the Leader of the Opposition (Mr. Doer) refers to an opinion. I have a number of other opinions. They have been made available back since 1990, I am advised, advising that adjustments in the emergency services area in hospitals in Winnipeg be undertaken.

However, I have never been comfortable that that could be done with the level of safety that we insist upon here on this side of the House until indeed the physicians and pathologists walked off the job a month ago. During that period of time, I told the honourable member a number of times that we were monitoring very, very carefully the performance of the contingency plan that had been put into effect.

The honourable member builds his case in the way he wants to build his case. We already know that the facts are not going to move him off his opinion. No one ought to be misled into thinking that the facts are going to make any difference for the honourable member for Kildonan.

The fact is that 4 percent of all visits to emergency hospitals are indeed emergencies. The fact is that 43 percent of all visits to emergency rooms are urgent. Urgent is defined as needing attention within six hours. The remainder are all nonurgent or scheduled types of visits. That is an issue that needs to be addressed.

Over my two years in this job, hundreds of people have said to me, what are you going to do about people who inappropriately use the emergency room? We have talked about options that are available to members of the public.

**Mr. Chomiak:** Madam Speaker, does this minister seriously believe that the public of Manitoba are going to believe that closing emergency wards at community hospitals from 10 to 8 a.m. somehow is going to stop people from making inappropriate visits to emergency wards?

Is the minister suggesting that at 3 a.m. or 4 a.m. a person inappropriately goes into emergency wards when no other service is available? Is that what the minister is suggesting?—because that is what his answer is.

**Mr. McCrae:** The honourable member will continue to take from the answers what he wants to take because it does not matter what was intended in the answer, the honourable member will take what he wants.

Of course I am not saying that people who attend emergency rooms in the middle of the night do not need to be there. I am not saying that. You have to look at the whole emergency services situation. That is being done. It is being done in concert with the participants, and decisions are being made so that we can properly use the capabilities, the resources that we have.

With the return of the doctors to the workplace, we will be able to provide better levels of emergency

services, less stress on the staff—thanks again to those who did cover while the doctors were off—but I think a better organized, better integrated and rationalized system.

Pretty nice, Madam Speaker, when you can get seven hospitals to work together as one emergency services unit, as opposed to seven islands of activity.

**Mr. Chomiak:** Madam Speaker, the member for Emerson (Mr. Penner) is continually calling from his seat. Perhaps he will not listen to your rulings; perhaps he will listen to me and perhaps—

**Madam Speaker:** Order, please. The honourable member for Kildonan has been recognized to pose a final supplementary question.

**Mr. Chomiak:** Madam Speaker, can the Minister of Health explain how he is going to deal with the fact that at Concordia Hospital only four of eight emergency positions are filled and a doctor has resigned, why at Misericordia they are already short two of eight positions, why at Victoria one has resigned and possibly three more on the way, and at Grace there has been another resignation, and at the Health Sciences Centre in a letter dated June 20 we indicated they were already into crisis—how the Minister of Health, who has botched this entire strike and this entire emergency services, is going to deal with the loss of emergency doctors?

**Mr. McCrae:** Well, if we wanted to botch things, Madam Speaker, all we had to do was listen to what the honourable member told us to do and go ahead and do it. He wanted to impose on unwilling parties a binding arbitration system that the parties did not want. The honourable member for Inkster (Mr. Lamoureux) wanted to impose a legislated settlement.

Madam Speaker, through the arrangements we have arrived at, through the good help of mediator Jack Chapman, we have a blueprint that we can work from, that we can work together on and build a quality emergency services system for the city of Winnipeg. We did not have that before, and we have that now. I am glad we have that now, because we can do a better job in emergency services than we did before, and the

dollars that were not being used appropriately can now be used appropriately to bring about the best health care outcomes that are possible.

### **Health Care System Emergency Services**

**Mr. Tim Sale (Crescentwood):** Madam Speaker, on two occasions in August of this year, my family needed to use Victoria Hospital emergency. In August, my partner broke her arm in a fall early in the morning. It was X-rayed and cast and set at Victoria Hospital Emergency Department. My son, the next week, who is in his twenties, suffered acute pain from midnight until 3 a.m., when he was admitted to Victoria Hospital Emergency Department, suffering from what turned out to be a kidney stone. I am sure I do not have to tell some members opposite what kidney stones are like.

Madam Speaker, how in the world can this Minister of Health tell the residents of my community of Fort Garry, the residents of River Heights or the residents of Wolseley that closing Victoria and closing Misericordia Emergency Departments for eight hours, two of which are at the busiest times for emergencies from ten o'clock in the evening till midnight, particularly on the weekend, how will that protect their health care and give them high quality health care?

**Hon. James McCrae (Minister of Health):** Madam Speaker, I hear what the honourable member is saying, and I, of course, empathize with him in his family's circumstances when emergencies arise and difficulties arise. I am sympathetic to any family that would have these circumstances.

The thing that I would like the honourable member to remember is that, as I have said earlier, 4 percent of the traffic in our emergency rooms is emergency by definition; 43 percent are, by definition, urgent, requiring treatment within six hours; and all the rest come under less urgent categories.

The one way the honourable member can help me and help all of us, Madam Speaker, is to engage in the process of public discussion, which he is doing on a daily basis, and I appreciate that, but to engage the public in the discussion as well as to how are we going

to secure a quality health care system, not just for the past generation, not just for the present one, but for future generations in the light of the reductions from Ottawa which are going to be \$220 million just here in Manitoba. That is a very, very significant number. Honourable members ask their questions quite oblivious to the fact that this is going on, Madam Speaker.

### **Victoria General Hospital Emergency Services**

**Mr. Tim Sale (Crescentwood):** Madam Speaker, can the minister explain why he is closing the Victoria Emergency Department in the light of his own report which says that Victoria is one of the busiest community ERs with an average of 16 patients at night—and I am quoting—450 a month, the largest pediatric patient volume of community facilities, 20 percent of its clientele? His task force led to believe that there is still a problem of admitted patients backed up in the ER at Victoria. What are they going to do with those patients when it is closed?

\* (1050)

**Hon. James McCrae (Minister of Health):** I have had occasion to visit Victoria Hospital on a number of occasions, Madam Speaker, and I certainly am impressed with the way the management and staff of that facility go about their work. I am impressed with the way they interface with the community and with the quality of the services they deliver.

But you know, Madam Speaker, the honourable member will ask about Victoria Hospital. The honourable member for Kildonan (Mr. Chomiak) will ask about Seven Oaks Hospital. Some other member will ask about Grace Hospital or Concordia Hospital. When is somebody going to start asking questions about an emergency services system for the city of Winnipeg that serves the whole population in an integrated way? That is what we are trying to achieve and that is what we are achieving with the good co-operation and consultation with the players in emergency services. That is the way we are going to continue to build quality health care systems in the future.

### Health Care System Primary Care Services

**Mr. Tim Sale (Crescentwood):** Madam Speaker, can the minister explain to the House why, after eight years in government, there is still no provision for primary health care 24 hours a day through community clinics, thereby forcing Manitobans who are not experts, who do not know for sure whether that acute pain my son had was a heart attack, an appendix or a kidney stone or a gall bladder? He did not know. He is not in a position to know. He is forced to go to an emergency department to find out because there is no primary health care available in this city 24 hours a day. What are you asking people to do, Mr. Minister?

**Hon. James McCrae (Minister of Health):** Well, the honourable member assumes that there are no emergency services. I mean, in an emergency, which is 4 percent of all of the visits to our emergency rooms, the appropriate place for someone to be in an emergency is at our trauma centres at the Health Sciences Centre or at St. Boniface General Hospital. There we have specialists in emergency medicine, Madam Speaker, which is the appropriate place for someone to be in an emergency in any event.

Madam Speaker, we do encourage people to use the appropriate level of primary care services. It was interesting during the work disruption how traffic at the community health centres and at the walk-in clinics increased. That was exactly what we were watching to see if it would happen and it did happen and it was appropriate that it did.

### Health Care System Emergency Services

**Mr. Kevin Lamoureux (Inkster):** Madam Speaker, I would like to point out what I believe is a fundamental flaw of this whole process. The Minister of Health has come up now with a plan of reducing emergency services from ten o'clock to eight o'clock while at the same time is putting a lot in this emergency review that is taking place and is going to be reporting back sometime in the month of January of '96. One would have anticipated you would complete the review

before you would make a decision that was going to affect so many Manitobans.

My question to the Minister of Health is, is he prepared to agree today to allow for the emergency services to continue in our community hospitals until this extensive review that he has committed to the public of Manitoba has been completed?

**Hon. James McCrae (Minister of Health):** We have been asked by Mr. Chapman to conduct that review referred to by the honourable member. That will happen. We also have the benefit of numerous reports on emergency services. We also have the benefit of a month of carrying on with emergency services without the services of 42 emergency physicians that normally are at work and on the job.

We have all of those as a backdrop to the question the honourable member asks. Another important part of that backdrop the honourable member should bear in mind when he is asking us to maintain or increase services is that he, as I said the other day, ought to send a letter with a carbon copy to some federal ministers.

Better yet, let the honourable member do what he has suggested others do. Pick up the phone. If he is really concerned about these matters, why does he not take these matters up with his federal colleagues who are the ones behind a number of the measures that are going to have to be taken in the provinces right across this country?

### Emergency Services—Resources

**Mr. Kevin Lamoureux (Inkster):** Can the Minister of Health give any indication of what sort of additional resources are going to be given to the St. Boniface Hospital emergency services and including the Health Sciences Centre, given what the member for Kildonan (Mr. Chomiak) has pointed out in terms of backlogs, if you like, at the community-based hospitals where there are lineups to get into emergency services?

There is obviously going to be an additional cost. Is the Minister of Health going to be putting in these costs?

**Hon. James McCrae (Minister of Health):** Madam Speaker, that question certainly makes more sense than the last one because the last one simply ignored altogether the fact that he and his colleagues in Ottawa are responsible for the problems that we face. But I can tell the honourable member that the emergency services facilities in Winnipeg will be resourced appropriate to the needs that present at the emergency rooms.

**Mr. Lamoureux:** There has been a considerable amount of speculation regarding the number of emergency room doctors that are looking at leaving.

My question to the Minister of Health: Does he have any information at all that he would be able to share with us regarding the actual number of emergency room doctors that would be leaving?

**Mr. McCrae:** Madam Speaker, at this point I do not have detailed information about how all of the emergency physicians are going to respond to the agreement that has been arrived at. I know that there have been some reports of some resignations, but I am not able to confirm how many at this point.

#### **Grace General Hospital Emergency Services**

**Ms. MaryAnn Mihychuk (St. James):** My questions are to the Minister of Health.

Given that renovations were just completed over two years ago to the Grace Hospital, resulting in the Grace having one of the newest facilities in Winnipeg, not only that, but the best-equipped emergency room in Winnipeg, and given that the Grace Hospital serves not only St. James but also the communities of Headingly and west, and since the new bridge is opening and will be providing services to Charleswood, and additionally, given that the Lerner report has suggested that the Grace warrants special consideration because of its distance to a tertiary care centre, will the minister inform the House and the people of Manitoba the impact of closing these services at the Grace Hospital emergency room since it is the lead facility for a system-wide service for the Winnipeg International Airport in case of an airport disaster? The Grace is the No. 1 lead facility.

**Madam Speaker:** Order, please. The question has been put.

**Hon. James McCrae (Minister of Health):** Madam Speaker, I have also visited the Grace Hospital on several occasions and have had many discussions and meetings with personnel from that facility. Of course, everyone can be proud of that facility. The honourable member's question, however, is very much like the question put by the honourable member for Crescentwood (Mr. Sale).

I wish honourable members would begin to ask questions in the context of a Winnipeg emergency services plan, because that is where everybody else is when it comes to looking at the emergency service needs, is looking at an integrated approach.

\* (1100)

Grace Hospital personnel are part of the consultations, and hopefully, will always be part of the consensus as well. Madam Speaker, we will continue to work with Grace as we will with all the hospitals, but we ask them to work in a co-operative way in the sense of delivering quality emergency services to all the people of Winnipeg.

**Ms. Mihychuk:** My first question was really a system-wide question.

My second question to the Minister of Health: Has the minister reviewed all of the information available, including the reports on the Grace emergency services which indicates that keeping these services open actually saves Manitobans money?

**Mr. McCrae:** Madam Speaker, I do not think it saves money when you have emergency rooms which are the highest level and most expensive level of care available serving only 47 percent of cases being urgent or emergent and all the rest being cases that should be handled in some other way. I do not think that really is a way to save money.

There is a distribution of emergency room visits across all of the hospitals, and we have statistics to deal with that. Obviously, a lot of people know that the

Health Sciences Centre is the place where the highest level of emergency care is available, because 33 percent of emergency traffic goes to the Health Sciences Centre, as opposed to 9 percent for Grace Hospital.

Now that does not mean that there is not a need for quality emergency services, and I think the honourable member's question tends to lead one to forget that emergency services will be available at Grace General Hospital from 8 a.m. until 10 p.m. every day.

### **Seven Oaks General Hospital Emergency Services**

**Mr. Gord Mackintosh (St. Johns):** Madam Speaker, my question is to the Minister of Health.

Late yesterday afternoon, I received a very disturbing call from a resident of northwest Winnipeg who lives within minutes of Seven Oaks Hospital. He expressed how fearful he was that he was losing emergency services at his community hospital.

Now, as someone who has relied 10 times on the emergency ward due to a serious heart condition and was revived on one of those occasions, he asked me how long he would be good for travelling down the routes of Jefferson and McPhillips and William to the Health Sciences Centre, a place where there is no record of him.

My question to the minister is, how can the minister assure this gentleman that he will be good for this travel and, indeed, assure the 3,700 north Winnipeggers who rely on the emergency ward at Health Sciences Centre at night?

**Hon. James McCrae (Minister of Health):** Madam Speaker, that is certainly an understandable concern and question to be raised, and heart issues are indeed important and the reason for all the questions that I have been asking along the way to this process.

The best advice that I have, on asking the question myself, is that the best place to be with a serious heart matter is at a trauma centre like Health Sciences Centre where the best-trained emergency people are at work.

The other important part of this continuum is the prehospital services that are available. We are fortunate in the city of Winnipeg that we have highly trained paramedics involved with our ambulance service, and that—

**An Honourable Member:** They are not a hospital. Ambulances are not a hospital.

**Mr. McCrae:** The honourable member for Kildonan (Mr. Chomiak) says, ambulances are not hospitals. Well, is that not pretty obvious, Madam Speaker?

The fact is when there is a problem with a heart, early resuscitation in the case of a heart attack is very important, and the best friend you can have at a time like that is a well-trained paramedic and a well-equipped ambulance service, which we are fortunate to have here in the city of Winnipeg to take people to places like Health Sciences Centre, which is the best place for them to be under all those circumstances.

**Mr. Mackintosh:** Would the minister explain to north Winnipeggers, who worked very, very hard to establish Seven Oaks Hospital and who are and have been very proud of this facility, why we have to suffer at this government's hands the layoffs of all the LPNs, while, while we are speaking, RNs are being laid off, and now we have to suffer losing emergency services in the ER, as if it was a gas station?

Why are we being left not with a full-service hospital but with a shell?

**Mr. McCrae:** Well, Madam Speaker, if we are suffering, which I suggest by virtue of the answers I have given earlier we are not, I ask at whose hands are we suffering, when there is some \$600 million that we could be using to spend on the health system, but we are not? We are spending it on interest on debt because of the honourable members on that side of the House.

### **Infrastructure Works Agreement Employment Opportunities**

**Mr. Leonard Evans (Brandon East):** Madam Speaker, I have a question for the Minister responsible for the infrastructure program.

Twenty-two million dollars of government funding has been provided under the infrastructure program for Centra Gas to expand natural gas pipelines in 23 Manitoba communities. Surely a major objective of this program was to provide jobs for Manitobans, and yet we find that the construction company working for Centra Gas laying gas lines south of Brandon at the present time has 85 percent of its workforce from the province of Alberta.

I would like to ask the minister, why has this government not assured that the majority, if not all of the infrastructure jobs in Manitoba, are for Manitobans?

**Hon. Eric Stefanson (Minister of Finance):** In terms of that particular project the member refers to, the gasification project in southwestern Manitoba, I believe as of today on an overall basis approximately 60 percent of the people working on the construction are in fact Manitobans.

Madam Speaker, there is a clause in the agreement in terms of a best effort for hiring Manitobans. We have had discussions with the company in terms of maximizing the opportunities to do just that, and we continue to work with them to be sure that Manitobans do get as many opportunities to work on the project as possible.

Having said that, there is an internal trade agreement that does exist within Canada that allows for the free movement of goods, services, labour and so on, and creates opportunities for Manitobans to bid on work in other parts of Canada and obviously creates opportunities for other provinces, other Canadians, to bid on work here in Manitoba. That is part of the process.

But we do continue, under our best efforts, to ensure that as many Manitobans as possible access employment opportunities through all of the projects.

**Mr. Leonard Evans:** I wonder if the Minister of Finance would do some further research and confirm that what he has said is truly the situation because we have been advised that only eight or nine out of over 50, perhaps between 50 and 60 workers, on this

particular project are from Manitoba. Only eight or nine out of 50 to 60 are from Manitoba.

**Mr. Stefanson:** Madam Speaker, the statistics I gave the member for Brandon East are accurate. They are on an overall basis, on the overall construction, on the overall project in southwestern Manitoba. What the member for Brandon East is referring to is one particular contract as a part of that total construction project.

We have had discussions with Centra Gas. They are having discussions with that particular company about maximizing employment opportunities for Manitobans.

But I do also remind the member that there is an internal trade agreement that does exist within Canada. It is certainly an agreement that this government supports, that governments right across Canada support. I am not so sure the NDP have necessarily supported that particular agreement or that particular approach, but we are working with Centra. They are working with contractors to be sure there are as many opportunities as possible for Manitobans to work on all jobs.

When you look at the total infrastructure program, that certainly has been the case here in Manitoba, Madam Speaker, thousands of jobs created for Manitobans right here in our province.

**Madam Speaker:** The time for Oral Questions has expired.

\* (1110)

### MATTER OF URGENT PUBLIC IMPORTANCE

#### Hospitals Emergency Departments Status

**Mr. Dave Chomiak (Kildonan):** I move that under Rule 27, the ordinary business of the House to be set aside to discuss a matter of urgent public importance, namely the threat to the health care system posed by this government's plans to limit emergency services in the city of Winnipeg community hospitals, seconded by the member for Wolseley (Ms. Friesen).



**Motion presented.**

**Madam Speaker:** Before recognizing the honourable member for Kildonan, I believe I should remind all members that under our Rule 27.(2), the mover of a motion on a matter of urgent public importance and one member of each of the other parties in the House is allowed not more than five minutes to explain the urgency of debating the matter immediately.

As stated in Beauchesne Citation 390, urgency in this context means the urgency of immediate debate not of the subject matter of the motion. In their remarks, members should focus exclusively on whether or not there is urgency of debate and whether or not the ordinary business opportunities for debate will enable the House to consider the matter early enough to ensure that the public interest will not suffer.

**Mr. Chomiak:** Madam Speaker, with respect to the first threshold considering debate in this Chamber, I remind you of your ruling that you made recently in this House on Monday when you indicated that in fact, due to the fact that the Estimates have now been passed, due to the fact that there is no major bill dealing with health in this Chamber which would provide us an opportunity to debate this issue and due to the fact that the grievance procedure is not permissible to be used at this point in time, there are no other opportunities in order to debate this particular matter before the Chamber.

Secondly, regarding the public interest on the entire question of urgency, Madam Speaker, I would like to point out that, as indicated earlier during the course of a strike by the emergency doctors, the urgency is one of life and limb. The urgency of the need for this debate in Manitoba is such that at this very moment officials have been advised that the emergency wards must be closed. A long weekend is coming up and the ministry has directed emergency wards to be closed.

Therefore, this is an urgent matter of pressing concern requiring the public interest to be protected. In fact, as we speak, notice has been served upon these emergency wards to close and if this does not constitute urgency in the context of the public interest, I cannot think of another matter that would be of a more urgent nature.

Furthermore, Madam Speaker, without getting the subject matter of the bill, I am sure that you will appreciate the very urgent nature of the fact that emergency services have been long considered by Manitobans available in the city of Winnipeg on a 24-hour basis, in fact, for decades. And with a ministerial fiat, with not even the signing of a document, these emergency services are immediately going to be curtailed.

Therefore, based on the fact that these services are going to be curtailed, based on the fact that we are heading into a long weekend when these services will be curtailed, based on the importance of these services, Madam Speaker, and based on the fact that we have no other opportunity to debate this issue because of the items that I cited earlier in this Chamber, I call upon you to rule in accordance and, following the precedent of your ruling earlier in this week, a ruling we supported, when you indicated to the member for Inkster (Mr. Lamoureux) that in fact there was need for a pressing debate under the circumstances of the doctors' strike. I indicate to you that circumstances are so similar insofar as the emergency wards that were closed during the strike will now be continued to be closed going into a long weekend in Manitoba and on a permanent basis, Madam Speaker, I urge you to accept this motion and allow us to debate this very pressing matter. Thank you.

**Hon. Jim Ernst (Government House Leader):** Madam Speaker, the question that needs to be addressed, of course, is one of a question of urgency. The member for Kildonan makes the case against himself when he talks about the fact that the emergency wards have been closed for the last 30 days between the hours of 10 at night and eight o'clock in the morning. For 30 days, he has not raised a matter of urgent public importance. As a matter of fact, right now there is better service in the emergency wards than there has been for the last 30 days.

Madam Speaker, his earliest opportunity to deal with a question of urgent and public importance was 30 days ago when the emergency wards closed in the first place. During the last 30 days, as well, we have had certain emergency wards closed for an entire day in order to give staff more time off in order to recuperate

from the workload that they have been under because of the reduced staffing.

But, Madam Speaker, today we have those doctors now back at work in all of those emergency wards. The sense for urgency has not been made, I submit, by the member for Kildonan. The fact of the matter is he could have raised it any time in the last 30 days and it would have been more appropriate than it is today. Those wards have been closed for the last 30 days.

He did not raise it, nor did any other member of his party raise it, nor did any other member of this House, quite frankly, raise it, because the matter raised by the member for Inkster (Mr. Lamoureux) on the 18th of September dealt with the doctor's strike. It did not deal with the question of limited hours of emergency room service.

So, Madam Speaker, he has not made a case for urgency, and it is somewhat hypocritical for him to come today to try and make a case for urgency when, in fact, for the last 30 days he could have done that, and it would have been more appropriate, not necessarily in order, but certainly more appropriate than it would have been today.

**Madam Speaker:** I thank the honourable members for their advice as to whether the motion proposed by the honourable member for Kildonan (Mr. Chomiak) should be debated today.

I did receive the notice required under our subrule 27.(1). According to our Rule 27 and Beauchesne's Citations 389 and 390, the two conditions required for a matter of urgent importance to proceed are: (a) The subject matter must be so pressing that the ordinary opportunities for debate will not allow it to be brought on early enough; and (b) It must be shown that the public interest will suffer if the matter is not given immediate attention.

With regard to the first condition, looking at the Order Paper, there are two items that indeed may deal with this issue, those being Bill 209, The Health Reform Accountability and Consequential Amendments Act, and Bill 206, The Public Health Amendment Act. We have not seen these printed bills

so cannot judge how directly relevant they might be to this debate.

However, on the matter of the urgency of the matter, I realize the sensitivity of this issue, and it has been in the public realm for the past four weeks. There is no question it is a very serious issue that the member for Kildonan (Mr. Chomiak) brings to this House, but I am not convinced by the arguments made here this morning that the public interest will suffer if the member's motion is not debated today. I am, therefore, ruling against debate proceeding.

**Mr. Doug Martindale (Burrows):** Madam Speaker, I challenge the ruling of the Chair and request a recorded vote.

#### Voice Vote

**Madam Speaker:** The ruling of the Chair has been challenged. All those in favour of sustaining the ruling of the Chair, please say yea.

**Some Honourable Members:** Yea.

**Madam Speaker:** All those opposed, please say nay.

**Some Honourable Members:** Nay.

**Madam Speaker:** In my opinion, the Yeas have it.

#### Formal Vote

**Mr. Martindale:** I request a recorded vote, Madam Speaker.

**Madam Speaker:** A recorded vote has been requested. Call in the members.

The question before the House is shall the ruling of the Speaker be sustained.

\* (1200)

#### Division

*A RECORDED VOTE was taken, the result being as follows:*

**Yeas**

*Cummings, Derkach, Downey, Driedger, Dyck, Enns, Ernst, Filmon, Findlay, Gilleshammer, Helwer, Laurendeau, McAlpine, McCrae, McIntosh, Mitchelson, Newman, Pallister, Penner, Pitura, Radcliffe, Reimer, Stefanson, Toews, Tweed, Vodrey.*

**Nays**

*Barrett, Cerilli, Chomiak, Dewar, Doer, Evans (Brandon East), Evans (Interlake), Friesen, Hickes, Lamoureux, Mackintosh, Maloway, Martindale, McGifford, Mihychuk, Reid, Robinson, Sale, Santos, Struthers, Wowchuk.*

**Mr. Clerk (William Remnant):** Yeas 26, Nays 21.

**Mr. Neil Gaudry (St. Boniface):** Madam Speaker, my colleague from the Maples (Mr. Kowalski) and myself were both paired with the government.

**Madam Speaker:** The ruling of the Chair has been sustained.

**ORDERS OF THE DAY**

**Mr. George Hickes (Point Douglas):** Madam Speaker, is it the will of the House to call it 12:30? [agreed]

**Madam Speaker:** The hour being 12:30, this House is adjourned and stands adjourned until Tuesday at 1:30 p.m.

# LEGISLATIVE ASSEMBLY OF MANITOBA

Friday, October 6, 1995

## CONTENTS

### Matter of Privilege

Hospitals Emergency Departments Status	
Chomiak	3711
McCrae	3712
Lamoureux	3712
Ernst	3713
Doer	3713

### ROUTINE PROCEEDINGS

#### Presenting Petitions

Emergency Health Care Services— Community Hospitals	
Lamoureux	3714
Federal Immigration Policies	
McGifford	3714

#### Reading and Receiving Petitions

Emergency Health Care Services— Community Hospitals	
Lamoureux	3714

#### Presenting Reports by Standing and Special Committees

Economic Development, 2nd Report	
Radcliffe	3715

### Tabling of Reports

Annual Report, Special Operating Agencies Financing Authority	
Stefanson	3715

#### Oral Questions

Health Care System	
Doer; McCrae; Filmon	3715
Access Program	
Friesen; Filmon; Vodrey	3717
Health Care System	
Chomiak; McCrae; Sale	3718
Victoria General Hospital	
Sale; McCrae	3720
Health Care System	
Sale; McCrae; Lamoureux	3721
Grace General Hospital	
Mihychuk; McCrae	3722
Seven Oaks General Hospital	
Mackintosh; McCrae	3723
Infrastructure Works Agreement	
L. Evans; Stefanson	3723

#### Matter of Urgent Public Importance

Hospitals Emergency Departments Status	
Chomiak	3724
Ernst	3725