



Fourth Session - Thirty-Sixth Legislature

of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS**

**Official Report
(Hansard)**

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Speaker*



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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Sixth Legislature

| Member | Constituency | Political Affiliation |
|----------------------------|---------------------|------------------------------|
| ASHTON, Steve | Thompson | N.D.P. |
| BARRETT, Becky | Wellington | N.D.P. |
| CERILLI, Marianne | Radisson | N.D.P. |
| CHOMIAK, Dave | Kildonan | N.D.P. |
| CUMMINGS, Glen, Hon. | Ste. Rose | P.C. |
| DACQUAY, Louise, Hon. | Seine River | P.C. |
| DERKACH, Leonard, Hon. | Roblin-Russell | P.C. |
| DEWAR, Gregory | Selkirk | N.D.P. |
| DOER, Gary | Concordia | N.D.P. |
| DOWNEY, James, Hon. | Arthur-Virden | P.C. |
| DRIEDGER, Albert | Steinbach | P.C. |
| DRIEDGER, Myrna | Charleswood | P.C. |
| DYCK, Peter | Pembina | P.C. |
| ENNS, Harry, Hon. | Lakeside | P.C. |
| EVANS, Clif | Interlake | N.D.P. |
| EVANS, Leonard S. | Brandon East | N.D.P. |
| FAURSCHOU, David | Portage la Prairie | P.C. |
| 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, Hon. | Riel | P.C. |
| PENNER, Jack | Emerson | P.C. |
| PITURA, Frank, Hon. | Morris | P.C. |
| PRAZNIK, Darren, Hon. | Lac du Bonnet | P.C. |
| RADCLIFFE, Mike, Hon. | River Heights | P.C. |
| REID, Daryl | Transcona | N.D.P. |
| REIMER, Jack, Hon. | Niakwa | P.C. |
| RENDER, Shirley | St. Vital | P.C. |
| ROBINSON, Eric | Rupertsland | N.D.P. |
| ROCAN, Denis | Gladstone | P.C. |
| SALE, Tim | Crescentwood | N.D.P. |
| SANTOS, Conrad | Broadway | N.D.P. |
| STEFANSON, Eric, Hon. | Kirkfield Park | P.C. |
| STRUTHERS, Stan | Dauphin | N.D.P. |
| SVEINSON, Ben | La Verendrye | P.C. |
| TOEWS, Vic, Hon. | Rossmere | P.C. |
| TWEED, Mervin | Turtle Mountain | P.C. |
| VODREY, Rosemary, Hon. | Fort Garry | P.C. |
| WOWCHUK, Rosann | Swan River | N.D.P. |

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, June 16, 1998

The House met at 1:30 p.m.

PRAYERS

ROUTINE PROCEEDINGS

PRESENTING PETITIONS

Rail Line Abandonment

Ms. Rosann Wowchuk (Swan River): Madam Speaker, I beg to present the petition of R. Stringer, T. Wasylciw, I. Wasylciw and others praying that the Legislative Assembly of Manitoba request that the provincial government go on record requesting CN and CPR to not proceed with any discontinuance of lines until the report has been tabled, that being the Estey Grain Transportation Review report.

READING AND RECEIVING PETITIONS

Rail Line Abandonment

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

An Honourable Member: Dispense.

Madam Speaker: Dispense.

WHEREAS affordable transportation is a critical component of grain production; and

WHEREAS under the Crow rate benefit, Manitoba was the cheapest place on the Prairies from which to ship grain but became the most expensive following the abolishment of the Crow rate; and

WHEREAS the Canada Transportation Act proclaimed on July 1, 1996, gave railways the ability to discontinue and scrap branch lines without public input; and

WHEREAS several lines were targeted immediately by CN for abandonment; and

WHEREAS CN gave notice on May 6, 1998, that the Erwood Subdivision will be discontinued in 1998; and

WHEREAS the loss of this line would severely impact upon the communities of Bowsman and Birch River as well as surrounding communities; and

WHEREAS in 1997, western grain farmers lost millions of dollars due to backlogs and delays by the major railways; and

WHEREAS as a result the federal government set up the Estey Grain Transportation Review which is scheduled to release a report later this year.

WHEREFORE your petitioners humbly pray that the Legislative Assembly of Manitoba request that the provincial government go on record requesting CN and CPR to not proceed with any discontinuance of lines until that report has been tabled.

* (1335)

Introduction of Guests

Madam Speaker: Prior to Oral Questions, I would like to draw the attention of all honourable members to the Speaker's Gallery where we have with us today a delegation of Partnership of Parliaments State Parliamentarians from Germany under the leadership of Mr. Klaus Leroff.

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

I would like to also draw the attention of all honourable members to the public gallery where we have with us today Dennis Whitebird, Vice-Chief of AFM, and Pascal Bighetty, Chief of Mathias Colomb.

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

Also seated in the public gallery we have fifteen Grade 5 students from Chapman School under the direction of Mrs. Cathey Gornik. This school is located in the constituency of the honourable First Minister (Mr. Filmon).

We also have sixteen Grade 4 students from Pinkham School under the direction of Mr. Richard Scrapneck. This school is located in the constituency of the honourable member for Burrows (Mr. Martindale).

I am not sure if this school is present; seven Grades 4 and 5 students from Voyageur Elementary—oh, there they are—under the direction of Mrs. Rosalind Dick. This school is located in the constituency of the honourable Minister of Education and Training (Mrs. McIntosh).

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

ORAL QUESTION PERIOD

The City of Winnipeg Amendment Act Community Committees

Mr. Gary Doer (Leader of the Opposition): Madam Speaker, many citizens, average citizens, were opposed to the removal of a guaranteed right of citizen participation in community committees at hearings that were held yesterday and last evening. I would like to ask the government again: why is it eliminating the guaranteed right of citizen participation in community committees, and why will we leave up to the whim of City Council, in the future, important decisions about the quality of their community, such as the location of adult video stores? In the future, why can we not maintain that as a citizen right under law here in Manitoba in this Legislature?

Hon. Jack Reimer (Minister of Urban Affairs): Madam Speaker, in my answers to questions yesterday, I pointed out to the member for Concordia that the City of Winnipeg has been empowered with more decision-making capabilities as to how they will be able to conduct public meetings and presentations that they feel are in order to accommodate some of the concerns that the citizens bring forth. Zoning applications, subdivision applications, major variances, land

development proposals still have to go to public meetings that are still required and dictated under The City of Winnipeg Act.

So I am not too sure exactly where the member is coming from saying that there is the elimination of public meetings. There will still be public meetings. They possibly will be even enhanced because of the city's ability to make these decisions on their own for where and when they believe public participation should commence.

Mr. Doer: Madam Speaker, you are removing the guaranteed right of citizens to participate in community committees. If the minister does not understand that he is giving more power to the City Hall politicians and less power to the citizens of Winnipeg—it is a very simple change in power, which we think is contrary to the democratic rights of people.

In fact, Cam Neirinck, a worker at Hydro dealing with the hydro underground wires at McIvor and Bonner, said that this Bill 36 is antidemocratic, and we lose the guaranteed rights of citizen participation in community committees.

On behalf of many other average citizens who appeared last night before the committee—there were groups for the bill, groups against the bill, but average citizens were against the removal of their guaranteed right—will the Acting Premier please amend this law and guarantee the rights of citizen participation in community committees?

Mr. Reimer: Madam Speaker, the member for Concordia is of the opinion that this government here should be the ones that dictate how and where and what the City of Winnipeg should be doing in their type of addressing of public participation and how public meetings should be conducted. They are of the opinion that it should be prescriptive, narrow, focused on what they believe should be covered as to public participation.

We are saying we are letting the City of Winnipeg, the councillors, the mayor, make the decision as to how and where they feel they should be having public consultation and that the duly elected people are the people who should make this type of decision.

I should point out that public hearings would still have to be made for Plan Winnipeg, the zoning variance by-laws, variance conditional use, subdivision applications, secondary plans and local improvement districts. Public participation is guaranteed in The City of Winnipeg Act under almost every circumstance that I have mentioned, plus it gives the City of Winnipeg the ability to make the changes and the abilities that they feel are necessary in any way that they feel is possible.

* (1340)

Foster Care Emergency Care

Mr. Gary Doer (Leader of the Opposition): A new question to the Acting Premier. A foster parent, Jenny Dyal, whom I met yesterday, talked about the issue of the government removing in the Child and Family Services area in central Winnipeg the standby fee for emergency foster homes. Madam Speaker, she feels this had a very negative impact on children and the number of children, regrettably, who are housed in hotels and other short-term shelters. I would like to ask the Acting Premier: what impact has the elimination of the standby fee in the inner city had on children that are staying in hotels and short-term shelters?

Hon. James Downey (Deputy Premier): Madam Speaker, I will take that question as notice for the Minister of Family Services (Mrs. Mitchelson).

Mr. Doer: Of course, the government will remember that there were 71,000 child-days in 1997 for children that were housed in hotels and short-term shelters, double the number of kids and child-days than a year before, which I think is an absolute scandal. I am surprised the Deputy Premier is not on top of this and has to take it as notice on behalf of the children of this province.

I would like to ask the Acting Premier: can he confirm that the number of emergency foster homes in the inner city has gone from eight to two in central Winnipeg? How many of those children—Mrs. Dyal reports that she is even getting three-month-old babies from hotels under, regrettably, some of the policies of this government. How many of these children have ended up in hotels because of this, again, negative change sanctioned by this provincial government?

Mr. Downey: Madam Speaker, I will take the details of the question as notice, but one thing I can confirm is that this minister and this government has put \$20 million more into the foster care home program to make sure the children are looked after, far more than the previous administration.

Adoption Services Privatization—Fees

Mr. Gary Doer (Leader of the Opposition): Madam Speaker, the increased funds, we worry, have gone too much into hotels and short-term shelters and not into long-term prevention, long-term solutions for our kids. This government has had a 10-year history of abandoning our children.

Another measure that this government took was to introduce privatized fees for the adoption of children under Bill 47 last year. Both the agency and the workers stated that this would have a negative impact on the number of children adopted and taken into care in our communities. I would like to ask the government now: are they regretting that privatization decision of the adoption of our children, and will they look at more creative ways of handling kids in loving, emotional care rather than having privatization of adoptions, which they introduced against all advice last year?

Hon. James Downey (Deputy Premier): I do not accept any of the preamble or the comments made by the Leader of the Opposition. One thing I do not regret is the fiscal responsibility and the resources that are now available to look after the children of this province in the future so they are not taxed so there is no hope for any of them. They now have the ability, through the Department of Family Services and all the programs, not to just keep spending money on interest payments in New York and throughout the world, that we can in fact have some money for those programs for the future of our children.

Adoption Services Subsidy

Mr. Doug Martindale (Burrows): Madam Speaker, everyone knows that children need stability in their lives, they need a caring adult to bond with—everyone, that is, maybe, except this insensitive, uncaring

government—and that children as young as three months old are in hotels, that children are frequently moved. Yesterday we were told of a child who moved 22 times.

Will the Acting Premier tell the Legislature and families and children in Manitoba what they are going to do to get children out of hotels and to bring permanency into their lives particularly by introducing a subsidy for adoption, which exists in Saskatchewan and other provinces? When will they bring it into Manitoba?

Hon. James Downey (Deputy Premier): Madam Speaker, I have already indicated what we have done as it relates to adding some \$20 million to the budget of Family Services, a budget which he voted against. He voted against it. His party voted against additional resources to help the children of this province.

Privatization—Fees

Mr. Doug Martindale (Burrows): Absolutely none of that money is going to foster parents or foster children in Manitoba.

Madam Speaker: Order, please. Would the honourable member please pose his question now.

* (1345)

Mr. Martindale: Can the Acting Premier tell Manitobans why or how or if private adoptions, which in other provinces cost \$6,000 to \$10,000, are going to help even one child in Manitoba to get permanency in their life? How will this solve the problem of hundreds of children every night in temporary placements, and how will it encourage parents to adopt children? The vast majority of parents who want to adopt cannot afford these exorbitant fees. How will this solve the crisis in child welfare?

Hon. James Downey (Deputy Premier): Madam Speaker, first of all, we cannot take for granted or for fact the information that the member brings to this House, so I will take the question as notice and have my colleague respond at a future time.

Subsidy

Mr. Doug Martindale (Burrows): I would like to ask the Acting Premier to take a question as notice, since he

is not going to give us any answers anyway, and encourage his colleagues and his cabinet and particularly his Minister of Family Services (Mrs. Mitchelson) to redirect some of the money that they are clawing back from people on social assistance and to act on some of the recommendations of many different agencies, including Winnipeg Child and Family Services, including front-line workers, including foster parents who are telling us that if there were a subsidy available, many parents would adopt children tomorrow. Will the Acting Premier take action on this and get some permanency into the lives of these children?

Hon. James Downey (Deputy Premier): Madam Speaker, again, I do not have any trouble taking the question as notice, but I want to assure you that this government will do all we can to make—

Madam Speaker: Order, please.

Point of Order

Mr. Steve Ashton (Opposition House Leader): A point of order, Madam Speaker. Our practice in the House is very clear that if a minister takes a question as notice, he or she does exactly that. They come back with the information at a later date. The minister should not be saying he is getting up, taking the question as notice and then continuing with some additional rhetoric afterwards. It is either one way or the other. Since he does not know the answer and is bringing back the information at a later time, I suggest you call him to order, and we proceed with further questions.

Madam Speaker: The honourable government House leader, on the same point of order.

Hon. James McCrae (Government House Leader): On the same point of order, Madam Speaker. This point of order demonstrates the difficulty in which ministers of the Crown are placed when expectations from the opposition are that on the one hand they give some kind of detailed answer, and today, on which they do not want details because the facts do not really matter to them. On the other hand, they are critical of a minister who wants to take questions as notice for another minister. I suggest the rules the member refers

to do not justify in any way the point of order he raises. The Deputy First Minister has been attempting to deal with the issues raised by members opposite asking questions today. So you may want to take this one under advisement, but then again, you may not and you may want to rule. In any event, I do not think the honourable member for Thompson has a point of order.

Madam Speaker: On the point of order raised by the honourable member for Thompson, I would remind all honourable ministers, when replying to questions or taking them as notice, indeed he is accurate. The statement is that you will take it as notice and not add to the response.

Adoption Services Privatization—Fees

Mr. Oscar Lathlin (The Pas): My questions are directed to the Acting Minister of Family Services. Madam Speaker, the minister, not that long ago, made a decision here to cut support services for extended families which created a huge increase in the number of children being under the care of the state. Now this same minister has decided to charge \$1,000 or more for adoptions, and needless to say, again, this ill-advised move will undoubtedly increase the number of children in state care.

What I would like to ask the Acting Minister of Family Services is: will the minister consider immediately ordering these fees to be put on hold?

Hon. James Downey (Deputy Premier): Madam Speaker, first of all, I do not accept the preamble and the accusations put on the record by the member opposite. I can assure him and the opposition and the people of Manitoba that my colleague, the Minister of Family Services (Mrs. Mitchelson), has done more for the children of this province in putting more resources on the table, organizing better the department and making sure they do have a future. I will take the specifics of the question as notice.

Madam Speaker: Order, please. I would remind the honourable Deputy Premier that he is to either make an explicit statement saying he will take the question as notice, or respond to the question asked.

* (1350)

Meeting Request

Mr. Oscar Lathlin (The Pas): Madam Speaker, these are very serious questions that I am asking here this afternoon of government members.

The second question that I would like to ask the Acting Premier is: would he at least meet with First Nations representatives, child care workers and adoptive parents to review why the number of adoptions are not meeting this urgent need out there?

Hon. James Downey (Deputy Premier): Madam Speaker, having had many years the privilege of serving as Minister of Northern and Native Affairs, I have had the opportunity to meet with many First Nations people. I would never have any problem meeting with them. On this particular subject, I will take the question as notice for my colleague, the Minister of Family Services (Mrs. Mitchelson).

I apologize to you, Madam Speaker, if it is absolutely incorrect about how I am answering the question, but I am taking it as notice as well for my colleague. I believe I have the right and the privilege to answer as to whether or not I will meet with them. I said I would.

Privatization Fees

Mr. Oscar Lathlin (The Pas): My last question, Madam Speaker, is again to the Acting Premier. Would the Acting Premier advise this House why his government is trying to make money off the very people who are willing to adopt children, children who would otherwise be shunted from hotel room to hotel room, to temporary homes to temporary homes?

Mr. Downey: Madam Speaker, I absolutely reject that accusation.

Health Links Expansion

Mr. Kevin Lamoureux (Inkster): Madam Speaker, if you live in Winnipeg, we have a wonderful 24-hour, seven-days-a-week program called Health Links, which is operated by 24-hour nurses, registered nurses I believe. They do a fabulous job for the citizens of Winnipeg.

Madam Speaker, this is a service in fact that should be expanded out into rural Manitoba. My question to the Minister of Health is: does the government have any intentions on providing this same service to rural residents in the province of Manitoba?

Hon. Darren Praznik (Minister of Health): Madam Speaker, I would like to thank the member for Inkster for that question. I know he has always been a very strong supporter of Health Links, that particular concept. I can tell him, first of all, that it is an excellent service; I agree wholeheartedly with him. It is our intention—we are currently in fact looking within the ministry, beginning to look at how that service could be expanded.

In fact, I can report to the House that I have had some discussions with one group in particular who have a great deal of experience in providing an even broader service to a larger constituency than just a city, and there are some other providers as well who have much to share with us, so we will be looking at that in the months ahead about expanding that particular service.

Mr. Lamoureux: Madam Speaker, is the minister then prepared to give a commitment that by the end of the year there will in fact be a 1-800 or a 1-888 number for rural Manitoba so that they can in fact call and receive this vital health care service?

Mr. Praznik: Madam Speaker, I would love to be able to do that, but there are always hosts of problems that can come up in actually implementing that kind of expansion. So I do not want to find myself in a position today when we are just exploring this possibility to make a commitment that I cannot live up to. It is certainly an area that we are looking at, and as I can indicate to him as recently as this past week, I have had an opportunity to speak with one of a similar-type service provider about the concept of an expanded-type service which could be provided right across the province.

Public Awareness Campaign

Mr. Kevin Lamoureux (Inkster): Will the minister acknowledge that the biggest deficiency, if you like, in this particular program is the lack of public awareness? One of the ways in which we can address that problem—

and I would ask the minister: is in fact the ministry prepared to put aside some money to ensure that there is advertising for this particular program? In the long term, I would argue, Madam Speaker, it will save a great deal of dollars and provide a better quality service for all Manitobans.

Hon. Darren Praznik (Minister of Health): Madam Speaker, a public relations campaign and awareness campaign would obviously have to be part of that. One possibility, as well, that I share with the House is that as we move to the plastic card health card, which is important to many of the other information system initiatives that this government has undertaken, the ability to have that type of number right on the card or the back of the card so that it is accessible to Manitobans in their wallets or in their pockets or their handbags becomes an important part of that. I appreciate the member's support for this project.

* (1355)

Poulin's Workplace Safety and Health Charges

Mr. Daryl Reid (Transcona): Madam Speaker, Mr. John Janzen, 41 years old, married father of two, suffered methyl bromide induced neurotoxic poisoning and sustained permanent neurological damage. Mr. Janzen suffers from myoclonic seizures, has no use of his hands and is confined to a wheelchair 90 percent of the time. After several remands and a plea bargain, Poulin's, the exterminator, pleaded guilty to three Workplace Safety and Health charges and received only a fine of \$2,500 on two counts and \$500 on the last count, obviously less than the defence attorneys' fees.

I want to ask the Minister of Justice why his department dropped 11 of the 14 original Workplace Safety and Health charges that were brought against Poulin's? Why did you drop 11 of those 14 charges?

Hon. Vic Toews (Minister of Justice and Attorney General): Madam Speaker, I will look into the matter and determine why the matter was resolved in the way it was.

Mr. Reid: I want to ask the same minister to explain why one of the charges dropped was one which would

have held the company manager, Robert Acheson, responsible for the injury to John Janzen, considering that this manager and this company refused to give Workplace Safety and Health investigators access to the employees and the company property to conduct the mandatory investigation.

Mr. Toews: Madam Speaker, the issues relating to what charges to proceed on that arise out of any one particular event, which I understand this was, relate under two categories: No.1, whether there was sufficient evidence to proceed; and No. 2, whether there is double jeopardy, that is, is someone being convicted for the same offence more than one time. As I have indicated to the member, I will look into that issue.

Mr. Reid: I want to ask the Minister of Justice to explain why his department did not contact the Janzen family to seek their advice about the plea bargaining that took place where the 11 of the 14 charges were dropped. Is this your government's policy to treat families and victims of serious crimes in such a fashion? Is this your government policy?

Mr. Toews: Madam Speaker, I know that, as a general rule, the victims and the family are in fact kept aware of proceedings. In some cases, that may occur more frequently than in other cases, but as I have indicated, I will take the question that the member has provided and look further into the matter.

Tadoule Lake Housing Shortage

Mr. Eric Robinson (Rupertsland): It has long been known that aboriginal people and First Nations people have been the most marginalized of any citizens in the country of Canada. Probably the most marginalized in the province of Manitoba have been the Sayisi Dene of Tadoule Lake who were moved at the request of both the provincial and federal governments in 1956 from their homeland in Duck Lake to Churchill. Of course, the rest, we know the story I believe.

Last week, the Minister of Northern Affairs committed himself to make an investment in assisting the Sayisi Dene in transporting building supplies to Tadoule Lake, and today we learned that this position

has changed. These people, Indian people in this province of Manitoba, Madam Speaker, do not feel that they are Manitobans.

I would like to ask the minister what his immediate plans are and exactly what is the minister's official position on this matter.

Hon. David Newman (Minister of Native Affairs): Madam Speaker, I not only made a commitment to work with the chief and council of Tadoule Lake, I stand by that commitment. The investment of time and resources and energy that we have devoted on this issue from the moment it was brought into this House and then into my office, about within an hour after that, has resulted in an involvement, an interaction with the federal government, the regional director. We are making progress in the kind of relationship building which is going to make the difference for the people of Tadoule Lake and other aboriginal Manitoba citizens.

* (1400)

Meeting Request

Mr. Eric Robinson (Rupertsland): Madam Speaker, the Sayisi Dene people of Tadoule Lake have been informed that they have to wait for the next winter roads season to open in order for them to get their building supplies. Chief Dennis Whitebird, a very honourable chief in the province of Manitoba, is in the gallery this afternoon, and he has written a letter to the Minister of Northern Affairs, which I would like to table, expressing his disappointment at the about-turn of this minister.

Chief Whitebird, along with Chief Pascal Bighetty, the housing portfolio carrier for the MKO, are available to meet with the minister, and I would like to ask the minister if he would avail himself to that opportunity to clarify his position to both these leaders on the about-face that he has made with the Sayisi Dene people.

Hon. David Newman (Minister of Native Affairs): Madam Speaker, as always, I am very pleased and honoured that a chief, or two chiefs in this case, would be prepared to meet to discuss issues affecting aboriginal citizens of the province of Manitoba, and will make myself available, of course, for that purpose.

What does cause me some concern and disappointment in the honourable member for Rupertsland is that he appears to be asserting a position that the Province of Manitoba should invest \$500,000 in order to fly in now housing materials which the federal government has an obligation and commitment to fly in and pay for or to bring in by winter road. They have said to us that they did not make any commitment to fly in the material. They have no obligation to fly in the material and, because of all the competing priorities, that bringing in by winter road as soon as possible would be the best option for the sake of all aboriginal people in this country and indeed in Manitoba. That is their position.

Housing Shortage

Mr. Eric Robinson (Rupertsland): Madam Speaker, through you, the question was very simply to the minister: what are the plans to address the needs of the Sayisi Dene people? Is he embarking upon a relationship with that First Nation and the federal government? That was the question.

Hon. David Newman (Minister of Native Affairs): Again, I express my disappointment, Madam Speaker, in the member opposite, because the honourable member for Rupertsland was in my office with the honourable member for Flin Flon (Mr. Jennissen) and knows full well that I made a commitment to work with them, but I invited the chief on behalf of the council and the people of Tadoule Lake to share information, to share their needs and to work with us. If we want to work in good faith as partners, we are going to have to have common sharing of information between us, and then we will be able to deal in an informed way with the federal government.

Highway Maintenance Stop Sign Replacement

Hon. Glen Findlay (Minister of Highways and Transportation): I would like to quickly respond to a question raised by the member for Swan River (Ms. Wowchuk) yesterday about a very tragic accident that happened at Birch River. The member raised questions around stop signs, and I want to inform her that the direction to staff in the Department of Highways manual of maintenance is that any stop sign that is

found, or a curve sign, or any other highway traffic sign that is found down is to be replaced or to be re-erected immediately, in particular stop signs and curve signs instantly because of the safety-related incidents that can happen there. There are no budget limitations whatsoever on that action.

The member maybe has asked about the stop sign at the particular intersection. As far as staff can recall, there never was one for the westbound traffic there. There was one for the eastbound traffic because there were some sight limitations, and that one had been up for a long period of time.

Madam Speaker, both the department and the municipality have been involved in brush clearing at that intersection in the last year and to improve sight lines. It is unfortunate that these tragic things happen. There are thousands and thousands of uncontrolled intersections on rural roads around Manitoba, and remember the driver on the right always has the right of way; that is the rule of the road. It is unfortunate these things happen. I just wanted to correct the record to let the member know that we replace stop signs. Unfortunately, there is vandalism out there, but we respond as quickly as we can.

Tadoule Lake Food Shipments

Mr. Gerard Jennissen (Flin Flon): My question is for the Minister of Northern Affairs. Last week the minister committed to helping the Sayisi Dene and to taking current critical Sayisi Dene issues to cabinet in order to seek funds for aiding the poorest people in the province who also pay the highest food prices in the province.

What commitment is the minister prepared to make now to ensure provincial assistance for shipping food to Tadoule Lake?

Hon. David Newman (Minister of Native Affairs): Madam Speaker, I have no knowledge of any issue about shipping food to Tadoule Lake. With respect to the issue relating to the whole question of servicing the needs arising out of the early demise of the winter roads, that is something that we are working at in a cooperative way as a result of the meeting we had with

the federal government representatives a day or so ago. Growing out of that developing relationship, not only are we investigating all possibilities for dealing in the most beneficial way possible with the current situation, but also looking at ways to make sure proactively we are ready in more effective ways perhaps to deal with future crises situations like this that arise. Much was learned in this situation by the First Nations representatives and by others, and we are going to learn from it and make sure that changes are made to make sure that we are better next time.

Water Safety Programs Government Initiatives

Mr. Steve Ashton (Thompson): The Lifesaving Society has issued the Manitoba Drowning Report for 1998, and it is very clear that we have a high rate of drownings in this province and sadly a high rate of preventable drownings. We have twice the average of children and teens in terms of drownings as the national average. Disturbingly, Madam Speaker, one-third of the drownings were in northern Manitoba, and more than 40 percent of the drownings involve aboriginal people. The aboriginal population in this province is less than 10 percent.

I would like to ask the Deputy Premier (Mr. Downey) if, in light of this report, the government will undertake to reinstate the programs that were in place before, in terms of water safety in many northern communities, programs which were cut by this government, and in fact, will this government make a substantial commitment to try and provide lifesaving and swimming lessons to all Manitoba kids so we can bring down the level of drownings in this province?

Hon. Glen Cummings (Minister of Natural Resources): Madam Speaker, to begin with, I think that we would all agree that education is the best way to prevent what are largely preventable and very often tragic situations that occur, and there is a responsibility on the part of all of us, particularly where young people are involved, to provide opportunity and training for water safety.

There is also an obligation to make sure that, particularly young children, we do make them aware of the dangers of some of our waterways.

Manitoba Drownings Inquests

Mr. Steve Ashton (Thompson): Madam Speaker, if the government will not reinstate the program it cut in 1989 that provided water safety training and swimming lessons to northern kids, I would like to ask if they will at least call inquests into some of the drownings that have taken place recently, the drowning of Chester Bruce Tait that occurred in the Norplex pool and a recent series of drownings we have seen in some of the gravel pits in Manitoba. Recently a seven-year-old and a 13-year-old died in very tragic circumstances.

Will the Minister of Justice (Mr. Toews) ask that the inquests be called so that we can get some recommendations to stop this epidemic level of drownings in this province?

Hon. Glen Cummings (Minister of Natural Resources): Well, Madam Speaker, I recognize that the question was directed towards the Minister of Justice, but I would remind honourable members and the public as well that the Province of Manitoba recently received a report from Dr. Markesteyn, a review that was done about three years ago on water safety in this province. I think the information contained there and the advice provided in that report are still viable today.

* (1410)

Regional Health Authorities Amendment Act Ministerial Authority

Mr. Dave Chomiak (Kildonan): Madam Speaker, my question is for the Minister of Health.

We have two sides to this government. When the government does one thing unpopular, it is the regional health authority's fault, and when it is cutting a ribbon or something that is popular, we have the government and the Premier (Mr. Filmon) and the minister out there to cut the ribbon.

My question to the Minister of Health concerns Bill 57, and again it deals with this division of this government. How does the Minister of Health justify, with respect to Bill 57, the unprecedented nature of the

bill that allows a minister, by fiat, to impose on hospitals, to exclude, to override provisions of private acts made in this Chamber, to override provisions of incorporated acts made in this Chamber; unprecedented in a parliamentary system, the minister, by fiat, to impose agreements and solutions in Bill 57 that override even private acts of the hospitals and the institutions in this Legislature? How can they justify it?

Hon. Darren Praznik (Minister of Health): Madam Speaker, first of all, this legislation is not unprecedented. It was passed by the New Democratic Party government of Saskatchewan and is used by their New Democratic Party colleagues in that province for the same purpose, and the purpose is a simple one. The dollars—

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please.

Mr. Praznik: Madam Speaker, the reality in both Saskatchewan and Manitoba is the same. It is public dollars voted by this Legislative Assembly that fund and provide for the health care of the people of Manitoba, and if the New Democratic Party is insisting that we provide those dollars without being able to control how they are spent for best patient care, then we do have a very significant disagreement between us.

Mr. Chomiak: Madam Speaker, will the minister, who seems to have trouble finding that public money to deal with waiting lists in this province, explain on a parliamentary or practical level how it is that this Legislature can, in an unprecedented sense, pass a bill that overrides private acts set up by individuals and otherwise, take complete control by a ministerial fiat, I might add, in this legislation? That is undemocratic. Whether the minister thinks it is right or wrong, it is not appropriate—

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

Mr. Praznik: Madam Speaker, it is not unprecedented. Their colleagues, the New Democratic Party government in Saskatchewan, brought in the same type of legislation with respect to their regional health authorities. Many times decisions and processes that

we put into legislation in that legislation override other pieces of legislation.

Let us remember the fundamental principle here. It is the public of Manitoba who pays for health care; it is not private organizations; it is not charitable organizations. They contribute, but the fundamental payment for health care is by the people of the province of Manitoba through this Legislature. Ultimately, the authority as to how it is spent has to rest with the people's representatives in this Legislature.

Mr. Chomiak: Madam Speaker, in light of what the minister just said, can this minister, who cites Saskatchewan—and I wish we had waiting lists like Saskatchewan, but can this minister explain why, when we asked to reduce MRIs, he says go to the Winnipeg Regional Health Authority? Why, when we need beds open, he says go to the institutions, they did it? Why, when we need these waiting lists done and we need it to deal with health issues, the minister cannot find the money, the minister does not have the authority? But now he is going to take the authority through Bill 57. That is hypocritical and wrong.

Madam Speaker: Order, please.

Some Honourable Members: Oh, oh.

Mr. Praznik: Madam Speaker, what is hypocritical is when—

Madam Speaker: Order, please. That is why I hesitated in the first instance before recognizing the honourable Minister of Health. The words “hypocrite” and “hypocritical” have both been ruled unparliamentary, and I would ask that neither the honourable member for Kildonan nor the honourable Minister of Health utilize that word.

Mr. Praznik: It is interesting to note that, in the last hours or days of Estimates debate, the member for Kildonan's colleague, the member for Crescentwood (Mr. Sale), asked us to order—order, Madam Speaker—the Misericordia Hospital to set up a separate board of directors for their clinic. He was asking us to do exactly what his colleague is condemning.

Could the New Democratic Party, for just once, get their act together?

Madam Speaker: Order, please. Time for Oral Questions has expired.

MEMBERS' STATEMENTS

Sister MacNamara School

Mr. Gary Doer (Leader of the Opposition): I am pleased to stand and recognize the parents, the students and the teachers of Sister MacNamara School, a school that is just about 10 blocks from here that was recognized with the National Post Award for Physical Fitness and recognized here in this country. They are recognized for the daily participation in physical fitness. They are recognized for the integration of physical fitness with their studies. They are recognized for the integration of physical fitness with music and art, an approach that the teachers and students are using together to develop the whole person. I am pleased that they have been so successfully recognized.

This is truly a success story, Madam Speaker, because 10 years ago people said there were not enough kids in the inner city to justify a school. Now the Sister Mac school has 500 students, in the inner city, the third largest elementary school in this city of Winnipeg and the province of Manitoba.

Madam Speaker, they also work in conjunction with the Boys and Girls Club. Some 100 kids after school participate in physical recreation programs at the Boys and Girls Club in the inner city. Many of the people are to be recognized and congratulated. The Winnipeg School Division No. 1, which is emphasizing educational development through the development of the whole student rather than just some narrow parts. They have one of the last art programs left, regrettably, in the city of Winnipeg. Winnipeg School Division No. 1 is to be congratulated, and so too is Wayne McMahan and Janet Campbell who have worked at Sister Mac school with this very, very successful program.

Congratulations, students. You won a national award and you deserve it. Thank you very much, Madam Speaker.

Bristol Aerospace

Mr. Gerry McAlpine (Sturgeon Creek): On Friday, I had the pleasure of attending a special milestone in

the history of Bristol Aerospace, the grand opening of their new composite manufacturing centre. This past year has certainly been eventful for this company. The major highlight, of course, was the purchase of Bristol by Magellan Aerospace which put the company firmly in Canadian ownership. Then the large contract with Boeing Canada soon followed, and the significant contract will help Bristol to move firmly into the civil aerospace market by developing new capabilities in producing composite structures for aircraft.

Our government, through the Department of Industry, Trade and Tourism, has been pleased to support this new direction for Bristol and to provide a \$4.4-million repayable loan towards this new composite manufacturing centre. Besides creating some 200 jobs in the next two years, this expansion reflects the resurgence of Manitoba's aerospace sector. Few manufacturing sectors have such a long and distinguished history in Manitoba as does aerospace, which, of course, dates back some 70 years, and few sectors hold such promise for our future.

So I would like to recognize the management of Bristol, Mr. Bill Matthews, Mr. Murray Edwards and Jim Butyniec, as well as the management of Boeing, Mr. Jim Edwards, and Standard Aero Ltd., Mr. Robert Hamberg, as they build the future of aerospace in our province. It is precisely because of the vision and the commitment of individuals like these that Manitoba's aerospace sector is now ranked third in Canada, and Canada is now ranked fourth from fifth in the aerospace industry. Under this leadership, I have every confidence that it will be even better in standing in the years ahead, Madam Speaker.

* (1420)

Inwood School

Mr. Clif Evans (Interlake): Madam Speaker, I appreciate the opportunity this afternoon to extend my congratulations to students, teachers and staff of Inwood School, which recently became one of the elite schools in Canada when it was also awarded the Post School Recognition Award. Less than 5 percent of the schools across Canada qualify for this award which is presented by the Canadian Association of Health, Physical Education, Recreation and Dance, and

Inwood School is one of only 486 schools from across Canada to receive this award.

To qualify, a school must dedicate adequate time towards its physical education program. At Inwood School, this goal was achieved not just through their health and phys ed programs but through extra-curricular activities such as intramurals, interschool sports and family and community sports' nights at the school.

Thomas Kowalchuk, principal of Inwood School, said they are trying to meet not only the academic needs of the students but their physical needs as well, and through this program, they are trying to educate the whole student.

Madam Speaker, I know that all members here in the Legislative Assembly will agree with the words of the principal, Thomas Kowalchuk, and would want to join me in offering sincerest congratulations to Inwood School for this tremendous achievement.

Mr. Daniel Forbes

Mr. Ben Sveinson (La Verendrye): Madam Speaker, every member in this Chamber recognizes the valuable contribution that teachers make. Throughout their daily interaction, they play an important role in the ongoing development of our children. Teachers are truly a guiding force in the lives of all students.

Our government provides Manitoba schools with the necessary financial resources to educate our youth and post-secondary students. As you are aware, in the 1998-99 Manitoba budget we allocated \$320.6 million for education spending, up from \$304.1 million budgeted in 1997-98. We must remember, however, that it is not how much we spend but how much our children learn.

I am, therefore, pleased to make all members of this House aware of a very special Ste. Anne Elementary School teacher who has gone beyond the call of duty. Mr. Daniel Forbes, a Grade 8 teacher, was one of 55 teachers selected nationwide to receive the Prime Minister's Certificate of Achievement. I should note that Mr. Forbes is the only rural recipient among the six Manitoba teachers recognized this year. Nominated by

his peers, Mr. Forbes has been singled out for his ability to inspire and motivate his students, while equipping them with the skills necessary to succeed in today's competitive global environment.

Although Ste. Anne Elementary School is a small rural school with 225 students, due partly to Mr. Forbes's efforts, it is well equipped with computers, science lab and a computer-operated weather station.

Our government is committed to ensuring an effective and modern education system that continues to prepare our children for the world that awaits them. With the assistance of teachers like Mr. Forbes, I know we will succeed. Thank you.

Health Links

Mr. Kevin Lamoureux (Inkster): Very briefly, just to follow up with some emphasis from Question Period earlier today, Madam Speaker. The Health Links program has been a program that has been around for awhile now, and we would like to see the government take a stronger action in trying to implement what many in rural Manitoba we believe want to see happen today, as opposed to putting it off indefinitely. Hopefully, the Minister of Health (Mr. Praznik) in his response earlier today will in fact take the necessary actions to demonstrate the political will to make it happen some time this year. Thank you.

ORDERS OF THE DAY

House Business

Hon. James McCrae (Government House Leader): Madam Speaker, I am announcing today with the leave of the House that the Standing Committee on Law Amendments will meet today, this afternoon, 3 p.m., to continue consideration of the bills before it. The presentations have been made, and it is now time for the committee to consider the contents of the bills clause by clause. Those would be Bills 19, 22, 24, 37, 41 and 44. That would require the leave of the House.

Madam Speaker: Is there leave of the House to permit the Standing Committee on Law Amendments to meet at 3 p.m. this afternoon to give consideration to clause

by clause of the following bills: Bills 19, 22, 24, 37, 41 and 44? Agreed? [agreed]

Mr. McCrae: Madam Speaker, I expect that between now and Thursday morning, there will be a fair amount of activity with respect to the passage of bills in this House, and with the leave of the House, I would also announce that the Standing Committee on Law Amendments will sit on Thursday morning, June 18, at 10 a.m., to consider bills referred to it. That, too, would require the leave of the House.

Madam Speaker: Is there leave of the House to sit in the Standing Committee on Law Amendments at 10 a.m. on Thursday morning, concurrent with the House sitting, to consider bills referred to it? Leave? [agreed]

Mr. McCrae: Madam Speaker, I think that there is a disposition to waive private members' hour today.

Madam Speaker: Is there unanimous consent of the House to waive private members' hour today? [agreed]

Mr. McCrae: I think that covers the announcements that I have been wanting to make today. Madam Speaker, would you be so kind as to call bills on the Order Paper in the following order today: Bills 54, 40, 13, 20, 30, 31, 47, 49, 50, 32, 37, 35 and 2?

An Honourable Member: She cannot write that fast.

Mr. McCrae: I wrote it down for you, Madam Speaker.

Madam Speaker: Okay, I cannot write quite that quickly, with the greatest respect.

To resume adjourned debate on second reading on—

Mr. McCrae: The honourable member for Sturgeon Creek is seeking the floor for a committee change.

Committee Changes

Mr. Gerry McAlpine (Sturgeon Creek): Yes, Madam Speaker, I move, seconded by the honourable member for Pembina (Mr. Dyck), that the composition of the Standing Committee on Law Amendments be amended as follows: the honourable member for

Charleswood (Mrs. Driedger) for the honourable member for Portage la Prairie (Mr. Faurshou).

Motion agreed to.

* (1430)

DEBATE ON SECOND READINGS

Bill 54—The Engineering and Geoscientific Professions and Consequential Amendments Act

Madam Speaker: To resume adjourned debate on second reading on Bill 54, The Engineering and Geoscientific Professions and Consequential Amendments Act (Loi sur les ingénieurs et les géoscientifiques et modifications corrélatives), on the proposed motion of the honourable Minister of Labour (Mr. Gilleshammer), standing in the name of the honourable member for Inkster (Mr. Lamoureux).

Mr. Kevin Lamoureux (Inkster): Madam Speaker, this bill is aimed at placing geoscientists under regulations that currently apply to professional engineers in Manitoba. It will set codes of conduct and disciplinary codes for geoscientists and engineers. The bill also redefines the practice of professional engineering to keep it more in line with the current practice. Further, the bill will allow for authorizations of engineers or geoscientists who wish to establish a company.

Madam Speaker, Bill 54 has received some criticism on the basis that it is somewhat naive to expect codes of conduct to curtail undesirable activities. The best interests of the public are not always served by closed-door type hearings run by self-regulatory bodies who monitor the final decisions that the engineers and geoscientists make. Questions have also been raised, I believe in particular from the member for Transcona (Mr. Reid), which have some validity about what kind of criteria will be in place now that temporary licences will be granted to foreign-trained professional engineers.

Madam Speaker, on a personal note, when I have had opportunity to speak in particular to numerous landed immigrants, it is associations and organizations of this

nature that there is always some concern expressed as to ensuring—because I would assume that we will likely have the associations or the groups reading through Hansard on debate on these bills, that is the reason why I bring this particular point—that the concerns of those landed immigrants that have the skill sets in terms of assisting in whatever ways they can as associations in ensuring that we are not wasting or squandering talent in the province of Manitoba. Generally speaking, it is somewhat of a positive bill, and we look forward to it going to committee. Thank you.

Madam Speaker: Is the House ready for the question? The question before the House is second reading of Bill 54, The Engineering and Geoscientific Professions and Consequential Amendments Act. Is it the will of the House to adopt the motion?

An Honourable Member: Agreed.

Madam Speaker: Agreed? Agreed and so ordered.

**Bill 40—The Domestic Violence and Stalking
Prevention, Protection and Compensation
and Consequential Amendments Act**

Madam Speaker: To resume adjourned debate on second reading of Bill 40, The Domestic Violence and Stalking Prevention, Protection and Compensation and Consequential Amendments Act (Loi sur la violence familiale et la protection, la prévention et l'indemnisation en matière de harcèlement criminel et modifications corrélatives), standing in the name of the honourable member for Thompson (Mr. Ashton).

Is there leave to permit the bill to remain standing?

An Honourable Member: No.

Madam Speaker: No leave? Leave has been denied.

Ms. Diane McGifford (Osborne): As always, it is a pleasure to join the member for St. Johns (Mr. Mackintosh) today to address The Domestic Violence and Stalking Prevention, Protection and Compensation and Consequential Amendments Act. It is certainly an act that we think is long overdue, and we think it is a positive bill, although we cannot speak totally in favour

of this bill because there are some problems in it which we will address later. But it is with a certain bitterness that I address this bill, because I notice that this is one in a long series of either reports or pieces of legislation that have been considered, and not all very successfully.

I want to point out that the Aboriginal Justice Inquiry is still gathering dust on the shelf. Nothing came of it as far as providing protections for women. Secondly, many of the recommendations of the Pedlar report have not yet been introduced.

In 1997, Justice Schulman released his inquiry into the Lavoie murder and then suicide, and of course we still await the implementations of those recommendations, although we do recognize that some of the recommendations have been implemented.

In 1997, the Law Reform Commission's very comprehensive work on stalking was an important document, and it is in that document that we have the stalking protection, prevention and compensation and consequential amendments act, which I assume was one of the guidelines for the piece of legislation before the House.

So, Madam Speaker, as I was saying, it is with a certain bitterness that I address this bill, noting that many initiatives in the past have gone nowhere other than to the minister's bookcase.

I want to add, Madam Speaker, that Saskatchewan, Prince Edward Island and Alberta all have had domestic violence acts, and again I think it is about time that Manitoba had one and moved us into the '90s, preparing us for the new millennium. I think it is about time that this government seriously viewed the lives and rights of the victims of domestic violence and stalking and provided some redress with regard to civil remedies. That, of course, is what this bill does. So we are at least in part pleased.

I might add that the NDP caucus provided advice on the necessity for a victims of domestic violence act as early as 1995 in the build-up to the April 25 election, and then later in 1995, when we released our task force report on violence against women, titled Ending the Terror: Towards Zero Tolerance.

We noted in this report in particular—this list is not inclusive—the following, and I want to quote from that report. We noted the need for provincial legislation, particularly a victims of domestic violence act, and we suggested that such an act be enacted in order to ensure the following: (1) Emergency intervention orders which can be granted ex parte by telephone to go into effect immediately and direct police to remove the alleged abuser from the family home, restrain from contact or communication with the victim or other persons, and order any other appropriate provision for the protection of the victim; (2) Victims assistance orders to allow the victim and family exclusive occupation of the residence, broad restraining powers over the respondent in relation to the victim and other appropriate parties and requiring the abuser to pay compensation for monetary losses experienced by the victim as a direct result of the domestic violence. The abuser receive counselling and a requirement that he post bond on application of the victim, victims services workers or police; and (3) Warrants an entry into dwellings where police suspect that a victim of domestic violence is being held so that police have powers of search and seizure of evidence relating to victimization and can remove the cohabitant where on reasonable grounds she is a victim.”

Now most of this is contained in the bill that is before the House; so, Madam Speaker, I am very glad that this government has at long last caught up to the point that we were at in 1995, but has not completely caught up because, as will become evident during committee hearings, there are many amendments required in order to fine-tune this legislation.

So, Madam Speaker, we are pleased there is legislation before the House. It certainly is about time. We regret that the minister chose not to follow the prototype of this legislation, and that was the legislation that was developed in Saskatchewan some time ago. I understand that the Saskatchewan legislation has indirectly passed Charter challenges, because the P.E.I. act, which is based on the Saskatchewan model, was unsuccessfully challenged. So I do not know if the minister is expecting challenges to our legislation, but if our act is challenged, I do want to indicate that it could have been secured by more closely following the Saskatchewan model.

* (1440)

This leads me to another point. We on this side of the House wonder why the minister decided to produce one bill to cover two such desperate kinds of crimes, the victims of which may require very different kinds of protections, programs and compensations. Some victims of domestic violence might also be victims of stalking, and some victims of stalking might be victims of domestic violence. But on the other hand, quite clearly, even most victims of domestic violence are not stalked and vice versa. Individuals may be stalked by persons whom they have never met and with whom they have absolutely no relationship, Madam Speaker, even if the stalker might perceive that there has been a relationship because, of course, this kind of thing does happen.

Madam Speaker, we appreciate the importance for victims to have civil redress for both types of behaviour, that is, for domestic violence and for stalking, but we believe that these protections would be better available in two separate bills.

Madam Speaker, I am very hurried today, because I want to make room for other of my colleagues, but I do want to briefly make two more points about this bill. First point: generally speaking, the bill appears not to recognize children as victims of domestic violence, and here is an example. I want to refer the minister to Section 20 of the act which reads: certain information to be kept confidential. I will not quote from it. I will refer the minister to that section, and point out that the confidentiality provisions in the Alberta and Saskatchewan acts include an enforcement provision making it a summary conviction offence to release information that should be confidential, but as well, they allow the court to keep information confidential in the best interests of children. This is not an option present in this legislation. So I want to underline that remark “in the best interests of children.”

Generally speaking, the Saskatchewan and Alberta acts are much more alert to the fact that children witnessing domestic violence are secondary victims of domestic violence, much more than they are witnesses of domestic violence, and as victims, they require protections and services. I think most of us in this House are aware of the intergenerational cycles of

domestic violence and the concept that untreated victims often become victimizers; that is, children who are untreated victims or witnesses of domestic violence may, in fact, become perpetrators at a later date. So it is extremely important that the needs of these children be taken care of not only because common humanity suggests that their needs be taken care of, but because common sense and proactive public policy demand that their needs be taken care of.

A quick word about prevention orders and protection orders. Madam Speaker, I know that this legislation uses the language recommended by the Manitoba Law Reform Commission, that is to say, it uses the terms "protection orders" and "prevention orders," but somehow I think we as legislators need to come to terms with the array of protection orders and find names which individuals in crisis and in need of protection can understand. I know that we have restraining orders and peace bonds, and some women see these as protection orders, but now we have officially titled prevention orders and protection orders, and I think that these names, these titles, may prove confusing both to victims and possibly even to the police. So I put that out there as something that the minister might consider.

I know that in the province of Saskatchewan, they deliberately chose distinctive titles for their orders, and the words they used were "emergency intervention" and "victims assistance orders." So I think that might be one way of clarifying this problem.

As I said, the majority of our concerns are highly specific and would perhaps best be addressed during committee hearings through amendments when we do the clause by clause. Many of these, as I said earlier, are related to fine-tuning the bill, and they might have been avoided had the minister introduced two bills dealing with the very different issues of domestic violence and stalking. The shame is that we have a single bill with a series of flaws which, considered together, I think, weaken the strength of this legislation. We kind of have a watered-down version of what could have been two very good bills.

Still, in this case, half a loaf is better than the no bread which Manitobans have been living with, and consequently, I am prepared to pass this bill along to

committee, confident that the minister will be listening very attentively to the amendments proposed by the member for St. Johns (Mr. Mackintosh). Once he hears these arguments, he will, undoubtedly, agree with them.

Madam Speaker: Is the House ready for the question? The question before the House is second reading, Bill 40, The Domestic Violence and Stalking Prevention, Protection and Compensation and Consequential Amendments Act. Is it the will of the House to adopt the motion?

Some Honourable Members: Agreed.

Madam Speaker: Agreed and so ordered.

House Business

Hon. Glen Findlay (Acting Government House Leader): Madam Speaker, I would like to ask leave that we would change the order of the bills: 32 and 37 should be 52 and 57 for today. I would like that on the record.

Madam Speaker: I thank the honourable acting House leader for that clarification.

Bill 13—The Prescription Drugs Cost Assistance Amendment Act

Madam Speaker: To resume adjourned debate on second reading, Bill 13, The Prescription Drugs Cost Assistance Amendment Act (Loi modifiant la Loi sur l'aide à l'achat de médicaments sur ordonnance), standing in the name of the honourable member for Selkirk (Mr. Dewar). Is there leave to permit the bill to remain standing?

An Honourable Member: No.

Madam Speaker: No. Leave has been denied.

Mr. Dave Chomiak (Kildonan): Madam Speaker, I welcome the opportunity to rise and to speak on The Prescription Drugs Cost Assistance Amendment Act. I will indicate for the House that I will be the last speaker from our side with respect to dealing with this particular bill. I do wish we had considerably more

time to discuss in this Chamber, but we are proceeding to deal with a number of important matters today.

For the most part, we do not have any difficulty with this bill. We are very pleased with the provision in the particular act that allows for midwives to have the ability to prescribe drugs. We are also very concerned with respect to provisions of the bill that allow the government to—and I am not dealing with specifics of the bill and generalized natures. We are concerned about the government having the ability to charge manufacturers, because we were concerned with whether or not the government was considering a plan similar to that being put in place in Ontario, whereby there is a prescribed fee where there is an arrangement whereby if a manufacturer overprescribes, overcalculates in order to get onto the formulary the amount of drugs that would be used by individuals, then there is a penalty that is applied to the manufacturer. We are concerned whether or not the province will be instituting that particular aspect, but the minister has given us complete assurances that is not the case, Madam Speaker.

With respect to the other provisions of the bill, as indicated, our serious concerns with the prescription drug act we have dealt with on other occasions with respect to the restrictive nature of the act and the fact that two-thirds of Manitobans have been precluded from participation in the act as a result of changes made by the government two years ago. But also, in addition, Madam Speaker, we are concerned about the process whereby drugs that are required by individuals get on. There are new drugs now dealing with issues of Alzheimer's disease. There are new drugs dealing with issues with relation to people suffering from multiple sclerosis. There are new drugs dealing with assistance for individuals who have heart conditions. We are very concerned about the expeditious approval of those particular drugs so individuals can receive the benefits from those drugs. We are looking to the government to ensure that expeditious process, and we will be prepared to assist the government in any way to deal with that expeditious approval.

Finally, Madam Speaker, I have been concerned for some time with the respect to the delegation of powers under this act as it concerns the fact that the minister, by virtue of this act, is delegating powers to various

committees and bodies, and the minister has made speeches and comments on various occasions with respect to his ability of kicking politics out of the drug issue. I just might add to this point that if it were not for the issue of the public clamouring to deal with issues like Betaseron and issues with relation to the recent issue concerning strips for individuals who suffer from diabetes, the issue may not have been changed by the government.

* (1450)

So clearly I understand what the minister is saying from an administrative sense, but we clearly need the power for the public to provide their viewpoints to the government and for the government to act on those changes for the better health of all Manitobans.

With those comments we are prepared to let the bill pass to committee, Madam Speaker.

Mr. Kevin Lamoureux (Inkster): If you take a look at the title of the bill, one might be inclined to think that it promises more than what is actually in it in terms of substance of the actual amendments. Madam Speaker, these amendments allow for the government to in essence collect fees from drug companies regarding the approval of new drugs to be placed on the insured benefits list. The idea is to reduce the cost of approving the new drugs.

In somewhat of a related matter, midwives, which is a very positive thing, are also included with doctors, dentists, and pharmacists, who are required to produce records about prescription drugs to the department upon request. We also understand that the bill in addition allows for the minister to delegate some of its authority from within the department governing the day-to-day operations, to a certain degree, of the department.

Somewhat noncontroversial as a bill, but, as I say, if you read the title, one might interpret many other positive things coming out of this particular bill. But with those few words, we are prepared to see it go to committee. Thank you.

Madam Speaker: Is the House ready for the question? The question before the House is second reading, Bill 13, The Prescription Drugs Cost Assistance Amend-

ment Act. Is it the will of the House to adopt the motion?

Some Honourable Members: Agreed.

Madam Speaker: Agreed? Agreed and so ordered.

Bill 20—The Medical Amendment Act

Madam Speaker: To resume adjourned debate on second reading on the proposed motion of the honourable Minister of Health (Mr. Praznik), Bill 20, The Medical Amendment Act (Loi modifiant la Loi médicale), standing in the name of the honourable member for Flin Flon (Mr. Jennissen). Is there leave to permit the bill to remain standing?

An Honourable Member: No.

Madam Speaker: No? Leave has been denied.

Mr. Dave Chomiak (Kildonan): Madam Speaker, as indicated in the previous bill, I will be the last speaker from our side of the House with respect to this particular bill. Often the ministers indicate that bills are administrative in nature. This in fact is administrative in nature and in fact deals with previous changes that had been made to The Medical Act as a result of a request from the College of Physicians and Surgeons, whom I had the opportunity to meet with previously with respect to the previous amendments.

Madam Speaker, we do not see, unless something should come out of committee hearings, anything controversial in this particular bill. We did have a concern with respect to the title of doctor in the bill, but we made inquiries with respect to this legislation to see to what extent the use of the word may or may not be restricted, and we were informed that the use of the word "doctor" only applies to the provisions of this bill. Having satisfied ourselves of that particular concern, we are prepared to allow this bill to go to committee for public hearings.

Madam Speaker: Is the House ready for the question? The question before the House is second reading, Bill 20, The Medical Amendment Act. Is it the will of the House to adopt the motion?

Some Honourable Members: Agreed.

Madam Speaker: Agreed? Agreed and so ordered.

Bill 30—The Pharmaceutical Amendment Act

Madam Speaker: To resume adjourned debate on second reading, on the proposed motion of the honourable Minister of Health (Mr. Praznik), Bill 30, The Pharmaceutical Amendment Act (Loi modifiant la Loi sur les pharmacies), standing in the name of the honourable member for Burrows (Mr. Martindale). Is there leave to permit the bill to remain standing?

An Honourable Member: No.

Madam Speaker: No? Leave has been denied.

Mr. Dave Chomiak (Kildonan): Madam Speaker, as previously indicated on the past two bills, I will be the last speaker with respect to our party commenting on this particular bill. In some respects this bill is a companion piece to the previous Bill 13 in terms of mirroring some changes with respect to this particular bill. There are questions with respect to this bill that we wish to have answered and wish to be dealt with in more detail at the committee stage.

There is a change in definition of the word "drug," and the minister has provided in his comments a justification for that change based on a movement towards a national standard and a national interchangeability with respect to drugs. If this, in fact, expedites the process of providing and permitting for a national drug program, something that we strongly advocate, of course, we are looking for that. But we are going to query the minister with respect to that particular definition as we move into the committee part of the review of this bill.

There is also concern with respect to the issue as it relates to substances other than what are known as prescription drugs, that is, natural remedies and the like. But our review of the bill indicates that this particular provision, this bill, probably does not deal with that particular issue. The bill also deals with an adoption by reference of drugs on a national scheme and otherwise. We were concerned about issues of reference-based pricing and other related matters and

whether or not the government was moving towards that end, but it appears from the minister's comments and from our reading of the bill that that is not in fact the case. But, again, we are going to be querying the government of this when we get to the committee stage of this particular bill.

Having said that, generally, unless something should come up at committee, there does not seem to be a major reason for us to oppose the provisions of this bill unless our questions at committee should raise some of the concerns that have been enumerated in my previous comments or should arise since. We have also checked out the bill, of course, with the community and others involved.

So, having said those comments, Madam Speaker, we are prepared to let this bill go to committee.

Mr. Kevin Lamoureux (Inkster): Madam Speaker, as a whole, the bill is actually fairly positive. The bill is Manitoba's response to a national program to create standards for drug schedules. The bill aims to break drugs into three tiers, if you like. One of the tiers is prescription drugs; a second tier is behind-the-counter nonprescription drugs, and the third tier, unscheduled drugs that can be purchased off the shelf.

It should also be noted the bill moves provisions regarding privacy, as those will be dealt with under Personal Health Information Act, from what we understand. New fines are also being introduced, which is a very positive thing, as well as some housekeeping amendments regarding changes to things such as the French translation.

I want just to take this opportunity to talk also about that need of—I believe it was last year there was the national health care forum that came up with the need to have some sort of a cross-Canada health or pharmaceutical plan. I think in the ideal world that would be the greatest thing for all of us if, in fact, we did have a broader application of pharmaceuticals applied to medicare as a whole. Even though this is somewhat of a positive step, there still needs to be a lot of work with respect to the way in which prescription drugs are in fact administered in the sense that there needs to be more consistency in different provinces as to the types of medications that are in fact being

prescribed, to some of those costs. Some are listed in some provinces or insured in some provinces and not insured in other provinces. It is an area in health care that really needs a lot more attention and a lot more work in order to resolve many of the problems that are there today.

With those few words, we are prepared to see it go to committee.

Madam Speaker: Is the House ready for the question? The question before the House is second reading, Bill 30, The Pharmaceutical Amendment Act (Loi modifiant la Loi sur les pharmacies). Is it the will of the House to adopt the motion?

Some Honourable Members: Agreed.

Madam Speaker: Agreed and so ordered.

Bill 31—The Regulated Health Professions Statutes Amendment Act

Madam Speaker: To resume adjourned debate on second reading on the proposed motion of the honourable Minister of Health (Mr. Praznik), Bill 31, The Regulated Health Professions Statutes Amendment Act (Loi modifiant diverses lois sur les professions de la santé réglementées), standing in the name of the honourable member for Transcona (Mr. Reid). Is there leave to permit the bill to remain standing?

An Honourable Member: No.

Madam Speaker: No? Leave has been denied.

Mr. Dave Chomiak (Kildonan): I can indicate, Madam Speaker, that I will be the last speaker from our side of the House with respect to debate on this particular bill.

Again, as I had indicated during debate on the previous bill, this is in fact an administrative matter. It is to bring in line the provisions of all of The Regulated Health Professions Statutes Act that deal with the provisions of the confidentiality provisions that were passed, The Personal Health Information Act, and Freedom of Information Act that were passed during the last session of the Legislature.

Having said that, Madam Speaker, it is in fact administrative, and in fact the legislation was passed despite objections we had with some provisions of that act, most notably the need for the establishment of a separate information officer, which we still support and still advocate and still are committed to, notwithstanding our need. We have had that debate; we have lost that particular debate. We urge the government to do it, but, having said that, it is not likely the government is going to change its mind. We will still continue to press for it.

But, despite that, this is an administrative act, the changes, the provisions of all of the professional statutes with relation to the professions involved in the health care field, and I note with some satisfaction, including The Midwifery Act which we are very happy to support. So, having said that, we look forward to this bill as well going to committee.

* (1500)

Mr. Kevin Lamoureux (Inkster): Madam Speaker, this bill puts into place privacy regulation for self-regulating bodies dealing with the area of health. Since such bodies are not under the jurisdiction of The Personal Health Information Act, there are no significant forms of protection for privacy, in which something had to be addressed. This bill allows for members of self-regulating bodies to exchange private information when necessary under certain guidelines, whilst protecting the privacy of individuals which at all times is absolutely critical.

With those few words, we are prepared to see it go to committee.

Mr. Mervin Tweed, Acting Speaker, in the Chair

The Acting Speaker (Mr. Tweed): Is the House ready for the question? The question before the House is the second reading of Bill 31 (The Regulated Health Professions Statutes Amendment Act; Loi modifiant diverses lois sur les professions de la santé réglementées). Is it the will of the House to adopt the motion?

Some Honourable Members: Agreed.

The Acting Speaker (Mr. Tweed): Agreed and so ordered.

Bill 47—The Brandon University Act

The Acting Speaker (Mr. Tweed): We are now moving to—on the proposed motion of the honourable Minister of Education (Mrs. McIntosh), Bill 47, The Brandon University Act (Loi sur l'Université de Brandon), standing in the name of the honourable member for Inkster. Is there leave to let the motion stand?

Some Honourable Members: No.

The Acting Speaker (Mr. Tweed): Leave has been denied.

Ms. Jean Friesen (Wolseley): Mr. Acting Speaker, this is one of several bills dealing with the legal position of universities. I will speak on this one and the University of Winnipeg one quite briefly and, more extensively, on the one dealing with the Mennonite university.

Bill 47 creates a separate act for Brandon University, putting it in a similar position to the University of Manitoba, and after one assumes the passage of Bill 48, to the University of Winnipeg.

Brandon University, Mr. Acting Speaker, has its origins in a college established in Rapid City in 1880 by the Baptist Church Home Mission Society.

Mr. Marcel Laurendeau, Deputy Speaker, in the Chair

In 1898, with financial support from a Toronto businessman, a Baptist college was founded in Brandon itself. From 1911 to 1938, the college was affiliated with McMaster University and from 1938 to 1967 with the University of Manitoba as a nondenominational college. Like the University of Winnipeg, it received a separate charter in 1967 as an independent institution. This act completes that separation.

In general, we support the direction of this bill, and we look forward to presentations at committee. We will have some questions on areas where this bill differs from The University of Manitoba Act and that of

The University of Winnipeg. I understand that the Brandon University Faculty Association has concerns about the reserve powers allocated to the board, which appear to create a different situation from that of the University of Manitoba.

I note particularly myself the requirement that exams now in Brandon University may be written in English and French, a move which I heartily approve of. But there is, as I am sure the university well understands, the difficulty and perhaps the trickier question of setting the exams in French and English and in ensuring that those who are marking them are competent in both languages.

I note the addition of two extra students to be appointed to the board of Brandon University. In general this is a good idea. But we think it might have been more appropriate for students to choose who should represent their perspective rather than the government and will be raising some questions on that issue. We are very well aware that there is a large proportion of Brandon University students who are aboriginal and who would look forward to some representation through that on the board.

I notice two final things of interest in the Brandon University bill. One is that Brandon University intends to retain custody of its records, something which is not in The University of Winnipeg Act and is unclear to me where it will fit with the rights which were given to the Council on Post-Secondary Education to deal with university records. So I will have some questions for the minister on that.

Finally, Mr. Deputy Speaker, I notice that this bill is due to come into effect on July 1, 1998, which seems rather presumptuous on the government's part, that in fact it will be passed by that time. I draw that to the attention of the Deputy Premier (Mr. Downey), who is here, and perhaps suggest to him that some more flexible timing might be appropriate.

With that, we are prepared to pass this to committee.

Mr. Deputy Speaker: Is the House ready for the question? The question before the House is second reading Bill 47. Is it the will of the House to adopt the motion?

Some Honourable Members: Agreed.

Mr. Deputy Speaker: Agreed? Agreed and so ordered.

Bill 49—The University of Winnipeg Act

Mr. Deputy Speaker: On the proposed motion of the honourable Minister of Education (Mrs. McIntosh), Bill 49, The University of Winnipeg Act; Loi sur l'Université de Winnipeg, standing in the name of the honourable member for Elmwood (Maloway). Is there leave that this matter remain standing?

An Honourable Member: No.

Mr. Deputy Speaker: No? Leave has been denied.

Ms. Jean Friesen (Wolseley): Mr. Deputy Speaker, The University of Winnipeg Act creates a separate act for the university, putting it on a similar legal footing to that of the University of Manitoba and after the passage of an earlier bill to Brandon University.

The University of Winnipeg, I think as most members of this House are aware, was created in 1967, and it was created from United College. United College itself was formed in 1926 by a combination of the Presbyterian college known as Manitoba College and Wesley College, which were joined together after the two churches came together to form the United Church. The lands and buildings that form the present University of Winnipeg, of course, have their foundation in that combined United College.

It is important to note in this bill that the United Church has had a long history of interest and influence in education going back to the days of the Reverend Egerton Ryerson in Ontario and his very strong influence in the public schools of Canada in general. I am pleased to see that connection will continue in this bill, as the United Church will still appoint 10 of the board of regents of the university. This is a system which has worked well for the University of Winnipeg. I have heard very strong recommendations on it from students, staff, as well as the board itself. They believe that it offers flexibility, enables people to move from

being government appointments to being appointees of the United Church and that gives them a continuity which they greatly appreciate.

Indeed, Mr. Deputy Speaker, it is worth noting, I think, that those whom I have talked to at the University of Winnipeg from all sections of the university are very proud of their board, and the way in which it works and the way in which students are very closely involved in the active committees of the university.

So it is I think important to the university that that connection with the United Church remains, and in that context, Mr. Deputy Speaker, one wonders why the government did not value that connection with the United Church enough to consult on this bill with the United Church. I understand that not only was the national body not consulted, but the local representatives were neither consulted nor informed of these changes, yet the government saw fit to, in fact, direct the United Church to alter the composition of its body of appointees to the board of regents. It reminded me very strongly of the way in which the government and the minister of municipal affairs treated the universities and colleges of this province two years ago, when without warning, without consultation, without advice, without discussion, without notification, not even a registered letter, not even a phone call, he set about taking away millions of dollars from the budgets of each of those institutions as he transferred them to a different system of municipal taxation.

Mr. Deputy Speaker, we have some concerns about some sections of the bill, but I will say that there does seem to be general satisfaction at the university amongst all segments with its direction. We certainly have been in touch with students. We have received letters from the board and spoken to representatives of the board and know that the draft act certainly had their support.

I do know that some of the faculty have concerns about a section on academic freedom which was present in the draft bill but which has not emerged in the government's final bill, and we will have some questions for the minister on that at committee.

There are some differences also between this bill and the Brandon University bill, and we will raise some of those, as well, at the committee hearing.

* (1510)

Madam Speaker in the Chair

I wanted to conclude, Madam Speaker, by reading into the record a section of the general catalogue of the University of Winnipeg which sums up, I think, the very special nature of this university, as it will be, and of its place in Manitoba history. I quote: The University of Winnipeg represents a partnership between church and state into which the United Church of Canada has brought not only its assets of property and facilities which have been established over the years but also the proud traditions it has maintained in the field of higher education in Manitoba. It will seek to raise the standards of higher education and to equalize opportunities for the enjoyment of its benefits. It is hoped that through mutual stimulation and co-operation between church and state, there will be maintained a degree of flexibility in the patterns of learning and that a valuable and diversified contribution can be made to higher education. From such a university there should flow into society a steady stream of adequately educated and intelligent men and women who manifest not only by concern but by action the benefits that flow from such an education.

With that, Madam Speaker, we are interested to pass this bill to committee and to hear presentations on it from the general public.

Madam Speaker: Is the House ready for the question? The question before the House is second reading Bill 49, The University of Winnipeg Act. Is it the will of the House to adopt the motion?

An Honourable Member: Agreed.

Madam Speaker: Agreed? Agreed and so ordered.

Bill 50—The Universities Establishment Repeal and Consequential Amendments Act

Madam Speaker: To resume adjourned debate on second reading, on the proposed motion of the

honourable Minister of Education and Training (Mrs. McIntosh), Bill 50, The Universities Establishment Repeal and Consequential Amendments Act (Loi abrogeant la Loi sur la fondation des universités et modifications corrélatives), standing in the name of the honourable member for Elmwood (Mr. Maloway). Is there leave to permit the bill to remain standing?

An Honourable Member: No.

Madam Speaker: No. Leave has been denied.

Ms. Jean Friesen (Wolseley): This bill is a so-called housekeeping bill. It repeals the Universities Establishment bill which was the enabling bill for the charters granted to Brandon University and the University of Winnipeg in 1967. With the introduction of bills giving separate acts to Brandon University and the University of Winnipeg, it requires attention and repeal.

The bill also amends other acts such as The Municipal Act in order to align those acts with the new clear references to the University of Winnipeg and to Brandon University, and we are prepared to pass this to committee. I do not know if there are any presenters on this, Madam Speaker, but we are ready to discuss it at committee.

Madam Speaker: Is the House ready for the question? The question before the House is second reading Bill 50, The Universities Establishment Repeal and Consequential Amendments Act. Is it the will of the House to adopt the motion?

Some Honourable Members: Agreed.

Madam Speaker: Agreed and so ordered.

Bill 52—The Health Services Insurance Amendment Act

Madam Speaker: To resume second reading debate, on the proposed motion of the honourable Minister of Health (Mr. Praznik), Bill 52, The Health Services Insurance Amendment Act (Loi modifiant la Loi sur l'assurance-maladie), standing in the name of the honourable member for Elmwood (Mr. Maloway). Is there leave to permit the bill to remain standing?

An Honourable Member: No.

Madam Speaker: No? Leave has been denied.

Mr. Dave Chomiak (Kildonan): Madam Speaker, I can indicate that I will be the last speaker from our side of the House with respect to this particular bill. Essentially, one of the difficulties that we often have with amendments to bills, and in particular, amendments to major acts, is that the amendments are such that one can be in favour of some sections of the amendment quite strongly, that one can be opposed, but it does come down to a yes or no to particular amendments to bills.

In this case, for the most part, we are in favour of this bill, but we do have some reservations about some aspects of the application of this bill. I will attempt during the course of this debate to outline for you and for the House both the positive and the negative with respect to this particular bill.

Speaking from a positive viewpoint, we take some satisfaction in the fact that this particular bill will deal with issues of regulations as they apply to personal care homes. The House, the Chamber knows that for the past several years, indeed as far back as 1992, one of our primary concerns was in relation to care and treatment of individuals in personal care homes. It has been something of, unfortunately, a recurring issue in Manitoba, culminating in the tragedy that occurred in February 1997 at Holiday Haven Nursing Home. We are very pleased, we are happy that regulations will be put in place, regulations and issues that have been raised for some time that have been the result of a report, and it was commissioned by the previous minister in 1994 and reported in 1995 with respect to this type of legislation. We strongly support, condone and encourage a movement by the government to this area, and we are pleased to see that in fact this has occurred. We are very supportive of this provision of the act.

Madam Speaker, we have also, for some time, made it a major issue and been very concerned with respect to the user fee issue and with respect to payments of fees for medical services. I am not going to use the occasion of this debate to restate the obvious, to restate our position, and I might add, to restate the position that

has been stated by all major figures involved in health care, be it on our side of the House or on the other side of the House. Yet, in fact, co-existing with the statements that we do not believe in a two-tiered medicare system, and we do not believe in a user fee system, we have seen in Manitoba the proliferation of user fees to the point where in fact the minister, in justifying the introduction of this bill, is using the same language that we have used for the past several years to criticize the government in permitting the utilization of user fees.

The very fact that we are the second or third highest penalized province in the country with respect to contravention of the Canada Health Act as it relates to the imposition of additional fees for services provided to individuals, forced upon individuals to pay for necessary and needed medical services, nothing will undermine to any greater extent the erosion and the support, as well as the foundation of medicare, any more than this proliferation of user fees and the establishment of a two-tier system. So, obviously, we are supportive of this section of the bill as it relates to user fees.

I am not clear, however, and I hope to have the opportunity during—and I presume in fact we will have the opportunity to question the minister with respect, that I am serving notice on the minister with respect to specifically what fees are going to be prohibited by virtue of this act. It was an unclear issue at the time. The minister issued his press conference, and I listened carefully in the hallway with respect to the minister's comments. As well, I have read the comments of the minister who introduced second reading of this bill with respect to what would be prohibited. I am reading into the comments that in fact what will be prohibited are the extra fees, and issue of tray fees and related fees are not the auspices of this bill. But we will be inquiring of the minister what particular fees are included.

I might add that one of the very serious problems that we have been experiencing in medicare in this country for the past several years is the introduction of fees for basic medical services. As we evolved and as we move on the so-called reform of health care, everyone talks about the elimination of provisions of medicare in order to save it, but if you are going to eliminate, the only way you can save it is to add on in other areas. Presumably, the rhetoric was that the more expensive

eliminated functions would be added on, would be cheaper, and would provide better health care, but that has not in fact occurred. We have to really look at the whole area of prevention, and we have to look at the area of community-based services. We have to look at the area of a national pharmacare and a publicly funded home care system from the federal government, but I have spoken of that in other forums, I will speak of that in other forums, and I will not go on much longer in this regard.

* (1520)

Having said that, Madam Speaker, we have strongly advocated and we are very pleased that finally we will see some action to eliminate the provision, because the typical situation that I have heard—if I have heard it once, I have heard it several hundred times is: I went in to see my doctor. I was told I would be on a waiting list for 12 to 18 months to get my cataracts removed. I cannot do anything in my apartment. I cannot go out; I cannot read; I cannot drive. I cannot do anything, the doctor said, but if you pay me a thousand dollars, you can have it done next week. That should not happen. That should not happen in Manitoba. That should not happen in Canada. We are very hopeful that the passage of this act will ensure that does not happen.

The third area, Madam Speaker, of this bill that is related to the fee payment and integral to it is the government's response and the government's solution to the problem is the definition of surgical facility. The way the government has gotten around the issue of the Canada Health Act and the way the government has gotten around the issue of the user fees is to designate specific areas as surgical facilities and, by designating those areas as surgical facilities, they become part of the hospital system or become part of the insurance system. That allows the government to say that there is no fee permitted to be paid, and at the same time, it brings them into the system.

That is an interesting response, and it is not something that—and this is where it gets more complicated in terms of one's view of the bill and we are going to deal with this more extensively at committee. In fact, we are going to introduce amendments to try to deal with this issue at committee. I am serving notice on the government right now that that is what we intend to do.

Madam Speaker, there are some concerns in relation to the surgical facility issue, and let me enumerate them for the benefit of the Chamber. The first is, of course, the issue of private versus nonprofit. This would and could permit the establishment of many—dozens, hundreds, who knows—private facilities that will be designated as surgical facilities that will be permitted to operate in the medicare system. Now, the government has already, I think, supposedly and probably, taken a stand with respect to privatization of home care and has learned their lesson with respect to privatization, but let us look at this issue as it relates to surgical facilities.

The government may argue, well, if XYZ incorporated surgical facility can perform their function cheaper and can perform the surgery cheaper than a hospital in Winnipeg, then, by all means, why should we not do it and save medicare dollars? Well, it is not that easy. We know from the lab experience, of private labs versus public labs, that it is not that simple. But let me illustrate. XYZ incorporated, for example, could just cream, take what is the easiest, could take the run of the mill, could take the most expeditious surgery and punch it through; high volume, not have high overhead and, consequently, make a lot of profit.

On the other hand, hospitals, a community hospital or a tertiary care facility is forced to take the more expensive, the more labour intensive, et cetera, kind of surgery, and as a consequence will not have a level playing field, but, in fact, what we will have is a private, profit facility creaming from the medicare system that kind of service. That would be unfair, Madam Speaker. So we are very concerned that this might happen. In fact, we are recommending strongly that the surgical facility be only nonprofit facilities to deal with the issue of privatization of health care.

It is quite clear—and I have just had occasion to scan a review of privatization initiatives that was done by the Canada West Foundation that showed in a study of privatization of public services in British Columbia, for example, that it was not, in fact, the case that they were cheaper or, in fact, they were more efficient, that in fact, they were more problems.

I do not want to enumerate and go down the road—because it is well known in this Chamber and there are numerous individuals who want to debate other

issues—of debating the nonprofit versus profit. Our position is very clear, that profit does not belong in a health care system, and we will be taking steps at committee to try to deal with that particular issue as it relates to surgical facilities.

We are also concerned, Madam Speaker, that the government be very cautious, and when the government designates surgical facilities, that, again, they do not take out of the full centre institutions, that they utilize all of the hospital facilities—we have operating rooms at Seven Oaks that are empty; we have operating rooms at St. Boniface that are not utilized; we have operating rooms at the very hospitals that are underutilized; in fact, they are quota-driven with respect to funding; they are quota-driven as to the amount of surgeries they can do—that these surgical facilities that the government has designated do not take from our public institutions that we put public dollars in, that we capitalize publicly, that are nonprofit, that we do not take from those public institutions those services and move them from the public facility to the private facility.

So, having said that, Madam Speaker, I do want to indicate that we do welcome the fact that the government has taken steps, finally, after years of prodding and years of public criticism, to deal with the issue of user fees. I note that the government's attempt to do it has resulted in some questioning as to how they intend to do it, particularly the designation of surgical facilities. We think we have and we can offer to the government a solution in order to deal with this issue, and we are going to propose that at committee. We have some questions as it relates to the payment of fees.

Having said that, of course, we are very supportive of the initiatives as they relate to regulation and regulating the services in the personal care home sector. It has been long overdue. The reason we do not have regulations, and the reason we do not have legislative authority is a throwback, I think, to the era when personal care homes were first actually enacted and begun in any kind of meaningful way. It has been long overdue.

The legislation is necessary. The legislation is in response to many studies and many inquests that have been undertaken as it relates to personal care homes, so in that regard we are supportive of those provisions.

We think we can be helpful in terms of making this act a better act, and, having said those few words, Madam Speaker, we are looking forward to this act going to committee in order to deal with it more extensively and perhaps assist the people of Manitoba in making it a better and more meaningful act.

Mr. Kevin Lamoureux (Inkster): Madam Speaker, actually I have always been quite surprised with the limitations that the Minister of Health (Mr. Praznik) has had with respect to personal care homes and the way in which standards have, in fact, been enforced or maintained and so forth. The need for change in that area has been demonstrated over the last few years by some incidents that have occurred, and I do not need to necessarily go over them. They have been debated fairly extensively inside the Chamber in the past, but suffice to say that ultimately the well-being of the resident has to be first and foremost in the minds of not only the legislators, but particularly the Minister of Health. That is why I think the bill, in most part, is quite positive, because we are now going to be seeing some regulations, enforcements of standards, and the minister will have some real clout, whether it is to suspend or cancel a licence right out, the whole renewal issue. Those are things that are, in fact, long overdue.

* (1530)

I understand that there have been thousands of dollars, for when I was in Ottawa a while back, I met with the then Minister of Health, Mr. Rock, to talk about the situation here in Manitoba and express some concerns that I had with respect to health care. One of the issues that did come up was the issue of the federal government holding back on money as a direct result of the province trying to skirt the whole issue of the Canada Health Act and some of the surgical procedures that were occurring inside the province. That surprised me to find that the government was, in fact, deviating to the degree in which money was being withheld from the transfer payments.

Madam Speaker, now what we see are some amendments that are going to address some of those concerns. Now whether or not it is a complete loophole that the minister has found or another way to sidestep the issue, I am not completely convinced, at least at this stage, that it is a positive amendment, but I recognize that the

government does need to follow the Canada Health Act. The principles are there and widely accepted, and it is expected the government to follow.

There is a concern that I have had, and I have had the debate with the Minister of Health on the whole issue of cash transfers. In my opinion, one of the reasons why we have some of the amendments that are here today is because of the federal government's insistence on the cash transfers. Had they not had the cash transfers, I really believe that the province would have moved more towards things such as the surgical clinics or would be in more of a hurry to rush over to the privatization or the establishment of a two-tiered health care system. So I really do appreciate the fact that there is a lump sum, there is a Canada Health Act, and there is something that assists in holding the government of the day, no matter what political stripe, to fulfill its obligation under the Canada Health Act. But there are some problems, as has been pointed out over the last couple of years, where we have seen money being held back.

I am concerned in terms of the general direction towards privatization for profit, Madam Speaker. I do have great concerns with respect to the that. I think there are other alternative ways of delivering health care services, and I think that those can be a very positive thing, but the concept of privatization for profit in certain areas, the member for Kildonan (Mr. Chomiak) made reference to the labs. It is probably an excellent example, especially if you compare the province of Manitoba to, let us say, the province of Quebec, where there is more of a concentration on publicly owned and ran labs. I believe, the per capita costs are substantially less than what we have here in the province of Manitoba where we have somewhat of a hybrid system, but the fear, of course, is that we are moving more towards the privatization for profit.

So with those few words, Madam Speaker, we are prepared to see it go to committee.

Madam Speaker: Is the House ready for the question? The question before the House is second reading Bill 52, The Health Services Insurance Amendment Act. Is it the will of the House to adopt the motion?

Some Honourable Members: Agreed.

Madam Speaker: Agreed and so ordered.

**Bill 57—The Regional Health Authorities
Amendment Act**

Madam Speaker: To resume adjourned debate on second reading on the proposed motion of the honourable Minister of Health (Mr. Praznik), Bill 57, The Regional Health Authorities Amendment Act (Loi modifiant la Loi sur les offices régionaux de la santé), standing in the name of the honourable member for Transcona (Mr. Reid). Is there leave to permit the bill to remain standing?

Some Honourable Members: No.

Madam Speaker: No, leave has been denied.

Mr. Kevin Lamoureux (Inkster): Madam Speaker, it is with pleasure that I stand to speak to Bill 57. There is no doubt a great deal of concern with respect to the bill. I did want to go through some notes that have been provided in some of the discussions that I have had before I give more of a general comment.

The introduction of Bill 57 marks a significant change in the administration of health services in Manitoba. According to the minister, funding will be based upon written agreements between regional health authorities and the health corporation. The bill will also establish a process by which RHAs and the health corporations can request a mediator when an impasse is reached. If the mediator cannot solve the problem, it will ultimately be up to the minister to deal with it. There are also other amendments that extend current agreements relating to the health authorities.

Madam Speaker, I think that one has to be sensitive to the fact that there are criticisms that the government is trying to rush this particular bill through, as opposed to trying to address some of those conflicts that are there today on more of a consensus-building process. I think it would have been more in the long-term best interest of the government if, in fact, we would have seen more of that sense of co-operation, consensus building, bringing the parties together in hopes of trying to resolve it. Because we have the bill in the current format before us, I do not necessarily believe that it

speaks well as to why, or the sense of co-operation, or the consensus building that has taken place to date.

There have been and still are very serious concerns that have been raised from the local community boards, even to the regional health boards, with respect to issues. I can recall when—well, before I recall, Madam Speaker, I want to comment on the mediation process. We are giving the final say, ultimately, to the Minister of Health (Mr. Praznik), but one has to question whether or not there might have been a better way to appeal any sort of mediation or a problem that arises. That is another concern that I have specifically with respect to the bill.

As I can recall from previous debates on the whole regional health authorities and the organization of it, I have spoken for many minutes or probably a few hours inside the Chamber and outside the Chamber, Madam Speaker, with respect to the regional health authorities and the concept of them. I look at when the government first brought in the idea of bringing in the regional health authorities. I think there was a considerable amount of sound criticism that what the government was trying to do was to pass the buck on things that were going to be happening.

At the time, what we saw was if we posed a question to the government regarding health, the government's response would always be, well, it is those nasty people in Ottawa; they are cutting back on funds. [interjection] As the member for Selkirk (Mr. Dewar) says, right. Well, Madam Speaker, that was passing the buck in many cases. The greatest potential failure for health care in the province of Manitoba is not recognizing that it is the province which plays the role of administering our health care, and you are not going to solve all the problems in health care by strictly throwing money at the issue. Yes, it would have been nice to have seen increases as opposed to decreases with respect to the federal transfer payments, and it did have an impact, but those payments were, in fact, compensated for in different ways, both from Ottawa and from the province.

* (1540)

In particular, Madam Speaker, I can recall, for example, the Crystal Casino. Money that was coming

there for the Crystal Casino—and this goes back eight, nine years ago—was to go toward health care. There has been substantial increases in revenue with which the government has compensated for some of those cuts. That is not to say that what Ottawa has done is in the best interests in the short term for health care in the province of Manitoba, but, hopefully, with continuous lobbying from all parties, we will see, at some point, a full reinstatement of monies that have been lost to health care. The minister back then would constantly criticize that particular cut. No matter what question was being posed, that seemed to be the response, to blame Ottawa.

So then when they brought in the regional health boards, it provided the second excuse. I think that is today still a major fear that many people have. It is a question of accountability, and the government, by having the regional health authorities, now you have a community or a facility, if you like, that makes some sort of a decision based on finances or an envelope, and the minister can say, look, it is not the government that has made the decision; it is the regional boards.

At the time, Madam Speaker, we had a lot of concerns with the minister bringing in regional health boards, primarily because of that shifting of blame or the offloading of its responsibilities, which I think was a legitimate concern. It was issues such as if you are going to have the regional boards, they should be elected as regional boards. We hope that in time we will see the elected regional boards. In part, the Minister seems to be wanting to take some responsibility for what is happening. I listened to the Minister of Health in Question Period, for example, earlier today where he definitely implied that it is the minister and this government that ultimately want to be held accountable for its actions in health care.

I think as opposition, as I said, a year or a year and a half ago in debate that it would be our intention as a political party to ensure that the government is in fact being held accountable for its actions, in that they are not going to be shuffling off that responsibility, whether it is to Ottawa or it is to the regional health authorities. The administrators, ultimately the people that are in charge of administering health care is in fact the Province of Manitoba in keeping with the Canada Health Act. We would like to see the government take

a very, very strong stand on that particular issue. That is why at least in part, I was somewhat surprised with the response from the minister today.

But having said that, there is a great deal of concern that is being expressed with respect to Bill 57 as I have referred to, and we will have to wait and see ultimately in terms of how it unfolds from here. With those few words, we will let it go to committee.

Mr. Dave Chomiak (Kildonan): Madam Speaker, as was the case in the previous bills that have been debated this afternoon at the Legislature, I can indicate that I will be the final speaker from our party with respect to this bill.

I concur in many of the comments of my honourable friend from Inkster with respect to this bill. It causes us to pause, ponder and reflect on this particular bill, and I want to spend a little bit of time on it to indicate some of our concerns as it relates to this bill, as well as, to deal with some of the issues raised both previously by the minister, as well as, more recently in this Chamber as recently as this afternoon.

We went through a long process of debate and public hearings and public comment in this Chamber of which I sat through many, many hours with respect to The Regional Health Authorities Act. We heard presenter after presenter voice concerns with respect to The Regional Health Authorities Act. We heard from the government time and time again that this act and the authority derived in this act was sufficient and that there would be a question of choice, both inside Winnipeg—of course the act originally did not deal with Winnipeg; in fact, that is a whole another issue—but tells communities outside of Winnipeg that they would have the choice and that the long arm of the government would not be imposed on them. On that basis the government was able to persuade communities outside of Winnipeg to a certain extent support the establishment of regional health authorities, even though the establishment of the regional authorities in some significant areas were established contrary to the government's own committee that made recommendations.

Having said, Madam Speaker, one of the first measures undertaken by the government with respect to

communities outside of Winnipeg was to say: you have to become part, and if you do not become part, we are not going to pay the debts of your institution. Now, that sort of set a tone. We have the tone, and we have the comments of the government. You will have the choice. The act is being established, so you can have the choice to participate or not participate.

Now, Madam Speaker, whether or not that is correct administratively or otherwise, whether one believes in regionalization or one does not believe in regionalization is not the point. The point is that the government sold the entire package and concept on the basis of one thing. That is: you have choice. You can participate or not participate. This is that kind of a bill.

As soon as the bill was passed, the government changed its tone and changed its policy. One of the first measures that came out was: you either join the regional health authority concept or your debt is not going to be paid by the government, of your institution. In other words, we are not going to be funding you to a certain extent because you are not coming on board.

So initially and quite justifiably, not only were communities and organizations suspicious, but we were concerned and suspicious, because the government completely changed its approach. Subsequent to that, without public debate, without public discussion, in fact, the only public debate that was held concerning the establishment of regionalization in the city of Winnipeg took place in the fall of 1996, and I could stand to be corrected. When the government held this major forum, forgot to invite the opposition, subsequently, I will give the previous minister credit, did invite the opposition the day of the hearings, I attended the hearings. I think my colleague may have attended the hearings from the Liberal Party. There was a discussion, a public discussion.

The government advertised this as a discussion on how to deal with the governance and the establishment of how we are going to deal with the future of Winnipeg. No consensus was reached. In fact, there was opposition almost exclusively to the concept of regionalization in Winnipeg. Subsequent to that, the only public debate that was held, that was the only public debate held on the issue, the government

announced they were going to regionalize Winnipeg. Again, Madam Speaker, whether or not one is in favour of regionalization or whether or not one is against regionalization, there was no opportunity for input, discussion of the concept of regionalization. It was simply imposed. It was imposed by the government.

So government says one thing in rural Manitoba, does another thing; government has a quasi-public forum, public forum is against the concept, government imposes its idea of the concept. Again, whether or not one has agreed with regionalization, in agreement or not in agreement with regionalization, Madam Speaker, that is not what I am speaking of at this point. So the government imposed its will, set up regionalization.

* (1550)

Again, when the system and the structure was put in place, what was one of the first initiatives undertaken by the government? One of the first initiatives was a letter from the Deputy Minister of Health to institutions saying: you must belong, you must participate, you must participate in USSC, the frozen food services venture of the government, or else your debts will not be paid. Does that connote or does that suggest consensus? Does that suggest co-operation? Does that suggest a government that wants to participate with the individuals involved? I dare say not, Madam Speaker. I dare say not.

There is a bit of history involved. There is a bit of a history and not a very favourable one with respect to the initiatives and the undertakings of the government with respect to these amendments to The Regional Health Authority Act.

I might add, before I get into some of the specific concerns that I have with this act, I want to just point out a couple points that have been made before as it relates to the whole concept of regionalization.

Firstly, it is our understanding that the Manitoba model is based basically on the New Zealand model. Manitoba sent officials down to New Zealand, studied New Zealand. The early returns in New Zealand are that the New Zealand model is not working. The early returns from a publication that I read with respect to this matter—in fact this was pointed out by individuals

at the committee hearing process on Bill 49 that were previously held—were that costs went up. There were problems with boards, there were problems with memberships. It said waiting lists went up, et cetera. Does that sound familiar, Madam Speaker? It should, because it is happening here in Manitoba.

The other issue, as it relates to this whole concept, is the area that we referred to earlier during Question Period, and that is, it certainly seems clear to me and I think members on this side of the House that there are a lot of politics going on with this regionalization issue. I said it and I will repeat it, because I believe it strongly. You know, if a ribbon needs to be cut, the minister, the Premier (Mr. Filmon), ministers, MLAs from the government side are there in a flash, but try to find one of them when you have a problem in the system, and what is the first response? Talk to the CEO; talk to the head of the authority. Where is the responsibility? Where is the accountability in that sense?

It does seem to suggest something that we had made very clear our concerns originally with the regionalization bill. It does seem to suggest that these authorities are being used for political purposes. When convenient, they are trotted out to answer questions and say: oh, that is only technical, but when it is in the government's favour, there is the government and the minister talking, announcing all the programs.

How come the minister does not have press releases saying: the waiting lists are the longest in the country? No, the only people that get to say that, and in fact I am quoting from the minister's own briefing notes on regionalization, I mean, the minister does not put out press releases. Of course he does not. But it is the regional health authority that has to deal with the waiting lists. But, when a small program is announced, there is the minister out front talking about: I am putting in the money. We are putting in the money to do this. A bit incongruous, Madam Speaker, a bit suspicious, and it does suggest what we have said from the very beginning, that this is a political process, and one of the primary functions of these bodies is to isolate the government from political criticism, which has been much justified over the years, which has been much justified as it relates to the way that this government has badly managed health care in the province of Manitoba,

this despite the fact that members have placed a lot of good Tories and a lot of individual—and I should not say it is not all Tories on the boards, but they certainly have done—[interjection]

The member for Thompson (Mr. Ashton) indicated some had slipped through, but they certainly are top-heavy with respect to supporters of the government. That does suggest something that we had also raised before with respect to the election to the boards and the lack of real commitment to those boards and community commitment, Madam Speaker.

So that brings us to this particular bill. Now, our Leader, the member for Concordia (Mr. Doer), has spoken at a good deal of length and I think in a very, very articulate speech as it relates to this bill with some of the problems with this bill. I am not going to repeat all of what was dealt with by the member for Concordia, but I want to deal with some issues as it relates to this bill.

Having established the history of this bill, having established the pattern and the background as it relates to regional health authorities, what happened in this Legislature and what happened with the introduction of this bill?

Well, after much delay and much confusion, the minister, together with literally dozens and dozens of officials from the Winnipeg Regional Health Authority, held a major press conference to announce the plan for the Winnipeg Regional Health Authority. The minister announced at that time that that morning, the morning that the plan was announced, they had received in principle approval from the various boards, the present boards of the institutions, as it relates to the plan. [interjection] The minister is indicating from his seat that they did not have approval. I recall, and I could stand to be corrected, the minister saying that they had met with those boards and had tentative approval of the plans.

Point of Order

Hon. Darren Praznik (Minister of Health): Madam Speaker, I am sure my colleague will indulge me, because there are many things and many different points. Just for accuracy, and I know my colleague

does like to be accurate in these issues, but at no time was the plan that was presented at the press conference repeated, concurred in, or the independent boards was their approval sought because it was not required. What was said was that the program teams in the system have worked with the providers of care in those facilities.

I know it is not a point of order, Madam Speaker, you do not have to rule. I concede that.

Madam Speaker: The honourable Minister of Health did not have point of order.

* * *

Mr. Chomiak: In fact, Madam Speaker, as the minister spoke, I recall that the minister said that approval was, in principle, offered that morning. Now that was what I heard.

Mr. Praznik: There was not an objection that was presented.

Mr. Chomiak: The minister is indicating from his seat that there was not an objection, and that is interesting. The minister said there was not an objection to the plan as presented. That is very interesting, and that helps deal with this issue.

So the plan is presented about the future of health care at the institutions in Winnipeg, and we are talking about the expenditure of something like, what is it, \$700 million, probably the single largest expenditure of any item in the budget. The boards of the present institutions that are involved, according to the minister today, their approval was not sought nor was it required, the minister says. So that day the announcement came about, and I will return to that, but subsequent to that, the minister then introduces in this Chamber this amendment. Now, any legitimate opposition, Madam Speaker, anyone would be questioning the intention and the validity of an amendment that is introduced the day after a grand scheme is introduced as to what the future is.

Now what does that amendment do? That amendment provides the minister with the authority and with the power to impose on those institutions, on the people

of Winnipeg, the plan as drafted by the minister's hand-picked authority. Now, whether or not the plan is valid or the plan is—again, I am not, at this point, even questioning the efficiency or the legitimacy or even whether or not the plan is a good plan or a bad plan. The fact is that a government comes in, a government with a history of breaking its promises with respect to health care in general and specifically as it relates to regional health authority, breaking its commitments as it relates to the regional health authorities, the next day brings in legislation that says if you do not agree with the plan, we can impose the plan and it will be our plan.

* (1600)

So, Madam Speaker, is it any surprise that we have concerns about this particular act or this particular amendment? With the history alone, we would have concerns, but if you look at the timing of this—now, the minister has publicly stated that they are close to agreement with the institutions, although he said from his seat and he said during the attempted intervention several minutes ago that they do not require or do they need the agreement from the institutions. This government that has attempted desperately to distance itself from bad things in health care and tries to take whatever accolades it can from anything positive in health care is now saying we have the complete sum total to impose on any institution, on any organization, what we want from the mediation process that has been put in place by the Minister of Health (Mr. Praznik).

Now I understand, in addition, and our Leader had dealt with this issue quite extensively during his debate, the whole issue of the faith agreements, and there is a long history there that could take up all of my time with respect to how the government has flip-flopped on that particular issue and gone back and forth. But I understand from public comments of the minister that the minister is going to bring in amendments in order to protect the validity of the faith-based agreements that the government legally signed with those faith-based agreements.

Let me just deal with this for a few moments. The government brings in legislation. The government tells the organization something in order to justify bringing in the legislation, changes their mind, then brings in amendments to the legislation. They overlook the fact

that they have legally binding agreements, legally binding agreements with those institutions, and now they are forced, because the opposition raised it, to bring amendments to the amendment. Now, arguably that is a positive. We are doing our job as opposition by pointing this out to the government, and the government is doing its job by responding to our concerns. But it does beg a question of what the government was thinking, and it does raise serious suspicions on our part.

I mean, the first thing that we did when we read this legislation was say: what does this impact have on the faith agreement that the government has legally entered into? Surely in bringing forth this amendment that would provide the minister with super powers, as it relates to this act, the government would have considered it. But I take it as a positive that the government has responded and the minister has stated publicly that he will be bringing in amendments to protect the legally entered into agreements that have been entered into by this government with the faith-based institutions.

I understand, for the most part, Madam Speaker, that the faith-based institutions are accepting of the commitments of the government, and that is a plus, because trust in the health care field is, to say the least, at an all-time low, no question. There is absolutely no question that the entire health care field is so bereft of trust that it is frightening. So we have the issue of the faith-based agreements, and the government has indicated they are going to bring amendments.

I want to deal for a few moments with the issue that was raised today in Question Period. You know, Madam Speaker, again—

An Honourable Member: Read Hansard.

Mr. Chomiak: Oh, the minister says I should read Hansard, and I will undertake to read Hansard. In fact, the minister very cleverly attempted to move debate away from the issue that was raised in Question Period by suggesting that somehow I and the member for Crescentwood (Mr. Sale) were at variance with respect to the issues. I had occasion to speak with the member for Crescentwood, who indicated that the minister totally misrepresented and completely misrepresented

the debate that had occurred. In fact, the member for Crescentwood had suggested to the minister that the board should be more community based, something that we had consistently in this House advocated for and consistently pushed the government on, that rather than appointing their Tory friends to boards, they should make it more community based. The member had suggested that the Misericordia should reflect the community, and the minister used that to try to dissuade, to try to move away from the issue that we tried to raise.

I want to return to that issue, because it is an issue of principle. It is an issue of principle. I want the government to explain to me, now perhaps I am wrong and perhaps it is not the case, but I do not think generally that this Legislature has the power to go in and change private acts and to take over the authority of private acts. Someone who brings a private act, an organization that incorporates itself in a private act in this Legislature, we do not have the authority, and I could be wrong, but we do not have the authority to override those private acts by our legislation. They have as much authority and power with respect to those private acts as we do.

That is one of the reasons that when the private acts come back to this Chamber, we amend them here in this Chamber. We do not override them. We simply amend the specific act, Madam Speaker. We go through a lot of ceremony and we go through a lot of legal authority to amend those private acts to maintain the integrity of that organization and to maintain the integrity and the legal authority of that particular body.

This legislation, by virtue of our act, says that the minister by ministerial fiat—because a mediation process will result in a fiat from the minister declaring what the operating agreement should be—can change the authority, the regulation, the power and the powers derived under private acts, and, Madam Speaker, in principle, I think that creates a problem.

I suppose it is one thing to come in here and amend the act by legislation. That is one thing, and we certainly have the power to do that, but that is not what this act is saying. This act is giving the minister authority by ministerial fiat to impose an operating agreement, and that operating agreement can change the

legislation of a private act. The minister is a lawyer and knows that. The minister knows that in principle that is a major problem. The minister knows that is something generally that Legislatures do not tread upon.

Now, I do not know, Madam Speaker, I have not done extensive legislative review of this issue, but someone whom I trust who has experience in this area has done so and has advised me that, in fact, that is not generally done and, in fact, that there is not precedent for that kind of activity, and I believe the advice that is given to me with respect to that particular issue.

Let me clarify it once more. We are not even saying that we are amending those private acts by virtue of the 57 legislative members, duly elected members of this Chamber. We are saying by fiat the Minister of Health can change those private acts.

It goes further, Madam Speaker. It allows, by fiat, the Minister of Health to change the articles of incorporation of a company. Now, I am not as clear with respect to the precedence in this area. I suspect, but I do not know, that, in fact, it might have been done before, but even that in principle I think is a problem, that we are saying a minister has the authority to change the duly adopted incorporation, the by-laws of a company, by fiat.

That is a problem, and whether one agrees or does not agree with regionalization, whether one agrees with the mediation process as imposed by the minister or one does not agree with the mediation process, the issue is the principle of ministerial fiat to change legislation, which is wrong in principle. For that reason alone, Madam Speaker, we have difficulty dealing with this act.

* (1610)

So, Madam Speaker, we have a good deal of difficulty as it relates to The Regional Health Authorities Amendment Act. You know, it is not the kind of issue that one can go out in the public and rally a lot of support for. It is not one of the issues that people get really excited about. It is, to a certain extent, administrative, it is bureaucratic, it is a legal issue, but in the long term this may very well be one of the most significant changes that we have made in this Legislature during this session.

The fact that this bill was brought in after the government had introduced its plan, that this bill was brought in without provision to deal with illegally entered into agreements with the faith institution, the fact that this bill was brought into this Chamber after a not very long but a very disagreeable history with respect to how the government dealt with the issue of regionalization, causes us to be very concerned with the provisions of this act.

Now, Madam Speaker, let me talk a little bit about the other side of the issue as it relates to this legislation. The minister made the point that in the province of Saskatchewan they have similar legislation. Well, that may very well be. I mean, that may very well be, and the minister indicated that they have a similar type of legislation. I have not reviewed the Saskatchewan legislation. I may have occasion to review it, but that to me is not relevant to the issue. The whole question of regionalization in Saskatchewan, and the whole question of what happened in Saskatchewan, what happens in Manitoba, I generally do not deal with extensively because I am concerned with the Manitoba situation. I think it is a mug's game because we say Saskatchewan, they say B.C.; we say Ontario, they say Alberta. You know it does not get us anywhere.

It is not meaningful in any kind of an intellectual or logical basis, so I am not going to go down that road except because it has been invoked by the minister, that the whole approach to health care in Saskatchewan has been dealt with much differently than in Manitoba. One can compare on almost any level with what happened in Saskatchewan versus Manitoba, and I do not think the comparisons are favourable with respect to the government of Manitoba.

So, if the minister likes to go down that road, and wants to go down that road, we would be happy to debate those kinds of comparisons because I think what would result would be the minister's arguments falling by the wayside, but I have always avoided those kinds of arguments. I just do not think that they deal with the reality of the situation in Manitoba, the history of the situation in Manitoba, and the day-by-day way that health care is managed, and ultimately what we want. There is nothing wrong with taking the good from other jurisdictions if it has worked, and there is nothing wrong with not reinventing the wheel. There is nothing

wrong with taking good legislation and taking good ideas from other jurisdictions and looking at here in Manitoba and utilizing the best. In this case, given the history that we enunciated, that I enunciated earlier in my comments, given the statements, the scathing attack and comments made by our Leader in his reply on this particular bill, which was, I thought, excellently done—it was done in an excellent fashion—given those comments, given that we have a good deal of difficulty with the bill in the context and in the environment of Manitoba and how it has been introduced, when it has been introduced, and why it has been introduced.

Now, the minister, I think, has suggested publicly that this is prescriptive legislation to the extent that they do not—the minister may not utilize it and may not require it, but it is just there in case the agreement can be reached as it relates to operating agreements. But, given the history, and given the provisions in the last section of the bill, Madam Speaker, the ministerial fiat aspect of the legislation, it certainly suggests otherwise.

I should add in all fairness that one can argue that there are some positive aspects to the extent that at least an operating agreement provision is included in this bill, which is something that has not been included, that was not included in the original bill, as it relates to regional health authorities. That issue has been pointed out and, I think, bears comment on.

I think, Madam Speaker, that the whole concept of regionalization is a—the minister often argues and basically it seems to me, I get the impression that the government is pinning its entire hopes for the health care system on the regional authority. It is an interesting concept, and it sort of strikes me as typical of the government that if only the administration was more effective or if only administration was established, then the system would work better. You know, we have been dabbling and playing around with the administration in the health care field now for 10 years under this government, and no one in Manitoba will argue that health care has improved. In fact, the vast majority of Manitobans will say otherwise.

Now we have a new scheme imposed on us that if only it is administered better by the government under its plans, it is going to work. Well, I hope it is

administered better. Heaven knows that it requires better administration, but to pin all of your hopes exclusively on management I think is one of the failings in general of the Filmon government.

You know, if you look at the history of health care, let us say the legacy of the early Schreyer government, people look back and say, oh, home care, personal care home, prescription drug plan. That is sort of, you know, the legacy of the Schreyer government. You look at the legacy of the Filmon government, what do you see? You see Connie Curran, which is an attempt to impose administration. [interjection] The member for Arthur-Virden (Mr. Downey) still says great person. You see the SmartHealth boondoggle where SmartHealth is going to be the be-all and the end-all. Then you see administrative changes. Do you see programs? Do you see reform actually on the ground of the health care system? No, Madam Speaker. You see administrative changes. You see changes at the administrative level, but you do not see anything below that. I dare say the legacy already in place of this particular government as it relates to health care is one of administrative changes, most of which have not worked, versus other jurisdictions and other governments that had a legacy of actually delivering and offering health care.

So I go back to this. I think that resting your entire case and your entire legacy on the provision and the establishment of these administrative and these bureaucratic bodies is a real problem and a real concern. I have not even begun to deal with some of the issues as it relate to regional health, as it relates to the bureaucracy that has been set up, as it relates to the funding that has been set up, as it relates to the deficiencies in the program.

You know, Madam Speaker, if as much attention was devoted to the elimination of waiting lists as was devoted to the establishment of this bureaucratic structure, health care would be improved immeasurably in this jurisdiction. If as much administrative, bureaucratic and financial attention was paid to dealing with the horrendous waiting lists in this jurisdiction as has been paid to the establishment of this structure, we would not have some of the horrendous deficiencies that have occurred in our health care system. But, unfortunately, that is not the case.

An Honourable Member: You and Tim reconcile your differences?

* (1620)

Mr. Chomiak: I dare say—the member for Arthur-Virden (Mr. Downey) is speaking from his seat. If he will refer back to Hansard, he will have his query answered insofar as the minister not only misrepresented the comments but took them out of context, that were raised—but attempted to deflect the real issue away from the question and return it back in an attempt to not deal with a conclusive issue.

I hope that the minister has heard some of the comments that we have made today, particularly as they refer to the fiat and that provision, because it is the wrong way to go. I do not think it is correct in principle. It is not something that I believe that we can support as it relates to this bill. I think there are a lot better ways. I think that the comments of the member for Inkster (Mr. Lamoureux) were appropriate in terms of, if you want to work co-operatively with people and if you want the support of people, then you have to, not only say it in words, but you actually have to live that kind of—and, Madam Speaker, that has not happened.

Hon. James Downey (Deputy Premier): It is called walk the walk.

Mr. Chomiak: Well, the member for Arthur-Virden (Mr. Downey) says walk the walk, and that is in fact correct, but when you have an act that says the minister has the authority to impose, and the minister, by fiat, can superimpose upon everyone's rights, that tends to suggest something otherwise.

So, having made those few comments, I did, earlier in my comments, indicate that I was the last speaker for our side. I believe there are a few brief comments that want to be added by one of my colleagues. So those complete my comments on this bill. Thank you.

Mr. Tim Sale (Crescentwood): Madam Speaker, I want to speak as emphatically as I can against this bill and join with my colleagues strongly in opposing what is a ministerial use of power that is unprecedented, inappropriate, and will not, in the long run, yield benefits. In the short run, it may yield coerced agreements and impose the will of a dictatorial government

on community groups, but it will not, in the long run, be for the good of Manitobans.

Madam Speaker, the last day in Estimates of which I had the opportunity of speaking with the Minister of Health (Mr. Praznik) in regard to this issue, I made it very clear to him that I opposed the legislation in that context. The minister and I were discussing the issue of Misericordia Hospital and the so-called urgent care centre and the notion of community centres. It was a very, I thought, sincere, and, I thought, very good discussion we were having. In the context of that, I expressed a concern that the minister use his good offices to give a clear message to Misericordia Hospital that any community clinic that was worthy of the name “community clinic” would have a community board empowered to represent the members of that community, with real power to represent the needs of that community, with the ability to advocate on behalf of that community to government, that was, in my view, the bottom line of any meaningful community clinic. I used examples of others in our province that have been successful in advocating on behalf of their communities.

So for this minister to come into this House today and to suggest that somehow, by my suggesting to him that he use his good offices to ensure that Misericordia Hospital would establish a true community board, a truly representative community-based board with real citizens taking real positions on behalf of their community, that somehow that suggests that I was at odds with my honourable colleague is such a distortion of reality and such a cheap use of what I thought was a sincere and reasonable conversation about a sincerely felt belief concerning the rights of community to have input. To suggest that somehow a concern that communities have a real voice and not be disempowered and neutered and gutted by this sort of legislation where the minister would take his power and impose it on the wills of a community is so to distort the facts of what was said that it is distressing that a minister would take such liberties with a conversation that was intended to empower communities when the whole purpose of his legislation is to disempower communities.

So I take great exception to his out-of-context use of those remarks, and I take exception to any suggestion

that anything I would stand for would be less than the empowerment of communities to advocate on their own behalf to make decisions for their own best health interests, to advocate for their wellness as we talked in committee about. To suggest that I would support the legislation and be at odds with my colleagues is pernicious use of a conversation that was, I thought, intended to empower communities, to give them rights and dignity in trying to pursue their own health care.

So I speak as strongly against this legislation as any member of my party. I speak on behalf of the residents of Wolseley and other areas that would like to have real power, would like to be able to advocate on their own behalf and not have that right removed by a Minister of Health that is so unconfident of his ability to maintain his power that he has to take these kinds of draconian measures and put in place an act that is unprecedented in its power grab, in its disregard for private acts of this Legislature, for the faith communities of this province, for the people whose health care is at stake every time he intervenes and makes it worse, Madam Speaker.

Madam Speaker: The honourable Minister of Health, to close debate.

Mr. Praznik: Thank you very much, Madam Speaker. I will not speak too long, but I did want to respond to some of the comments of the critics. I do appreciate the comments of both members, and I wanted a chance to respond because we have had some very good debate on a number of these issues.

My colleague the member for Kildonan (Mr. Chomiak), my critic, spoke about Saskatchewan, and I appreciate the difficulty in making comparisons because there are some differences and there are similarities. One may criticize some of the areas where Saskatchewan is doing better, but there are areas where we are doing better. My colleague the Minister of Health in Saskatchewan and I spoke at one of our meetings about his home care budget and program versus Manitoba. There was certainly a recognition we spend considerably more and have a much more extensive program, and that is something Saskatchewan—that he is envious of in terms of the resources he has. There are things that he has in his system that I am certainly looking at where improvements can be made. So, to be blunt, of all the provinces in Canada,

Manitoba and Saskatchewan have a great deal in common. I am certainly willing to be exploring areas where we can learn from each other. So I think there is something worthy to note from time to time.

The major point that I think or the major challenge in health care that I think the member for Kildonan (Mr. Chomiak) has missed in his comments or remarks, and I say this very sincerely to him—[interjection] Madam Speaker, you know, the Leader of the Opposition (Mr. Doer) speaks from his seat, but his critic, the member for Kildonan, and I have had some excellent exchanges in public debate. I have respected many of the comments and issues that he has raised. It is sad again that within the New Democratic Party when we do get some very serious debate, the Leader of the Opposition has to come and destroy, which I believe in the public record is worthy of being there.

Some Honourable Members: Oh, oh.

Madam Speaker: Order, please.

Mr. Praznik: Really, they do their own member for Kildonan (Mr. Chomiak) a great deal of disservice in not allowing this discussion to take place.

Madam Speaker, the fundamental challenge to health care which we are all facing, which I believe many have missed, is that the cost of ever-improving technology in health care, which is growing at a rapid rate, will be extremely difficult for all jurisdictions to keep up with. Even though we continue to put more money into the process, the ability to keep up with that demand will always be the greatest challenge we have. If we do not have the structure in organizations to meet that, then no matter how much we spend or how much we try to spend, we will fail, and that is what this is primarily about.

* (1630)

Madam Speaker, the fundamental issue here, which perhaps we have a disagreement on, is who is responsible for health care, who funds health care, who is ultimately responsible for patient care. Every day in this Legislature members of the New Democratic Party hold this government responsible, and yet if the tools are not there to deliver on behalf of the public to whom we are accountable, then it will fail. It will fail. The

New Democrats do seem to be torn between holding responsible and ultimately wanting to support private boards who are not elected, who do not have public accountability, but that is a fundamental difference.

With respect to the matters raised by the member for Crescentwood (Mr. Sale), it was a very sincere discussion and debate, but nowhere in Hansard do I see the words "good offices." Members of the New Democratic Party should not criticize their colleague. They should read his remarks because he was very sincere, and I will tell you he was very accurate in what he was proposing. In fact, I would say that in his constituency, and he was fighting for the interests of the people in his constituency.

But who was he fighting? The board who runs that hospital today is the Misericordia board. He even referenced that. He asked me, and I quote him in Hansard, and he says to me in that debate: "he must then say quite straightforwardly in the operating agreement that there will be a separate structure evolved." He goes on to say: I would look for the minister to make a commitment that the governance structure for the clinic will be separate from the governance structure of the hospital and will have a mandate, not an advisory role.

Well, that hospital is owned by the Misericordia group. It is governed by their board, and my comment simply was he was asking me to do the right thing for the people of the province, not what was in the best interest of a board that particularly owns a publicly funded facility. The member was right to ask that, and all this bill ensures is that the power will be there to do the right thing.

Madam Speaker: Is the House ready for the question? The question before the House is second reading of Bill 57, The Regional Health Authorities Amendment Act. Is it the will of the House to adopt the motion?

Some Honourable Members: No.

Madam Speaker: No?

Voice Vote

Madam Speaker: All those in favour of the motion, 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. Steve Ashton (Opposition House Leader): Yeas and Nays, Madam Speaker.

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

Order, please. The question before the House is second reading, Bill 57, The Regional Health Authorities Amendment Act.

Division

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

Yeas

Cummings, Derkach, Downey, Driedger (Charleswood), Driedger (Steinbach), Dyck, Enns, Faurshou, Findlay, Gilleshammer, Helwer, Laurendeau, McAlpine, McCrae, McIntosh, Mitchelson, Newman, Penner, Pitura, Praznik, Radcliffe, Reimer, Render, Stefanson, Sveinson, Toews, Tweed, Vodrey.

Nays

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

Mr. Clerk (William Remnant): Yeas 28, Nays 24.

Madam Speaker: The motion is accordingly carried.

House Business

Hon. James McCrae (Government House Leader): Madam Speaker, earlier today I asked if you would call bills in a certain order, and I am happy to report to you that I have not changed that order, but I would add Bill 53 after Bill 2.

* (1650)

I also announced earlier today that on Thursday of this week the Standing Committee on Law Amendments would sit to consider certain bills. To this point, the bills to be considered at that committee meeting would be Nos. 8, 10, 19, 28, 32, 33, 38, 39, 40, 45, 54 and 55.

Now, Madam Speaker, I would like to announce that on Friday, the 19th day of June at 9:30 in the forenoon, the Standing Committee on Law Amendments will convene to consider Bills 13, 20, 30, 31, 35, 52 and 57.

Also on Friday, June 19 at 9:30 in the forenoon, the Standing Committee on Economic Development will convene to consider Bills 47, 48, 49, 50 and 53.

I understand, Madam Speaker, that not all of these bills have necessarily passed at this stage, but it is anticipated that they will in time to be considered at these committee meetings.

Madam Speaker: The standing committee previously scheduled for Thursday morning, 10 a.m., will consider the following bills: 8, 10, 19, 28, 32, 33, 38, 39, 40, 45, 54 and 55.

The Standing Committee on Law Amendments will meet Friday, June 19, 9:30 a.m., to consider the following bills: 13, 20, 30, 31, 35, 52 and 57.

Additionally, the Standing Committee on Economic Development will meet Friday, June 19, 9:30 a.m., to consider Bills 47, 48, 49, 50 and 53.

Mr. McCrae: Madam Speaker, I am advised by Mr. Remnant that Bill 19 referred to the Standing Committee on Law Amendments is already there, so there is no point referring it there again.

Madam Speaker: The correction then is to remove Bill 19 from the standing committee scheduled for Thursday, 10 a.m.

To resume adjourned debate on second reading, on the proposed motion of the honourable Minister of Health (Mr. Praznik), Bill 35, The Mental Health and Consequential Amendments Act (Loi sur la santé mentale et modifications corrélatives), standing in the name of the honourable member for Brandon East (Mr. L. Evans). [interjection]

Order, please. Bill 49 has already been dealt with previously today. [interjection] That bill was not previously on my list, unless there has been an agreed to change that I have not been made aware of.

According to the list previously agreed to and given both to the table officers and to the Speaker, the order of speaking after Bill 57 was Bill 35 and then Bill 2, and subsequently, just moments ago, the honourable government House leader added Bill 53. Is that correct? [interjection] Well, I do not have Bill 48 at all on the list.

Does the honourable government House leader want a moment to discuss—[interjection] Okay.

Mr. McCrae: There have been discussions, Madam Speaker, and I understand that there is a wish to deal, prior to Bill 35, with Bill 48.

Madam Speaker: Okay, the subsequent order, then, for bills still remaining to receive second reading today: Bills 48, 35, 2 and 53.

Bill 48—The Mennonite College Federation and Consequential Amendments Act

Madam Speaker: To resume adjourned debate on second reading, on the proposed motion of the honourable Minister of Education (Mrs. McIntosh), Bill 48, The Mennonite College Federation and Consequential Amendments Act (Loi sur la Fédération des collèges mennonites et modifications corrélatives), standing in the name of the honourable member for Elmwood (Mr. Maloway).

Is there leave to permit the bill to remain standing? No? Leave has been denied.

Ms. Jean Friesen (Wolseley): Madam Speaker, thank you for your patience in arranging the schedule there.

Bill 48 creates a new private university in Manitoba based on an amalgamation of three existing colleges of the Mennonite community, Concord College affiliated with the University of Winnipeg, CMBC or the Canadian Mennonite Bible College affiliated with the University of Manitoba, and Menno Simons College, part of the University of Winnipeg.

The bill itself is loosely formulated. It enables the three colleges to federate and to determine their own future. They may form a university, a college or a confederation of colleges, and the bill is written in such a way as to allow those choices to be made in the future. [interjection]

Madam Speaker: Order, please. I am experiencing difficulty hearing the honourable member for Wolseley.

Ms. Friesen: Thank you, Madam Speaker. This bill is not a specific charter, nor does it parallel bills that we have previously discussed in this House which apply to the University of Winnipeg and to Brandon University. There is a parallel document, a memorandum of understanding, between the government of Manitoba and the three existing colleges. This was signed in January 1998 and provides additional detail of the funding expectations and general direction of this new venture.

Madam Speaker, on this side of the House, we welcome the opportunity to speak to this bill. We believe there are strengths to be drawn from a co-operative federation of the existing resources of three of the four Mennonite institutions of Manitoba. We want to approach the new venture with a sense of openness based on a historical perspective of higher education in the province. We are also cautious. We are aware of concerns that have been expressed, both within and outside the Mennonite community. We are aware of the unease of some in the existing universities, particularly in relationship to funding, and in public debate those concerns should be expressed as we all try to ensure that the new institution, whatever form it

eventually takes, will serve the best interests of Manitobans.

Across Canada, there are a number of private universities with religious foundations, Trinity Western in British Columbia, Camrose Lutheran—I think it is called Augustana Lutheran at the moment—and others in Alberta. There are many others: Conrad Grebel, Huron College in Ontario, St. Francis Xavier in Antigonish, Saint Mary's and King's College in Halifax. All of them retain strong religious ties while functioning in a public university context.

Indeed, in Canada, generally, until after Confederation, universities were founded and sustained by churches, the earliest being that of Laval University, its 17th Century foundation as a Jesuit seminary. In the 18th Century, Anglicans in Nova Scotia and New Brunswick founded the University of New Brunswick and Dalhousie. Later in the Maritimes, they were joined by the nonconformist universities of Mount Allison and Acadia. In early 19th Century Ontario, we see the Presbyterians founding Queen's University, and Anglicans and later others formed the now giant University of Toronto.

* (1700)

After Confederation and particularly in western Canada, higher education became more secular. In part, this was in response to a more diverse population and a less homogeneous community. By the 20th Century, it was also due, I suspect, to greater secular influences in the larger society and a changing public ideology which no longer necessarily saw institutions of higher learning as the guardians of Christian formation.

The examples for western Canadians of the secular land grant colleges in the American West also were important in providing for public funding, for the setting aside of public lands to endow colleges and universities. The endowment lands of the University of British Columbia, the lands of the University of Manitoba, or the University of Alberta, all remain as evidence of this.

Madam Speaker, across Canada, across the West, there has been great diversity in the creation of what

became, after World War II and particularly during the 1960s, a relatively widely accessible system of higher education. That such a system should now become less accessible as fees rise by leaps and bounds is a matter of serious public concern but beyond the scope of this bill. It is one we have certainly repeatedly called upon the government to address. The fee policy that the government promised in 1994 might begin to deal with some of these issues, but, alas, this government seems incapable of producing any kind of fee policy, being desirous, I quite firmly believe, of allowing the market to determine who is to benefit from higher education.

Madam Speaker, Manitoba Anglican, Catholic and Presbyterian colleges preceded the formation of the University of Manitoba, yet all became active participants in the creation of a federated university. The Honourable Alexander Morris perhaps was the driving force, arguing for the necessity of providing the new western province with such an institution. An early graduate of McGill, his Presbyterian family had a long association with Queen's University, and both he and his father had served on its board.

But it was Bishop Tache who offered the solution to bridge the sectarian divides in the province. Recently returned from England, he had observed the organization of the University of London and their system of independent colleges surrounding a central university which examined students and granted degrees. It was on this basis that in 1877 the University of Manitoba was created. The religious autonomy of colleges was protected. Their federation gave strength to the province.

The university was built on the wealth provided by the lands of Indians of Treaty No. 1. It further received and continues to receive significant donations from Manitobans from all walks of life. In the early years, the 1880s, one of its most interesting and most enduring gifts came from Alexander Kennedy Isbister, a Metis of St. Andrew's parish, who spent most of his working life in England, yet inherited land on River Road next to his cousin, William Kennedy. At his death, that land was donated to the University of Manitoba to provide for a library, first of all, the institutional heart of any university, and for scholarships to students, the living, breathing centre of any university. Unusually for his

day, those scholarships were to be available to young people of all races and religions and to both men and women. Isbister's legacy is still there in scholarships administered every year by St. John's College and the University of Manitoba.

Over the course of the 20th Century, the University of Manitoba has seen many changes. In 1926, following the union of the Methodist and Presbyterian churches, the two colleges of those denominations joined Wesley College and Manitoba College to create United College. Others have also since joined the University of Manitoba. St. Paul's College, St. Andrew's College and CMBC Nazarene for a time have affiliated in different degrees with the University of Manitoba. Meanwhile, in western Manitoba, Brandon College was established by the Baptist Church and affiliated with McMaster University in Hamilton, another Baptist institution.

With support from the municipality of Brandon, interesting and commendable in itself, Brandon College eventually affiliated with the University of Manitoba as a nondenominational college in 1938. Thus for a period from 1938 to 1967, the province was served by one university, a single examining and degree-granting institution. There are some for whom that remains as the ideal, as it was for Alexander Morris and Bishop Tache. It offered the strength of some shared resources, common standards and secular and religious diversity.

The 1960s saw fundamental changes in post-secondary education. Women entered in increasing numbers. Participation rates expanded from 10 per cent of an age cohort to 30 per cent. Many of us whose parents had never attended university were able to graduate with undergraduate, graduate, and professional degrees. Across Canada and in Manitoba student populations became more diverse including mature students, students from First Nations, and more recent immigrants.

From 1960 to 1980 across Canada, our country's older universities expanded their facilities, their programs, and student populations. New universities such as Simon Fraser in British Columbia and the many university colleges of British Columbia—Lethbridge in Alberta, York, Trent, Université du Québec and all of

its many campuses. Lakehead in northwestern Ontario offered experimentation and diversity.

In Manitoba in those same years, from 1960 to 1980, the position of the University of Manitoba changed. On the one hand, there was consolidation of resources at Fort Garry as St. John's, St. Paul's, and St. Andrew's built their colleges on campus and made their commitment to the larger institution. The university itself created and built University College as a nondenominational college with some autonomy within the larger university. Again, religious diversity and the advantage of interdisciplinary smaller units were preserved. But so too was the comprehensive provincial university with graduate and professional programs, the equal of those across the country.

Yet, in 1967, Manitobans saw and supported the creation of two new universities, Brandon and the University of Winnipeg. Like other new universities of the 1960s, each sought to find a niche for itself, a special role. Brandon came to be seen as a regional university for western Manitoba, and the University of Winnipeg came to portray itself as an urban, liberal arts institution in partnership with the United Church.

An Honourable Member: Liberal underlined.

Ms. Friesen: Madam Speaker, the member for Inkster wants me to underline the liberal there. I remind him, it is actually a small "l" liberal.

All of this is to show that the university system we have now has not always been there. It was in its beginning based upon strong religious foundations, and it has at times seen federation and co-operation as the way forward. But in the diverse society that Manitoba has become, post-secondary institutions have flourished in part because of the flexible, institutional structures they have created and, in part, because of the willingness of the people of Manitoba to provide public support in varying measures to many kinds of post-secondary institutions.

In recent years, for example, we have seen the additional development of Providence College, with some course accreditation at the University of Manitoba; Menno Simons College, not attached to a particular church, but clearly part of the Mennonite

community and integral to the University of Winnipeg; Catherine Booth College of the Salvation Army; Concord College; Steinbach Bible College; each with some connections to one of the larger universities and with some public support for nontheological programs.

Mr. Marcel Laurendeau, Deputy Speaker, in the Chair

The proposal here then of some sections of the Mennonite community to join together three of their four existing colleges must be seen in this context of historic development, institutional flexibility and public support for religious colleges. Such religious and social tolerance, we should always remember, has not been the hallmark of Manitoba society. Fierce debate over linguistic and religious rights was present at the very creation of this new province. It continued through the 1880s to the 1920s on issues of language and schools and emerged again in the 1980s in the virulent debate over French language rights within and outside this Legislature.

Some Mennonites themselves have believed that Manitoba was not a hospitable place for their deeply held convictions on the separation of church, state, and family. During the 1920s, many hundreds left for Mexico and Paraguay. Some of their children and grandchildren are now returning to southern Manitoba. Tolerance and respect have been dearly won in this province and can too easily be lost.

Bill 48 is not, as I have said, a clearly defined university act such as those we are considering for Brandon and the University of Winnipeg. It is not even clear whether this will be a college or a university or indeed how those two will differ. It is not clear how the relationship of Concord and Menno Simons with the University of Winnipeg or that of CMBC with the University of Manitoba will change. It is not clear what programs and degrees will be offered, though we should expect to see combined versions of the strong programs of each college.

* (1710)

I understand the reasons for this are that although the Manitoba Mennonite Brethren Churches have discussed and agreed to the proposed federation, the general conference from whom CMBC draws its support has

yet to vote on this and will not do so until later this summer at its meeting in eastern Canada.

As one would expect in discussion of such changes, there are people within each of these groups who are less than enthusiastic than others. Some will worry about the loss of autonomy that each institution currently enjoys. Some are concerned about the transition from bible college to university. Others have concerns about the financial costs of creating a private university, and others, naturally, have concerns about the risks involved in setting out to create an institution which aims to draw students from a much wider setting outside of Manitoba.

Menno Simons College, a college affiliated with the University of Winnipeg, is in a particularly unusual situation. It is run by a board, rather than by a church, and is sustained by its association with the publicly funded University of Winnipeg by the Friends of Menno Simons College and by the David Friesen family corporation—no relation, I should say.

It has been enormously successful with its rapidly expanding courses and conflict resolution at the undergraduate and graduate level. It finds its place at the University of Winnipeg supported by the established chairs and Mennonite studies and German studies and does not intend to lose its affiliation with the University of Winnipeg. To the contrary, it is hiring new staff at the University of Winnipeg, has received approval for a four-year program there and is discussing the transfer of its library to the main University of Winnipeg library.

It is likely that its role in the federation will be different from that of the two other parties. It does not, I understand, intend in the first instance to become a part of the property owning section of the new federated college.

Mr. Deputy Speaker, perhaps, because there is still so much to be decided, public discussion of the federation has been muted. I understand only one presenter has registered for the committee. The Free Press has had two editorials on the matter in January, and there has been a brief exchange of letters in their columns. The Opasquai Times has raised the issue of the necessity of having a fourth southern Manitoba university when

there is not yet a university in the North, and that same issue was indeed raised with me at a public meeting that I held in Thompson.

Most of the public concern has dealt with the funding impact on existing institutions. Joan Anderson, the public relations director at the University of Winnipeg, Allen Mills, the president of the Faculty Association at the University of Winnipeg and Michael Thomas of the University of Manitoba Faculty Association have all expressed hope that the new university would bring an addition to the financial pie for all the universities, that it would not be a redistribution. Dan Smith, a policy analyst for the province's Council on Post-Secondary Education, responded speculatively that, and I quote: the council is working under the understanding that this is new money, end of quote. An assertion that is, of course, difficult to substantiate.

Mr. Deputy Speaker, we are prepared to move this bill to committee now to hear the presenters. We do have some questions of the minister in this area. I am particularly intrigued by the introduction to this bill, the WHEREAS, which suggests that the new federation is accountable to the Mennonite church, which is an unusual description and not a body which I think has a legal standing.

I am concerned about the definitions of theology and interested in the question of projected enrollments in programs and the studies that the Council on Post-Secondary Education might have done, also interested in where this fits with the Roblin report and with former Premier Roblin's vision for post-secondary education in the province, and interested in discussing with the minister what planning took place in the Council on Post-Secondary Education in preparation for this bill and for defining the role and place of the new university amongst its other institutions.

We are interested in articulation and the prospects of the two-year transfer programs from not only these federated colleges but other private colleges as well, and, of course, with the fee structure that might be proposed at the new institution. We are also, as are a number of other people in the province, interested in the minister's comments on the impact on existing resources and institutions of universities in the province of the creation of this new university.

So with those questions and concerns, Mr. Deputy Speaker, we are prepared to move this to committee and look forward to the discussion there.

Mr. Deputy Speaker: Is the House ready for the question? The question before the House is second reading of Bill 48, The Mennonite College Federation and Consequential Amendments Act. Is it the will of the House to adopt the motion?

Some Honourable Members: Agreed.

Mr. Deputy Speaker: Agreed and so ordered.

Committee Changes

Mr. George Hickes (Point Douglas): I move, seconded by the member for Broadway (Mr. Santos), that the composition of the Standing Committee on Law Amendments be amended as follows: Thompson (Mr. Ashton) for Radisson (Ms. Cerilli), Transcona (Mr. Reid) for Dauphin (Mr. Struthers), Interlake (Mr. C. Evans) for Swan River (Ms. Wowchuk), Elmwood (Mr. Maloway) for Burrows (Mr. Martindale), for Thursday, June 18, 1998, for 10 a.m.

I move, seconded by the member for Broadway (Mr. Santos), that the composition of the Standing Committee on Law Amendments be amended as follows: Kildonan (Mr. Chomiak) for Thompson (Mr. Ashton), Osborne (Ms. McGifford) for Transcona (Mr. Reid), Crescentwood (Mr. Sale) for Interlake (Mr. C. Evans), for Friday, June 19, 1998, for 9:30 a.m.

I move, seconded by the member for Broadway (Mr. Santos), that the composition of the Standing Committee on Economic Development be amended as follows: Wolseley (Ms. Friesen) for Thompson (Mr. Ashton), St. James (Ms. Mihychuk) for Dauphin (Mr. Struthers), for Friday, June 19, 1998, for 9:30 a.m.

Motions agreed to.

House Business

Mr. Deputy Speaker: Are we going to Bill 2 now?

Hon. James McCrae (Government House Leader): Mr. Deputy Speaker, you know that previously I

suggested that we would talk about Bill 48 and then Bill 2 and then Bill 35. No, I think we said Bill 35 and then Bill 2.

Mr. Deputy Speaker: It does not matter.

Mr. McCrae: What I would like to do is reverse that 35 and 2 and Bill 48, which we have just completed. The next bill to be called would be Bill 2 and then Bill 35, and I think that will finish us up for the day.

I just want you to know that I do not normally change my mind this often, Mr. Deputy Speaker.

Bill 2—The Elections Amendment Act

Mr. Deputy Speaker: Then we will move on to Bill 2. On the proposed motion of the honourable First Minister (Mr. Filmon), Bill 2, The Elections Amendment Act; Loi modifiant la Loi électorale, standing in the name of the honourable member for Concordia (Mr. Doer). Is there leave that this matter remain standing?

An Honourable Member: No.

Mr. Deputy Speaker: No. Leave has been denied.

* (1720)

Ms. Becky Barrett (Wellington): I will be very brief and be the first and last speaker on Bill 2. Before I begin, I would like to thank the government House leader. It was not his mind that was being changed, it was my side of the House that was having a moving mosaic, if you will, and I appreciate the government House leader's willingness to accommodate our situation.

As I said, I will be brief on Bill 2. Bill 2 updates information on the voters list, recognizes advances such as fax and computers, improves the absentee voters system and simplifies advanced voting procedures.

These are all positive things. However, there are a couple of areas that we have concerns about, and one is the Chief Electoral Officer recommendation which has been in several of the past reports, that the returning officers be appointed by the Chief Electoral Officer

instead of by the government of the day, because the current system of Order-in-Council appointments of returning officers, the Chief Electoral Officer says, and we agree, is inappropriate, not only because it is highly partisan but because appointments are often late.

For example, the returning officer for St. Johns in 1993, I believe, was appointed four days into the by-election. The by-elections are only five weeks long, so this was almost half of a week, a very important part of a by-election time, where there was no returning officer. The Chief Electoral Officer comments that this greatly reduced the effectiveness of training and resulted in difficulties and expenditures which otherwise could have been avoided. So we think it is very important that the government follow the recommendation of the CEO and give the authority to appoint returning officers and to train them to the Chief Electoral Officer.

We also have some concerns about the rights that are implicated in Section 31 and how the court decisions will impact on those rights. Again, we have a huge concern about the returning officer situation, which has a potential for real problems for all constituencies in the election. We would hope that the government makes that change in the committee hearings.

Mr. Deputy Speaker: Is the House ready for the question? The question before the House is second reading of Bill 2, The Elections Amendment Act. Is it the will of the House to adopt the motion?

Some Honourable Members: Agreed.

Mr. Deputy Speaker: Agreed? No?

An Honourable Member: On division.

Mr. Deputy Speaker: On division.

Bill 35—The Mental Health and Consequential Amendments Act

Mr. Deputy Speaker: On the proposed motion of the honourable Minister of Health (Mr. Praznik), The Mental Health and Consequential Amendments Act; Loi sur la santé mentale et modifications corrélatives, standing in the name of the honourable member for

Brandon East (Mr. L. Evans). Is there leave that this matter remaining standing?

An Honourable Member: No.

Mr. Deputy Speaker: No? Leave has been denied.

Mr. Kevin Lamoureux (Inkster): It is somewhat of a pleasure for me to stand up and speak to Bill 35. One of the things I do know in terms of areas of difficulty, this is likely one of the more difficult areas in health care. I know the former member for The Maples, Dr. Gulzar Cheema, had many debates with the then Minister Don Orchard with respect to the government's mental health policy. The discussions that took place in caucus a number of years ago were always in somewhat great depth when it came to the whole issue of mental health, Mr. Deputy Speaker, and an individual's rights.

So it is something that is fairly complicated in nature and can be very emotional, whatever sorts of changes. What might be perceived as being minor changes can in fact cause great emotional discharge from individuals as a result of actions being taken amongst some of the more vulnerable of our society.

Mr. Deputy Speaker, I understand that this bill has already been the source of some controversy as it will replace the whole of the current Mental Health Act. A 16-year-old will now be assumed to be mentally competent as opposed to the current age of 18. The appeal process will be expanded, and the privacy regulations have been changed to suit the parameters of The Personal Health Information Act. I think that anything that goes further to enhance an appeal process, given the vulnerability of those clients, if you like, those that are going through the system, is a positive thing because, hopefully, it allows for more peace of mind.

Perhaps the most controversial aspect of the bill itself is the section that deals with the certificate of leave provisions. Those provisions give doctors the ability to coerce patients back into the mental health system even if it is against their will in certain cases. This problem raises the question of personal rights accorded to the mentally ill and whether or not this amounts to discrimination. Many, including critics, would argue

that this bill will result in people being forced to take drugs and stay in mental wards in spite of misdiagnoses or other mistakes that may occur. As I say, it is fairly controversial because you are talking about a human being's ability to be able to treat themselves for what they feel is appropriate, and you have the two extremes advocating.

I can recall the one young lady a while back, Mr. Deputy Speaker, on a little bit of a different scenario where she was pregnant, and there was concern with regard to what she was doing with her body. When government steps in to take a very strong action, there is an equally strong reaction to something of this nature. Well, this is something that garnered a great deal of media attention not only in the province of Manitoba but on the national level, and I think that, even though it is somewhat of a different issue, whenever you talk about mental illnesses, you will find that the controversy that is indeed there is not necessarily as clear cut as many of us would like to see.

I am not sure if we have individuals that are registered for the committee meetings. A number of people—10, 20 people, 30? I am being prodded here. That 30 people are already scheduled to speak in committee on Bill 35 is one of the indications, as I say, that you will find that there are always going to be individuals, no matter how minor or how major a change, that are going to want to express their hard—in many cases—opinions on a very important issue.

I made reference to Dr. Cheema. Well, this is an area in which he spent a great deal of his time as critic, and there is no way that I could give it the same sort of justice that the former member for The Maples would have been able to with respect to this particular issue, but what I can assure individuals, presenters that go to the committee, even if I am not necessarily able to make it to the committee, that their concerns are listened to; and, where we can be of assistance we are always prepared to listen and act where it is possible that we can. I would appeal to the government to be sensitive to the concerns that are going to be raised at the committee stage and would encourage the government to even give the consideration to amendments if necessary.

* (1730)

With those few words, I know that the member for Kildonan (Mr. Chomiak) was wanting to speak to this bill either today or tomorrow. He might, in fact, start a speech or adjourn debate. I will conclude my remarks in favour of the bill going to committee. Thank you, Mr. Deputy Speaker.

Mr. Dave Chomiak (Kildonan): Mr. Deputy Speaker, perhaps this bill is one of the most significant changes in provisions that we are making during this session of the Legislature, and, like many bills and many laws, the consequences are going to be far reaching and have a dramatic impact on all Manitobans.

Mental health is quite misunderstood. There is still a stigma attached, and it is still an area where we as a society have to do much, much work. If you have a broken leg or a broken arm and you have a bandage on or a cast, it is instantly recognizable as a sickness or as an accident, and one's compatriots, friends and peers are sympathetic and understanding. I am sorry to say it is not the same when you have a problem with a chemical imbalance in your brain or some other defect. It is not as apparent on the surface, and, unfortunately, as a society, we have a long way to go.

Mr. Deputy Speaker, there is much to debate and much to say about these particular amendments. This amendment amounts to a total rewrite of The Mental Health Act. This amendment brings in a number of new provisions to The Mental Health Act. This amendment will generate, and has generated, a lot of controversy and a lot of discussion with respect to this amendment, and I welcome that. I welcome any occasion or any opportunity to debate this issue in the public because it can only serve to educate all of the public. So I welcome meaningful debate, and there is, and there will be, meaningful debate on this issue.

As the member for Inkster (Mr. Lamoureux) indicated, there are more individuals registered to speak to this amendment than any other piece of legislation that we are dealing with in this Legislature this session, and that does say something, and I say, something strongly about this particular bill.

Mr. Deputy Speaker, we as a caucus made a decision. When the government announced its health care reform in the early '90s, we generally were not highly critical

of the changes to the health care system relating to mental health. At that time, our position was that, of all the changes with respect to reform, the mental health changes were the best administered and the best run by the government, and we did not take a very strong viewpoint in opposition. That could be said for other areas of health reform as is evident by the record.

I could not take, and we would not take, the same position today because it is very clear that we are in some serious difficulties with respect to mental health in this province. There are some serious deficiencies. There are some serious problems. I cite some of the issues raised by the Canadian Mental Health Association: insufficient services in counselling and physiotherapy; insufficient services in rehab services; lack of services for difficult-to-serve people; lack of essential community mental health services; replacing institutional programs for vulnerable people not adequately funded; increased costs due to increased utilization or annual salary increases in community-based agencies not accommodated in budget allocations from RHAs; and access to RH board and administration lacking. With respect to the system, there is a lack of co-ordination between hospital and community, and also between community agencies. There is a lack of timely and appropriate services.

The emergency response system has improved, and it had to, but there are some serious deficiencies in terms of emergency response. The shrinking entitlements in the area of income security rates and other supplements, decent affordable housing, access to effective medication is limited. The community at large feels separate from empowers to influence the provision of mental health services, and in the absence of accurate information from the Department of Health, the community may begin—there may even be a move or a desire to return to the institutional paragon. The provincial advisory committee on mental health reform is limited in its advisory capacity.

Finally, there is a lack of standards and accountability in the mental health system, with mental health services inadequately evaluated. These are just some of the issues, Mr. Deputy Speaker, that have been raised by mental health advocates, specifically by the Canadian Mental Health Association. I am prepared to share these issues with all members of the Legislature, not

only the specific details about the gaps, but some recommended courses of action that should take place to deal with some of these deficiencies as recommended by the Mental Health Association and by others in the system.

Mr. Deputy Speaker, this amendment deserves careful scrutiny. This is a rewrite of our Mental Health Act. This act and these changes will be with us for years to come and are going to directly affect many of us here, many of our loved ones, and many other unnamed Manitobans. This act could bear debate in this Legislature, I think, sufficient to utilize all of the remaining time in this Legislature and the time of subsequent sessions.

I personally have spent hours studying this act, and I feel deficient in my ability to deal with some of the issues in this act. The bulk of my comments are going to be dealing with the most controversial aspect of this act, namely, the certificate of leave provisions. I have made this preamble to my discussion because I want it to be understood that we are cognizant that this act has significant issues in it that need to be dealt with and addressed. I am hopeful that at committee stage, whereas I indicate there are more presenters than in any other bill, than in any other bill facing us in this Legislature, that these issues can come out.

Just in reviewing the other issues, irrespective of certificate of leave, I note and I understand that there is an amendment to the act that will deal with allowing police officers to arrange for another individual to accompany and to assist in the assistance of a person who is attending at an institution, and that has been advocated by the police. I think that is a positive step.

I note the act, Mr. Deputy Speaker, moves the age of competent decision making down from 18 to 16. This has brought implications for various other acts in our society, for acts and for acts of individuals. There are dramatic changes for medical proxies, nearest relative, Public Trustee, and I have spent hours on this, and even in my former capacity and function as a lawyer, as some of the issues are quite complicated. In fact this is not criticism, but I am still awaiting a spreadsheet from the Minister of Health (Mr. Praznik) to try to understand the intricacies of some of these changes because they are significant, and as somebody who has been

involved in this system, when I was a lawyer, the issues are very significant.

But there are two things lacking in this act that I want to deal with. One was the recommendation that was made by the committee that reviewed the act that called for an advocate and advocacy office for people involved in the system, and that is absent from the act. That is unfortunate because given the complexity and given the seriousness of these issues, I think and we believe that it would be a very useful aspect of our mental health system. Advocacy is, after all, most important, most important in dealing with these issues.

* (1740)

The second deficiency in the act, Mr. Deputy Speaker, and I suppose one cannot directly perhaps state that this should be in the act, but it is a deficiency in the mental health system. It is something that has been advocated and that has been suggested by all in the system and will have a dramatic bearing on our comments as it relates to certificate of leave, and that is the lack of community-based programming and a community-based system as it relates to mental health.

Mr. Deputy Speaker, we have met with countless individuals involved in the mental health system. On many occasions the question has been posed to them: what kind of system should we put in place? What is the replacement for the deinstitutionalization? It has been almost the unanimous response that a PACT system ought to be put in place, PACT standing for an acronym for Program of Assertive Community Treatment.

Let me describe what a program like this is, and let me indicate that the programs like this are in place in many jurisdictions. Programs like PACT have a central control in one community body of all public dollars generally, up to 80 percent usually as I understand, in funding for a community program. The programs are assertive. If someone does not show up for an appointment, the staff go out and find that person. They deal with that person on their level. They go to that person's home, drive along the street, find them, assist them in housing, assist them in doing their daily living. The program is individually tailored and provides more rather than less support. It is available

24 hours a day. If a patient needs spending money, housing, or any other services, they assist in providing it.

A program like PACT is composed of a multi-disciplinary team. It is not coercive but co-operative. There is constant follow-up. There is a low staff-to-patient ratio. It basically deals with those individuals who normally suffer from what is termed, and something we are going to hear about during debate on this bill, the revolving-door syndrome, which is those who have to be hospitalized over and over again and essentially do not get treatment. The program of PACT is consultative and it is long term. The emphasis is on outreach and co-operation. It also has extensive follow-up and experts on health and on these issues.

Mr. Deputy Speaker, as I indicated earlier, this act suffers, our mental health system suffers, I believe, from exclusion in this act of a role of an advocacy as well as the lack in programming of a system like PACT that could provide the much-needed, community-based services that I enumerated earlier in my comments have been identified as lacking in the system.

It is fortunate and unfortunate that this has become the most controversial issue, because the problem is all of these issues are important. But the one that is paramount with respect to this act are the provisions for the certificate of leave as they are advocated by the government with respect to this act.

It is very difficult, Mr. Deputy Speaker, to deal with this issue except perhaps by relating stories. We have heard many, many stories on both sides of this argument. Let me commence by indicating that these stories often, quite literally, involve life or death situations. This is one of these acts and one of these issues where both sides of the argument are attempting public good. Probably the most controversial issues in any forum are when both sides of the issue are attempting to achieve public good. Consequently, we, in this Legislature, must come down on one side or on the other side of two valid arguments for the public good.

Just let me illustrate how difficult an issue this is by indicating that I do not think in the years that I have been present in this Chamber have I seen an issue that

has been so controversial and difficult to grapple with and so rife with so many human stories on both sides. It certainly makes dealing with this issue very, very difficult. On the other hand, it also encourages public debate, which I think is very useful.

Mr. Deputy Speaker, let me illustrate how difficult the issue is by relating the fact that, as I understand it, the Canadian Mental Health Association, which is one group that advocates on behalf of people involved in the system, originally came out in favour of this proposal and were supporting the provision of the certificate of leave. Following a hearing conducted by the CMHA, they changed their position to oppose the provisions of the certificate of leave.

So let me commence my comments on the certificate of leave by indicating how difficult an issue this in fact is. Nonetheless, the government has brought forward a bill that is proposing the establishment of a certificate of leave. It is up to us as legislators to make a determination as to whether this, in our best judgment, will enhance the services and will enhance the lives of those who are involved in the system, or whether it will not.

We have met with and talked to many individuals who are involved in the system, who are strongly in favour of the provisions of the certificate of leave. Let me paraphrase some of their comments that have been provided to us and argued to us with respect to the reasons for the need for certificate of leave. They believe that the amended certificate of leave provisions contained in the act are reasonable measures considering the alternatives, should there be no certificate of leave established. Pressures for measures that have been adopted in other provinces for community treatment orders, such as those in Saskatchewan, would make the situation worse given the neglect and harm to those who fall through the cracks and continue to revolve through the system.

Experience from these individuals indicate that voluntary community service, no matter how well coordinated, comprehensive and assertive, without the teeth of a legal mechanism, will continue to fail to meet the significant minority of people disabled by serious brain disorders which are characterized as mental illness.

They cite, as a case in point, the highly skilled crisis mobile unit which often walks away empty-handed, because they do not have the legal authority to intervene in a timely and appropriate manner when the patient lacks the insight, a reality of mental illness that some seem to have trouble coming to terms with in our system. They indicate that they and their families have paid a high price for decisions which have not been adequately taken, and they feel that closing hospital beds without effective community resources is one thing that comes to mind.

The argument, in a nutshell, is if a person is not competent to make a decision, how can they make a decision as to whether or not they receive treatment? I guess the argument would be, we assume a child, for example, does not have the competency to make decisions about their own health care. If someone is in a temporary position where they do not have the competency to make a decision regarding their health care, why would we allow someone who is clearly incompetent to make a decision with respect to the providing of their care and nurturing?

* (1750)

The typical story, and as I said in the beginning, Mr. Deputy Speaker, this is a question of stories. I do not want to stigmatize or isolate only one group of individuals, but the typical story that has come to our attention is the parent of a child who has been diagnosed as schizophrenic, who goes through the revolving-door system over and over and over again, who often ends up on the street, refusing treatment.

Mr. Deputy Speaker, I should add there is a very good reason in many cases for refusing treatment because of the side effects from those treatments, but for all of those issues aside, that child, that adult child, that adult ends up not getting any help. I have heard personally of numerous stories of suicides that have resulted because treatment was not enforced, according to people who advocate a certificate of leave, on a patient who was incompetent to actually make that decision.

The stories are horrendous; the stories are heart rending; and the stories are tragic. I heard a story today

about a family that took their child to St. Boniface, who was rejected and rejected and rejected. Finally, they just left the child there and said we are not taking this child back, and the child was taken into treatment. That is the kind of story that we have heard. We have heard many stories, and we have met with many individuals, and we will be hearing many stories in this area.

On the other side of the argument, Mr. Deputy Speaker, are those who indicate that the certificate of leave will surely only amount to a forced treatment in the community, in effect, will take away choice and will amount to community institutionalization. The argument that they pose is that our treatment is only based on one model—the psychiatric model—which certainly is not infallible and certainly amounts to generally one form of treatment, which generally amounts to drug treatment. Those who oppose a certificate of leave will tell you that it is difficult to change that regime; it is difficult to change orders. Even if an individual, for example, is in a position where they are recovering or have recovered and they are in this treatment model, their ability to get a change to that treatment model is limited. What they fear that they will be forced to do is to be permanently institutionalized in the community and penalized with the prospect of institutionalization in a facility should they not heed the prescriptions of their certificate of leave.

We have heard from individuals who have been wrongly diagnosed and locked into the psychiatric model and literally lost for years in the system when in fact the diagnosis was wrong or the prescription for dealing with the problem was wrong and inaccurate. We have heard stories about abuse within that model, and we have heard stories about individuals who have been unable to change the regime, and suicides have mounted in that area as well.

There is one consistent theme to both sides of this argument, Mr. Deputy Speaker, and it goes back to something that I indicated earlier, that we are lacking a community-based treatment regime model and program in this province, and that the community-based system certainly would, if not eliminate, drastically lessen the need for provisions like the certificate of leave if in fact such a regime is in place.

Those who are opposed to the certificate of leave say and argue that if you have the community-based programs in place, you would have no need for certificate of leave provisions, and, if a program like PACT was in place, then individuals would have access to treatment, would have follow-up in treatment, and you would not need the forced nature of a certificate of leave.

They will also argue that by putting in place certificate of leave and not having in place a community-based program, you have no more incentive. You lose the incentive and you lose the initiative to create a community-based program. Some will argue that the provisions of the certificate of leave become your community-based program, and they argue that in fact that is a reason for opposing the provisions of the certificate of leave.

Those in favour of the certificate of leave argue that regardless of whatever program is in place in the community, that regardless of the establishment of a PACT-like program or even the most comprehensive community-based program that could possibly be imagined, there will always be need for a small minority of individuals who at one time or another are not functionally capable of making decisions, and therefore there will always be need for provisions like a certificate of leave. They will also argue that since we do not have a community-based program in place in Manitoba that at the very least we could serve a minority who requires certificate of leave provisions with some hope and some help through the provision and the establishment of a certificate of leave that will get the help to them when they need it. That help will be provided not in the institution but in the community.

Having looked at both sides of the argument, I think you can understand why this issue is so controversial, and I think you can understand why it is an issue that evokes such strong emotions on both sides of the argument. I anticipate that when we go to committee hearings—I referenced the stories—we will be hearing dozens and dozens of stories. As I indicated earlier, I have heard many of them on both sides of the argument, and I anticipate at committee that all legislators at committee and all of us here during debate on this bill, will have a very difficult time dealing with this issue with respect to how best to serve those in our community who through no fault of their own suffer

from an illness that is classified as a mental illness and one which requires a special act, special measures, special powers to deal with.

I want to indicate for the record that we in our caucus have reviewed this bill and for the most part we agree to most of the changes with a good deal of favour, but I also want to indicate that with respect to the certificate of leave, we are looking towards the committee and the representation made by individuals in the committee in

order to establish the final position as it relates to certificate of leave.

Mr. Deputy Speaker: Order, please. When this matter is again before the House, the honourable member will have 10 minutes remaining.

The hour now being six o'clock, this House is now adjourned and stands adjourned until 1:30 p.m. tomorrow (Wednesday). Good night.

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, June 16, 1998

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