

# LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, 28 July, 1986.

Time — 8:00 p.m.

## CONCURRENT COMMITTEES OF SUPPLY SUPPLY - EDUCATION

**MR. CHAIRMAN, M. Dolin:** We are reconvening, Page 51, Resolution 48, Item 3. Financial Support - Public Schools - the Member for Roblin-Russell.

**MR. L. DERKACH:** With respect to the funding formula, Mr. Minister, can you explain or give some details with respect to whether there is a permanent list of supportable expenditures which is available to all school divisions, or is the list of supportable expenditures, one which varies from year to year?

**HON. J. STORIE:** Yes, there is an understandable base and it is based on the year's expenditures adjusted to reflect enrolment.

**MR. L. DERKACH:** I'm talking about the list of supportable expenditures. What qualifies as a supportable expenditure?

**HON. J. STORIE:** Mr. Chairperson, that is it. The net operating expenditures of the preceding year.

**MR. L. DERKACH:** Mr. Chairman, there are certain elements of the operating, I guess, expenses which are now not counted or income. There's some other income which is used to offset supportable expenditures. Is there a list of those things which would . . .

**HON. J. STORIE:** Net means total minus less revenues from; institutional programs, Manitoba Government, except 3.(a) which is the grants to public schools; Federal Government support; revenues from other school boards; private organizations and individuals; and opted-out Indian bands.

**MR. L. DERKACH:** Would the Minister tell us whether or not the interest which is earned by its division on funds in the bank and interest which is used to offset perhaps interest which otherwise would be payable, is that counted into the net income which is then deducted from the supportable expenditures?

**HON. J. STORIE:** No, Mr. Chairperson.

**MR. L. DERKACH:** In cases where that has been deducted from the supportable expenditures, would that be reimbursed by the department then?

**HON. J. STORIE:** Although one would never like to speak in categoricals, I understand that has never been the case.

**MR. L. DERKACH:** Where a school division perhaps would lease the space or equipment or a school in

another division or an organization. Does revenue from that source then become deducted from supportable . . .

**HON. J. STORIE:** I'm nodding in the affirmative.

**MR. L. DERKACH:** Could you explain the rationale for that, please?

**HON. J. STORIE:** Basically, the explanation is that's considered revenue from outside sources. Obviously, equipment in schools that are rented or leased or whatever to an outside organization where funded by the public school system. I suppose that's an explanation.

**MR. CHAIRMAN:** The member is not sure.  
The Member for Roblin-Russell.

**MR. L. DERKACH:** Thanks, Mr. Chairman. So does the department then set a fee schedule for space or equipment that's to be leased, since that's to be deducted.

**HON. J. STORIE:** No.

**MR. L. DERKACH:** So if the school division then wished to donate space to another organization or another school division or anybody who wishes to use equipment without charging them for it, then there are no deductions.

**HON. J. STORIE:** That's correct. I think that's quite a common practice throughout school divisions where they rent space to community clubs, community groups for that kind of purpose.

**MR. L. DERKACH:** I'd like to, just for a moment, move into the area of tax of the farm land, if I may, the education tax on farm land. In this area, I'm wondering whether the Minister has any considerations in dealing with the education tax on farm land.

**HON. J. STORIE:** I'm sorry, I missed that question.

**MR. L. DERKACH:** Well, does the Minister of Education have any intention of dealing with the education tax on farm land?

**HON. J. STORIE:** Well, to the extent that since 1983 there has been no increase, in fact, in ESL levies. I guess the approach has been to try and minimize those increases. I do recognize that there is a continuing concern about, particularly in rural Manitoba but I think throughout the province, on the reliance on property taxes to support education. I've indicated on a number of occasions that, although the freeze on increases in ESL mill rates may be a move in the right direction, there is an intention to move from that and a stated goal, on the part of the government, to move to 90

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percent funding and, within that, to minimize the reliance on property taxes.

**MR. L. DERKACH:** Can the Minister give us some indications as to when they intend to move in this direction and where are they going to start changing the tax system then?

**HON. J. STORIE:** Well, I suppose that the most obvious and logical way to do that would be to tie any move away from property tax, to reduce the impact of the ESL, would have to be done in conjunction with the whole question of assessment reform and probably other revenue-generating possibilities within government. Because I think there's a recognition that it's easy to say, well, if we raise \$190 million ESL, let's cut that out because it is, in some respects, certainly not progressive in many respect; and the question is, where do you find that additional revenue? It has to come from somewhere, unless you plan on reducing expenditures in education by \$190 million.

So I think the solution to that problem obviously is mixed with assessment reform and with tapping some additional sources of revenue, making increased commitments from existing sources of revenue for educational purposes.

**MR. L. DERKACH:** Is there any intention on the Minister's part to start moving away from the property tax in the next year or two?

**HON. J. STORIE:** I would hope so.

**MR. L. DERKACH:** When I stopped my questioning last, I was talking about transportation, and if I could just go back to that and finish up a few questions I had.

With respect to diesel engines in school buses, according to some sources International Harvester apparently offered diesel engines to school buses at 50 percent of their cost, and they recommended a certain engine, a six litre engine, which was designed to create heat and was designed for vehicles the size of school buses.

It is my understanding that there are several buses on trial right now which have diesel engines in them, but they have gone instead to a nine litre engine which is not designed for vehicles of that nature and is not designed to create heat, which causes a heating problem in these large school buses.

Can the Minister elaborate what the policy of the department is with respect to moving to diesel engines in school buses?

**HON. J. STORIE:** I am certainly not aware of that issue having been raised internally. I wasn't aware of the specific reference to that offer, but perhaps I can respond to that question tomorrow afternoon or evening when staff have had time to contact the manager of the Transportation Services.

**MR. L. DERKACH:** In doing that, I'm wondering if the Minister could then give us a few more details as to what their long-range plan for converting to perhaps diesel engines in their buses is and what in fact the trial program is running at right now?

**MR. CHAIRMAN:** The Honourable Minister of Education is nodding assent.

**HON. J. STORIE:** Yes, I will take those questions as well.

**MR. L. DERKACH:** Okay, I wave to ?

**MR. CHAIRMAN:** The Member for Fort Garry is next on my list.

The Member for Fort Garry.

**MR. C. BIRT:** Thank you, Mr. Chairman.

**MR. CHAIRMAN:** Excuse me. Did the Member for Kirkfield Park have her hand up?

The Member for Fort Garry.

**MR. C. BIRT:** Thank you, Mr. Chairman. The Minister or his staff had provided information pertaining to the funding of independent schools and that sum is shown as a grant of some \$752 with a gross sum of \$6,152,000 being involved. That portion of the grant, the \$752, is it a grant or is it mandated by law, in legislation or in regulations, so that the independent schools can turn to some section in the act or regulations and say we're entitled to X-amount of money? Is that available to them?

**HON. J. STORIE:** Well, the \$752 per full-time equivalent is in the regulations.

**MR. C. BIRT:** Mr. Chairman, when one looks at The Public Schools Act, in particular Section 60, it says the Minister may pay to private schools. There's nothing in there that would appear to give the independent schools comfort if the Minister wanted to cancel these payments in any particular year. Is it purely a discretionary power?

**HON. J. STORIE:** Well, given that it falls in the realm of regulation, obviously it can be changed by O/C.

**MR. C. BIRT:** So the Minister is stating that the grants to independent schools are purely discretionary, yet those to the public school system are mandatory and have strength and support in the statute, The Public Schools Act.

**HON. J. STORIE:** Well, I remind the member that in 1890, the Province of Manitoba and the Government of the Day determined that the establishment of public schools was in the interest of Manitobans; therefore, it follows logically that they would have statutes governing the funding of such schools. No such decision was ever made with respect to independent schools.

**MR. C. BIRT:** Well, with respect, I think the Minister is discounting perhaps the last 20 years of history in this province. There is provision put into The Public Schools Act, that it says the grant may be made by the Minister. So it seems to me the government has recognized the fact that they can give money to the independent school system. The question I have is why isn't it stronger legislation that, should the Minister of

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the day or Cabinet of the day decide not to make any grants in any particular year, that they not have the same rights to those funds as the public school system does?

**HON. J. STORIE:** Well, I can't identify from the top of my head when the provisions were put in The Schools Act to allow that to happen. I would indicate that's not an unusual provision. I'm sure virtually every act of every department authorizes the Minister to provide grants to independent groups, associations, individuals, if need be, if it is deemed in the public interest. All I can say is, and the member is quite right in reminding me of the history of funding to public schools over the past number of years, and certainly since 1973-74, I believe, that governments have provided by way of regulation a per-pupil grant to private schools. I don't want to alarm the member by acknowledging the government's right to change the regulation. I simply indicate that it is a regulation that can be changed by OIC. We, at this point, have every intention of living up to our commitments to private schools and I expect they understand that.

**MR. C. BIRT:** The section that was put in, at least approved in the 1980 Session of the Legislature, I'm just wondering if the Minister is contemplating moving it from a discretionary power to a mandatory power such as the public schools have.

**HON. J. STORIE:** I had not contemplated it, certainly, for this Session.

**MR. C. BIRT:** Will the Minister contemplate moving it from a discretionary power to a mandatory power?

**HON. J. STORIE:** I suppose that's a matter that certainly could be reviewed and probably will be reviewed by the government over the next year or few years.

**MR. C. BIRT:** The sum of \$752, now I understand there is other supplementary or additional funding that is available, but how is the 750 figure derived? Why is it not 890 or 612? How do you get the figure of 752?

**HON. J. STORIE:** Well, essentially, it represents the same dollar increase in 1986 as the per-pupil increase in the public school system. So the base in 1985 would be \$130 roughly less than the 752 the member referenced.

**MR. C. BIRT:** Is there not a formula in place that the base grant is tied to? Now, the Minister made reference to a cost-of-living increase, but there seems to be sort of a base figure that is used. I presume, from year to year, this figure will go up or down, presumably up as long as we have inflation. But is there not a formula in place that can identify the base grant when this figure is established, so that you can add funds to it at a future time.

**HON. J. STORIE:** Are you referring to the base grant for private schools?

**MR. C. BIRT:** Yes.

**HON. J. STORIE:** Well, the base grant obviously at this point is 752, so that any increases subsequently would be based on that.

**MR. C. BIRT:** So the policy then is merely to add to the figure of the preceding year, providing the government decides to grant an increase to independent schools? Is that it?

**HON. J. STORIE:** Yes.

**MR. C. BIRT:** For the last two, possibly three years, the grants given to independent schools I think are almost identical, if not identical, to that given to the public schools. Does that mean that the government has now adopted a formula of every year the same grant given to the public schools will mean a corresponding equal grant to the private schools?

**HON. J. STORIE:** Well, to the extent that a policy is reflected in past practice, I suppose that's the case. No decision, final decision on funding for the 1987-88 school year has been made. By the same token, no decision with respect to the final funding levels for the public school system have been made either.

**MR. C. BIRT:** But in the public school system there is at least a formula in place, whether it be base grant, supplementary grants, how much should be raised at the local level.

This same guarantee of funds is not available, according to the Minister or in the act, to the independent school, so there is no way of knowing what the base grant is and there is no way of knowing, from a year-to-year basis what the increased grant, if any, will be. What I would like to know, if the Minister has in place a formula, a regulation, or a policy that the amount of increase granted to independent schools will be the same amount as given on a per capita basis to the public school system?

**HON. J. STORIE:** No.

**MR. C. BIRT:** Will the Minister contemplate putting such regulations or certainty into the system?

**HON. J. STORIE:** I've indicated that we will be reviewing that issue and the question of, I guess, in the longer term, providing a more stable and understandable system, a framework within which private schools can operate. I think that's a reasonable request.

However, at this point, I can't say that any specific policy may or may not be adopted.

**MR. C. BIRT:** One issue is the extreme financial plight of a number of the independent schools and really what they need, in addition to their argument for additional funds, is some certainty or some method whereby they can do some future planning and not rely on a year-to-year basis.

At least in the public system there is a base formula and how much it grows or doesn't grow is dependent on the amount of money available, allotted through the Estimates. But I think the important thing for the independent schools is to give them some formula or

some certainty so that they can plan their program properly. I'm not sure whether the Minister indicated that he was hoping to go that far; or if so, I would like to applaud his approach if that is his intention, but perhaps the Minister could elaborate on his remarks of just a few moments ago.

**HON. J. STORIE:** All I've indicated is that I think private schools can feel fairly secure that there is a base from which the government is operating and that base is the \$752 FTE or the \$40, basically the shared services that they have. There's certainly no intention to withdraw any of the provisions that have been introduced to accommodate their needs over the next little while and I certainly see the likelihood of some enhancement.

Whether we will actually be able to offer them in the 1987 year a policy which essentially meets their needs in terms of longer-term planning and some stability has yet to be seen, but I see it as worthwhile and useful.

I point out that, while there are elements of the Government Support to Education Program which are fixed, school divisions nonetheless feel that there is more need for longer-term financial information from governments as well. In fact, they get their information too late, and I see that as something that we need to address over a five-year period as well.

**MR. C. BIRT:** The figures would indicate, from the information given to us earlier, that approximately some 8,200 students, and I'm rounding now, received this per capita grant. Yet, the annual report that was given to us made reference to some, I think, about 9,700 students. Why is there this discrepancy here?

**HON. J. STORIE:** Mr. Chairperson, some private school students are not funded at all by the province.

**MR. C. BIRT:** So the difference of whatever it may be, 800 or 1,200 students, are those by choice who have decided not to take any public funding? Is that correct?

**HON. J. STORIE:** Yes, Mr. Chairperson, or are not eligible by virtue of the curriculum they're offering.

**MR. C. BIRT:** Dealing with the some 8,200 who are now receiving public funding in the independent schools and are under supervision or are meeting criteria and tests and everything else like this laid down by the department, has the Minister or his staff done a study as to the impact on the public system if the independent system closed down and the students transferred over? Have they done any costing, any impact that it would have on particular school divisions?

**HON. J. STORIE:** There have been some analyses, some reviews of this matter over a period of time. I think the response to that is quite obvious. Of course, some private schools collect their students from an extremely large area. Some do not. Some are more representative of community schools. So it depends to a great extent on: (a) where the students come from, where their home division would be; (b) in those divisions where there may be a high private student population, it would depend on the division's current capacity.

In fact, there may be very little additional cost to some divisions in the event that there were no private schools by virtue of the fact that there may be 30 or 40 Grade 9 classes in the division and 40 or 50 Grade 10 classes, so there would be one student or two students per grade level or per classroom. So it's not the case that it would impact directly in that respect.

**MR. C. BIRT:** I would take it, though, the converse would be true. In some areas, the impact might be fairly significant. I'm wondering if the Minister could share with us some of these studies that have been done.

**HON. J. STORIE:** Mr. Chairperson, I'm informed that the studies, the reviews that have been done have been more on the informal side. The major study that has been done was done by Winnipeg 1, and it dealt specifically with the potential impact of the Jewish schools becoming part of the public school system.

**MR. C. BIRT:** Recently, the Catholic school trustees have launched a petition with the Federal Government. Has the Minister or his government, since the filing of this petition with the Federal Government, had any meetings with the representatives of these Catholic school trustees on this issue?

**HON. J. STORIE:** No, Mr. Chairperson, not since the filing of the appeal. However, I believe a meeting is scheduled in the near future with the Manitoba Federation of Independent Schools.

**MR. C. BIRT:** As I understand the thrust of their petition, at the time of Confederation, of coming into this province, they were given certain rights. What they are looking for is 100 percent funding: Capital, operating, the whole gamut of building a dual system. In talking with representatives of this organization, I believe it is their feeling that they do not want to create a dual system like there is in other provinces. They would prefer merely to get some additional funding to help out their cause.

Has the Minister had a chance to study the possible cost implications if the Federal Government or the Supreme Court or whatever authority was to grant them their petition and say, yes, you are entitled to equal funding as it was back in 1820 or whenever the year was?

**HON. J. STORIE:** I don't know that the department has undertaken a formal review of the costs although, again, informally we have looked at the possibility, I guess, the prospects of absorbing that number of students. I can only say, in terms of their reference, their feeling that the remedial order in some way is a means of redressing their concerns, may or may not be well founded. It's not clear to me that it is going to be a satisfactory means of resolving that issue.

**MR. C. BIRT:** Does the Minister agree that perhaps a negotiated solution to this particular problem would be better than any politically imposed or court-imposed solution?

**HON. J. STORIE:** Mr. Chairperson, I suppose that one would like to think that might be a reasonable solution.

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However, I have indicated that I'm not opposed to the decision of the Catholic school trustees in seeking redress through imposition of the remedial order. That, in fact, is their right.

I've indicated as well that I don't believe their case is as clear-cut as they believe. In fact, even in comparison to other provinces, who obviously have a different historical base upon which to deal with the issue of separate school funding, we have been fairly reasonable and responsive over the last few years. I believe that is, in effect, and has been, in effect, a political response to some legitimate concerns. It would be my hope, and perhaps the subsequent meeting that we will have with MFIS, will lead to that understanding.

**MR. C. BIRT:** So I take it from the Minister's answer that the meeting proposed some time in the not too distant future over this issue is an attempt to try and resolve the issue here in Manitoba, rather than having it leave the province and have someone else solve the problem for us.

**HON. J. STORIE:** In part, certainly. I'm indicating that I don't believe that the issue can be resolved nearly as simply as people would like to believe in referencing it to the Federal Government.

**MR. C. BIRT:** Thank you.

**MR. CHAIRMAN:** The Member for River Heights.

**MRS. S. CARSTAIRS:** Thank you, Mr. Chairman. I have to apologize to the Minister because I'm going to be all over the blocks since, after three hours of waiting to get my questions, some of them have been taken. But I will start with the whole concept of independent schools.

I think it's very clear from the figures presented today that with 98.3 percent of the money going to public school funding, that the public schools have very little to be concerned about in any threats from the independent school system which at the present time is receiving a mere 1.7 percent of all of the funding presently available to Education.

But I would like to put on the record, and I think it's very important because during the election campaign the former Minister of this department implied that the private schools receiving funding were not responsible to the Department of Education. I think it's important to clearly show tonight just how responsible they are. For example, Mr. Chairman, I'd like to have verified from the Minister that in order to teach in a school which receives independent school funding, the teacher must be fully certified.

**HON. J. STORIE:** That's correct.

**MRS. S. CARSTAIRS:** And that the curriculum taught must meet the minimum requirements as set by the Department of Education.

**HON. J. STORIE:** That's correct.

**MRS. S. CARSTAIRS:** And that the Department of Education does have the authority to send out

inspectors into those schools to review curriculum and to inspect teachers, in the old sense of the word, in order to provide permanent certification in the same ways that they have within the public school system.

**HON. J. STORIE:** Essentially that's correct. The department no longer provides inspectors, but we don't provide inspectors per se within the public school system either.

**MRS. S. CARSTAIRS:** While that is somewhat true, if a teacher teaching in an independent school wishes to have their certification made permanent and that needs to be inspected and there is nobody in that school who is certified to do that inspecting, then the Department of Education will send an inspector for that purpose.

**HON. J. STORIE:** Yes, I understand that the recommendations of the superintendents of particularly the Catholic schools and the Jewish schools are accepted, and that in other instances the departmental personnel do the referencing.

**MRS. S. CARSTAIRS:** In terms of funding for the independent schools, is the department still funding all students who attend a school which is deemed as receiving funds, even if that student's residence is not in the province of Manitoba?

**HON. J. STORIE:** Yes.

**MRS. S. CARSTAIRS:** So we are in fact funding children who do not live in this province.

**HON. J. STORIE:** Yes.

**MRS. S. CARSTAIRS:** In terms of responsibility for the receipt of funding, if a school receives funding from the Department of Education, what proof, what documentation must it provide to the department in order to continue to receive funding?

**HON. J. STORIE:** Well, I understand that the information we now accept has been recommended by the Provincial Auditor.

**MRS. S. CARSTAIRS:** In terms of the materials which are sent out by the Department of Education, I was quite dismayed to learn that the independent schools were not, for example, sent information with regard to the Ben Wicks Writing Contest, which is funded by the Royal Bank, whereas all of the public schools in the province were sent that kind of information. Now I ask the question only because how many other things are our independent schools not sent?

**HON. J. STORIE:** I'm not sure. The information that was sent out was sponsored by the Royal Bank?

**MRS. S. CARSTAIRS:** The Royal Bank apparently sent all of the materials to the Department of Education for distribution to all schools in the Province of Manitoba. They were distributed to all public schools but they were not distributed to independent schools.

**HON. J. STORIE:** Again, recognizing that the Department of Education, when they are talking about all schools, deals essentially with public schools. The dissemination of information to private schools has not been a responsibility of the department regardless of the source of the information. However, I guess departmental materials, curriculum materials and so forth, and any area where we have direct responsibility for, would be shared with private schools.

**MRS. S. CARSTAIRS:** Could I recommend to the Minister that information like this which is easily disseminated would be in fact in the future sent out to independent schools so all Manitoba children will have the opportunity to avail themselves of that kind of contest participation?

**HON. J. STORIE:** I don't think that's an unreasonable suggestion.

**MRS. S. CARSTAIRS:** I'd like to now go into non-resident funding, just so you know where I am in the material.

I am increasingly concerned about the lack of flexibility within the students being able to move from one district to another district, particularly when a program is offered only in a minimal number of school districts. In my beloved I.B. program, for example, there are only three school divisions which offer it and there are many children in the city, I feel, who could take advantage of it. In this year in Kelvin High School, I know of several children who were lying about their residence in order to avail themselves of this particular program. I think that's a very unfair burden to place on a young person, that they are forced to manipulate the system at the ripe old age of 15 in order to get into an academic program of their choice.

**MR. DEPUTY CHAIRMAN, J. Cowan:** Mr. Minister.

**HON. J. STORIE:** Well, I recognize the point you're raising. I gather the limitations and I recognize that a battle has - I shouldn't use that word - but I understand there was the issue of expansion of the IB program was raised recently and the school division made a decision not to expand the program, obviously thereby limiting it even further or maintaining whatever restrictions existed.

Given that in most instances the programming is a result of a decision of the school board, it's difficult for the department to move in and say well, let's expand it because obviously it has to be their priority as well and not solely the priority of the government or the department.

**MRS. S. CARSTAIRS:** Mr. Chairman, I'm not concerned about a division. I am concerned about children wanting to cross divisions. There is an IB program in the Winnipeg School Division No. 1 and all Winnipeg No. 1 children can avail themselves of that program. So there is accessibility if you live in Winnipeg No. 1.

If, however, you live in the Fort Garry School Division and you would like to avail yourself of this opportunity, you cannot because Winnipeg No. 1 will not accept a student from the Fort Garry school division. Since 80

percent - we can fight about that figure - is, in fact, provincially funded, it seems to me a violation of that young person's rights to say you can't attend a particular program which is not offered in your division. We certainly don't do that with French; we certainly don't do it in industrial arts; we don't do it in vocational ed, but we seem to be able to do it in other programs.

**HON. J. STORIE:** Well, I think the logical extension of that is to say the local school divisions have no responsibility for providing a program that is deemed to be appropriate for students in the division. The responsibility lies with the school division, if it deems there is a significant need for I.B., for immersion programs, for vocational education programs to offer them in the division but, again, it requires the involvement and the expression of interest, I suppose, on the part of parents to mobilize, if you will, school boards into providing those programs.

I don't think it's an example of denying anyone their rights. I think it's more an example of a school division exercising its sense of priorities within their domain. Clearly, some school divisions offer extensive art and music programs; others provide virtually none. Again, it's not a reflection of trampling on anybody's individual rights as much as a setting of priorities by duly elected school board officials.

**MRS. S. CARSTAIRS:** On the other hand, Mr. Chairman, surely a young, artistic student shouldn't be denied the development of his or her talent because her school division, for whatever reason, has lacked the foresight or perhaps the numbers, or whatever, to develop that type of program. It would seem to me to be the place where the Department of Education could perhaps be used as some kind of resource for where these programs are available and to perhaps facilitate the movement of special needs students, who are not defined as special needs under our definition of education, so they can, in fact, enrich the education which they're going to receive.

**HON. J. STORIE:** The member raises a legitimate point. I simply point out that all of the school divisions, and Winnipeg 1 is a prime example where there are expectations amongst those parents who are fortunate enough to have gifted children, that the I.B. Program would be expanded.

At the same time, we know from the division's own statistics and from CTBS skills which were made public, they have a very real problem in dealing with the basic skill levels of their students. Where do you address the money? Do you provide it to the students who are struggling to acquire the basic skills, or do you provide it to enhance an I.B. Program for those who many would say have so many other opportunities.

Those decisions are made by school divisions and I think the government, through its inner-city initiatives, through its additional support to Winnipeg 1, has made its priorities in favour of those who are struggling to acquire the basics. It's not any intentional desire to discount the benefits which accrue from an I.B. course to individual students, simply recognition of the fact that there are limited dollars and with those limited dollars, I think it behooves the government to meet

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the needs of the greater majority and meet the basic needs of public school students as best we can.

**MRS. S. CARSTAIRS:** I'm delighted at that line of reasoning, because that only makes my point even stronger. There is, in my opinion, very little justification for every school division in the City of Winnipeg having an International Baccalaureate Program. There are not the children who could probably benefit from that, and it is indeed a costly program, which is all the more reason why children who don't live in divisions, who don't have the program, should be able to avail themselves of the divisions which do have the programs.

**HON. J. STORIE:** I assume most of those problems can be worked out within divisions if there's a desire to. I presume the issue is, in part, the question of residual costs, and if divisions seriously wanted to resolve the issue, they would be prepared to sit down with whatever offering school division they wished and work out more than just an arrangement to pay non-resident fees but, in fact, there would be a legitimate recognition of the residual costs and those would be covered. The member makes the point that in all likelihood there isn't the need for one throughout each division.

**MRS. S. CARSTAIRS:** Well, Mr. Chairman, I hope the Minister can also see that he could play a very significant role here in the jurisdictional disputes that do arise between school divisions, so children throughout the province can benefit from breaking down the jurisdictional barriers.

To ask a specific question, however, has the Minister become concerned, or become involved - it's not right to say concerned; I know the Minister is concerned - about the children who are now being denied access to the Hanover School Division, who presently live in the Seine River School Division but had been going to the Hanover School Division, and taking a German education without paying non-resident fees and have just now been denied by the Seine River School Division access to that program?

**HON. J. STORIE:** Yes, obviously it's another one of those areas where you hope there would be considerably more cooperation. I'm not certain what further role the department or the government can play without moving into a position where significant additional funding would be required if we were to address it, I suppose, from a financial perspective from the province's point of view. I suppose all we can do is be hopeful that a resolution will be worked out.

I'm just reminded that I am meeting with a group next week, I believe, and this particular issue, I'm sure, will be on that agenda.

**MRS. S. CARSTAIRS:** I think this particular case where the children have, in fact, benefited from this education for a number of years and seem to be stopping in midstream, is one which is particularly critical. If Seine River wants to deny future children access to the program, I suppose this is their right - I prefer they didn't - but I think it's particularly unfortunate that they have allowed some of these children to go to this school

for a number of years and now all of a sudden they seem to be calling a halt to it. I wish the Minister well in that particular meeting.

If we could now move into some of the financial issues, because I'm a bit concerned, or I guess I don't understand the sheet which was passed out earlier today, the funding of the 1986 program based on the 1985 financial statements, and the GSE formula has had more than its fair share of discussion today. I'd like to move into the guarantee which I understood was a solid previous year plus 1 percent. I thought that was the basis of the funding and yet 10 of the school divisions listed under this are getting less than a 1 percent increase.

**HON. J. STORIE:** Yes, the guarantee referred, and remembering that the 1985 program referred only to block and equalization, so that what you're seeing in those areas where school divisions have, in fact, a less than 1 percent increase in funding is a reduction and in some cases a substantial reduction in categorical funding for whatever reason.

**MRS. S. CARSTAIRS:** What kind of things would be cut in terms of categorical funding?

**HON. J. STORIE:** It could be transportation, pupils transported. It could be reduction in vocational education grants. It could be reduction of special needs, you know, a number of special needs, students moving out of the division. There is a whole range of vocational, special needs.

**MRS. S. CARSTAIRS:** In terms, Mr. Chairman, of special needs funding, we talked about it briefly in introductory day when we all seemed to go at wonderful extremes of philosophy. Many of the special needs children, students, who are now finding their way into our public school system, were earlier funded through other programs which came primarily out of Health budgets and Community Services budgets. Has there been any significant transfer of funding from Health and Community Services into Education in order to provide the care, not the education, but the care required for these children during the school day?

**HON. J. STORIE:** Well, I suppose the inclusion of the Low Incidence Three grant would be about the only additional contribution which recognizes the heavy human resource requirement of special needs children. That grant was introduced in 1986. So this is the first full year of Low Incidence Three support and that amounts to some \$13,200 per pupil. That's designated for multiply-handicapped pupils. That, I suppose, is in recognition of the high level of need of those particular students.

I should indicate that, generally, as the Welcome Home Initiative, as more parents have requested accommodation of their special needs students that the special needs budget has grown, almost doubled in the last four years, so in 1986, I believe the total funding for special needs is something like \$71 million, somewhere in that neighbourhood.

**MRS. S. CARSTAIRS:** I want it very clear, Mr. Chairman, that I do not oppose special needs funding, nor do I

want these children removed from our classrooms, but I think we must deal with the reality that much of the money supporting these young people is in fact placing an unfair burden on the education budget. With these children, the Low Incidence Three's 13,200 will, in fact, probably pay for a full-time attendant for that particular child; but there is no question that whether a child is hearing impaired or whether a child is a cerebral palsy, but maybe not be Low Incidence Three, that they are going to need multiple help in the classroom setting which the teacher cannot provide, which means that the Education budget is forced to provide the teacher aide or whatever supplementary help is required. I think it's unfair to the overall Education budget that this should be consistently coming from Education with no apparent transfer of funds from either Community Services or Health.

**HON. J. STORIE:** Again, transfer of funds, I guess, is a relative term when you're talking about the allocation of resources in the government process. Clearly, the increase in contributions to special education needs from 1985 to 1986 represents some \$3 million. When you consider that apart from the Capital that went into our system, some \$23 million was increased directly out of provincial revenues and that our overall support to all of the education requirements is 5.2 percent, I think we're still covering a significant portion and I don't feel at this point that increasing the requirements at the school level are working to the detriment of the school divisions is the case at this point; recognizing, however, unless there are continuing increases in the special needs area, that that's certainly likely to happen, and not something that I think would be good for the system or is desirable.

**MRS. S. CARSTAIRS:** In terms of the overall grant to the public school system, is it not true that we will be dealing with 5,000 approximately less children this academic school year than we dealt with last year?

**HON. J. STORIE:** My recollection is that there is very little reduction if any in the 1985-86 - I see the other member nodding. I think it's relatively stable.

**MRS. S. CARSTAIRS:** So we lost about 5,000 a year ago, because the 1984 figure is certainly 5,000 less, but this year is a relatively flat year.

**HON. J. STORIE:** I think the projections are for the student population to remain relatively stable and increase marginally over the next five years.

**MRS. S. CARSTAIRS:** As to funding for the institutional program, I know that part of that \$3 million plus in institutional program funding goes to St. Amant. Can the Minister tell me what other institutional programs are being funded by the Department of Education?

**HON. J. STORIE:** Mr. Chairperson, the breakdown of the institutional grants that were referenced are as follows - I can give you the total breakdown - 1.3 for Winnipeg No. 1; 63,500 for St. James; St. Boniface 159,000; St. Vital - St. Amant would be 894,000. Some additional funds to Marymount in Seven Oaks School

Division and the training resources for youth, and some 21,000 for Respite Care.

**MRS. S. CARSTAIRS:** Can the Minister tell me why in the period of time where according to the Community Services Minister we are working to remove 220 patients from the Manitoba Developmental Centre, that we have closed the school completely, as I understand, and we're not even offering any life skills training at the Manitoba Developmental Centre?

**HON. J. STORIE:** I don't know where other, although I recognize that Life Skills training is offered in many other locations, apart from MDC, including many of the community sponsored training programs, but again that's obviously not part of my budget and I couldn't comment where that transfer has occurred. I presume the majority of the transfer has occurred to the Welcome Home initiative and the cost that is attached to that.

**MRS. S. CARSTAIRS:** Was not the school at Manitoba Developmental Centre previously funded by the Department of Education?

**HON. J. STORIE:** Not to my knowledge, Mr. Chairperson. I think perhaps that would be one of the benefits of that, to the extent that those individuals are able to integrate, not only into the community, but into the community schools, that they will be receiving a net benefit in that obviously that would be part of the public school system and benefit in that way.

**MRS. S. CARSTAIRS:** When I toured the Manitoba Developmental Centre I was told that the school was closing down. Therefore, I assumed it had been funded somehow by the Department of Education.

I was then told that the few children who were left would be integrated into the public school system in Portage, which is obviously going to come under your department because they're going to need a lot of special needs funding.

**HON. J. STORIE:** The ones that obviously are part of the Welcome Home initiative will be part of a school division somewhere. I suppose the services will be provided through the home school division.

**MRS. S. CARSTAIRS:** Mr. Minister, I don't think we're on the same wave length completely here.

What I'm speaking about is that because the school is closing at MDC, there will continue to be residents there who are under the age of 21 who will require education and who will now be taken daily from MDC, which will be their place of residence, and educated in the Portage School Division.

**HON. J. STORIE:** I think two things. No. 1, recognizing that the MDC was a developmental centre and not a school in the traditional sense of the word and, in that respect, perhaps an oversight in terms of dealing with many of the young residents obviously at MDC.

I'm also informed that Community Services has in fact transferred some funds to the Department of Education and, as an example, when Winnipeg took over the Hugh John MacDonald institutional program,



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that Community Services did transfer dollars to the Department of Education, those dollars which were identified as supporting the educational costs, so that is happening as well.

**MRS. S. CARSTAIRS:** My concern is that education not be lost as a component of the Welcome Home Program, and that if these children - and in some cases, adults - are going to be properly integrated into the communities to which they go from the Manitoba Developmental Centre, that in closing the school we have denied those young people the opportunity to get some life skills that they could then use in a community setting. We shouldn't go into the community setting with no training; there should be some provided at MDC before they go out into the community.

**HON. J. STORIE:** I believe that of course will be part of the Welcome Home initiative, that anyone who is moving into a residence or back into the community to be supported in the activity centres, part of the educational system would have that training prior to leaving.

Also, having been in a school where there was an exceptional learning styles room, which was essentially a special needs area, that life skills is very much a part of the special needs curriculum, that in most instances school divisions have special needs areas established to do specifically that and teach, essentially, home ec. and life skills.

**MRS. S. CARSTAIRS:** I would simply ask the Minister, as the Minister of Education, to speak with the Minister of Community Services and to make sure that these young people and adults are not falling through the cracks because we have in fact closed a school that used to exist.

**HON. J. STORIE:** I think that's a very important point and I can indicate to the member that the Minister of Community Services, my department and the Community Services Department have been working quite closely together, along with school divisions and the superintendents, in particular, who tend to be the first point of contact for parents receiving students or children from MDC, so that liaison is working and I think we have a fairly good working relationship now with the Superintendents' Association and, hopefully, we'll be able to overcome any of the existing or continuing problems with respect to integrating the students into the school system.

**MRS. S. CARSTAIRS:** In the grants that were mentioned earlier this afternoon - and I may have gotten the figure incorrect - it appeared to me that Winnipeg City was given an additional grant of \$2.1 million.

**HON. J. STORIE:** Yes, that's correct, \$2.1 million.

**MRS. S. CARSTAIRS:** I assume, because there's another budget line dealing with inner city education, that is above and beyond the approximate \$300,000 that's going into inner city education.

**HON. J. STORIE:** That's correct.

**MRS. S. CARSTAIRS:** Can the Minister tell me if any of the money, any of the \$2.1 million is also going into inner city education?

**HON. J. STORIE:** Yes, Mr. Chairperson, I understand that the majority or all of it is directed at inner city education.

**MRS. S. CARSTAIRS:** So in real terms, between administration and granting, we are now spending \$2.4 million on funding for the inner city in Winnipeg?

**HON. J. STORIE:** That's correct and, in addition to that, of course some of the compensatory grants have been awarded to Winnipeg School Division for projects in the inner city to accommodate other particular problems, develop initiatives in that area.

**MRS. S. CARSTAIRS:** I think that the inner city initiative is a very positive one and is certainly necessary if we are going to end the cycle within our inner city and I congratulate the Minister for a continuation and his initiatives in this area.

**HON. J. STORIE:** Thank you very much. I should pass on the congratulations to staff and those who are working in the inner city team.

**MR. CHAIRMAN:** The Member for Roblin-Russell.

**MR. L. DERKACH:** Thank you, Mr. Chairman.

If I could just focus some attention on the sheets that were handed out to us this afternoon. It's the Support Program sheet - Capital. If we go down to the Operating Section on Special Needs. How many special needs teachers does a division have to have in order to qualify for a special ed coordinator?

**HON. J. STORIE:** Mr. Chairperson, each school division is eligible for one special ed coordinator, regardless of the number of special needs students, that the special ed coordinators are responsible for programming other than those directly related to special needs students. Special ed coordinators, in my experience, are quite often associated with resource teachers, coordination of those resources, counsellors, career counsellors, apart from the special needs.

**MR. L. DERKACH:** Well, you have two categories. You have the special ed coordinator and the special ed clinician.

**HON. J. STORIE:** You were talking about the clinician grants?

**MR. L. DERKACH:** Well, both. What are the clinician grants based on then? You said that the school division qualifies for a special ed coordinator regardless of the number of special needs teachers who are in the division, so everyone gets a coordinator. Now in terms of the clinicians, is there a formula for that?

**HON. J. STORIE:** Yes. I understand the formula is one clinician for 900 students.

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**MR. L. DERKACH:** 900 special needs students, or 900 students?

**HON. J. STORIE:** 900 students in total.

**MR. L. DERKACH:** Okay, if a school division then has, I'll say 1,500 students, are they entitled to 1.5 clinicians, or are they just based on the absolute number of 900 before they qualify for another one?

**HON. J. STORIE:** No. In that case, they would be eligible for two clinicians.

**MR. L. DERKACH:** The special needs budget has always been dealt with as a separate kind of budget in terms of school divisions - and I don't know whether this is a general rule or not - but does the special needs department, CDPC - is that what it is?

**HON. J. STORIE:** It's now CCDP, yes.

**MR. L. DERKACH:** Are they in control of the budget as it is allocated to a division, or is the division in control of that budget?

**HON. J. STORIE:** The division is in control of the budget.

**MR. L. DERKACH:** So what is the role of the coordinator from the branch?

**HON. J. STORIE:** The coordinator of what? I'm sorry, are you referring to a special ed coordinator?

**MR. L. DERKACH:** No, no, I'm talking about the . . .

**HON. J. STORIE:** The coordinator in the department?

**MR. L. DERKACH:** Yes.

**HON. J. STORIE:** Well, first of all not all school divisions hire their own, but some school divisions use the services of CCDP personnel from the department. Some divisions hire their own; some don't. So the coordinator obviously is responsible for the activities of the clinicians in the Department of Education, as well in his branch, dealing with the school divisions on a consultative basis, providing expertise in different areas from time to time.

**MR. L. DERKACH:** With respect to support staff in this particular department - I'm talking about teacher aides and the like - is there a definite number of teacher aides who are assigned or needed by a teacher, depending on the number of special needs students and the needs of those students in a classroom?

**HON. J. STORIE:** No, Mr. Chairperson, that would be a local board decision.

**MR. L. DERKACH:** Is that a change in policy, or has that always been the case?

**HON. J. STORIE:** No, that's always been the case.

**MR. L. DERKACH:** So that means that if a teacher who has a classroom of special needs students has a

support staff of one or two, those people can be utilized in the rest of the school when those kids would go to another class to be integrated, or physical education, or something like that?

**HON. J. STORIE:** Yes, that's certainly possible.

**MR. L. DERKACH:** The control of that budget then that a school division gets for special needs is in the absolute control of that school division, is what you're saying?

**HON. J. STORIE:** Well, yes, essentially that's the case.

**MR. L. DERKACH:** Okay, thank you very much.

On the Vocational, does the industrial arts area fall into this category?

**HON. J. STORIE:** No, Mr. Chairperson, not the program itself, the grants that would be provided would be to the vocational, rather than industrial arts.

**MR. L. DERKACH:** Where would the grants for equipment and programs be for industrial arts?

**HON. J. STORIE:** The equipment would be found in the vocational grants in the grants to school divisions. I believe we went over the list of the 19.5 million that was broken down. I believe the Capital grants for vocational was 1.5 million in total.

**MR. L. DERKACH:** And the programs?

**HON. J. STORIE:** And the programs, well, there are categorical support programs for vocational and industrial support, yes.

**MR. L. DERKACH:** Okay, I'm not clear on that. Is that a special grant to school divisions, or does that come . . .

**HON. J. STORIE:** Yes, apart from the Capital there are special categorical grants to school divisions for the vocational industrial programs that they offer. I can give you the terms, if you wish.

**MR. L. DERKACH:** Yes.

**HON. J. STORIE:** Essentially, it's the total number of eligible units. It is determined by dividing the full time equivalent enrolment on the preceding Sept. 30 in the vocational industrial programs by 15, and adding one for any remainder or the number of qualified personnel employed on the preceding 30th, whichever is the lesser, multiplied by 23,000. So in essence, it would be about \$23,000 per 15 full-time equivalent students.

**MR. L. DERKACH:** If a school wanted to add a program in this area, in the industrial arts area, because of the fact that the division is oblong or whatever and it's a far distance to travel from one end of the division to the other, is there a situation whereby a small school can apply for equipment and for a program, even if they don't have the 15 students who are necessary for a class?

**HON. J. STORIE:** Yes, there would be one grant available for any school, assuming that it had fewer than 15 students available, and that any equipment grant obviously would go through the school board and to the Public Schools Finance Board. But it is possible. Now whether that would be the best use of resources, I guess that's an issue for the school board itself to determine.

**MR. L. DERKACH:** But there is a willingness from the department to set up small industrial arts' classrooms in these small rural schools.

**HON. J. STORIE:** Let's separate the two, we're mixing it. This support is for vocational.

**MR. L. DERKACH:** I'm not talking about industrial arts.

**HON. J. STORIE:** Yes, industrial arts, no. There are no grants, special categorical support grants for industrial arts programs, nor is there Capital grants available. I stand corrected. When the schools are being constructed there are support grants through the Capital side.

**MR. L. DERKACH:** Which brings me back to my question. In a small school then, would the department look favourably at providing the necessary grants to establish an industrial arts facility in an existing school?

**HON. J. STORIE:** I assume that the Public Schools Finance Board would, yes, look at that proposal recognizing that it may not receive the highest priority.

**MR. L. DERKACH:** Moving on to the next line that says the Immigrant student. Can we have a definition of this area and what it involves?

**HON. J. STORIE:** That references the English as a second language supports and the English must be a second language.

**MR. L. DERKACH:** What is the grant per pupil in that category?

**HON. J. STORIE:** \$660 per full time program.

**MR. L. DERKACH:** Students and families that emigrate to Canada then, are they entitled, as landed immigrants, for this particular grant when they attend a school?

**HON. J. STORIE:** If English is a second language. I indicate, as well, that the grant is only available for three years, two and a third, if necessary.

**MR. L. DERKACH:** The Native programs, in most instances this is a federal jurisdiction. What is the province's responsibility there?

**HON. J. STORIE:** I don't think the assumption that Native languages is necessarily the responsibility of the Federal Government, we have non-status and Metis students who come into the school system speaking essentially their Native language, Cree or Saulteaux as their first language.

**MR. L. DERKACH:** In a case where an Indian Band has opted out and offer their own education, there are sometimes situations where some of the Natives do not live on the reserve that is in the vicinity. Do those students then qualify for the Education Support Program in our school or do divisions not get funding for them?

**HON. J. STORIE:** We, needless to say, have a small disagreement with the Federal Government sometimes in this respect. We have, to date, assumed responsibility in those instances where the Federal Government has refused to, whether or not the question of their status - if I can use that word, in two senses - has not been finally determined. In some cases there are some reciprocating of costs and in other cases there isn't. I'd just like to back up to the Native Language Development Program. I was referencing the fact that not all students coming to our school system speaking a Native language as their mother tongue were status Indians. This program deals with the maintenance of Native languages and the ability of school divisions with high Native populations to offer Native languages as alternate courses.

**MR. L. DERKACH:** So, therefore, in the case of Native students who are treaty Native but do not reside on reserves, and then come to the division for their educational needs, is the division then obligated to take them in if they do not receive funding?

**HON. J. STORIE:** Mr. Chairperson, to the extent that they no longer live on the reserve and that they are taxpayers, residents of the school division, clearly we are obliged to provide their education. It's interesting that you should raise that issue because I have raised the issue of the sharing of responsibility for particularly status Indians with Mr. Crombie, and now Mr. McKnight, because it is an issue that we are seeing the Federal Government refuse to take responsibility on a number of fronts for what we believe are illegitimate obligations. On the other hand, we are assuming responsibility in areas where I think a good case can be made for asking for a contribution from the Department of Indian Affairs, or in those cases where the bands are in control of their own affairs, have their own board of education, the bands. So it's an area that is still not resolved.

**MR. L. DERKACH:** What we're finding, I think, in some of the - and I'm sure the Minister is well aware of this - in some instances where we have the Indian-opted-out programs. There are cases where the students don't feel that they wish to attend the Native schools and we see families actually moving out of the reserve and moving into a village or town, wanting to take advantage of our school system. And in that instance - that's why I asked the question whether school divisions are allowed to count them as part of their eligible enrollment.

**HON. J. STORIE:** They are. However, the member I think makes a good point, and that is whether there may not be some room for recovery. Essentially, that was one of the issues I raised with Mr. McKnight.

**MR. L. DERKACH:** Those are all the questions I had in that area, Mr. Chairman. I'd like to, whenever we get to (b), I have some questions.

I would like to know if, in the future, we could possibly get this kind of information a day or two ahead of time. It would certainly make our work a lot easier in trying to frame our questions in a chronological order, rather than try to do it while we're sitting at the table.

**HON. J. STORIE:** I apologize for that, Mr. Chairperson, that was my fault for not following up. Staff had the information prepared. I had intended to give it as we entered this area; it was simply an oversight on my part.

**MR. CHAIRMAN:** Also, it was my assumption we are dealing with 3.(a)(b) and (c), so if the member would like to deal with 3.(b) now, since he's on a roll.

**MR. L. DERKACH:** I see there's no increase in 3.(b) and I'm wondering what areas that includes.

**HON. J. STORIE:** Mr. Chairperson, there have been no major changes and essentially the major groups that are provided with grants are the Canadian Education Ministers' Associations; CEMC; Support to MAST; MASBO, Manitoba Association of School Business Officials; the Principals' association.

**MR. L. DERKACH:** I think I missed a couple. He said MASBO, MAST, MASS.

**HON. J. STORIE:** MASS, Manitoba Association of School Superintendents; MAP, Manitoba Association of Principals.

**MR. L. DERKACH:** What are these grants specifically for?

**HON. J. STORIE:** In the case of the professional associations, they are simply grants to help them provide professional services in servicing conferences, those kinds of items.

**MR. L. DERKACH:** In 3.(c) Assistance to Schools in Remote Settlements, I see that's the same as it was last year. Can the Minister elaborate on this particular line?

**HON. J. STORIE:** Mr. Chairperson, that grant consists of a grant to Falcon Beach School, 176.3. We, the department, run that school, Grades 1 to 8, essentially for residents of West Hawk and the Falcon Beach area. Southam Beach, Steinbach, transportation of Falcon Beach, Grades 9 to 12 students to the Hanover School Division, some \$20,000; and some \$46,000 in the other category, basically making arrangements for children in unorganized territory who are essentially the responsibility of the Federal Government or the Department of Indian Affairs.

**MR. L. DERKACH:** Are these funds recoverable from the Federal Government or can the Minister explain why there was no increase in some of the costs he mentioned? It would indicate that there should be some sort of an increase in costs.

**HON. J. STORIE:** I'm told in this area there are no recoveries; that the 10 students at Otter Falls or

whatever that are paid for under this appropriation are neither the responsibility of local school boards or the Department of Indian Affairs.

**MR. L. DERKACH:** Well, are there a fewer number of students involved in the '87 year than there would be in '86?

**HON. J. STORIE:** I understand, yes, there are fewer; but it does fluctuate from time to time and may fluctuate even in the year.

**MR. L. DERKACH:** Okay, the final question I have is with respect to students who come into Winnipeg who have some other school divisions to take the second language program. Now I understand that not all costs are borne by school divisions. Has the department got some way of funding those students or paying for their room and board in the city?

**HON. J. STORIE:** I understand that there are a number of categories under which that board and room can be provided. The member referenced immersion. It doesn't have to be; it can also be vocational or specialized vocational programming, but I believe the number is somewhere around 20 in the province that receive that kind of support.

**MR. L. DERKACH:** What are the categories? How do they qualify? What's the criteria for qualifying for assistance for these . . . ?

**HON. J. STORIE:** I believe I referenced that somewhat earlier, Mr. Chairperson. You have to be beyond 80 kilometres and establish a living arrangement which is not the principal residence of the sending parents, essentially.

**MR. L. DERKACH:** When I was speaking about it earlier, it was my impression that in most instances that was the responsibility of the sending school division.

**HON. J. STORIE:** Yes, it is, but there is that grant provided in those instances where, for whatever reason, transportation isn't possible. But a room and board arrangement, a residential arrangement can be made. The responsibility lies with the school division to make those arrangements, that the grant is simply available to them depending on which option they choose.

**MR. L. DERKACH:** What appropriation is that under?

**HON. J. STORIE:** The first one would be 3.(a) if you're talking about the assistance that's provided in those circumstances.

**MR. L. DERKACH:** But what category is it broken down under?

**HON. J. STORIE:** It's within the transportation. You referenced the alternative that school divisions actually - they are provided with a grant. This is an alternative to that grant where those conditions that I just mentioned are met.

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**MR. L. DERKACH:** Okay, thank you, Mr. Chairman.

**MR. CHAIRMAN:** The Member for Fort Garry.

**MR. C. BIRT:** Thank you, Mr. Chairman.

The Minister has been quoted in some of the initial interviews that he gave, just after he had assumed his new office, that he wanted to get to 90 percent funding of the educational cost to be transferred to the province. Is that a fair statement?

**HON. J. STORIE:** I believe that's a fair reflection of not only what I said, but what we as a government have indicated would be desirable and hopefully something that we will be able to accomplish over the next number of years.

**MR. C. BIRT:** What is the current level in the Province of Manitoba?

**HON. J. STORIE:** The current level is approximately 80 percent.

**MR. C. BIRT:** Mr. Chairman, the previous Minister and the current Ministers indicated a desire to go to 90 percent funding. Has the Minister a program in place or some strategy on how this can be achieved?

**HON. J. STORIE:** To say that I had a strategy in place, at the present time, I think would be stretching the point. I've indicated to achieve that, particularly in a time when our revenues will not be growing as rapidly as we would like in the face of what are some real concerns over the next few years for our ability to fund post-secondary education. I won't get into the problems that we are experiencing in that area.

I think, realistically, that any solution lies not only with the Department of Education. We currently have a working group established between the Departments of Municipal Affairs, Finance, and Education to start reviewing how we might approach that issue, amongst others that are common between our departments - the removal of the Education Support Levy, where revenues might come from.

So that while we do not have a stated plan at this point, I think, given the activities in the Department of Municipal Affairs and the Department of Urban Affairs, that we are coming to a better understanding about what pieces need to be moved in order to allow us to achieve that over the next few years without significantly changing the current support or taxation levels in the province.

**MR. C. BIRT:** Could the Minister advise when this committee was set up and who sits on it and who chairs it?

**HON. J. STORIE:** I've indicated the departments that are involved. Normally that would indicate Deputy Ministers and staff and the involvement of Ministers from time to time.

**MR. C. BIRT:** Does this committee not have a formal structure? Was it set up by Order-in-Council? Could the Minister elaborate on just how this committee functions and where it gets its authority?

**HON. J. STORIE:** Mr. Chairperson, the committee that's established essentially represents the departments - I neglected to mention the Department of Urban Affairs - essentially a working group of Ministers, senior staff, to develop options, and obviously take those forward to the government and Cabinet at some point for review and final determination.

**MR. C. BIRT:** Is this a Cabinet committee or sub-committee of Cabinet? Is that what the Minister is saying?

**HON. J. STORIE:** It is not formally a committee of Cabinet. It is a working group of Ministers who share responsibility in the area.

**MR. C. BIRT:** When was this set up?

**HON. J. STORIE:** I have only been involved since I became Minister of Education.

**MR. C. BIRT:** Could the Minister make inquiries and advise when this informal group was set up?

**HON. J. STORIE:** I can only indicate that informally, I suppose, members of Municipal Affairs, and Education, have been meeting for approximately two-and-a-half or three years.

**MR. C. BIRT:** Have they provided an interim report or any suggestions and, if so, can the Minister share them with us?

**HON. J. STORIE:** No, Mr. Chairperson, there have been no interim reports to this point and obviously before those would be shared in any event, they would be vetted through Cabinet and some determination as to direction would be garnered from Cabinet.

**MR. C. BIRT:** The committee has been there for two-and-a-half to three years; it's been meeting informally. It has no direct mandate. It's a working group. When can we expect something concrete to flow from it? For example will they have a report to the government in time for the next Session of the Legislature, say in 1987?

**HON. J. STORIE:** The committee obviously has had some impact and, as the member knows, the whole issue of assessment is moving forward. It is a very complex issue and it's clear that anything that we do in the Department of Education in terms of funding and vice-versa, anything that's done in terms of reassessment or assessment reform will have an impact on Education financing. So it's simply a matter of becoming aware of what the potential problems and what the potential advantages are and then working into that mix the requirement, if steps are taken to move to 90 percent funding, that the transfer of revenue and the allocation of revenue within government has to be somewhat different.

**MR. C. BIRT:** It was for that very reason, that this whole area is complex and difficult, and I'm wondering why the committee hasn't been formalized in a much

more substantial way to try and address this issue. Two things seem to be pressing needs: The ever elusive commitment to 90 percent funding by the province of all educational costs; yet an attempt to try and bring some remedy or relief to the taxpayers, especially farmers. Is there any deadline which this informal committee is working to, to try and produce an interim report or final report?

**HON. J. STORIE:** I don't know that there's a specific deadline. Again, I can only indicate that the intention would be to move in the area of educational finance in concert with assessment reform. I believe the assessment reform issue is moving to a climax and I expect that as we proceed and see what directions we are taking in assessment reform, some of the other variables that go into educational finance will become more obvious and more finely determined.

**MR. C. BIRT:** Mr. Chairman, is there anyone other than civil servants working on this informal committee? In other words, has anyone been given a contract, or any firm given a contract? If so, who, and how much is that contract for?

**HON. J. STORIE:** No, Mr. Chairperson, there are no people outside of the departments presently working on that issue.

**MR. C. BIRT:** Would it be fair to say that one of the issues that they're reviewing, this committee, deals with the property tax credit and the possible elimination thereof?

**HON. J. STORIE:** I should indicate that the Decter Review on the delivery of government services and the taxation reform issue may have a bearing on this. However, this is being conducted separate from the Department of Education and there have been no direct contacts at this point.

**MR. C. BIRT:** My question to the Minister was, the study of the property tax credit, is it under review; is the possibility of it being eliminated being considered?

**HON. J. STORIE:** I can't say that there's a possibility of it being eliminated. Certainly it is a fairly significant tax expenditure on the part of the province. I believe that property tax credits are currently in the range of \$160 million, very closely, coincidentally, approximates the cost of the Education Support Levy to property tax owners. However, as I've said, the whole issue of where to and how to address that revenue shortfall, should one determine that you're moving away from ESL, has yet to be made. So I don't think I can give you an indication that's a likelihood or that's being contemplated at present.

**MR. C. BIRT:** It seems to me there are actually two basic principles that this committee is dealing with. One is the question of assessment and assessment reform, if any, and the other one is the taxation that may or may not flow because of some assessment or reassessment.

Is it incumbent upon the completion of the assessment review before the committee can make any

recommendations as it relates to the taxation of property?

**HON. J. STORIE:** No, I don't think those two things necessarily have to coincide. It is quite possible that there are revenue changes and allocations of revenue which can be effected before the assessment reform is finalized, recognizing that assessment reform is going to have a substantial impact on certain school divisions where there is, for example, a transfer of taxation costs from one category to another. It may affect a large urban district with heavy commercial, for example, where there is an expectation - I believe there was in the Weir Report an expectation that the transfer would be from commercial to residential.

I think, certainly before we develop any forward-looking formula to move to 90 percent, that we will want to understand what the impact of any assessment reform changes would have on any formula that we develop. Because it's possible that those changes into the future would skew the formula and make it unworkable or untenable.

**MR. C. BIRT:** Can the Minister advise what other taxes this committee is looking at either imposing, or what tax breaks or benefits the committee may be considering removing?

**HON. J. STORIE:** No, Mr. Chairperson, I don't think I could give you any more detail other than to say I think some of the obvious areas of taxation are being reviewed, not only in the context of educational finance, but general revenue. I think there's a recognition that taxation reform is long overdue and something that we've been talking about for too long. I'll leave it at that.

**MR. C. BIRT:** Am I to understand that once this committee has completed its work, it is the intention of the Minister that they will then provide the ways and means whereby the province will assume 90 percent of the funding formula?

**HON. J. STORIE:** Assuming that is an achievable goal in the next few years, I would expect that they will be recommending perhaps a series of options, recommending anything from a staging of transference to 90 percent, to anything in between that and no movement whatsoever.

**MR. C. BIRT:** A question that arose this spring, and it primarily relates to the responsibility of the municipal governments to send out either one or two tax bills, depending on who you're talking to, the municipal councillors must forward the school tax portion as well as the municipal portion.

I know, from the City of Winnipeg and, I believe, in perhaps two or three municipalities, maybe more, there was some indication of almost refusal to send or approve that portion of the school levy. I'm thinking now in the City of Winnipeg circumstances where they sent back the budget to Winnipeg 1 and said we're refusing to approve your budget, rethink it, because it had some 14 percent increase.

Has the Minister had any discussions with the various school divisions about the concern of the municipalities refusing to pass their budgets?

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**HON. J. STORIE:** No, I don't think any discussions I have had with either MAUM, Manitoba Association of Urban Municipalities, and the Union of Manitoba Municipalities, that any discussions I've had with them have been framed in that context.

I think there is a sense of frustration on the part of municipalities that while they have no input in establishing the school budget, it is perceived as coming under their domain and they resent very much having to take the flak for the hefty increases in property taxes. I gather some municipalities are toying with the idea of identifying specifically where the increase comes in their tax notices. Obviously that's something they can do. So that hasn't been raised as a concern.

I understand that symbolically, councils have done those kinds of things from time to time but I think councils recognize, as well, that the prime responsibility lies with the school board and they, too, are answerable to the electorate.

**MR. C. BIRT:** Mr. Chairman, I don't think it's quite the same today as it was perhaps in the past. I think for a very short time, for a period of 10 days or two weeks, the prospect was that Winnipeg School Division No. 1 would have to apply to the court to compel the City of Winnipeg to either pass its appropriate taxation bill or at least go about collecting its money.

I know of at least two or three other municipal situations, especially in rural Manitoba, where the local council has in fact sat down the school board and went through their budget saying is it absolute essential that you pass this through.

I'm wondering if the Minister is contemplating any possibility of allowing the school divisions to direct bill; in other words, you don't have to go through the municipal council?

**HON. J. STORIE:** I recognize that municipalities have done the kind of thing the member is referencing, but at this time there is no intention of doing that. I think the system is working. I'm not here, obviously, to defend the local school boards but I feel quite confident that if school boards did allow that kind of review, they would convince the vast majority of city councillors, municipal councillors, and private citizens that, in fact, there is no easy solution to reducing the cost of education, that there is no magic solution that the reductions that would be required, whether it be Winnipeg No. 1 School Division or any rural school division, would require a reduction in services directly to parents and that, in itself, creates another set of problems.

**MR. C. BIRT:** On a slightly different issue, during this afternoon, we had some reference to the Education Support Levy in the sum of some \$186 million. It doesn't appear anywhere in the Estimates, at least in none of the places I've been able to find. I could appreciate that it's money raised by the municipalities, sent into the province, and then turned around and sent right back.

Usually with cash flow like that, you normally identify them in your Estimates and I'm wondering why it's not an identified figure in the Estimates or, if it is, where is it?

**MR. CHAIRMAN:** Perhaps I could suggest something here.- (Interjection)- Yes, if you can.  
The Minister of Education.

**HON. J. STORIE:** I didn't want you to usurp my authority.

**MR. CHAIRMAN:** Well, I don't think it's your authority, that's what I was going to suggest.

**HON. J. STORIE:** To the best of my knowledge, and the staff indicate that that has never been the case, that in fact the Education Support Levy is transferred directly to the Public Schools Finance Board. It will show up in the Annual Report of Public Schools Finance Board as a transfer-in, transfer-out.

**MR. C. BIRT:** Mr. Chairman, that may be okay, but invariably those annual reports are at least a year behind; and if one is to try and get, you know, the total funding for public schools in this province, it's not the \$400 million, it's \$400-plus; and is there any way of determining -(Interjection)- Yes, but that's often a year late.

**HON. J. STORIE:** Mr. Chairperson, the Member for Fort Garry, in his usual efficient manner, has raised something never before considered by members of the Legislature.

**MR. CHAIRMAN:** Living or dead.

**HON. J. STORIE:** Living or dead.

**MR. CHAIRMAN:** I would suggest what I was going to say . . .

**HON. J. STORIE:** . . . and in recognition of the member's contribution, I hereby call this the Birt amendment, and will henceforth make sure that in Estimates to come, that this kind of information will be provided forthwith to all members assembled.

**MR. C. BIRT:** Mr. Chairman, humour aside, there were a number of footnotes and they could probably very easily be put in as a footnote. I don't think it would disturb anything, but it would allow you to get a better picture of the whole thing.

**MR. CHAIRMAN:** The Minister notwithstanding, I would suggest that it is my belief that it is not under the competence of this Minister to decide the outline of the Estimates which is under the responsibility of the Minister of Finance.

**MR. C. BIRT:** But, Mr. Chairman, he is one of a group of people sitting around at a table, who draft the laws and regulations as to how the Estimates should flow.

**HON. J. STORIE:** And I know a good idea when I hear one.

**MR. C. BIRT:** So the Chairman may not recognize, you know, capability when he sees it, but I would . . .

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**MR. CHAIRMAN:** I would also suggest that the Finance Estimates might be a proper place to bring up the format of the Estimates.

The Minister of Education.

**HON. J. STORIE:** Mr. Chairperson, I take you admonishment carefully under advisement and I will advise the appropriate authorities of the interest of the question raised by the Member for Fort Garry and assume that it will be possible to accommodate him, and future Education critics into the future.

**MR. C. BIRT:** And Ministers. Mr. Chairman, if we could go to the two sheets that were handed out - and I don't know how to identify them - but I need some help in trying to understand them.

There's one that has on the top, Capital 16-8-b-2, and then below that 16-3-a. The other one deals with Other Support, 16-3-a; and when one refers to Special Needs as \$467,100, is that the same as the Special Needs on the second sheet that shows, Special Needs at \$37,500,000.00? Why are there two different figures?

**HON. J. STORIE:** The member is referring to these two sheets which . . .

**MR. C. BIRT:** You handed out earlier. I'm wondering, Mr. Chairman, is there any way these could be put into the record without reading them in, just so that when we're going through Hansard, or whoever is next time around will understand what we're talking about.

**MR. CHAIRMAN:** My understanding is, it's not appropriate to the Rules of the House. That is a U.S. practice that is not adhered to here, that it must be read into the record. You cannot table a document into the record.

**MR. C. BIRT:** Oh, I see.

**MR. CHAIRMAN:** Now, I could check.

**MR. C. BIRT:** Okay.

**HON. J. STORIE:** The explanation is as follows: that the Special Needs referenced on the Support Program side refers to the Clinicians' Grants, Special Needs Clinicians, Resource Clinicians, the Low Incidence Grants, direct to school divisions, yes.

**MR. C. BIRT:** Okay.

**HON. J. STORIE:** That's the 37.5 million. The other one references direct grants administered by other agencies, organizations, for Special Needs and they refer to multi-sensory handicaps, handicaps, Rossberg House, schizophrenic programs, blind-deaf in Winnipeg 1, Seine River, Pelley Trail and a grant to MACLD - the Manitoba Association of Children with Learning Disabilities - and the Educational Development Institute.

**MR. C. BIRT:** So as I take it, the \$400,000 grant is more in the way of specific grants to those organizations you just named out?

**HON. J. STORIE:** Yes.

**MR. C. BIRT:** And the other 37 million is more operational, salaries and that sort of thing, okay.

**HON. J. STORIE:** Two divisions directly, Mr. Chairperson.

**MR. C. BIRT:** Mr. Chairman, on the Support Program sheet there's a reference, Debt Servicing Interest, \$23.5 million. What is that for?

**HON. J. STORIE:** Mr. Chairperson, that is reference in the Public Schools Finance Board and forms part of the 16-3-a - it's reflected in 3-a.

**MR. C. BIRT:** It's part of the \$400 million referred to in 3-a?

**HON. J. STORIE:** Yes.

**MR. C. BIRT:** Now, what is that interest for? What are we paying it on?

**HON. J. STORIE:** Yes, it's broken down into two areas, the principle is shown in 8-b, and the Debt Servicing and Interest is shown in 3-a.

**MR. C. BIRT:** Yes, but what is the interest for?

**HON. J. STORIE:** Oh, I'm sorry, Mr. Chairperson. The interest is for the debentured cost of schools, upgrading over the past number of years.

**MR. C. BIRT:** I'd like to try and understand this area. Debentured is approved borrowing by the province for the school divisions and, to repay all or a portion of that debenture, the province gives some payment in Capital and some in interest, is that correct?

**HON. J. STORIE:** That's correct.

**MR. C. BIRT:** If there is a debenture, does the province repay all of the debenture or is it cost-shared with the school division?

**HON. J. STORIE:** Mr. Chairperson, since 1969, 100 percent of the Capital costs and repayment costs have been assumed by the Province of Manitoba.

**MR. C. BIRT:** The other night we were talking, when we were dealing with Capital, some \$37 million for either new schools or renovated schools in '85, and in '86, a similar sum of money. Assuming that all of that is borrowed and that construction program goes ahead, then it's fair to say that there'll be a significant increase in the interest portion on this particular aspect?

**HON. J. STORIE:** Yes, Mr. Chairperson, that's a fair assumption.

**MR. CHAIRMAN:** I would just point out for voting purposes, that the time is now ten o'clock. I assume the member wishes to continue.



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**MR. C. BIRT:** Continue. Mr. Chairman, those two appropriations, for last year and this year are what, \$72-odd million. Is it the intention of the department to spend all of them in this year; in other words, expend most of them or as quickly as possible, or will they be phased in over a period of years? If you have to start servicing \$72 million within a year or two, even at 10 percent, your interest costs and your Capital are going to be very high.

**HON. J. STORIE:** I understand that they're staged at about one-third the first year and two-thirds the second year, for each of those years.

**MR. C. BIRT:** Mr. Chairman, I'm not quite certain what one-third is and what two-thirds is. What are you referring to?

**HON. J. STORIE:** The costs of the debentures. Just to clarify. If, for example, we were issuing \$30 million worth of debentures, the following year we would see about \$10 million of that require interest payments, and the year following that, you would find the remainder. Essentially, that's because of the staging of the costs of construction.

**MR. C. BIRT:** Mr. Chairman, then the ability of the government to service the debenture payments determines the amount that is going to be expended in the next two or three years; is that correct?

**HON. J. STORIE:** That would determine more the amount of Capital that was set aside for construction. Once the program has been approved, obviously you're going to continue and follow through with the program. Once you've done that, then clearly you're required to provide the interest. It very much determines the size, the scope of the Capital Construction Program, those considerations.

**MR. C. BIRT:** Mr. Chairman, \$37 million for two years is a fairly substantial construction program, as the Minister pointed out. Is it the intention to carry on for the next two or three years at this rate, or having digested a fairly large, some \$70-odd million dollars, is it likely that there won't be a very large construction program or renovation program for the next two or three years after these expenditures have been made?

**HON. J. STORIE:** That's certainly a good question. I think that would depend on two variables and I believe I mentioned them previously. One would be, first of all, on the necessity of continuing with a program of that magnitude, clearly the accelerated portion of that \$37 million that the member referenced, it's unlikely that would be maintained over a number of years, simply because most of the high-priority projects will have been completed by that time.

It depends on the need out there and how many priorities were left to be completed. It would also depend, as I've indicated, on the government's willingness to continue Capital Construction, recognizing that apart from the objectives of upgrading the schools, there were employment objectives. These could be met in a two-fold way by this accelerated program.

**MR. C. BIRT:** Mr. Chairman, if we could go to that page called Support Programs and, for the record, I'll be reading some of this in so that we can make sense out of it later, hopefully. Operating: It says Block 3, \$177 million. We understand that, Special Needs.

The Minister has explained the \$37.5 million.

The next item is Vocational, \$4.8 million. What is that for and how much of an increase was it over last year?

**HON. J. STORIE:** Mr. Chairperson, there was an increase of approximately \$300,000.00. That is provided, as I had indicated previously, in terms of categorical support to school divisions.

**MR. C. BIRT:** For vocational services?

**HON. J. STORIE:** Yes.

**MR. C. BIRT:** The next item, Mr. Chairman, says Immigrant, \$983,000.00. Could the Minister explain that and what the increase was over last year?

**HON. J. STORIE:** Yes, Mr. Chairperson, the Immigrant Program, I explained previously, is the ESL, English as a Second Language support. It has increased approximately \$134,000.00.

**MR. C. BIRT:** The line says Natives, 2.3 million. Again, a brief explanation, and the increase over last year.

**HON. J. STORIE:** The increase is fairly significant, approximately \$900,000, and represents a significant increase in the number of students involved in the Native Languages programming throughout the province.

**MR. C. BIRT:** Is all of that money, then, for the Native Student Language Program?

**HON. J. STORIE:** Yes.

**MR. C. BIRT:** Transportation is 25 million. I take it that's the busing that we've had some discussions on earlier?

**HON. J. STORIE:** Yes.

**MR. C. BIRT:** The next is Curriculum Materials, 7.3 million. Could the Minister explain what that is and what the increase was over last year?

**HON. J. STORIE:** Curriculum Materials, there was essentially no increase and it's the development of, obviously, curriculum materials, support materials - I'm sorry, that's the print and non-print grant.

**MR. C. BIRT:** The Compensatory Line, showing at 3.3. Again, an explanation, and the increase over last year.

**HON. J. STORIE:** The Compensatory Grant Program, we haven't discussed it yet, I think, in the Estimates, but it is part of the Categorical Grants section and relates to specific projects within the school division. The increase was approximately \$300,000.00.

**MR. C. BIRT:** Small Schools, I understand, at 1.8 million, but could the Minister just give us the increase over last year?

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**HON. J. STORIE:** There has been no increase.

**MR. C. BIRT:** The Equalization of 63 million. Bilingualism, 5.6 million, could the Minister explain that and what the increase was over last year?

**HON. J. STORIE:** Essentially that's the delivery of the Canada-Manitoba Agreement on Official Languages Education. This is, I believe, recoverable or part of this, roughly 50 percent, is recoverable.

**MR. C. BIRT:** Is that the \$3 million which is referred to in the Estimates?

**HON. J. STORIE:** Recoverable from Canada, yes, the majority of that.

**MR. C. BIRT:** I have two areas, and I don't know whether they occur under this Bilingualism line, or they appear in another part in the Estimates. One deals with regional high schools for French Immersion. Is that in this area or would it be better in another?

**HON. J. STORIE:** No, Mr. Chairperson, those would normally be under the Bureau in 7.

**MR. C. BIRT:** Seven, all right, I'll leave it until then.

**MR. C. BIRT:** The question of busing and funding for it as it relates to the Immersion Program, is it in this area or would it be better under the Francais Program.

**HON. J. STORIE:** Yes, if it's a Grant issue, we can certainly talk about it here.

**MR. C. BIRT:** I'm not clear in this area so perhaps the Minister can help me understand it.

It was discussed earlier today and I believe on other days, the basic grant formula for busing. Now, is that grant formula used for any purpose in the school division, or is a portion of it targeted for the transportation of the Immersion or Francais children?

**HON. J. STORIE:** Mr. Chairperson, the grant is \$410 per student.

**MR. C. BIRT:** Then there is no additional funding from the province to any school divisions for the offering of busing services for Immersion or Francais programs?

**HON. J. STORIE:** No. Some school divisions, particularly in a city, metro school divisions have made their own arrangements, but the funding is set and does not change.

**MR. C. BIRT:** So if there are problems with the policy of busing within a school division, whether it be Immersion, Francaise or the English program, whether the services are available are not, are purely matters within the school division?

**HON. J. STORIE:** Oui.

**MR. C. BIRT:** Very good.

**HON. J. STORIE:** It's past 10, I can be silly. — (Interjection) — Pardon me?

**MR. C. BIRT:** You even pronounced that well.

**HON. J. STORIE:** Thank you.

**MR. C. BIRT:** Going on with the list, there is Early Identification, 250,000.00. I think I know what it is but perhaps the Minister could explain, and was there an increase over last year?

**HON. J. STORIE:** No, there was no increase. It's the Early Identification Program. The member is referring to Early Identification?

**MR. C. BIRT:** Yes.

**HON. J. STORIE:** Yes, basically that's a program that was used to assist school divisions in the establishment of early identification, tools and programs, to help them identify special needs, exceptional needs for young people as they enter the school system.

**MR. C. BIRT:** The Minister has been asked about this particular area but I believe back in 1980 there was an amendment incorporating Early Identification into the Statute in almost a mandatory way. The Minister, I think, had responded saying that there were problems with it as it related to the Charter and a few other things.

If it's a problem, or if the Minister will not bring it forward into legislation, why then is the Minister funding the program?

**HON. J. STORIE:** I think essentially in the case of Early Identification specifically, that it has merit. To say that, it doesn't mean it has to be legislated and required. I suppose the cost that might be associated with a full-fledged program needing expansion at various points would be expensive; and essentially this appears to be meeting the needs of school divisions without establishing it as a requirement and being viewed, I guess, as . . .

**MR. C. BIRT:** Thank you. I'd agree that the program is very essential and very important. It almost sounds like this is a pilot program and its funding level has been constant for two years now. When this is probably one of the most important steps or tools that one has in trying to assist children in their development, why the Minister is not putting more stress on it and in fact encouraging it, because to say that we don't put it in a Statute because it's going to cost more money, doesn't seem to make sense. If the principle is sound, then it should be properly funded and made available throughout the province.

**HON. J. STORIE:** I think the reference is that the 40(1)(q) dealt not only with this; 40(1)(q), my understanding was, dealt with the broader question of special needs students; that there were more issues involved than simply the question of early identification. At least, that's my understanding.

So it wasn't the question only of Early Identification and the whole issue of special needs students and how

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we're going to treat them and what obligations we have as a government, what obligations school divisions have, this was a part of it, which I think was well accepted and its costs more understandable. School divisions have worked with this program for some years. This program, the Early Identification Program, has been going since, at least, about 1984.

School divisions, on their own, have provided Early Identification Programs for many years. Flin Flon, I believe, introduced its Early Identification Program at least six or seven years ago.

**MR. C. BIRT:** Heritage Language, I understand it, but what's the increase over last year?

**HON. J. STORIE:** Some \$209,000.00.

**MR. C. BIRT:** The original, or the amount set for this year is \$434,000, so you've almost doubled it.

**HON. J. STORIE:** Yes.

**MR. C. BIRT:** Why the doubling of the appropriation?

**HON. J. STORIE:** Mr. Chairperson, the increase in this fiscal year represents, I understand, essentially two grants to metro school divisions to review the whole question of how heritage language program should be offered, what kind of format they should be offered, or can be offered.

**MR. C. BIRT:** Could the Minister identify the school divisions that are carrying on the studies?

**HON. J. STORIE:** The two school divisions are Winnipeg 1 and Seven Oaks.

**MR. C. BIRT:** Why are the two of them doing the studies?

**HON. J. STORIE:** I understand that that's where the problem is most acute.

**MR. C. BIRT:** But are they both doing the same study?

**HON. J. STORIE:** No, Mr. Chairperson, their situations are, I gather, substantially different.

**MR. C. BIRT:** Winnipeg Inter-City, is that with the Core Agreement? If so, what was the increase or decrease over last year?

**HON. J. STORIE:** Mr. Chairperson, that is a new one. There was no previous grant.

**MR. C. BIRT:** Could the Minister advise then what the program entails?

**HON. J. STORIE:** Essentially a direct grant to Winnipeg 1, kind of a compensatory grant, if you will, to Winnipeg 1, to deal with a disproportionate number of low-income single parent, and ESL students, as well as to deal with the mobility of the Special Needs. It's simply a recognition of the very real and difficult problems Winnipeg 1 face.

**MR. C. BIRT:** Mr. Chairman, is this part of an agreement or a different funding formula that's been created? I mean, how does it evolve? It's one thing to have 1.4 million to be transferred to Winnipeg 1 for a certain specific area, but is it based on a formula agreement, or what?

**HON. J. STORIE:** Yes, it is based on a formula. It is part of the Categorical Grants section.

**MR. C. BIRT:** The Minister identified certain items or certain criteria necessary to get this funding. Is it possible that if other school divisions have identified similar needs, that they would be also entitled to get that funding?

**HON. J. STORIE:** Yes, if there is another urban division that has more than 50 percent, for example, of its students falling in those categories, they too would be eligible.

**MR. C. BIRT:** The next item on this sheet is PSFB, and then under it, it says Administration, 730,000.00. What do the initials stand for?

**HON. J. STORIE:** The Chairperson tells me it's Public Schools Finance Board.

**MR. CHAIRMAN:** That's what it looks like.

**HON. J. STORIE:** I was trying to come up with some other acronym that could explain those initials.

**MR. C. BIRT:** The item under PSFB is for Administration, 730,000.00. Is that an increase? Is there an increase over last year? If so, how much?

**HON. J. STORIE:** Yes, there's an increase of some 39,000.00.

**MR. C. BIRT:** There is an item called Interest, \$8.3 million. What does that relate to? I mean, what's its interest on?

**HON. J. STORIE:** That's the same \$8 million that was referenced earlier.

**MR. C. BIRT:** Where?

**HON. J. STORIE:** I stand corrected. It was not the same 8 million. This is interest charges incurred in the borrowing of funds pending receipt of the ESL monies on September 15 and March 15.

Essentially, I referenced this earlier in the way that the Public Schools Finance Board delivers its funding to the school division, that there used to be a formula where X percent was provided on this date and because of the request of school divisions that they not be required to incur borrowing costs that we have, in fact, provided 10 percent in January and then proceeding on through.

**MR. C. BIRT:** Going to the other sheet that says Other Support, 16.(3)(a), it shows Special Revenue. What does

that mean? It's got a number of almost 399,000 attached to it.

**HON. J. STORIE:** Yes, that's all explained on Page 38, Mr. Chairperson. That's support for school districts which derived the greater part of their support from sources other than the Provincial Government and property taxation. In other words, Pine Falls, Camp Shilo, Howard Edwards, Whiteshell, and Pineimuta.

**MR. C. BIRT:** The Special Levy Reduction, 870,000, what is that?

**HON. J. STORIE:** Special support is provided to a couple of divisions, districts, because of the low assessment in those divisions.

**MR. C. BIRT:** The same ones that you just referred to, any of those?

**HON. J. STORIE:** No, these two are in Northern Manitoba: Gypsumville and Frontier.

**MR. C. BIRT:** A different area of questioning, Mr. Chairman. If a parent chooses to send their child outside of the school division, who gets the Support Grant for that child, the former school division or the one where the child is attending school?

**HON. J. STORIE:** The receiving school division.

**MR. C. BIRT:** Is there some specific date or time that a head count is taken and the money is paid to a division? How do you determine it?

**HON. J. STORIE:** I understand that the date for determining where the payment shall go is September 30.

**MR. C. BIRT:** Is there no compensation for the school division where the child is left, by the department? And is the only amount of compensation left, then based on the parent's taxes they pay on their land in the school division?

**HON. J. STORIE:** Yes, essentially that's correct.

**MR. C. BIRT:** Is there any restriction on the students moving between divisions as far as the department is concerned; or is it something that's matter of a policy between the local school divisions and what they can work out?

**HON. J. STORIE:** No, the member is correct. Essentially the school divisions make that decision amongst themselves. In some cases it's easier and there is less concern about the additional costs than in other cases, but they can nevertheless work out the residual costs as well, if they wish to.

**MR. C. BIRT:** What happens if a group of parents decide on their own to send their children to another school division, and it will perhaps impact negatively on their home school division? Is there not at some point where the school division, or at least the

department, steps in and saying, you know, you're actually changing boundaries, or you're impacting the financial welfare of that school division, and do you take steps then to prohibit that movement of students?

**HON. J. STORIE:** I suppose the scenario the member develops is possible to my knowledge, I guess, referring to staff that hasn't happened to this point. While there have been some people dissatisfied, I think as it currently stands the school division, if it were offering the program being sought in its own school division, then would not be required to assist in any way, transportation or otherwise.

Obviously the school division would lose the grants associated with the enrolment, but I guess the parents would make the determination of how important it was to do that.

**MR. C. BIRT:** Mr. Chairman, I met with the Ratepayers' Association of Richot, and it's a problem down there; and I gather it's a problem in many areas where you have sort of declining enrolment and the school division is trying to offer two, and sometimes three, types of tracts of education. And where the parents are prepared to pay the non-resident fee, the school division will lose their base grant and the children will move out into another district.

At some point it may or may not impact on the financial viability of that school division and, of course, this raises the bigger issue of school boundaries and the financing and provision of services. And is it something that is purely a matter of local concern and working out between the division and the parents and any accommodating school division, or does the province step in at some point?

**HON. J. STORIE:** Well, no, I can only indicate that I am not aware, I wasn't aware of the problem the member was referring to. However, in most instances the divisions would work it out. If there was a continuing concern and one which could be addressed through a boundaries change, then certainly individuals parents are perfectly free to contact myself and the Board of Reference and have the boundary issue reviewed.

Other than that, there would have to be some accommodation between the school divisions and the Department may act as a mediator, or provide some information and other services, but that would be our only role.

**MR. C. BIRT:** The Minister indicated he was meeting with someone from the area. Could he advise who he is meeting with on this issue? I mean, I've met with parents, being the Ratepayers' Association of Richot, but I have also met with two school trustees of the school division.

**HON. J. STORIE:** No, what I had said in response to your question was, that I was not aware of this issue. I have had no correspondence or meetings.

**MR. C. BIRT:** Mr. Chairman, I would just draw your attention to then a letter dated July 10, 1986, addressed to yourself and myself and quite a number of other people, signed by Louise Pfitzner.

**HON. J. STORIE:** I do remember the name but the issue escapes me, the District of Richot, but if I have a letter then obviously it's been forwarded to the Board of Reference or Regional Services.

**MR. C. BIRT:** Mr. Chairman, I would ask that the Minister look into this issue and see if he has received the letter and if he has given them a reply. If he hasn't received it, I'd be prepared to give him my copy of the correspondence, but perhaps when we resume tomorrow we could straighten this issue out.

**HON. J. STORIE:** I'll check and see where it's gone.

**MR. C. BIRT:** Thank you. That concludes my questions, Mr. Chairman.

**MR. CHAIRMAN:** The Member for River Heights.

**MRS. S. CARSTAIRS:** I just have a couple of short ones. Within the grant to Other Agencies, which I think is 287,400, did you mention that MACLD was one of those that received a grant there?

**HON. J. STORIE:** I don't know if I mentioned it but I believe that's correct, MACLD has a grant of some \$19,000.00.

**MRS. S. CARSTAIRS:** Nineteen?

**HON. J. STORIE:** Yes.

**MRS. S. CARSTAIRS:** Can the Minister tell me if his department has considered any kind of permanent funding for MACLD, or are they still going from year to year with regard to obtaining whatever they can get in any given year?

**HON. J. STORIE:** No, they're still, as with other groups, their funding is based on a request and obviously the availability of funds, they remain in a category of separate grants to organizations. So no determination has been made to incorporate that grant into any longer term.

**MRS. S. CARSTAIRS:** The only other question I have, Mr. Chairman, is the Manitoba Association for Native Languages. Where would I find a grant to that particular group? I know they received one.

**HON. J. STORIE:** 16(5).

**MRS. S. CARSTAIRS:** So it does come in to there. All right.

**HON. J. STORIE:** Yes.

**MRS. S. CARSTAIRS:** That's it. Thank you.

**MR. CHAIRMAN:** 3.(a)—pass; 3.(b)—pass; 3.(c)—pass. Resolution 48: Resolved that there be granted to Her Majesty, a sum of \$401,360,500 for Financial Support - Public Schools, for the fiscal year ending the 31st day of March, 1987—pass. Committee rise.

## SUPPLY - HEALTH

**MR. CHAIRMAN, C. Santos:** Committee, please come to order.

The Honourable Minister.

**HON. L. DESJARDINS:** By leave, Mr. Chairman, before the dinner hour, the Member for Pembina pointed out that there seems to be a discrepancy in the Out-of-Province and he was right. I think he quoted on Page 86, Out-of-Province payments in '84-85 are \$11 million and then the \$2.9 million. Well, that should be right. In fact, if my honourable friend can turn to Page 111 now - and this is the Audited Statement - from the Audited Statement in the middle of the page, Expenditures, Hospital Services within the province and outside the province.

There was only enough copies to make for the members of the House to help us in this; this is not the final edition. That will be done a little later. There are other mistakes in the book, I'm told, and that will be corrected as we go along. But there is an increase; not a decrease.

**MR. CHAIRMAN:** The Member for River East.

**MRS. B. MITCHELSON:** Yes, Mr. Chairman, under the Pharmacare line, I'd like to discuss the plight of our pharmacists in the Province of Manitoba. Is that possible?

**HON. L. DESJARDINS:** I wonder if I could suggest that we pass this first line. That is directly on Pharmacare. We can pass the first line and then right after that, that will be acceptable.

**MR. CHAIRMAN:** Is that agreeable?

**HON. L. DESJARDINS:** With the understanding that we'll have the flexibility, but just to encourage us that we're advancing, anyway.

**MR. CHAIRMAN:** Okay, Administration, first line—pass. Pharmacare Program - the Member for River East.

**MRS. B. MITCHELSON:** Yes, Mr. Chairman, I guess regarding an article that was in the paper last week, I believe it was about the dispensing fees for pharmacists being raised from \$5.20 to \$5.25 per prescription, which is around about a 1 percent increase or a nickel. I really feel, Mr. Chairman, that this is an insult to the pharmacy profession. There is a nationwide shortage of pharmacists and a lot of provinces are providing some incentive for pharmacists to come and work in their provinces. At least a third of the pharmacists in Manitoba, the graduates who are graduating, leave Manitoba every year for work in other provinces or for better conditions. It seems to me that \$26,000 a year starting salary for a professional with four years of university training is rather low, considering that firemen, policemen — (Interjection) — starting salaries are more than \$26,000 per year.

Mr. Chairman, the pharmacists in this province represent small businessmen; they're professionals. They are critical to the citizens of Manitoba. Medications

that are prescribed should be properly dispensed for the safety and health of all Manitobans. Many people, seniors included, depend on their local pharmacist to recommend non-prescription remedies, also. So they play a very important role in our health care system. I think that a 1 percent increase in their fees, arbitrarily set, is unreasonable. It's degrading to the pharmacy profession.

This government is just increasing the drain on our medical profession by - yes, people in our medical profession are leaving the province, Mr. Chairman, because — (Interjection) — well, the pharmacy profession, it's all part of the medical profession, Mr. Chairman.

Unlike a lot of union workers, there are no shift premiums for pharmacists. It doesn't matter if they fill a prescription at 9 o'clock in the morning, 11 o'clock in the evening or if they're called in at 3 o'clock in the morning, their dispensing fee is exactly the same, and I think that's a deplorable situation.

These small businessmen, the pharmacists who run their own business, are experiencing rising costs due to hydro and other utilities, increased taxes, salaries for their employees and malpractice insurance is really a big factor in increased costs for these professionals.

Also I might indicate that the inventory costs, as a result of increased medication costs, not as a result of dispensing costs, are causing a real hardship for these professional people.

The question I want to ask the Minister, the government thinks that pharmacists are only worth a 1 percent increase in wages, can we expect the same for other union workers in this province? Not likely. Can we expect a 1 percent increase for the advisors hired in the Department of Health? I would say not likely. Can we expect a similar arbitrary settlement for the doctors of Manitoba, a 1 percent increase? I wonder if the Minister could answer that for me.

**HON. L. DESJARDINS:** I'd like to give some friendly advice to my honourable friend. I think at times it would be better if she asked some questions to make sure where she stands before making the kind of statement that she just made.

First of all, let me tell my honourable friend that that is arrived at negotiating between the association and the MMA and the Manitoba Health Services Commission. It is not something imposed by the government.

Let me also give you added information that this was - you didn't know that, did you? You should have asked. The next thing I should tell my honourable friend is that last year there was a settlement late in the year, from \$5.05 to \$5.20 and it was agreed then, at the time, that the base to start would be \$5.15. Thirdly, you are only looking at part of the cost. I can tell you that since 1975 it's gone up gradually from \$2.25 for dispensing fees, but then you have the average cost of . . .

**MRS. B. MITCHELSON:** What year was that?

**HON. L. DESJARDINS:** 1975.

My honourable friend was talking about the professional component; and then the average cost per

prescription and there's a profit on that, as my honourable friend knows, like anything that you sell. It's not just the prescription; that's over and above. That has gone from the same period, 1975, from \$5.30 to \$16.35; so, no, we certainly respect the profession.

I don't know if there's such a shortage. We haven't felt it so far, the shortage as stated by my honourable friend, but the situation is that, like any of those things, those things are negotiated. There is a reason for that, like the two reasons that I gave and I think that's fine. A friend saw an article in the newspaper, you can get that out of anybody, from any union, you can get that from anybody, nobody is satisfied with the wages. I would like to tell you the same thing. I would tell you that the last five years I've been here that we didn't have - and in fact I received a decrease every year for three years as a Cabinet Minister. We can always try to better the situation, improve the situation and there's reasons for that usually, and there's reasons in my case also.

So the situation is that my honourable friend was only showing part of the story, not the whole story. As I said I think the important thing is that this had been negotiated the same as unions negotiate, the same as the MMA negotiated their fees, that was negotiated between the Manitoba Health Service Commission and the Pharmaceutical Association.

**MRS. B. MITCHELSON:** It's my understanding, Mr. Chairman, that the pharmacists that are working in the hospital situation in the Province of Manitoba are making more than pharmacists that are working in small business. It would seem to me that the government is competing with the small businesses who are providing jobs and adding to the business climate of our province. I'd like to know what the salaries are for pharmacists that are working in a hospital situation.

**HON. L. DESJARDINS:** Well this'll be quite the revolution. If we're going to negotiate with people and then add on. I don't know how we would proceed with that. If my honourable friend can tell me what amount maybe we should put in, we can calculate what extra money is needed and then we can also look at the situation what the public will pay for their drugs also. Now negotiation is done in a fair way in all these instances and that is what was done in this case. I explained to my honourable friend the settlement was late; it was agreed that the base would not be - not the 5.20 but 5.15, and as I said there's also the other situation that's the professional component and then there's the sale of drugs also.

**MRS. B. MITCHELSON:** Mr. Chairman, the Minister's talking about a late settlement, I believe it was a late settlement this time again was it not? That's my understanding.

**HON. L. DESJARDINS:** The point that I'm trying to make is that the base it was agreed that the base was 5.15, would be 5.15.

**MRS. B. MITCHELSON:** Okay. Mr. Chairman, I don't know how good my mathematics is but a dispensing fee from \$5.15 to \$5.25 is what, approximately 1.5 percent.

**HON. L. DESJARDINS:** 2 percent.

**MRS. B. MITCHELSON:** Close to 2 percent, yes that might help out. I'm not sure. Anyway to me - or 10 cents. To me that just does not seem like - do you feel that's a fair and reasonable settlement with professionals in this province that are making \$26,000, much less than a lot of unionized, not trained. Jobs in this province are - starting salaries are higher than what someone with four years experience at university is receiving, professionals in our province that are responsible in their way for delivering health care.

**HON. L. DESJARDINS:** I can add also that the volume is going up quite a bit. We haven't got the amount, as we said, because we don't know what the volume is, plus past experience is that the volume had been going up; so there's the prescription, there's the volume also that's going up and there is also the sale of drugs.

Let's not talk about the 10 percent, what I think is fair, what I think is not fair. Let's talk about the system of negotiating with them. If you want to suggest that we should change the system, we'll look at it. Right now it is as is done with the medical profession, with everybody else; and this is what we do. I don't think my honourable friend should suggest that we reach an agreement and I, as Minister of Health, should suggest to my colleagues that we put another 10 cents or 5 cents increase on prescriptions. We wouldn't last very long if that was the case.

**MRS. B. MITCHELSON:** Mr. Chairman, I don't think the Minister answered my question about whether we can expect a similar arbitrary settlement for the doctors of Manitoba.

**HON. L. DESJARDINS:** One is arbitration; it's a different set up. I couldn't tell you what we can expect. It might be less; it might be more; and I don't think you can automatically make the comparison, whatever the percentage is.

I think you have to look at the past. I think you have to look at volume; I think you have to look at a lot of things and one of the important things is the take home pay for these people, either the members of the medical profession or the pharmacists. I think that's an important thing also. If there's more ways than one to get your wages or your fair share, I think that has to be taken into consideration, not isolate one area and say, that's it.

**MR. CHAIRMAN:** The Member for Pembina.

**MR. D. ORCHARD:** The Minister is saying that it's up to \$5.25 now and they established a base of \$5.15. Am I not correct in saying that the latest prescription dispensing fee, prior to the \$5.25 coming into effect, was \$5.20, so that despite the fact the Minister is talking about the base being \$5.15 and it's now \$5.25, there was actually a nickel increase on the schedule this year. Can I ask the Minister, in terms of these negotiations that the MHSC arrived at, what was the starting position? Were the pharmacists asking for a nickel increase or a dime increase in dispensing?

**HON. L. DESJARDINS:** That was part of the negotiations. I wouldn't have that at every stage that

. . . I don't think that is something necessary that we have to give at this time. I think the bottom line is the important thing and I did say that it was \$5.20-\$5.25; and I also said that was agreed between the two at the negotiating last year because it was late in the year.

**MR. D. ORCHARD:** Mr. Chairman, the Minister is making the point that volume is going up and that you must look at the total of three components, in terms of the take home pay of a professional pharmacist, one being the dispensing fee, one being, theoretically, the markup on the prescription dispensed and the number of prescriptions that the pharmacist might write up.

I think he's already been through a process where "negotiations" were taking place with the professional pharmacists serving the personal care homes. One of the areas of concern was that in the personal care homes they would write a number of prescriptions and get a dispensing fee for each one. That was, in effect, taken care of by, in effect, the capitation rate.

Mr. Chairman, that's the anomaly of the Medicare system and I think it applies in pharmacy, it applies throughout the system, that if you put a professional's fees at a given level, in this case you add five cents to the fee this year for dispensing a prescription, a 1 percent increase over what they'd received previously. If they have to maintain their incomes in the face of increased costs, such as electricity going up by 5 percent, telephones by 3, 4, 5 percent, increased taxes in property, business taxes, supporting the education system, if we need to get some extra dollars, the complaint has been, I know, on a number of occasions, in the medical profession, they simply see a few more patients. That's a complaint the Minister has indicated in terms of the chiropractic profession, that they simply see a few more patients.

What we end up with when you negotiate 1 percent settlements is you encourage that kind of throughput to get an income that meets rising costs. The interesting thing will be to see how the 1 percent to the pharmacist stacks up when we have the binding arbitration settlement with the medical doctors. The question was posed, and it was a very good question, as to whether this is to be an example in terms of the binding arbitration for the medical doctors, as to setting a 1 percent fee increase for the professional pharmacists serving the health care of Manitobans and whether that's going to be the example.

Then carry it one step further. Will that be the next example that your Minister responsible for the Civil Service Commission will use in negotiations with the unions throughout the province, the MGEA, and other unions serving the health care facilities? Will 1 percent be the operative offer now that has been accepted by the pharmacists, and I think that that would certainly go a long way to controlling costs in the health care field, if 1 percent becomes the increase throughout the medical field.

But as I stand here, I doubt very much if this Minister and his New Democratic colleagues could get by with a 1 percent increase to any of the unions that they are settling with. They've already got a 4 percent, roughly, increase, coming up to the MGEA this year; at the same time, pharmacists are offered the 1 percent.

Mr. Chairman, the Minister can say that it's negotiated and that's fine, but that's the whole reason behind my question as to what the negotiations involved, because the pharmacists have already been through one set of negotiations in terms of those providing services to the personal care homes where the Minister pulled a figure, simply out of the air, half-a-million dollars I can save if I do it in-house and all by myself. Unsubstantiated, and that became the negotiating point for the delivery of Pharmacare to the personal care homes.

If similar negotiations were used here on a take it or leave it basis, I can understand where he can now stand up and say well, the pharmacists agreed to it. That may well be the new mode of negotiation and if it works for the pharmacists, maybe the Minister can try it on with the MGEA; maybe he can try on a 1 percent settlement with CUPE and the hospitals; and maybe he can try 1 percent for the MMA in its compulsory binding arbitration. It worked for the pharmacists. He should be skillful enough to work it in the other professions serving the medical field as well.

**HON. L. DESJARDINS:** There's no way anybody asked me if I was supporting my friend, the Minister of Labour, for the leadership. It looks like I've got to be Minister of Health, Minister of Finance, and Minister of Labour. All of a sudden we're talking about the method of negotiating, which is not my responsibility as Minister of Health.

Now, my honourable friend wanted to know if that's going to increase the volume. The last time that I looked, prescriptions were given by doctors; not pharmacists. The other example was that doctors can generate revenue and the chiropractors can generate more revenue if they wish - I'm not implying motives - because they are the ones that say come and see me tomorrow afternoon or come and see me instead, six months from there. But the pharmacist cannot deliver - we're talking about prescription drugs, now - unless he has a prescription from a doctor. So unless there is somebody in cahoots or something, it's not going to work. They haven't got the same facilities.

You know, there's all kinds of factors. You talk about the arbitration. The arbitration is a gamble. My honourable friend knows well that the lab technician, a few years ago, received an award less than management was ready to give them. You remember the famous or infamous . . . award that they didn't like at all. That's a gamble that you take when you go to arbitration. That wasn't adjusted. There was all kinds of pressure to adjust that but that wasn't done. I think that everybody, certainly on both sides, agree that they thought that it would be much more. So I don't know what the award is. That's what the arbitration is.

Now, awhile back, we were told that we were spending a lot of time fighting with the medical profession. We've come a long way and we certainly didn't have the problems that they've had in Ontario. There is a better relationship now than ever, especially at this time, which is important for us because we are at a crossroad in the financing of medical care and all its components.

The situation is that we made an arrangement. The medical profession has been very, very reasonable. They had a 2 percent increase last year. And the year before

it was a 2 percent increase. I think it was, at the most, 2 percent. So, you know, I don't know, all of a sudden this area of questioning would - do I feel that the kind of negotiating is fair? It's the same thing that's been going along since we insured these programs; in the Conservative years and in the NDP years. It's not a ploy to try to keep people from getting fair wages; it is negotiating.

Now, I think that my friend gave as an example that well, all right, you know, people sometimes are in a bad position to negotiate. Well that's part of free bargaining.

The situation with our friend, Pocklington in the packing industry in areas that are saying to the staff that they have to take a reduction in salary. You know, it's not one against the other; these things happen. It's a question of supply and demand, also. Right now and even before that, when the cost of living was higher, some people in certain areas, if they wanted to keep their job, had to take a reduction.

The nurses worked for peanuts a few years ago. The nurses worked and the people who were taking a course - and I mentioned the same things sitting on that side, that it was just free labour or cheap labour. It wasn't just studying, it wasn't just a few hours a day, but it was shift, like anybody else, in the middle of the night, and so on, for students. That was done.

Then the nurses, who had been and who were left behind in the first year of the Lyon years, because we had brought in programs that brought more nurses; there was a freeze. They were very underpaid and they were leaving the province. They were leaving the province so badly that the next time, then they were in the driver's seat. And there was the biggest increase of all the unions; were the nurses. I don't remember exactly what year - but it was in the later years of the Lyon - 1981. So they went to nothing because they were in the driver's seat and there was a shortage of nurses where they had some extra nurses, then there was a hell of a jump, and that's the way that the bargaining is done. So I don't think that, really, this question is proper when asked of the Minister of Health. There is no way in the world that I'm going to add more money than I need, and that I'm going to suggest that the prescriptions will go up. If you don't like the system of — (Interjection) — no, I'm answering the same question. One thing that doesn't even belong at this stage, and I'm answering it — (Interjection) — if you want to say something, get up, I can't hear you.

Well you know, we started at 3 o'clock and we've just moved the second line — (Interjection) — you're going to tell me how to answer now? You wait till you get at least a couple of years in this House, then you tell me how to answer, if you're lucky to stay as many years. If I'm going to be asked questions, I'm going to answer those questions. If you want to make points, you suffer the consequences.

This is not a question that should have been asked. This is not a question — (Interjection) — oh yes, you've been saying that for many years. Who knows?

**MR. CHAIRMAN:** Order please.

**HON. L. DESJARDINS:** Mr. Chairman, can I debate with any one, but one at a time, not 51 yapping at the same time?



Monday, 28 July, 1986

**MR. CHAIRMAN:** The floor is always open for anybody who wants to speak.

The Honourable Member for Pembina.

**MR. D. ORCHARD:** Mr. Chairman, how be, so that the Minister doesn't waffle his own Estimates, we pose a few questions on the Medical Program?

**HON. L. DESJARDINS:** Are we passing this line?

**MR. D. ORCHARD:** Oh sure, if it'll make you happy, we'll pass it.

**HON. L. DESJARDINS:** Well sure, it's makes me happy. Because I can't answer the questions, I know it'll make me happy.

**MR. CHAIRMAN:** Pharmacare Program—pass.  
Medical Program, by consent.

**MR. D. ORCHARD:** Mr. Chairman, what is the status in terms of Manitoba Health Services Commission billing on psychoanalysis?

**HON. L. DESJARDINS:** Psychologists are paid; the only thing that is covered, the same as the physiotherapist, people who are working in hospitals on salary, this is the way it's covered. Not on fee for service and not the general people working on their own. They have to be employed by the hospital. If you're talking about psychiatrists, that's something else.

**MR. D. ORCHARD:** Is that a change in the past billing practice that was allowed by the MHSC in psychoanalysis?

**HON. L. DESJARDINS:** If there's a change, there'd be more coverage, exactly like the physiotherapists. There's no change since it's covered. I'm talking about psychologists.

**MR. D. ORCHARD:** So am I.

**HON. L. DESJARDINS:** All right.

**MR. D. ORCHARD:** So then, psychologists in private practice offering psychoanalysis are not covered under any fee schedule with MHSC, and they weren't covered under any fee schedule by MHSC in the past?

**HON. L. DESJARDINS:** I won't try to anticipate the next question that might come but the answer is still the same that I gave, no, not in private practice.

**MR. D. ORCHARD:** Mr. Chairman, last year we got into quite a discussion with the billing of psychiatric services and psychoanalysis. At that time, the Minister broached the proposal and it ran into some public discussion that psychoanalysis would no longer become an insured service. It was my impression last year that psychoanalysis was part of the Insured Service Program. Is the Minister saying that it wasn't the case?

**HON. L. DESJARDINS:** That's why I asked the question, if it was of psychologists or psychiatrists, and that was with psychiatrists.

**MR. D. ORCHARD:** Then, Mr. Chairman, let me pose the question then. Is psychoanalysis offered by a psychiatrist still - there's no change in the billing?

**HON. L. DESJARDINS:** No, Mr. Chairman, except they can extra bill.

**MR. D. ORCHARD:** How about the so-called standby charges? What's the status of those?

**HON. L. DESJARDINS:** That is something we have discussed with the College, and that's something that we intend to keep on discussing with the MMA and the College.

The explanation that I received from both of them, that this was not just offering that there'll be somebody there doing the work. That is that I, the doctor who makes this agreement, has to be there 24 hours a day. That was tried in other provinces, and I'm told that is not too successful because that's practically impossible.

If it's just a way to beat the system, another way of extra billing, we certainly are not finished with it. This is something that we, as I say, want to discuss with the College and also with the MMA.

**MR. D. ORCHARD:** So then right now I take it, whilst the discussions are on, the standby charges or the standby fee is being collected and is not considered at present to be a violation of the ban on extra billing then.

**HON. L. DESJARDINS:** It certainly cannot be in violation the way they explain it, because it was never insured service.

Now the point is, if it becomes a problem then we will look at it because we made it clear when we brought in legislation that we wouldn't stand for just a way to beat the system. We haven't had one single inquiry from that, so we have no record that is even being done. We know that it was accepted by the MMA on a very close vote, who are also very concerned, and also by the College of Physicians, but we haven't had one complaint. We're not aware of anybody who is paying that at this time. As I say, we've informed both the College and the MMA that we want to discuss that.

I asked the College to review it and to look at it to see if they were satisfied with that, and explained it was a very delicate thing because of the different people who voted - it passed, I think, by one vote - and they weren't ready to change the vote because I suggested they look at it again. So they have been told that we want to look at it and if there's any abuse at all, that we certainly intend to do something about it.

**MR. D. ORCHARD:** Mr. Chairman, that brings up the interesting general question - and not dealing with psychiatrists in particular - but dealing with the whole issue of extra billing. I take it from the Minister's answer that he has had no complaint, but that does not necessarily mean there has been none of the standby fees charged. It's just that, if they are charged, the patient is willing to pay that presumably because the patient isn't complaining to the MHSC about being extra billed. That would be an assumption one would make if it's happened.

**HON. L. DESJARDINS:** I must correct it. It might be exactly what my honourable friend says, but I must correct the term "extra billing." In your mind and in my mind, it might be extra billing, but it's not extra billing in the true sense of the word, because it is considered. They are saying this is not an insured service. Even other professions are arguing the same thing also.

**MR. D. ORCHARD:** The Minister makes an interesting last comment, that other professions are doing the same thing as well.

Now, that brings us to the general question in terms of compliance with the, I forget what bill it was, but the bill we passed banning extra billing. Now presumably before there is an investigation, there has to be a complaint by MHSC or a complaint to the College of Physicians and Surgeons. So does this mean that in certain disciplines one may arrange an additional charge, be it called the standby fee I think it is called, that some psychiatrists have proposed. Does that mean that if there is a different enough name put to it for a justifiably different enough process that the physician is offering and as long as the patient is not dissatisfied with the justification of the additional cost, the out-of-pocket cost and there's no complaint lodged, that there is no process by which the Minister would have cause to investigate, is that a correct assumption?

**HON. L. DESJARDINS:** No that's not - I think we have to wait. But I can give you an example that something that this government did not approve before legislation was brought in by the Federal Government and later on by the Provincial Government, the same question of extra billing. If you remember, many times I said there was very little in Manitoba and we were against the principle but there were a lot of other things that we could settle before, that we should settle before. We welcome the new legislation and we applied the law here but until it was allowed there was very little in Manitoba. Now the situation is I am saying that there could be very little of it, if any. We don't know what kind of arrangements, but the indications with the past experience of the Manitoba Health Services Commission is at least that, not only complaints and criticisms but questions, and we haven't had a single question yet.

I already stated that I've told both the MMA and the College of Physicians that I am quite concerned. Technically, they can say that is not the same as phoning; technically, we can say this is not extra billing because it was never covered but it was accepted as part. It was, by tradition and so on - nobody charged for that, it was part of the overall care. They were covered, they were paid by the visits. Now, there are two things we can do. We can try to arrive, and there are a lot of things that we'll have to discuss; we'll want to discuss the question of the walk-in clinics for one thing, that concerns us very much, that'll add an awful lot to the total bill, and we want to discuss with the profession. I think that's the best way to start. It hasn't been a problem, there's not any person that we know that is suffering, we still want to talk about it. If there's some abuse there's two things we can do, either by agreement with them, have a definition that is acceptable, see that

there's no abuse or either make a decision that this is extra billing, that probably would be tested in the courts, or bring legislation that will definitely make it clear that that is not permissible. We've got the three options open now and, as I say, with this - this is rather new - it takes a while, it was passed not long ago, that we're at the stage that we would like to discuss it with the medical profession to see if we could settle this without having to go to court, and without having to bring added legislation.

**MR. D. ORCHARD:** Mr. Chairman, I think that's exactly the kind of discussion and debate we had when we passed the legislation, both in the Chamber here and when we were in committee, listening to presentations. Because the legislation as written was very indefinite and unclear as to what extra billing was, and I posed on a number of occasions the scenario of a physician, changing a cast in his office versus changing a cast in the hospital. If he does it in the office he gets paid the same fee as if he does it in the hospital, the only difference being that in his office he pays for the plaster, the bandaids and the gauze, the assistant staff and the cleanup. In the hospital all those are covered. And if there's one thing that we're attempting to do theoretically through the Minister's Health Review Commission is to get as many of those functions out of the expensive hospital setting and into the offices and into the clinics.

There are those, right or wrong, and I'm not an advocate for them, but there are those who say the walk-in clinic does exactly that by relieving pressure from the emergency wards, and Lord knows the emergency wards in our city hospitals and even in some of our rural hospitals, are overcrowded. We have people stacked for days in emergency wards waiting for admittance, and waiting hours to get treatment for somewhat minor medical problems that the walk-in clinics, the physicians promoting the walk-in clinics are saying, we are taking those kinds of people away from the emergency departments of the hospitals, a high-cost setting and put it into a fee-for-service lower cost setting where the patient gets served very, very quickly, within minutes and certainly within an hour, whereas in the emergency wards in the hospitals where they normally go if a clinic is not available or their physician is not available in normal office hours, they end up in the hospitals.

That is a very, very interesting development and the Minister has got a concern that the proliferation of clinics is going to end up costing his medical program considerable amounts of money because they're there. But the offset to that is that if they are there, the emergency wards may well see a lot of their cases not end up there, and only the real emergencies end up on a referral, say from a clinic to a hospital where it's something that they cannot handle through a prescription, through suturing, through any sort of a minor procedure. The referral is then on to the emergency department of a hospital and it'll be a genuine one, one that is deserving of the admittance procedure of the emergency ward in a hospital.

Now, Mr. Chairman, I'd like to ask the Minister if there are any different fee schedules for the same procedure performed in the hospital versus performed

in the office as an out-patient service. Are there any fee schedules for any procedures that are different?

**HON. L. DESJARDINS:** My honourable friend has identified a problem but not necessarily the solution. That's exactly why this review and the reason why I said that now is the time to make decisions and every single one of them politically and otherwise will be dynamite. That is where I think that we've got to - I'm not saying there's not going to be politics, that's impossible and we're not here to just have the same policy all the time, but with kind of cooperation, or we're going to lose the ballgame, going to lose the whole thing.

Now there is no doubt that things have to change, that's absolutely right, it's the same fee, but there are certain things that are covered, that are insured in the hospital and not outside the hospital. My honourable friend is absolutely right. It's a lot cheaper, we're trying to give the service, and get it out of the hospital to get the people out of institutions. Now that's providing everything is right, but it's not that easily done; there is also abuse that we have to be careful with. There's potentially more abuse in a doctor's office than in a hospital. But that has to be looked at, we give the incentives to the doctor not to send all their patients to the hospital, that's absolutely true, and we will have to look at that and things have to be changed. There's also the situation that we'll have to look at the doctors that are talking about they can't get admitting privileges in the hospital. We will look definitely at the situation of having operations, not for admittance operations and so on in the hospital on weekends. We've got all the facilities, we've got the equipment - fine you'll get the staff - it'll cost more but you're going to save an awful lot of money if we can work that.

Now I haven't given any government policy on the question of walk-in clinics, and there is no doubt that it's convenient. There's 7-Eleven and those people that give that service are known as convenience stores and that's the problem in a way. It might be - it's giving the service. There's no indication that the emergency department of the hospitals have been reduced. That is not the case. It might be that people are better served, are served - I'm not going to talk about the quality of it because that varies. But as far as the doctor is available, you don't have to make an appointment. But can we afford this convenience? There is also convenience in going to 7-Eleven but you pay a heck of a lot more than you would pay at the Safeway or somewhere else for most instances. You may extra for that service. And right now because it is insured it's all of us that pay. It's not just those that . . . That will have to be looked at.

It might stay the way it is. If we listen to them, everyone of them would have X-rays and lab facilities. You can imagine that these things would have to be paid; there would be an awful lot of people going through that. We have to do something about emergencies; we have to do something about hospitals.

Now, there's another possibility. There's half the people, at least, in Emergency, who shouldn't be there at all, who don't even have to see a doctor. Again, I'm not announcing a government policy at this time but certainly we will have to look at a community clinic -

that's what we're talking about - a community clinic that will always have the supervision of a doctor but nurses, also, who will do primary care. That's a possibility.

They would identify the people and the hospitals would refer some of them to those clinics, where it will not be the same care, but right now what are you saving by getting them out of the hospital into a walk-in clinic? Well, you're saving the hospitals, but not you're not saving the same as if it would work. That's a possibility, that you might have people that can - you know, there's a lot of people who come in with a baby with a cold or something. In some instances it's quite clear, providing there is a doctor and providing that when it is something serious and it could not be done in a clinic, that it would be referred to the hospital. But those are the things we have to look at.

It might be that what I said is not practical at all, but I think that has to be looked at. We have to maybe try some of those things with the cooperation of everybody. It might be that the walk-in clinics are here to stay. But I'll tell you something, if it is, we better get some money and you better help us try to get more money from the feds because we won't be able to pay for it, not the people of Manitoba.

**MR. D. ORCHARD:** Mr. Chairman, the Minister put in the argument that pretty soon the walk-in clinics are going to have X-ray facilities and ancillary lab facilities. He's got a piece of legislation we passed last year that would deny licensing of those very same diagnostic clinic's X-ray labs, that he passed last year. So that really isn't a legitimate argument in terms of controlling the costs.

Mr. Chairman, the whole point of the discussion on the walk-in clinic aspect is once again, are we providing an out-of-institution service? The Minister said that, yes, maybe we have to consider clinics. I presume, when he's talking about considering clinics, he's considering a clinic which might have a physician on staff, let's say for a 12-hour or 14-hour period, and after that, he would have, say, a B.N. or an R.N. on staff, and all of those would be salaried people and that would be a potential answer to the problem. It would be much better than presumably, - and I'm putting words in the Minister's mouth - but presumably he would consider that to be a superior option to a walk-in clinic staffed on a 20-hour or 15-hour basis by medical doctors.

I just want to tell the Minister that's basically what we now have in the emergency wards. We basically have salaried employees there. There are very few M.D.'s there on a fee-for-service basis at an emergency clinic. They may be there at the call of their patient who says I'm going to emergency and the doctor meets them there, but most of the services provided at Emergency are by salaried employees.

We, in effect, have these envisioned salaried personnel clinics in our emergency departments and they have, in effect, gotten out of control in most hospitals, and I don't see that as being a viable solution.

Right now, it appears to me that the clinics, as they are becoming a part of Manitoba medicine, offer, right now, a legitimate and a cost-effective alternative to the Emergency and are providing many of the kinds of

minor medical problems, and solving those problems, that Emergency cost us considerably more to do.

It would be interesting to determine - and I don't know whether the Minister would have this - but it would be interesting to determine whether there has been any impact to date on the amount of Emergency admissions, having some experience for the past six or eight months with walk-in clinics. That is something, I suppose, only a year or two's statistical analysis will every tell.

Mr. Chairman, I'd like to move on to another area. The Provincial Auditor's report, the most recent one, 1985, expressed some concern over physicians who are civil servants and also have a private medical practice for which they receive fees for services from the Manitoba Health Services Commission. According to the Provincial Auditor, this raised a concern that there could be a potential for conflict of interest between their duties as civil servants and their private practices. Departmental officials have been working to resolve the matter.

Conflict of interest guidelines for employees who carry on private businesses, including medical practices, have been developed and incorporated with the government's general conflict of interest guidelines. They are in the process of being implemented and are expected to be fully implemented in the department within the next few months. Now, this was as of 1985. Has the Auditor's concerns been addressed with salaried physicians who are currently or who are also operating a fee-for-service practice?

**HON. L. DESJARDINS:** The Commission has done one thing: It's responded to the Provincial Auditor and has a policy if there is any conflict of interest. I would like to add that I'm not fully satisfied with that but at least we responded to the concern of the Auditor, especially in a situation where the wages that these people received as civil servants should be sufficient.

One of the reasons why we haven't clamped down more than that is that has happened mostly with psychiatrists, where there's been very few of them that have worked as a civil servant, or some employed by the university or the teaching hospitals, who have part of their salary at the teaching hospital and part on fee for service.

The big concern was that we couldn't recruit any psychiatrists at all, for one thing, and those that were working with us brought some of their practice with them. That is something that will be looked at. But what we've done at least, because of the concern of the Auditor, we put in a policy and they have to declare if there is any possible conflict of interest. That has satisfied the Auditor.

**MR. D. ORCHARD:** The Minister mentioned earlier on that there was a policy that the MHSC had in place. Can he indicate to us what that policy is?

**HON. L. DESJARDINS:** It's not the Commission; it's the department that has this policy. This was distributed to the employees of Manitoba Health in September of 1985. Actually, it is the same guideline or consistent with those established for employees in similar positions throughout the government that requires individuals to

disclose potential conflict of interest to the department management for an interpretation. This is the same as dealing with any other civil servant.

**MR. D. ORCHARD:** Have any salaried physicians been found, in complying with the policy of disclosure, to be in conflict of interest?

**HON. L. DESJARDINS:** There was one that asked for a ruling and it was ruled that he was not in conflict of interest.

**MR. D. ORCHARD:** So, Mr. Chairman, there's only been, since September of 1985, one salaried physician; I don't know what the numbers would be but I would have to say there are probably 70 or 80 salaried physicians.

**HON. L. DESJARDINS:** No. The guidelines, the way I understand it - there are more that have private clients. The policy's the same as any other civil servant in the system. It would make it their responsibility if they are not sure that there is a conflict of interest. It doesn't mean that everybody is in conflict of interest, if he can do his work and so on. There might be other areas, if he neglects his work, or whatever reason, or if he's sending people out of where they could have the service by him when he's working and he'll try to generate revenue; those are the things. The onus is on the employee, the same as any other civil servant, to identify himself and tell us if he feels that there could be a conflict of interest and asked for an interpretation. There was only one which came forward to do that.

**MR. D. ORCHARD:** Mr. Chairman, I understood what the Minister said and that seems to me to be with just one, since in the last nine months that the policy has been in place, to have only one ask if he's in a conflict of interest situation hardly seems to be the kind of circumstance which would cause the Provincial Auditor to make a notation in 1985, if there's only one physician who has asked for an interpretation as to whether his salary position versus his private practice is in conflict of interest. Don't you agree that seems to be hardly sufficient numbers to justify a Provincial Auditor's Report and would stimulate the question as to whether there needs to be some active pursuit by the department to see whether indeed the Provincial Auditor had more in mind than simply one physician checking to see whether he was in contravention?

**HON. L. DESJARDINS:** I think the suggestion is the statement from the Auditor might not have been valid or something. I don't think there's anything lost. I'm not about to. I've got enough battles the way it is now without tackling the Auditor at this stage.

Anyway, the situation is that nobody is hurt by that. If that is the case, it could prevent people to go ahead because they know that's there and they know it's their responsibility, and they would then not go along if they don't declare that.

Furthermore, I think one of the things is we know what they're being paid and we also know what they're collecting in fees because we pay it through the Manitoba Health Services Commission. They know that

we know. I don't think this would be an item which I should go and argue with the Auditor. If he's satisfied with this, it's not such a hardship. There's only one that came forward and might have helped them. He wasn't sure, I would imagine, if he asked. I don't think there's any problem one way or another.

**MR. D. ORCHARD:** Mr. Chairman, on the last series of questions - not on the Provincial Auditor - there is no difference in fee schedule whether it's done in a doctor's office or in a hospital setting? Okay.

Mr. Chairman, in terms of the rural physicians, Page 19 of the Health Services Commission, talks about vacancies continue to exist in some rural localities in some specialty areas. The latter condition is nationwide. To redress these shortages, the committee oversees an incentive program. This program supports medical students in summer job experience in rural areas; offers loans to selected third and fourth year students agreeing to practice in a medically under-serviced area; offers rural residencies at the University of Manitoba to physicians who wish post-graduate training in specialities needed in rural areas and approves incentive grants to physicians wishing to establish practice in medically under-serviced areas.

In terms of the loans, could the Minister indicate the terms and conditions of the loans that are offered to third and fourth year students, and also likewise, what sort of incentive grants are provided by the department to physicians who are going to establish practice in medically under-serviced areas? Can the Minister indicate in explaining the terms and conditions of both the loan and the incentive grant as to the time frame that's attached for medical practice in the under-serviced area?

**HON. L. DESJARDINS:** The loans are forgivable loans. Of course, there's an agreement, but they would have to work in a selected area and as soon as they've finished their training, they would. They might owe us two years, three years, whatever, and that has to be done. If they're not willing to do that, they would have to reimburse the fund.

Students who are granted loans are required to sign an agreement on taking practice in an area of the province designated by the Minister of Health as medically under-serviced for twice the period funded. If the loan recipient fails to carry out his/or agreement as laid down thereunder, just continues to practice and doesn't get an under-serviced area, the unliquidated balance of the loan shall become due and payable forthwith, including interest at prime bank rate effective in Winnipeg on the date the demand is made by the Commission for repayment of the loan.

Since 1981, 25 loans were approved; 7 . . .

**MR. D. ORCHARD:** Eighty-five?

**HON. L. DESJARDINS:** Twenty-five since 1981; 7 returned or repaid the loan; 18 remained in the program.

**MR. D. ORCHARD:** Mr. Chairman, of the 18 that remained in the program, how many remained in the program for the minimum time required and then sought medical practice elsewhere and how many of the 18

have remained in the environment that they moved into to fulfill the loan condition?

**HON. L. DESJARDINS:** I'll try to get this information. We haven't got it here.

I'm told this program, we would know some are still in there; that we would know if this program is working in the next couple of years or so, because there's some that are . . . going on. It's not a new program and it seems to me with the information, in seeking the information for my honourable friend and for myself, we'll have a better idea to see if that program is working.

**MR. D. ORCHARD:** Mr. Chairman, that's exactly the reason why I posed the questions. I know in my own constituency, on at least, I think, two occasions, physicians - and I don't believe they were under the Forgivable Loan Program as new graduate doctors, but they were offshore doctors who had come in and the requirement being to spend - I believe it's a year, but I'm not sure; a year or two years - in an under-serviced community, and the moment, almost to the day, on the offshore doctors, the time requirement for service in the under-served community was up, they did move on and it has caused some considerable problems.

I, quite frankly, don't know what is the solution to that because it's a very, very complex problem. You can talk to the communities and many rural communities have an excellent lifestyle to offer to physicians, but we're getting into a very, very complex system of medical delivery where it's often teamwork with general practitioners not being as common a graduate as they were a few years ago. Family physicians are not as plentiful anymore. The physicians, like every other profession, have tended to highly specialize and in a highly specialized career path, they need the support of other specialists and that certainly works against bringing physicians into rural Manitoba into some of the smaller community hospitals.

Now, on the same line, Mr. Chairman, there's the Community Medicine Program where, I believe, physicians are paid a full salary while studying community medicine, and basically I think the intention of the Community Medicine Program was to attempt to get doctors into under-serviced areas with the agreement to work for a year thereafter. Can the Minister indicate how many physicians are currently undertaking the Community Medicine Program?

**HON. L. DESJARDINS:** I'll start with the last question.

That program seems to be working - this is a newer program. This is a program such as Public Health. Mostly we've had a few of them - Dr. Sharon MacDonald is a graduate from that program. There are others. — (Interjection) — Margaret Fast, Dr. Fast was here also, so there's a few of them who are taking it. That is working.

I'll try to remember the advice which I have and not be too long, but I'd like to comment on the last thing about the doctors in the rural area and the shortage of them. There is no doubt . . .

**MR. D. ORCHARD:** How many are in the Community Medicine Program?

**HON. L. DESJARDINS:** Right now that are . . . ?

We'll have to get that, but there might be two at this time.

**MR. D. ORCHARD:** Okay. Can I pose another couple of questions before you get . . .

While the Minister is putting that information together on the Community Medicine Program, in terms of how many are enrolled in it right now, could he indicate what the cost per year is? I believe that would have to be an average cost. How many of the physicians enrolled in the Community Medicine Program continued beyond the required year of practice, same line of questions in terms of the incentives and loan program?

**HON. L. DESJARDINS:** Usually the result is pretty good, because that's something different. That's a decision they make; that's a specialty. You're trained to public health and once you've made the decision you don't change that easily. It's not the same as somebody where you practice. It is a specialty, the same as a public health nurse.

Now, the question of doctors, for too long, the concern - and everybody used to think, well, the situation is this, either themselves or their spouse doesn't like it in the rural area. They're not used to the rural areas. The lifestyle, the social life is not what they wanted, and they want to leave. More and more, it is something much more than that; that is not the main reason anymore.

That wasn't recognized or admitted before, and the university officially as such admitted, but if you talk - and they're starting that some of the educators and so on will tell you that the School of Medicine is not forming people for that area and modern medicine also. Like right now, there are not too many doctors that will go with all the diagnostics and all that. They have to have all the latest modern equipment, and it is this era of specialists and so on, and the training, they're not ready.

On another vein also, it is that, fine, not necessarily just the social life and so on, but that a young doctor going there hasn't got a colleague or so that he can discuss certain things which they feel is very important. I don't know if my honourable friend is just recognizing there's a problem or advocating anything, and that's going to be very difficult. Some people felt that, well, should we insist that after graduation - and the dentists had suggested that at one time because they have the same problem, too many in the city, not enough in the rural areas.

Now, the situation would be, once you graduate, should you be required to go to spend two years in the rural area, in the remote area. That's a possibility. Now, that was felt that it was unwise, because not necessarily young - you might need somebody with more experience to be able to cope with that.

Another thing, like in B.C., where you have the situation, they say, well, all right. The Commission will give a number to so many, and then we'll sign a contract with the others. You give us some years, and then you'll come back here; they would have that. Now, that's being tested in the courts, but something drastic - everybody, the MMA in every single province, it's the same thing, in fact every country, and we haven't solved

that yet. So maybe B.C. is going, it's a tough way; maybe that's the way to get the doctors in the rural areas.

**MR. D. ORCHARD:** Mr. Chairman, I think that B.C., unless it's been taken to a higher court, they lost that billing number process that they had instituted in B.C. to try to decentralize their physician count.

Mr. Chairman, the Minister mentioned in his answer that the School of Medicine recognizes the problem in that they are not preparing doctors necessarily for the single practice in a rural community or a remote community or a community where there is not a team of physicians. Are they addressing that in terms of their physician-training courses? Are they attempting to bring in other courses which would better prepare physicians for that? Even if they are, is the demand there for that kind of training amongst the students in medicine?

**HON. L. DESJARDINS:** They are, Mr. Chairman, telling us that they are. They are sending students out, the third-year students or so. We feel that more could be done, but that's a delicate thing. We don't dictate to the university.

I can say that privately, I know there was a survey made on this with the university professors and at one of the meetings we had about a year ago in some of the work that had been done with the present Federal Government, there was a report given. I asked the question of one of the professors who was doing that work if that was the case. He said, yes, definitely. He said, yes, they're not admitted, but privately there's more and more. We are now aware that this is the case. That was one individual, but if you talk officially to universities it would be a little tougher.

**MR. CHAIRMAN:** The Member for Virten.

**MR. G. FINDLAY:** Certainly, I come from a rural community that does have this problem, and surrounding hospitals continually have difficulty. Citizens are concerned about the ability to keep a doctor once they get there. One thing that's come to my mind is this desire for centralization of operations in Brandon, say, for my area. Is it not possible that the doctor comes there with a certain amount of training, and then he's sending all his patients for surgery to Brandon and not able to do any in the local hospitals? He certainly would have a fear of losing his skills if he stays there too long. That is a deterrent to keeping him there as a general practitioner.

**HON. L. DESJARDINS:** That is certainly a possibility, but you have to look at the other side of the cost of this also. You know, it's not a doctor alone; it is the facility and the cost. I think it would be difficult to have that in every single little hospital, and then the operating room team also. It is the tendency I think that you're going to want to graduate and go to the hospital where they might have the CAT scan and these things, so it's all a question of economics also. You couldn't start having full-fledged operations in all the small hospitals in the rural area.

That is not necessarily just the kind of doctor that you want, because it is a G.P. that you want in the area,

not especially a specialist, because it wouldn't be worth his while in a smaller area.

**MR. G. FINDLAY:** Can there not be some rotating operating teams who move from hospital to hospital on a designated day per week for minor surgery? I guess, from a community point of view, it's very desirable that somebody in your family, if they go to hospital for an operation for two or three days or a week, that they're close to home.

Another avenue to look at, not only rotating hospital teams, but to go to Brandon for the operation and then come back for the convalescing in the local hospital. Again, another opportunity to make more use of the local doctor, so he feels more that he's part of the medical system, rather than just somebody that fills out transfer forms.

**HON. L. DESJARDINS:** There's always a happy medium, and where do you draw the line? There's certainly some merit to what is being said by my honourable friend. In fact, we have a program for this year, and I'll just read the paragraph.

Under the program - that's the Rural Residency Program for practising physicians - the Manitoba Health Services Commission provides funding to enable rural physicians to take post-graduate training courses of from one to six months in specific specialties that will broaden their skills for rural and northern practice. The Department of Continuing Medical Education of the Faculty of Medicine, University of Manitoba, arranges programs to suit each individual. During 1985, seven physicians received funding for a period of up to six months. All have returned to rural practice.

So we're doing some of that, but how far do you go? That's what I was saying awhile back. Now doctors - it's not like the old days where you had those G.P.'s who did everything - now they're specialists, and they rely so much on the CAT scan and all those things, which it would be prohibitive to put those in all the hospitals.

**MR. G. FINDLAY:** But you must realize there are certain minor surgeries that don't require all that equipment. Those are the ones I'm referring to.

**HON. L. DESJARDINS:** There's no problem with that.

**MR. G. FINDLAY:** Is there any long-range plan that more of the rural hospitals will be closed?

**HON. L. DESJARDINS:** I guess that if we were looking only at the cost of delivering health care and what is good for the province, I must say that, yes, but in an orderly fashion. In this way that certain hospitals - there are some hospitals five miles from another one. It doesn't make sense, or a five-bed hospital is not a viable hospital. Now those are there. It means the Chambers of Commerce of these areas will fight to retain them, but what we're doing whenever there are any changes, we would approve and we would insist pretty well that some of them close as an acute and have five or six beds of dual purpose, multi-purpose beds, that could be used for that and have a more modern, more personal care home and more modern

clinic to be able to do this work. For a major thing, they could go to another a little further. You don't need them every five miles with the roads.

I know that members on this side are suggesting our roads aren't bad, but compared to a few years ago when they would go with a horse and buggy, there's a big improvement, even in Manitoba.

**MR. G. FINDLAY:** Those hospitals that are linked in with elderly person homes or personal care facilities, will they be the kind of hospitals that are retained in the future?

**HON. L. DESJARDINS:** Mr. Chairman, this is not a general declaration of what's going to happen, every place is judged separately. What I'm saying, if you ask me what do you think is a 5 or 10-bed hospital? Ask me the question: Would you build a 10-bed hospital? I would say, most categorically, no. They're not viable in this day and age and it's too costly; and there's not that many people in them anyway. So I think you have to reduce that. So what do you do? Do you say, well, there's no hospitals at all, and if it's not viable you use the beds for different things, multi-purpose beds, that could be used for acute care until they're transferred somewhere else and so on and then you give what these people need, a clinic, where all the work and the doctor can have a clinic and a place to practice.

He would have to have admitting privileges in the next town, maybe five or 10 miles away to follow his patient, and work with a group, maybe some in another area, because nobody can work in this day and age, 24 hours a day either, especially as a doctor, it's a pretty difficult thing. So there's an effort to do some of that, but when I released my program I talked about functional programs. These are some of the things that I discussed with the communities. It depends on the community; it depends on how many beds were needed to see if it's viable.

But we're going in the general direction of reducing? Or you might have a place with 15 beds and so on, and you might say, okay, five or six multi-purpose beds. In the others, we'll give you more personal care beds and we'll give you that clinic and a place for the doctor - to help attract a doctor to the rural area - a place for the doctor to practice.

**MR. G. FINDLAY:** The Minister mentions five to 10 miles between centres. I'll say in my constituency there are none closer than 20 and most it's over 20, closer to 40; and certainly nothing more emotional than to talk to somebody about the potential loss of their hospital. Boy, that brings the emotions out. I would caution that any time any thought of closing a hospital is brought forward that you think it through very seriously and look at the consequences.

Thank you.

**HON. L. DESJARDINS:** I was reminded by a confrere of mine, a former Premier of Ontario who, as Minister of Health, tried that and had a couple of heart attacks trying to close these places, so that's why I mentioned that if we were looking only at health and health care, they should be closed right away. But you're looking at the life and the economy and that's what I meant

when I said the Chambers of Commerce of all these groups are fighting and I think you're right, so we've got to offer something in return. This is why, when they're having change, the discussions and so on are in that way, to adopt more what is needed and in the long run it's going to be much better for the local areas and a larger, more personal care home also will give you that.

**MR. D. ORCHARD:** Mr. Chairman, one other question. Can the Minister provide - and here I'm looking specifically for out-of-country requests for medical services - under the general prohibition of out-of-province treatment there's the formal request procedure that's needed for anyone who wishes to have medical services performed, let's say, in the United States.

Can the Minister indicate how many requests have been made for out-of-province medical services - because it is a formal process that has to be gone through - and how many of those requests have been approved and the balance denied?

**HON. L. DESJARDINS:** I'm afraid we haven't got this information. It might take a while, but I think you can certainly have that before the end of the Session, not before the end of the Estimates; but I think we have to give you those also because there are certain conditions. These people have to be referred by a doctor, so I'm assuming those have been referred by a doctor. We'll try to get that as soon as possible.

How many had been referred by a doctor have applied to the Commission and how many have been turned down, partly or . . . yes, fine.

**MR. CHAIRMAN:** The Member for River East.

**MRS. B. MITCHELSON:** Thank you, Mr. Chairman.

I'd just like to ask the Minister a few questions about the Intern Resident Program for the ICU units in the tertiary care hospitals.

It's my understanding that the Commission was approached last July requesting additional coverage, Intern in Resident coverage for the ICU's. Can you tell me what happened at that time?

**HON. L. DESJARDINS:** I would like to suggest that she would ask a few questions. Ask the question and staff will be looking for that and then I'll bank them if there are any other questions. Instead of wasting time we'll try to get the information for later.

**MRS. B. MITCHELSON:** An article in the paper a few weeks ago stated that the number of ICU beds has not increased and therefore there's really no need for an increase in staff.

I might suggest that even though the number of ICU beds may not have increased, the patients who are being treated in the tertiary care hospitals in the Intensive Care Units require much more support and much more care these days than they did a few years back.

There's more sophisticated treatment now in respect to invasive monitoring, ventilator support, TPN and also referrals from rural hospitals and other city hospitals too, the tertiary care hospitals have increased, indicating

that there's no resources available in those other hospitals to care for the severity of illness of the patients who are transferred. It means that the workload is ever increasing and I think this was confirmed in the Health Services Review Committee Report.

It stated right here that it's been observed that Winnipeg tertiary hospitals, Health Sciences Centre, St. Boniface General Hospital and Children's Centre observed increasing patient acuity and complexity of patients' requirements. An increase in the amount of care required would indicate to me that more staff might be required to take care of these needs.

**HON. L. DESJARDINS:** I can give my honourable friend this information, that in Manitoba the paid per hour care of patient intensive care is one of the highest, if not the highest in the country, especially at the teaching hospitals.

**MRS. B. MITCHELSON:** Okay, Mr. Chairman. Can the Minister give me a breakdown of the costs or who receives the money for caring for these patients? Are you indicating to me it's the interns in residence who are on staff in ICU that are . . .

**HON. L. DESJARDINS:** Mr. Chairman, I'm talking about the nursing staff, the people who are needed in the ICU's, the total paid to staff - those facilities - is one of the highest, if not the highest in the land.

**MRS. B. MITCHELSON:** Mr. Chairman, that's fine, as far as the nursing care goes. I'm not discussing that.

I'm talking about the interns in residence that are, I would say, overworked. Okay? I don't think there's enough staff positions in intensive care. It's been stated that these students are overworked to a point where there's not a proper balance between the education they're receiving and the amount of work that they're required to do, as on a service basis.

The Minister indicated a while back that back in the Sixties and Seventies that nurses were being used as service to hospitals, that it was kind of a deplorable situation at that time, where they were receiving very little pay and the student nurses were really working as service. And I might suggest that still, in this day and age in 1986, that the interns in residence in the Intensive Care Units are being used as service - low paid service - to these hospitals.

**HON. L. DESJARDINS:** I can't react to all the statements in the newspaper. The situation is this. Now, my honourable friend reminded me of what I said earlier about the nurses and cheap labour, and that was correct, but I can tell my honourable friend that not too long ago the interns were getting no pay or next to no pay. Now they're getting about \$35,000 a year. It's not the end of the world, but they're getting paid while they're on the job. I don't think you can make that comparison with the nurses who weren't getting anything, in fact, who probably had to pay and were getting full shifts.

Now, there has been no request for any addition from the Health Sciences Centre at all. We go along; we don't run the hospitals in this way. We wait till we get recommendations and so on or requests from the



hospitals, and the Board of the Health Sciences Centre hasn't made any presentation to the Commission. We don't know what my honourable friend is talking about, except that same story that I saw, somebody claiming that they were overworked.

But the point is, if they're overworked, what's happening with the costs that it's costing us to staff the place which is next to the highest in the land and so on. So what they're doing in other provinces, I don't know. As I say, no request from the Health Services Commission on that. If there's any, we'll look at it.

**MRS. B. MITCHELSON:** Mr. Chairman, I don't know whether the Minister can justify to me or justify in his mind that an intern or resident working in a hospital who works a 33-hour shift is - it's a good form of medical care, when you think that these doctors who are working in intensive care, it's a very high - they're under a lot of pressure to perform and to provide care on a minute-to-minute basis for the sickest people in our hospitals. I wonder if the Minister of Health would like to have an intern or resident looking after him in intensive care who had been up for several hours without any sleep, and having to make a life-threatening decision, whether he feels this is an adequate situation.

**HON. L. DESJARDINS:** We have little control with the total hours spent by these people. The situation is this, that the teacher from the university is on fee for service paid by the Commission, and the intern or the resident is part of his team. The hours are set at that level. They are paid on a salary, the salary approximately what I quoted earlier. But the hours and all that are with the team of the teacher who is getting paid fee for service, and the intern who works pretty well for the doctor on fee for service, on salary, but as far as the extra hours that he works and so on.

**MRS. B. MITCHELSON:** Mr. Chairman, might I suggest to the Minister then that if these doctors are put on a rotation of some kind by whoever through the university that maybe the number of residents provided by the university should be increased to provide shorter working hours so that they're not overburdened and overworked and overtired.

**HON. L. DESJARDINS:** This is something that will have to be determined or worked out together with the university, the Faculty of Medicine of course, the hospitals, and the Commission. The situation is that we have too many students now, and therefore if they cut on the question of students, well then with the same number you'd have certainly enough if not too many residents. So we're not about to increase that number. It might be that the load of where they're expected to do, the teaching is done and the university is responsible for that. Maybe too much work is expected from them. That's a possibility, but that will have to be ironed out with the Faculty of Medicine also.

It's not just a question of paying everything and everybody wants an increase. If I had listened to my honourable friend, even though there's an agreement, I'd go out and add 5 cents or 10 cents for any prescription. Now we're going to pay more money. Whoa! Just easy. Maybe I would like to get some

suggestions on how to save money also, not just how to spend it.

**MRS. B. MITCHELSON:** Has there been any consultation then with the university and with the department at the Health Sciences Centre and the Commission to work out a more equitable or a more workable relationship in the intensive care units? I'm not talking about, you know, the rest of the hospital as such. I know that, in intensive care units, the working hours of the interns and residents are much higher than they are on the regular wards.

**HON. L. DESJARDINS:** Those consultations have started already between the different groups that I mentioned.

**MRS. B. MITCHELSON:** I believe, Mr. Chairman, that the Commission has approved expansion for expanded ICU at St. Boniface and at the Health Sciences Centre. Am I correct?

**HON. L. DESJARDINS:** Do you have any other questions? I don't want to . . . every single question.

**MRS. B. MITCHELSON:** I'm also in the understanding that the Commission has approved equipment for the expanded services at St. Boniface and Health Sciences Centre and has also approved nursing positions, but has not approved medical coverage. Can the Minister explain why this is so, why there's been no planning for medical coverage?

**HON. L. DESJARDINS:** I've got no other further explanation than what I've covered already.

**MR. D. ORCHARD:** Did you provide all the answers, Mr. Chairman?

**HON. L. DESJARDINS:** I've got no other answers.

**MR. D. ORCHARD:** You don't have answers?

**HON. L. DESJARDINS:** I do my best, but . . .

**MR. D. ORCHARD:** That's very kind of you.

**HON. L. DESJARDINS:** As usual, it's the kind of cooperation that I . . .

**MR. F. JOHNSTON:** Ah, this is just playing games.

**HON. L. DESJARDINS:** There's Frank mad again. Frank, why don't you smile once in a while?

**MR. F. JOHNSTON:** I couldn't smile if you paid me all the money in the world.

**MR. D. ORCHARD:** Mr. Chairman, in the interests of moving onto the Ambulance Program and the Air Ambulance Northern Patient Transportation, how be if we pass the Medical Program?

**MR. CHAIRMAN:** Are we approving Medical Program?

**MR. D. ORCHARD:** If we've missed anything, we can pick it up before we pass the appropriation.

**MR. CHAIRMAN:** Okay, Medical Program—pass. Ambulance Program.

**MR. D. ORCHARD:** Mr. Chairman, can the Minister indicate what the provincial per capita grant will be for the Ambulance Program this year?

**HON. L. DESJARDINS:** For 1986, there'll be an increase from the minimum, of \$1.76 in '85, to \$1.83 minimum. The maximum will rise from 2.55 to 2.65. So actually it's \$1.83 minimum to \$2.65.

**MR. D. ORCHARD:** Mr. Chairman, I think the Minister has probably read, and I don't know whether I want to reread it to him, but I guess I will. I'll do it very quickly so that we can proceed.

With the new rates this year, and let's just deal with the maximum rate of 2.65 because some communities get the \$1.83. Given that there is no change to other jurisdictions in the way they provide their funding, but presumably these provinces will also have increased their funding as well: British Columbia is 15.71; Ontario, 13.56; Nova Scotia \$7; Newfoundland 6.20; Quebec 6.17; Saskatchewan 5.71; PEI 5.36. Only New Brunswick and Alberta, which provides no ambulance assistance, will be below Manitoba's rate.

Mr. Chairman, there's a number of areas which are of concern in the Ambulance Program. First of all, we've got some ambulance groups who have been advised they should replace their ambulance because it is past a given year of age. Are the standards of the Ambulance Program requiring that an ambulance has to be newer than a given model year?

**HON. L. DESJARDINS:** I think we should make it quite clear this is not a program that the province at any time said here, this is our - we feel we're taking this as a responsibility and we'll pay all the bills.

This was a grant to help the municipalities. This was something that wasn't there in the days of Roblin. It came in after. It was a program. We know other provinces are doing more; some provinces, some areas, are taking the responsibility. We haven't accepted that as yet, but we did it because of the situation in Manitoba; we felt that it was urgent to try to give the service to the North and this year we brought this new program of the Air Ambulance, quite a costly program.

The next thing we would do, I would hazard a guess, if anything, would cover more of these programs of the people in the rural areas before we start giving too large an amount in this grant. That is true, I recognize that. It is a choice. We felt other programs might be more important.

I still say, looking at the overall in the general health care, that we're doing quite well, but this is not the program. There are a lot of other provinces that are doing more than us. There are also programs which, for instance, don't cover chiropractors at all. There's four or five provinces that don't, and we do. That is accepted.

Yes, we looked at the safety. We could do that without grants at all, decide that an ambulance wouldn't be

licensed because it's obsolete, because the equipment is obsolete, because it's dangerous, the same as the Department of Education might say a school bus should not perform. I know the school buses are paid for by the school divisions and so on, but that is how we do that. I don't think it has to, and it isn't related to the amount of grant that we give . . .

I was at the Commission when this grant was started and the idea was to help people to either get together and maybe put money on a new ambulance or get radios, equip their vehicles with radios or whatever, but it is just a per capita grant we made. I guess we're open to criticism for those who feel all the insurance should be the same as hospitals and Medicare. But my honourable friend said awhile ago that, of course, the Federal Government never participated in these programs also, and we must pick and choose. We think it's important but we think that it is a responsibility of the cities or municipalities.

**MR. D. ORCHARD:** Mr. Chairman, that's quite obvious from the level of funding, that the Minister and the government consider that to be the case.

Mr. Chairman, so often we have different Ministers of the government standing up to justify a given program and they'll say, well, we do it in Manitoba but we're not alone because Saskatchewan has done it. That was the argument with the Manitoba Properties Inc. to justify that. I'd simply point out to the Minister that Saskatchewan has chosen to fund, as of a year ago, their ambulance service at 5.71 per capita, and that would do a lot to assist resolving the problem.

This problem is not as big in rural Manitoba. Sure, they can use more money. But we have got a bizarre situation and the Minister, I think, fully recognizes it, of the Perimeter Highway, where we've got the City of Winnipeg, because they are footing too much of the bill, in their estimation, rightfully or wrongfully - they consider they are footing too much of the bill to go outside of the City of Winnipeg. Their cost-sharing agreements with the adjacent municipalities put the costs of services up prohibitively high in the estimation of those municipalities.

We've got the Perimeter Highway in a no man's land where you have the bizarre situation of ambulances coming from Portage la Prairie or Teulon to service accidents on the Perimeter Highway, to bring patients into probably one of the major Winnipeg hospitals.

Mr. Chairman, regardless of budget, regardless of the philosophy that we never started out to fund ambulances, surely there has to be a method of resolving this bizarre situation of ambulance coverage on the Perimeter Highway. It doesn't matter how many CAT scans we have; how many acute care beds we have; how many operating theatres we have, if you leave a person in a serious accident circumstance for another half-an-hour out on the highway, you don't any of them because the person is going to die. I don't think it's acceptable to simply say, well, we wash our hands of it; we've provided a \$2.65 grant and after that the chips can fall where they may. I don't think that's acceptable in terms of resolving this jurisdictional problem caused, bottom line, because of the funding.

I think the Minister should take it upon himself to direct the department to work with the City of Winnipeg

in an attempt to provide ambulance services to the Perimeter Highway, as a minimum. The extended services to other residents of the surrounding municipalities, the adjacent municipalities, would be another step to be worked on possibly at a later date.

I just find it bizarre and unacceptable that we have this jurisdictional dispute on the Perimeter Highway. I wonder if the Minister can indicate to me whether the department has made any efforts to try and resolve that problem in conjunction with the City of Winnipeg Ambulance Service.

**HON. L. DESJARDINS:** I thank my honourable friend for pointing out what is done in other provinces and I'd like to also bring some information which I'm sure we'll find very interesting.

In 1977, under the Lyon Government, it was \$1.10 minimum to \$1.65. The next year was exactly the same thing; the following year it was exactly the same thing; and finally the year just before the election, it rose by 10 cents. If we're guilty, I guess we share that with somebody else.

The situation is that in the Winnipeg area, there is no doubt Winnipeg for quite awhile had delivered the service to the six surrounding municipalities. They repeatedly warned them that they couldn't go on the way they were. Some refused to pay them anything at all and they had a hassle. These people told me themselves, some of them, they figured that again, because the city made the same request so many times, got in touch with them, that they figured they were bluffing. Finally, the city said that's enough and they decided they wouldn't do anything at all.

I met with these same six municipalities. Three or four of them felt that they could handle it but they were trying to stick together to help those other two municipalities. I think the last two were Macdonald and Ritchot and they tried to work together. Finally, two went with Selkirk and so on, so those are satisfied.

Then there was the situation of the other municipalities. The situation with Winnipeg, then, of course, I think that there was a bit of pressure on Winnipeg to maybe try to force the province in larger grants. They said well, we can help them but they have to pay for another ambulance and the staff and everything. These two municipalities were, one, I think, had 12 calls last year and the other one, about 20 at the most. Some of them probably were people from Winnipeg, anyway.

I got in touch with the Mayor and Councillor Savoie to ask them if they would at least meet with these municipalities. About the same time, Macdonald felt that they could go ahead and set their own. I understand - I was surprised, but I was told not long ago, that Ritchot is still talking or that the City of Winnipeg wanted to talk to Ritchot.

Now, we did give those two extra help. We did at the time, because of the situation, I committed from the Commission up to \$15,000 each. First there was supposed to be one and then we made it two: one for Macdonald and one for Ritchot to help them with an ambulance. We did everything to try to get the city and them together. I was surprised; I thought it was all over. But they are going ahead and establishing theirs now. If we can use the office of the Minister of

Health to try to get them together and try to resolve that and mostly to make sure that there's good protection of the public, we won't hesitate to do so.

**MR. D. ORCHARD:** So, does this mean that we can, quite likely within the near future, expect a resolution and a minimum of the Perimeter Highway jurisdictional situation, where the portions of the Perimeter Highway outside of the boundaries of the City of Winnipeg are not going to have police having to call either a Carman ambulance or a Portage la Prairie ambulance or a Teulon ambulance to service an accident on the Perimeter Highway?

**HON. L. DESJARDINS:** The honourable member has too much experience to put words in my mouth like that. I'm not going to tell you whether it's resolved. I said that we would - which I don't know beforehand - we're going to discuss with them and try to help them find a solution. We might stretch things a bit on our part. If we can, we'll try to arrive at a solution. But I can't tell my honourable friend or the committee what you can expect very soon; I don't know. If I did, we wouldn't have to meet with them.

**MR. D. ORCHARD:** I think it would be an excellent feather in the Minister's hat if he could resolve the Perimeter Highway fiasco at a minimum. I just think that is bizarre. To my knowledge, when the Minister is reeling off the ambulance support grants that were given during the Lyon administration, of which I was part, I don't believe we had this bizarre situation on the Perimeter Highway at that time. Accidents were being responded to by city ambulances anywhere on the Perimeter Highway. It's only in the last year that we've had this problem crop up - (Interjection) - they were yelling, but the people were getting the ambulance service; and they aren't now.

Mr. Chairman, I just want to follow up on one more thing before I drop the General Ambulance Program. Is there a requirement to retire older ambulances once they reach a magic year of service?

**HON. L. DESJARDINS:** No, there's no magic number. There's inspection to see the condition of the ambulance. There's some requirements; I don't know, with, of course, the Department of Highways, but it's not like you have to retire; compulsory retirement at 65 or anything. There's nothing like that.

**MR. D. ORCHARD:** So then what the Minister would be saying is that under the regulations for ambulance, any criticism that serviceable ambulances are being required by the department to be retired from services would not be a factual criticism. Because that's a criticism that we receive; that the department comes along and inspectors take a look at an ambulance; they say this ambulance is no longer serviceable because of age and a number of other factors and require the replacement of that ambulance. The Minister is saying that is not a legitimate criticism for any other than purely technical reasons of meeting the standards and the serviceability of the machine.

**HON. L. DESJARDINS:** I was going to suggest that either I didn't understand the question or my friend

didn't understand the answer but the last words that he said is right. There is no saying well if it's so many years; that's what I was trying to say. But it has to meet certain standards. That's all; doesn't matter how old the ambulance is, it has to meet standards.

**MR. D. ORCHARD:** Mr. Chairman, I want to ask a few questions on the Neonatal Transport Team. The Neonatal Transport Team is a pretty new program and it's designed primarily, as I understand it, to provide children under six weeks with an expert team to accompany them in an ambulance situation to get them to an emergency hospital or to get them into a tertiary care hospital where they can receive life-saving medical attention.

Mr. Chairman, what I would like to ask the Minister, in southern Manitoba, where that is performed by a ground ambulance, a standard ambulance, why would the cost of the ambulance trip itself not become part of the insured cost of the Neonatal Transport Team?

**HON. L. DESJARDINS:** My honourable friend is right. The staff is covered but this is not an insured service as yet. But that's what I was trying to say earlier; that if we move in the ambulance at all, and we think we should, that is the recommendation that we're going to make with the department to the Cabinet; to move in that direction. We think that is even more important than the grants that we've made to the ambulance; to try to cover that if that service can't be given. It's in the same spirit that we decide to go with the Air Ambulance in trying to bring people in the area. That, I think, is legitimate. It's a question of money; financing and it's a recommendation that the department is ready to make to Cabinet. But when and if the money is available, we might change that. We might cover it.

**MR. D. ORCHARD:** Mr. Chairman, I make this point; and I'll forward a copy of the letter over to the Minister. He's probably seen it already. But the circumstances of an individual who gave birth to a child in Carman and the Neonatal Transport Team was needed to bring the child into Winnipeg and the child unfortunately died. Everything possible, I understand, was done. But the parents, suffering the grief of losing their child, were presented with an \$800 bill from Carman to Winnipeg on the Neonatal Transport Team Ambulance Service; just the ambulance service alone. I'll send the Minister over a copy of that letter.

The \$800 cost; that's an incredible size of a bill for these people to afford. I simply make the case with the Minister that, had those parents lived in, for instance, Fork River, and the delivery of the baby was achieved in the Dauphin hospital, probably the Air Ambulance Program would have taken the Neonatal Team up there and brought the child home at no cost to the parents. But because they live in the geographic area of southern Manitoba, where the number of air strips that the Air Ambulance can go in are rather limited, they pay the ground transportation costs. That is an anomaly and a discrimination against those people in Southern Manitoba that I think the Minister has to address. I don't think that you can necessarily solve all the problems in ambulance service.

The same argument, I suppose, can be transposed to people suffering heart attacks. The ambulance ride

from Carman to Winnipeg of a heart attack victim is a very, very long ride and oftentimes it's one that is not a successful ride. It's often the last ride. But you can't resolve that, and you can't solve all of the problems.

But in this case, I really question, with the establishment of the Neonatal Transport Program and the team, why it wouldn't have been made inclusive so that at least people who can only get the ground ambulance coverage for the Neonatal Transport Team would not be offered the same kind of service that someone, for instance, from Northern Manitoba would have automatically under the Northern Patient Transportation Program or under provisions of the new medical evacuation aircraft, where the costs are not billed to the individual.

**HON. L. DESJARDINS:** That certainly is a very valid point. I must accept the criticism. My only answer is exactly what I said, that fine, we start, we look at the people that are away from Winnipeg, covered in the Air Ambulance. This program is not insured; in fact, we introduced the program of at least paying for the staff and going to get them, up to the three miles.

My honourable friend is about in the area now, which is just above the border. As I said, the first priority of air ambulance service is exactly that, we're going to move on that but I'm sure that my friend or if he doesn't know what happened on this, at least there's a silver lining there. This was written off as a bad debt by the hospitals. Sometimes there might be different ways to skin a cat, I don't know, I would hope so in cases like that. Everything that was said is absolutely true and we're looking at the situation.

**MR. D. ORCHARD:** Mr. Chairman, that is an equitable solution to that particular individual's problem because that was just simply too large a bill for that young couple to pay. I know that a principle of paying a bill is a principle of paying a bill, but adding insult to injury, of having lost their child and then have the bill, it was, needless to say, quite a shock to them.

I'm pleased that's being looked and I would urge the Minister to come up with a policy statement on it very shortly.

Mr. Chairman, under the Air Ambulance Program there were substantial delays or at least some delays in getting the air ambulance operative. Can the Minister indicate how many staff are attached to the Air Ambulance Program itself. Now I realize that the Department of Highways has all of the pilots and aircraft support staff; I'm talking simply the medical staff that's attached to the Air Ambulance Program.

**HON. L. DESJARDINS:** Right now, Mr. Chairman, as my friend said, we're excluding the pilots and maintenance crew; that's with another department. But the nurses, especially trained flight nurses, there will be - the full component is five - we have three now and earlier I think I mentioned that we sent two of them for a three-week course in Alberta, then we can offer their services, and then there's a supervisor. So there are three and one now, and eventually there'll be five and one.

**MR. D. ORCHARD:** Presumably, Mr. Chairman, this team is in Winnipeg, as the aircraft is stationed in

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Winnipeg, and are on 24-hour standby seven days a week?

**HON. L. DESJARDINS:** Right.

**MR. D. ORCHARD:** Mr. Chairman, to date, can the Minister indicate, in terms of the Air Ambulance Program . . .

**HON. L. DESJARDINS:** Mr. Chairman, can I ask my honourable friend if we can finish the Ambulance Program and go to Air Ambulance now.

**MR. D. ORCHARD:** Why not deal with all the ambulance at once.

**HON. L. DESJARDINS:** All right. Can I ask my honourable friend how long he feels until we can finish with that particular thing then?

**MR. D. ORCHARD:** We can probably wrap up all the ambulance stuff by 10:30 p.m.

**HON. L. DESJARDINS:** Well, let's try to do it a little before. Okay, we'll go for a little while anyway.

**MR. CHAIRMAN:** I'm calling also Air Ambulance, and Northern Patient Transportation Program.

**MR. D. ORCHARD:** Mr. Chairman, the Life Flight, as it's called now with the air ambulance, that is presumably a province-wide program so that it applies throughout the province. Can the Minister provide me, and I don't know whether he'd have it tonight, but can the Minister provide me with a list of the landing strips in Manitoba that the air ambulance can go into. The ones I'm particularly interested in are the ones in Southern Manitoba. I realize Dauphin and Brandon would be two obvious ones. I'm wondering if a 2,500 strip or 2,200 foot strip, like Morden has a paved strip; is it serviceable by the air ambulance?

If you could provide the list of communities that can be serviced by the air ambulance, that would be most beneficial in determining really how wide a part of the province the air ambulance in this Life Flight Program is available.

Secondly, Mr. Chairman, can the Minister indicate the number of uses of the air ambulance that have been a basic replacement of the Northern Patient Transportation Program? We used to bring all of the medical evacuations and all of the Northern Patient Transportation Program flights were - not all of them but a majority of them were done with the previous jet aircraft, the Citation 1, I believe it was. Can the Minister indicate what percentage of the Citation 1 flights are now being replaced by the new air ambulance out of Northern Manitoba? Would it be up to 50 percent, or 30 percent?

**HON. L. DESJARDINS:** January to June, there were 199 trips in this new program and those, of course, were done by the Citation and PWA or rented planes that we had before. You'd probably have close to the same number but they were done in different - you'd have to rent the planes; the Citation wasn't always

available, or if it was out for repair then we couldn't use it.

There's 38 trips - I guess that will maybe give you the information you want. Out of those 199 there's added on - I was trying to give you the wrong information. Not from the 199, but added to the 199, there's 38 trips from south of 54, like Dauphin and Carman.

As far as the fields where that new plane can land, we've got that available but unfortunately it's not with us today so we'll give you that tomorrow.

**MR. D. ORCHARD:** So in a six-month period the new air ambulance or the service provided by it has been used 199 times out of presumably north of the 54, and 38 times south of the 54. That's the information?

**HON. L. DESJARDINS:** Right.

**MR. D. ORCHARD:** In addition to that, how many Northern Patient Transportation Program flights were there? That surely isn't the . . . figure for both programs, is it?

**HON. L. DESJARDINS:** That's other information we'll try to get. We have the number of the warrants. I think we can get that available, not necessarily the number of patients and staff, but that will be brought in. But remember, yes, there are definitely more because that plane so far, we've been very strict on that. It's always easier to add, like I was saying this afternoon talking about the plane for out-of-province people in emergencies that we're looking at, the same goes for this. But this plane now is only taking emergencies. Now, there would be still be some that would go to carry, and some of them wouldn't even be by plane. It could be by bus or other ways under the old program.

**MR. D. ORCHARD:** Mr. Chairman, under the Northern Patient Transportation Program per se, because I doubt if the Life Flight would be involved in any of these, but is there any use of the Northern Patient Transportation Program made to bring patients from Northern Manitoba to a Winnipeg hospital for an abortion?

**HON. L. DESJARDINS:** I'll try to get more information, but my guess is, as I said - oh, you mean the Northern Patient, not this. Yes, so it wouldn't necessarily have to be a case of - I don't know if we've got that. We'll try to find out if that is available; that might be a little more difficult. I'm told that there could be, but the diagnosis is not on the warrant. It would be just ordered by the doctor. I guess we'd have to find out - it's expected that there could be some, but I guess maybe we could try to find out an idea by the medical officer in those areas. Maybe the advisory committee that we have might be able to help us on that.

See, we haven't got the detail not only for those, for any other reason why they're brought down. We'll try to find out from the advisory committee in those areas, the people who set up pretty well the ground rules to see if they can break it down. That might take awhile but, if we do it, if it's after the Session, I'll see that you get a copy of the letter.

**MR. D. ORCHARD:** Well, Mr. Chairman, I'd appreciate that, because I think that there are - the reason I pose

the question, and I'll tell the Minister. In the course of meeting on our Task Force on Health and Education, we met in The Pas, and that was one of the complaints that surfaced at the hearing, is that the Northern Patient Transportation Program using even the Citation, not the ambulance aircraft, but the Citation I was being used to get people to Winnipeg who were going in for a therapeutic abortion. The people found that to be quite an expensive way to transport a patient for what is basically a non-emergency medical procedure.

It isn't as if it's an appendectomy where you've got a problem with severe medical complications. A therapeutic abortion is one that can be performed some time in the first trimester. The citizens who made the complaint and the allegation - and I reiterate it's an allegation - were quite exercised and quite disturbed that use of a very expensive aircraft and transportation program was being used to transport individuals to Winnipeg to receive a therapeutic abortion.

**HON. L. DESJARDINS:** The Northern Patient Transportation Program, normally the air ambulance or any ambulance is not covered in that if it's not an emergency. I say normally; we'll have to investigate to see what this thing is.

Now, it could well be, those who we expect, that they receive some help because it's assisting to get here but through other modes of transportation, probably by bus or something. But we'll have to find out. If you have any more information on that, I'd appreciate getting it. I'd like to get that information also.

**MR. D. ORCHARD:** Mr. Chairman, before we leave these lines, I just want to ask the Minister a few questions. I don't have any more questions on Ambulance, unless my colleagues have, but I just want to give the Minister and the Commission members some information that I wanted to try to get clarified in the course of tomorrow afternoon and tomorrow morning.

**HON. L. DESJARDINS:** So you'll give us a list of questions. I won't answer them today, but if we haven't got them ready for tomorrow, we'll try to get them.

**MR. D. ORCHARD:** I just want to put you on notice as to where I'm going to pursue a line of questioning tomorrow, so that the information's there.

This line of questioning stems from the Minister's Capital Program, wherein there's a press release going out that's indicating a \$742 million Capital Program. Okay? Now, I take a look at my Estimates Book, and I see "Expenditures Related to Capital," \$29.5 million. Okay? I go once again to the Provincial Auditors' Report, this is March 31, 1985. I'll just read the operative areas that I want to get an explanation on.

**HON. L. DESJARDINS:** Is that what we were talking about before the dinner hour?

**MR. D. ORCHARD:** Yes, but I just want to make it more clear, because I think this might help.

"Hospitals and personal care homes have attained financing for capital construction by issuing debentures or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority, which was

established in 1972, approves the issues of all securities to finance these capital expenditures, and assists in obtaining an orderly market for the sale of the securities. The Manitoba Health Services Commission has arranged with hospitals and personal care homes to fund the approved debt as long as the facilities are operated under The Health Services Insurance Act."

Now presumably, both personal care and hospital lines are only funding those kinds of facilities. "Funds for servicing the approved debt are provided from an appropriation of the Consolidated Fund and included in the expenditures of the Manitoba Health Services Commission."

That's what I want to pursue tomorrow because I, quite frankly, can't make a great deal of sense out of a \$742 million Capital Program, of which \$500 million is either half in construction, half approved for startup this year, how we're going to achieve a \$500 million Capital Program plus architectural design for 12 million plus repairs for 5 million with a \$29.5 million Capital Program. I'd like to see where the balance of the money comes from, how much of it is available if it's part of the facility funding that appears in Hospital Program and Personal Care Home. I want to determine how that system works tomorrow.

**HON. L. DESJARDINS:** We'll have that. I understood then that with the understanding that there could be flexibility, and of course the Minister's Salary permits that, but without staff. We now have passed everything but Hospitals, Personal Care Homes and Minister's Salary, right?

**MR. D. ORCHARD:** And Capital.

**HON. L. DESJARDINS:** And Capital.

**MR. CHAIRMAN:** Okay, let me be clear now. We're passing Ambulance Program—pass; we're passing Air Ambulance Program—pass; we're passing Northern Patient Transportation Program—pass.

What is left will be Hospital Program, and Personal Care Home Program tomorrow.  
Committee rise.

## IN SESSION

**MR. DEPUTY SPEAKER:** The hour for adjournment . . .

**HON. L. DESJARDINS:** Can I move that the House be now adjourned?

**MR. DEPUTY SPEAKER:** It has been moved by the Minister of Health, seconded by the Minister of Native Affairs, that the House be now adjourned. Is that agreed? Agreed and so ordered.

The House is adjourned and stands adjourned until tomorrow at 2:00 p.m. (Tuesday).

## ERRATUM

For clarification, the following text was omitted from Page 2180 of Thursday, 24 July, 1986, of the opening statement on Mental Health by the Hon. L. Desjardins.

## QUESTIONS AND ANSWERS CHIEF PROVINCIAL PSYCHIATRIST

### 1. Question:

We understand that government is currently developing a five-year plan for mental health services. When will this plan be available to public debate? What opportunities will there be for consultation with community organizations?

### Answer:

The Mental Health Division is currently in the process of developing a five-year plan for mental health services.

Although the Mental Health Working Group Report did provide the general policy principles and directions for development of services, a great deal of work has been and will be undertaken to ensure that planning is securely based on solid data. A number of studies are now going on, both in the mental health centres and in Winnipeg Region, to provide us with data that will form a basis for more effective planning. We will finalize our plan for mental health program development over the next few months.

Since requests for funds for future programs will be made through the regular estimates process, components of the "plan" will be open to debate in the Legislature. I believe this is the method followed in most democratic societies.

I also wish to point out that opportunities for community participation will be quite extensively available. The Community Mental Health Advisory Committee will be consulted and when Regional Planning Committees are in place, they will have the responsibility for assessing and advising on the specific needs of each region.

### 2. Question:

Has this plan been made known to the provincial Mental Health Advisory Committee? If not, when will it be made available?

### Answer:

The Central Mental Health Advisory Committee has the important role of making recommendations on policy direction to the Minister of Health on various aspects of mental health programs and services. During the course of formulating plans for program development - and this will be a continuing process for some years - I will certainly be seeking feedback from the Committee on a number of issues.

### 3. Question:

Have the Regional Mental Health Advisory Committees been created?

3.1 What budgetary and manpower support has been allocated to the operation of these Regional Mental Health Advisory Committees in the upcoming year?

3.2 What are the terms of reference of these committees?

3.3 Who has been appointed?

### Answer:

3. The Regional Mental Health Planning Committees will be appointed very soon. It has been suggested to me - and I concur - that these Regional Committees be appointed by the Central Advisory Committee, and

that input from the Regional Committees be channelled back to government through the Central Advisory Committee. A province-wide planning network can thus be created, with ample opportunities for community participation in the planning of services.

3.1 Funds are available for meeting travel and meal costs incurred in relation to duties performed by Planning Committee members. The Mental Health Directorate will also provide some staffing support in the initial stages of development. One staff person is expected to be spending a considerable amount of time in the coming year on duties related to establishment of Regional Planning Committees. In addition, appropriate Regional Health staff will be expected to assist the Regional Committees.

I will also emphasize, however, that the volunteer component of service provided by community members is very significant, and reflects the real commitment people have towards striving for improved service systems. The duty to serve must go hand in hand with the right to criticize.

3.2 Very briefly, the terms of reference will be:

In conjunction with Manitoba Health staff, assess mental health service needs in each region.

Assist in the establishment of goals and objectives for mental health services in their regions.

Assist in the planning process, through development of program proposals that address existing gaps and needs for resources.

Assist in prioritizing mental health initiatives for the region, with projection and plans for the future.

Report to the Central Advisory Committee on policy/program options being developed for the region.

3.3 Appointments will be made in the near future by the Central Mental Health Advisory Committee. A full listing will be available at that time to any interested party.

### 4. Question:

What is the current status of the proposed revisions to the Mental Health Act?

4.1 When will the new Mental Health Act be made available for public debate?

4.2 What impact will the proposed national uniform Mental Health Act have on Manitoba's Mental Health Act?

### Answer:

4. In March, 1986, the Mental Health Act Review Committee submitted its final report to government. Since then, the Social Resources Committee has recommended to Cabinet that Manitoba Health proceed with drafting legislation for the 1987 Session of the Legislature and that there should be close coordination with the drafting of the Vulnerable Adults legislation. To that end, a committee of staff from Community Services, Health, and the Attorney-General's Department will convene shortly under the leadership of the Attorney-General's Department to develop a position paper by late fall.

4.1 Presumably, once the above-mentioned Committee finalizes its position paper, it will proceed with drafting legislation for the 1987 Session of the

Legislature. However, the recent constitutional challenge to Section 9 of The Mental Health Act may affect this time line. If Mr. Justice Scollin's pending decision rules that the compulsory admission procedures of The Mental Health Act are unconstitutional, this may require more immediate amendments to The Mental Health Act.

4.2 It is my understanding that our Mental Health Act Review Committee's final set of recommendations closely parallels the Uniform Law Conference's draft bill. Certainly any deviations of our Mental Health Act from that of the Uniform Law Conference's final recommendations will require serious consideration prior to the drafting of legislation.

## MENTAL HEALTH DIRECTORATE

5. Question:

What new resources are being proposed to strengthen the Community Mental Health Services component?

Answer:

5.A The focus during 1986-87 will be to expand and strengthen the Proctor Program that was established in the previous fiscal year. This program, which aims primarily at providing rehabilitative services to people whose functioning has been affected through mental illness, is set up in a way that enables rural regions to access the service. Many rural regions do not have the population base to support community residences, but do need access to rehabilitative services.

Funding will also be provided to the CMHA for 15 spaces for their Supportive Housing Program.

At least one new Community Residence will be established during the year.

Although there has been a very strong impact on health funding through federal cutbacks, my department will continue to do everything possible to strengthen community-based services. We have a commitment to developing a continuum of services-from hospital-based acute long-term care to a variety of residential services for the mentally ill. This commitment will continue to be honoured in every possible way, keeping in mind the severe restrictions imposed by federal funding cutbacks.

Question:

5.1 What new community mental health staff positions will be created for what function, in what region? What budget is allocated?

Answer:

5.1 During 1986-87, no new staff positions will be established within the Community Mental Health Program, although 12 new positions were established in 1985-86. This decision is no way reflects a lack of sensitivity to or understanding of the needs of this program, but is based entirely on the scarcity of resources.

Question:

5.2 What amount of the mental health budget is to be re-allocated from institutional to community-based programming?

Answer:

5.2 The issue of "re-allocation" of resources from institution to community is continually raised in many

quarters. Very often the question is asked because people have a very simplistic view of the planning process.

It is not possible to simply take money from institutional services and transfer that money into community programs. Effective community programming implies the establishment of a full continuum of services both at the treatment level and at the residential and rehabilitative level. These community programs require very careful planning as well as the identification of appropriate staffing for treatment and for care. It requires a careful assessment of who is able to function in the community, at what level, and then to create the appropriate resource. Anyone involved in planning will realize how time-consuming it is to set up one community residence, let alone 20 or 30.

Having served as Minister of Health several years ago when an effort was made to relocate mentally ill patients from institutions to the community, I know from experience that it is folly to relocate patients prematurely into community settings.

I will insist that appropriate resources are in place for the treatment, care and rehabilitation of mentally ill before any significant transfer takes place.

North America, and especially the USA, has witnessed many tragedies resulting from closure of institutions without corresponding development of community resources.

I have no intentions of perpetuating such errors.

We are now in the process of identifying the most appropriate role for our institutions, vis-a-vis a continuum of community programs. As a result of a "role study" now in progress, a redefinition of the role of our large mental health centres will be forthcoming.

6. Question:

What programs will be initiated to assist persons disabled by mental illness to live with dignity and support in the community?

Answer:

6. The programs which are receiving primary consideration as basic to community care are the Residential Programs (Community Residences, Supportive Housing, treatment units such as Sara Riel), Rehabilitative Programs (Proctor Program, Day Programs), and strengthening staffing resources within the Regional Community Mental Health Program.

Question:

6.1 How many new community residences? How much budget allocated? How many additional residences were established last year?

Answer:

6.1 During 1985-86, two new Community Residences were established, bringing the total number of beds to 45 - (31 spaces in Winnipeg and 14 in rural Manitoba). The annual cost of a 6-bed residence varies between \$130 to \$140 per year. Total expenditure on Community residences in 1985-86 was approximately \$701.8.

At least one new 6-bed residence is planned for 1986-87 and is anticipated to be within the cost range indicated. In addition, 15 spaces are planned to be funded in the Supportive Housing Program sponsored by CMHA Winnipeg. Our residential programs will cost approximately \$1,133 during 1986-87.



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Question:

6.2 How many proctors are allocated in the budget, at what cost and in which region? How many plans were approved last year and of these, how many were completed?

Answer:

6.2 The Proctor Program is an example of creative planning by the Mental Health Division and is a unique program in Canada and possibly North America.

This program, whereby a supervisor manages one or two patients for several hours per day in the community, has proven extremely effective in the treatment and rehabilitation process.

One outstanding example of those who may benefit from such a program is a deaf mute who has psychiatric problems. This person has been established in an apartment with another male who is also a deaf mute but does not have any mental affliction. A proctor who can communicate with these people in sign language has been hired and the potential for an enriched life and eventual rehabilitation for the mentally ill patient is great.

To date, 22 proctor spaces have been created, on a projected per diem cost of \$50.00. An additional 17 spaces are planned for 1986-87. The distribution of the total number of spaces at the present time, including those planned for this fiscal year, are: Winnipeg 20; Westman 3; Eastman 3; Central 1; Parklands 3; Interlake 3; Norman 3; Thompson 3.

Total funding for the Proctor Program in 1985-86 was approximately \$401.5, and an increase of \$403 is requested for 1985-86.

12 Proctor contracts for 16 clients were approved in 1985-86.

Question:

7. The citizens of the Parklands Region have, over the last five years, repeatedly expressed their concern about having to send their family members and neighbours who require some kind of mental health services across the mountain to Brandon for this service.

7.1 What actions will the Department of Health undertake to provide an equitable level and range of mental health services in this region? What expenditure is planned to support these actions?

Answer:

7.1 The establishment of services in any specific region of the province will be done in close consultation with Regional Planning Committees that will soon be set up in each of the regions. These committees will be formed under the auspices of my "Advisory Committee" on Mental Health and will report to me through this Advisory Committee.

As far as Parklands is concerned, I and my officials have met with representatives of CMHA and their citizens in Dauphin. We have communicated to them Manitoba Health's desire to develop a unique and viable rural Mental Health model offering an integrated range of services, both in hospital and in the community. The

interest and participation of these citizens in our advisory process will be of vital importance in developing Mental Health plans for Parklands.

Question:

8. Self-help groups for people who have experienced mental health problems are very important in enabling individuals with a shared concern to help each other cope with that concern. Over the last few months, two self-help groups in Winnipeg, "People at Last" and "Phoenix Centre" have found they will have to close due to lack of funding and have applied to the government for assistance.

8.1 What plans does the department have to assist the development of this important resource?

8.2 What budget allocation has been made to support these plans?

Answer:

8.1-8.2 The two self-help groups, "People at Last" and "Phoenix Centre," have, I understand merged into one, the Society of Self-Help.

I, and officials of my department, have been in close touch with the board of PAL, and have made some constructive suggestions to the agency regarding the establishment of a sound structural base. Staff will be working with the newly formed agency board to assist them with their objectives and planning. The question of funding support will be discussed after a sound organizational structure is established.

I strongly support the concept of self-help groups, and will continue to encourage groups that organize for providing help to one another. It is a vital part of re-integrating into community living.

Question:

9. The 1983 report of the Mental Health Working Group recommended that 5,000,000 be allocated in 1985 to establish community based services, with subsequent increase to be based on plans developed by the regions.

9.1 In reference to Table 1, on Page 5, of the 1983 Report of the Mental Health Working Group outlining expenditures current in 1981-82 and 1982-83, what have been the corresponding expenditures on these items for 1983-84, 1984-85, 1985-86, and what is projected for 1986-87?

Answer:

9.1 Total expenditures on Mental Health Services were indicated in the Working Group Report to be at a level of \$107,565.6 for 1982-83. Estimates indicate that these expenditures rose over time to the following levels: \$129,715.7 during 1983-84; \$139,304.2 during 1984-85; and \$152,194.2 during 1985-86. (See attached table for the distribution of such costs per program, 1981-82 to 1985-86.)

The projected cost for 1986-87 is not detailed at this time since patient day volumes and medical service volumes have not been estimated separately within the Manitoba Health Services Commission Estimates.

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MANITOBA MENTAL HEALTH ESTIMATED EXPENDITURES  
1981/82 TO 1984/85  
(\$000'S)

TYPE OF SERVICE	1981/82	1982/83	1983/84	1984/85	1985/86
Acute and Extended Hospital Care* (primary diagnosis of mental disorders, ICD-9-CM)	\$ 32,072.4	\$ 35,340.8	\$ 39,647.2	\$ 46,947.8	\$ 54,380.9
Personal Care Homes** (based on percentage of residents with psychogeriatric diagnosis)	23,989.9	30,022.8	37,415.3	39,458.3	42,555.0
Medical Services (primary diagnosis of mental disorders, ICD-9-CM Codes 290-316, served by specialists and non-specialists)	9,147.5	10,176.8	11,456.0	12,039.6	13,025.8
Brandon Mental Health Centre	14,074.1	16,083.0	19,032.0	18,716.3	18,777.4
Selkirk Mental Health Centre	11,309.8	12,751.4	14,849.2	14,660.7	14,623.4
Eden Mental Health Centre	1,253.4	1,492.7	1,755.9	2,018.1	2,197.7
Community Mental Health Workers in 8 regions	2,000.0	2,160.0	3,004.1	3,189.9	3,653.6
Community Residences (2) and Respite Care	549.0	690.1	564.4	636.9	1,232.1
Community Mental Health Training	69.3	118.5	101.2	101.2	106.2
Nursing Bursaries & Stipends	209.0	300.6	277.1	Ø	Ø
Forensic Services	444.3	487.7	611.0	579.4	599.1
Community Psychiatric Services for Children***	756.2	845.2	1,002.3	956.0	1,043.0
<b>TOTAL</b>	<b>\$ 95,874.9</b>	<b>\$110,469.6</b>	<b>\$129,715.7</b>	<b>\$139,304.2</b>	<b>\$152,194.2</b>

Research and Planning Directorate  
July, 1986

Monday, 28 July, 1986

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MANITOBA MENTAL HEALTH ESTIMATED EXPENDITURES, 1981/82 TO 1985/86

Footnotes

\*Method of calculation:

all Manitoba hospitals' patient days for mental health primary diagnosis (#290-316)	x hospitals' average per diem	=	approximate cost
1981/82: 149,487 patient days	x \$214.55 average per diem	=	\$32,072.4
1982/83: 140,660 patient days	x \$251.25 average per diem	=	\$35,340.8
1983/84: 141,572 patient days	x \$280.05 average per diem	=	\$39,647.2
1984/85: 158,543 patient days	x \$296.12 average per diem	=	\$46,947.8
1985/86: 167,801 patient days	x \$324.08 average per diem	=	\$54,380.9

It should be noted that the average Manitoba hospital per diem may overestimate or underestimate the actual psychiatric per diem cost because the Manitoba hospitals' average per diem includes all hospitals and all hospitals' departments.

\*\*The percentage of psychogeriatric residents was:

24% in 1981/82;  
25% in 1982/83;  
27% in 1983/84  
27% in 1984/85; and,  
28% in 1985/86.

Source: Manitoba Health Services Commission. Standards Officers' Review of Personal Care Home residents by diagnosis on admission. Total costs for personal care homes are identified in the MHSC Annual Report, Table II, "MHSC Expenditures".

\*\*\*Includes psychiatric staff at the Child Guidance Clinic, Winnipeg and 10 regional community mental health workers (children's specialists).

Monday, 28 July, 1986

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ALLOCATED 85/86 (New Initiatives)

Developmental Services	595.2
Day Programs	181.9
A/V Link	141.2
Regional Program	418.8
Directorate	114.7
	<hr/>
	1,451.8

SPENT 85/86 (New Initiatives)

Community Mental Health Workers	418.8
Community Residences (12 beds 60.1 + 58.7)	118.8
Proctor (66.0 + 32.2)	98.2
Dal Program (Residence Langevin)	10.0
People At Last	27.0
Directorate	48.5
A/V Link	141.2
	<hr/>
	862.5

A/V Link - Expenditures (85/86)

M.T.S. - A/V Link	26,495.76
U. of M. Medical	56,200.00
Administration & Technical	<u>36,500.00</u>
	92,700.00
Capital Expenditures	131,500.00
(Spread over 84/85 and 85/86)	

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Question:

9.2 In reference to chart on Page 51 of the 1983 Report of the Mental Health Working Group outlining the \$5,000,000 expenditure for the development of community-based services, what has been the actual expenditure of 1983-84, 1984-85, 1985-86 and what is projected for 1986-87?

Answer:

9.2 The chart on Page 51 of the Working Group Report reflects their suggestions for new program funding.

The recommendations made by the Working Group have been accepted by government in developing policy guidelines and new program thrusts have been in keeping with the general directions suggested in the Report.

I wish to make the record clear that although I and this government have endorsed the principles of the working group report, we have never committed ourselves to a specific amount of funding.

We have, I feel, done the very best we can in community program development for the mentally ill in relation to the funding available in difficult economic times.

I feel we have accomplished a great deal in the initial steps of building an improved mental health system. As the Premier indicated in February 1986 to the Coalition on Mental Health, some of the major accomplishments include:

The establishment of a division of mental health under an Assistant Deputy Minister.

Re-establishment of the Mental Health Directorate to lead Manitoba in the development and coordination of mental health services. Six professionals are now on the directorate staff.

The Regional Community Mental Health Program has been expanded by approval of 12 new, full-time positions during 1985-86. All 12 positions have been filled.

During November, 1985, 10 Child and Adolescent Mental Health Services community mental health workers were transferred from regional jurisdiction.

Two six-bed community residences have been approved, one in Winnipeg and one in Westman. Also approved are a number of proctor contracts for one-to-one care of mental health clients, and several day programs for individuals in rural Manitoba.

The audio-visual link between the Health Sciences Centre and Brandon Mental Health Centre to provide psychiatric consultation as required, has been completed. The service was in use as of March 3, 1986.

The services of five new psychiatrists have become available to us through our career residency program in psychiatry. We intend to continue our efforts to recruit psychiatrists and have five more on the career program.

Two units of 100 beds each, to replace substandard beds at Brandon and Selkirk Mental Health Centres, are now in the final stages of architectural planning. Construction is expected to begin at both localities during the early summer, 1986.

A committee appointed to recommend changes to the Mental Health Act has completed its deliberations and produced a discussion paper. This has been circulated to interested community groups and their comments have been returned. The Acute Respite Unit at the Manitoba Adolescent Treatment Centre is now open. With this opening, all 25 of the centre's beds are now in service.

A 12-member Central Advisory Committee on Mental Health has been established to advise on policy-related issues.

In January, 1985, the Deputy Minister of Health appointed a committee to devise a management information system for all mental health services. The Mental Health Working Group Report had recommended that this be done to improve planning, service delivery and decision-making. The committee report was completed by October, 1985, and is now under review for possible implementation. Efforts are being made to get some funding for start-up of this from the Federal Government.

Immigration and Settlement Branch of the Employment Services Division, with the collaboration of Manitoba Health and other departments of government, has established an Immigrant Access Service. This service acts as a bridge between the immigrant community and health and social services.

Additional funding of \$35,000 has been provided for the Manitoba Mental Health Research Foundation bringing the total government contribution in 1985-86 to \$50,000.00. Ways are being explored to stabilize funding for this agency.

Functional programming is now under way for the free-standing psychiatric unit at the Health Sciences Centre. An architect has been appointed. Discussions are proceeding about the number and nature of the programs and the number of beds. It is expected that this proposed development will accommodate a new forensic unit.

A new psychogeriatric unit has been opened at Seven Oaks General Hospital.

Regional mental health planning committees are soon to be established. Potential members' names for each region have been submitted by the Regional Directors and appointments will be forthcoming shortly.

Recently the Outreach Program of the Selkirk Mental Health Centre was realigned under the Winnipeg Regional Office for Community Mental Health Services.

During 1985-86, we have spent \$217,000 on Developmental Services (residences and proctors); \$37,000 on Day Programs; \$418,000 on expanding Community Mental Health Program staffing (12 SY's). Approximately \$900,000 has been spent on new initiatives in mental health programming.

Through the untiring efforts of our Acting Chief Provincial Psychiatrist and Mental Health staff, more psychiatric manpower is becoming available to us - both through the Career

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Residency Program and through active recruitment abroad.

These broadly are the main developments in Mental Health Services. The new Directorate continues to explore innovative and cost-effective methods of making community-based services

available to larger segments of the population. Efforts to enhance our ability - both in the early identification of mental illness and in the provision of a range of services - will continue over the next several years.

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