

LEGISLATIVE ASSEMBLY OF MANITOBA

Friday, 3 July, 1987.

Time — 10:00 a.m.

OPENING PRAYER by Madam Speaker.

MADAM SPEAKER, Hon. M. Phillips: Presenting Petitions . . . Reading and Receiving Petitions . . . Presenting Reports by Standing and Special Committees . . . Ministerial Statements and Tabling of Reports . . . Notices of Motion . . . Introduction of Bills . . .

ORAL QUESTIONS

Grace Hospital Emergency - contingency plans re closure

MADAM SPEAKER: The Honourable Member for Pembina.

MR. D. ORCHARD: Thank you, Madam Speaker. My question is for the Minister of Health.

Madam Speaker, given that the Grace Hospital provides emergency services for the residents of the West End of Winnipeg and given that those emergency services will be curtailed from 6:00 p.m. to 8:00 a.m. for the foreseeable future until physicians in the emergency department are replaced, can the Minister of Health indicate what contingency plans he has in place to reinstate the emergency service immediately at the Grace Hospital?

MADAM SPEAKER: The Honourable Minister of Health.

HON. L. DESJARDINS: Madam Speaker, I'd like to say that there has been some changes in that. As I announced in the House, there has been a 17.8 percent increase to the community doctors at all community hospitals. We will continue to work with the hospitals to try and help them recruit, or assist them in recruiting. We certainly do not have any intention or any plans to increase salaries any more than that.

Certainly, Madam Speaker, we feel that this is quite an increase and it will be at a cost to the province and the taxpayer of .5 million this year and \$660,000 for a full year. So we will work with the hospitals in cooperation with the other hospitals until there is recruitment.

MR. D. ORCHARD: Madam Speaker, I take from that answer that this Minister and his government have done absolutely nothing to try and reinstate the emergency services at Grace Hospital. Talk simply of an increase in salaries is something he should have done some several months ago when this problem came to his attention.

Grace Hospital Emergency - alternate plan for West Winnipeg residents

MADAM SPEAKER: The honourable member with a question.

MR. D. ORCHARD: Madam Speaker, given that the emergency services will be closed this evening for an indefinite period of time, where is it that this Minister of Health expects the residents of west Winnipeg to go to receive emergency services that they need in the evening hours when Grace is going to be closed because of this government's action?

HON. L. DESJARDINS: The most ridiculous statement that I've ever heard to blame the government for a situation such as that. This is the honourable member who said he was going to try to assist the government in planning, in trying to make the health services more affordable in this province; this is the same member who is always squawking about the deficit and the increase in taxes that this government is giving; this is the same member who is not taking into consideration that there is a larger part of the Gross Domestic Product spent in Manitoba than any other province in Canada; and this is the same member who is not taking into consideration the big increase, the large increase that there has been in health; and this the same person who was squawking about the unions out there because they're not fair and don't succumb to blackmail, and so on.

Now, if an increase of 17.8 percent is not enough, it's unfortunate, but the people of Manitoba just can't go any higher than that.

MR. D. ORCHARD: Again, we have the members of the NDP Government clapping when the emergency services at Grace Hospital are being closed.

MADAM SPEAKER: Does the honourable member have a question?

MR. D. ORCHARD: Madam Speaker, I remind this Honourable Minister that when this problem was identified to him some several weeks ago, he said it should be handled in . . .

MADAM SPEAKER: The honourable member with a question. Question period is not a time for debate.

MR. D. ORCHARD: I have a question. Some several weeks ago, this Minister indicated that the problem with emergency doctors' salaries at the community hospitals should be solved internally. He changed his mind on that and decided to pay them more.

Madam Speaker, given that that hasn't solved the problem at Grace and given that other emergency wards and emergency services are already crowded, where is it that he expects those emergency patients to go when Grace Hospital is closed from 6:00 p.m. to 8:00 a.m. Where do the people go to keep their health?

HON. L. DESJARDINS: Madam Speaker, my honourable friend doesn't remember, obviously, that I stated, yes, that the recruiting was done by the hospitals, and I also stated that on the Friday - two

weeks ago today - I met with the Misericordia Hospital, and I mentioned that in the House, to try and rectify this. I also, in congratulating words from the Honourable Leader of the Liberal Party, recognized that there were some other problems, not to be too anxious to rejoice, because everything wasn't well.

We've worked with them over and above the office hours. We've also had special meetings of Cabinet to deal with this and we came out with a 17.8 percent increase. My honourable friend is still squawking. I wonder when this member and the members of his Cabinet and government ever gave that kind of increase to anybody in Manitoba.

MR. D. ORCHARD: Madam Speaker, during our term in government, the Grace Hospital never closed their emergency wards or any other wards, as is happening now with this government, this Minister, where beds are closed, emergency services are cut.

I wish to ask the Minister, in view of the fact that he and his government cannot resolve this problem - they have no contingency plan - can this Minister simply inform the House what efforts this government is undertaking to make sure that the residents of the West End of Winnipeg know not to go to Grace Hospital because services will not be available there from 6:00 p.m. to 8:00 a.m.? What is the government going to do to notify those citizens of alternate services that they must use, so they don't waste time going to Grace and being turned away?

HON. L. DESJARDINS: It is quite unfortunate for my honourable friend but the hospitals are working together, the hospitals of Greater Winnipeg, to provide the service. There is cooperation, as well as the ambulance service also.

Madam Speaker, it is not convenient, of course, to go a little further for services. That's what a strike is all about. This is the same kind of thing, people want more money, they're not satisfied with 17.8 percent. It's not as bleak as my honourable friend would like to know. In fact, one of the problems why there's been trouble, although we have a surplus of doctors here, it is hard to recruit because of the walk-in clinics. The walk-in clinics are giving some of the service that we never had before. Besides, you have all the other hospitals. A mile or two is not going to make that much difference. - (Interjection)- Well then, we should have one at every corner. We should have an emergency at every corner.

What makes you think that we have a perfect set-up now that it has to be like that? - (Interjection)- Yes, and Sherman, and you know how much Sherman was spending, eh! Let me tell you how much Sherman was spending.

SOME HONOURABLE MEMBERS: Oh, oh!

HON. L. DESJARDINS: For the total hospitals - (Interjection)- No, no, it doesn't matter how much you yell, you're going to hear this.

MADAM SPEAKER: Order please, order please.

Grace Hospital Emergency - secondment of doctors assistance from MMA

MADAM SPEAKER: The Honourable Member for Pembina.

MR. D. ORCHARD: Madam Speaker, given that this Minister fails to act and recognize the problem in the Grace Hospital, where he says what's another mile to a dying Manitoban in the West End of Winnipeg - what's another mile, this Minister is asking - given that this Minister has just indicated that there is a surplus of doctors in Manitoba, will this Minister undertake immediate negotiations and discussions with the Manitoba Medical Association, and ask them to assist him in seconding doctors who can immediately be placed in Grace Hospital to staff the Emergency Ward from 6:00 p.m. to 8:00 a.m. so those dying Manitobans don't have to drive that extra mile that this Minister says is so convenient for them?

HON. L. DESJARDINS: That is certainly worth an Oscar, that performance, talking about everybody dying on the street. My honourable friend, let me tell you in answer that what was spent before in '78-79 was - (Interjection)- I'll answer it, but I won't answer the other one before - \$262 million and we're now at \$726 million and counting.

Now, Madam Speaker, we already have a committee that's doing exactly that, that is working with the MMA. It has been working with the university, the Faculty of Medicine, with the College of Physicians and Surgeons. I've met again with them just a couple of days ago, and also with the new students.

Now, my honourable friend keeps saying we've done nothing. We want to see people die on the street. Let them tell the people of Manitoba that \$660,000 more in their taxes is nothing.

SOME HONOURABLE MEMBERS: Oh, oh!

MADAM SPEAKER: Order please, order please.
Would the Honourable Minister please come to order?
The Honourable Member for Pembina.

MR. D. ORCHARD: Thank you, Madam Speaker.
Again we see the Premier laughing and applauding at cutbacks in hospital and health care services.

MADAM SPEAKER: Does the honourable member have a question?
Order please.
The Honourable Minister of Health on - (Interjection)- Order please.

HON. L. DESJARDINS: On a point of order, Madam Speaker, enough is enough. My honourable friend stands up and that's what he constantly does, he talks about applauding when we're talking about something else.

MADAM SPEAKER: The honourable member did not have a point of order.
The Honourable Member for Pembina with a question.

MR. D. ORCHARD: Again, Madam Speaker, there is applause and clapping on the issue.

MADAM SPEAKER: Order please.

Does the honourable member have a question?

MR. D. ORCHARD: Yes, Madam Speaker.

MADAM SPEAKER: Would you please place it?

MR. D. ORCHARD: Madam Speaker, given that this Minister says he met some two days ago, I believe was his answer, with members of the medical community, will this Minister undertake to meet with the Manitoba Medical Association and see if some of those surplus doctors that this Minister constantly talks about will be made available immediately to staff the Emergency Ward of the Grace Hospital? Would he at least take that small step to assure the safety of residents of West End Winnipeg?

MADAM SPEAKER: Order please.

That question is repetitious.

The Honourable Member for Kirkfield Park.

SOME HONOURABLE MEMBERS: Oh, oh!

MADAM SPEAKER: The question was out of order.

Grace General Hospital - alternate plan for West Winnipeg residents

MADAM SPEAKER: The Honourable Member for Kirkfield Park.

MRS. G. HAMMOND: Last night, Madam Speaker, I had a call from a constituent who has a severe heart condition. Since travel time is critical to heart patients' survival, what is the government doing exactly so that they can get emergency treatment from St. James, from the West End of Winnipeg, when the Minister is indicating, just an extra mile? Another 15 or 20 minutes is what it means from our end of town. What are you doing exactly?

MADAM SPEAKER: The Honourable Minister of Health.

HON. L. DESJARDINS: Madam Speaker, I will state again what we are doing. We have worked with the different hospitals to help them recruit. We have also allowed an increase of 17.8 percent which will cost \$660,000 for those few doctors for the next coming year. My friend talks about discussing with the doctors. The commission has been constantly, for the last two weeks, working with hospitals and with the medical staff in the hospitals, and administrators of people in the hospitals, with ambulance services and so on to make sure that everything is in place to provide the best possible service that we can give to the people of Manitoba.

It would be a lot better if we had a doctor for each patient, if we had an emergency ward at every corner of the street, but the people of Manitoba must pay for that with a reduction from the Federal Government and we are increasing at a scary pace.

There are a million people in Manitoba who have to pay the bills. These are the same people who are saying

that we're spending too much money, the deficit is too high. This is the way they seize on something like that with glee. Talking about us smiling and laughing because of that. You're so happy when something goes wrong and then you can hardly wait. We're told to give you a report. We're told to act on a report that we get . . .

MADAM SPEAKER: Order please.

The Honourable Member for Kirkfield Park.

MRS. G. HAMMOND: Madam Speaker, the fact that the Minister would even suggest . . .

MADAM SPEAKER: Does the honourable member have a question?

MRS. G. HAMMOND: Yes, I do - that we are standing up in glee when we are supporting our constituents.

Madam Speaker, my question is to the First Minister, since we're not getting any action from the Minister of Health.

If there is a Bomber game on tonight, at the end of the game, the streets are plugged in the middle of our city. What is going to happen to the emergency service from St. James to get to the Health Sciences Centre or Seven Oaks, which is a three-quarters of an hour drive from St. James? What are you planning to do about tonight if there's an emergency?

HON. L. DESJARDINS: Madam Speaker . . .

SOME HONOURABLE MEMBERS: Oh, oh!

MADAM SPEAKER: Order please.

HON. L. DESJARDINS: Madam Speaker, my honourable friends don't want to listen. They ask questions . . .

MADAM SPEAKER: The Honourable Minister of Health if that's within his jurisdiction.

HON. L. DESJARDINS: They ask questions, but they don't want to hear the answers at all. These are the people who are against strikes, but it depends who's striking; these are the people that are against increases in wages who are talking to certain people, and now they are advocating - and that's all they're doing - because it is a question of strike, that's exactly what it is. It is blackmail to get higher salary and we're not going to go more than 17.8 percent, that's clear. We're going to do everything else and work with everybody to try to provide the service, but we are not going to be held with a gun at our heads. We're not going to do that.

MRS. G. HAMMOND: Madam Speaker, I am sitting here listening to the Minister of Health defend this government's inaction when it comes to health care. I want to know . . .

MADAM SPEAKER: Does the honourable member have a question?

MRS. G. HAMMOND: I have a question.

What I want to know is: What is the government going to do besides meeting? When are we going to get some action from Grace Hospital? This is disgraceful and the Minister is disgraceful.

HON. L. DESJARDINS: Madam Speaker, without any hesitation, I can say that this government has done more for health than any other government in Manitoba. It doesn't matter what criteria you want to watch. The total spending, the percentage of Gross Domestic Product, the increase in there, but these people - did you hear them talk about those poor people dying on the street when the Federal Government, their friends, cut down their cost, something they had started, in partners, about cost-sharing? Did they say anything? They laughed, they laughed, and the people were dying then too, Madam Speaker.

The situation is that you have a responsibility. You can't put all your eggs in one basket, you can't let people put a gun at your head. You do the best you can with what you have and that's what we're doing. I haven't heard one suggestion at all -(Interjection)- what suggestion? We're way past that. We've done that, we're doing what he's suggesting.

MADAM SPEAKER: The Honourable Member for Kirkfield Park with a final supplementary.

MRS. G. HAMMOND: Yes, Madam Speaker.

SOME HONOURABLE MEMBERS: Oh, oh!

MADAM SPEAKER: Order please, order please.

The Honourable Member for Kirkfield Park.- (Interjection)- Order please.

If individual members want to have private discussions, they can do so elsewhere.

Grace Hospital Emergency - doctors hired on an emergency basis

MADAM SPEAKER: The Honourable Member for Kirkfield Park with a supplementary, which needs no preamble.

MRS. G. HAMMOND: Madam Speaker, to the First Minister.

The Member for Pembina has suggested to the Minister of Health that they appeal to the MMA to get doctors to come in on an emergency basis to Grace Hospital. Why will they not take this suggestion and not have our hospital close the Emergency Ward this evening? Will the First Minister do something about this suggestion, instead of having us listen to the Minister of Health give us harangues on how much money they're spending, and it's lives we're talking about?

HON. L. DESJARDINS: Madam Speaker, I know they're not listening and I know that some of them don't understand the reason, and I'll speak very slowly to give them a chance to understand.

Madam Speaker, we are saying, and I've said that we are already working with the hospital. The way to go is not through the MMA. The way to go is through

the hospitals and the people who have admitting privileges in these hospitals, and that covers the doctors who are working in these hospitals, and that is already being done with the doctors . . .

MR. D. ORCHARD: We're talking emergency.

HON. L. DESJARDINS: Why don't you shut up just for a little bit . . .

MR. D. ORCHARD: You don't understand . . .

HON. L. DESJARDINS: Why don't you shut up for a little bit and wait for the answer?

MADAM SPEAKER: Order please, order please.

Would the Honourable Minister please place his remarks through the Chair?

The Honourable Minister of Health.

MR. D. ORCHARD: Give it another try, Larry, maybe you'll get it right this time.

MADAM SPEAKER: Order please, order please.

HON. L. DESJARDINS: Well, I know you're dense, but I'll give it another try, at your request.

Madam Speaker, the situation is that we're working with the hospitals, with the administrators, with the medical staff of these hospitals, and that is the way to go, the people who have admitting privileges in these hospitals. Why am I going to write a letter to the MMA? What's that going to do? It is the doctors who are working with the hospitals and have admitting privileges in these different hospitals, and they've cooperated. They have the history of cooperating here in Manitoba to give the proper service.

Budget report to Universities Grants Commission - re improved university funding

MADAM SPEAKER: The Honourable Member for River Heights.

MRS. S. CARSTAIRS: Thank you, Madam Speaker. My question is to the Minister of Education.

In its budgetary submission to the Universities Grants Commission, the University of Manitoba has listed no less than 14 faculties, plus the library where severe deficiencies exist in course offerings, graduate studies, and book collections. Madam Speaker, it is a serious indictment of the quality of our senior university in this province, and it's been caused by a lack of funding from this government and by the previous Conservative Government.

Will this report get the serious attention it deserves and will this Minister promise this House that improved university funding will be a No. 1 priority of his department for the fiscal year '88-89?

MADAM SPEAKER: The Honourable Minister of Education.

HON. J. STORIE: Madam Speaker, I want to make it very clear that I did not set this question up. The fact

is that I was at the university announcing today the details of the Manitoba Universities Development Fund, which is an additional \$20 million for the universities to do exactly as the Member for River Heights is suggesting they do. I would suggest that, although I haven't had the time to review the report, Madam Speaker, we didn't require that report to tell us that the universities required additional assistance.

That support, Madam Speaker, is forthcoming and the universities, in conjunction with the Universities Grants Commission, are in the process of identifying projects, over the next couple of years, which will reduce some of the problems that this report obviously has identified and confirmed exist. We recognize that and, in constrained circumstances, an additional \$20-million commitment, Madam Speaker, is significant.

MRS. S. CARSTAIRS: Madam Speaker, that news is old news. It was announced in the Budget. Will the Minister tell us what additional funding increases he's going to provide for next year to make sure that the quality of our education at our universities stops deteriorating?

HON. J. STORIE: Yes, Madam Speaker, it may be an old announcement, but it's new money.

University education - improvement in quality of

MRS. S. CARSTAIRS: I will address my final question to the First Minister since the Minister of Education doesn't take our university education seriously.

Will the First Minister accept responsibility, on behalf of his government, for massive improvements to our universities so that students entering in the fall can be guaranteed the same quality of education that he received?

MADAM SPEAKER: The Honourable First Minister.

HON. H. PAWLEY: Madam Speaker, the Member for River Heights should know that the Attorney-General and I were classmates at law school together, and let me assure the Member for River Heights that we would like the education to have been better then. It has improved since, in the last 20-25 years, and will continue to improve despite the fact, Madam Speaker, that there are tremendous strains and pressures upon the budgetary process of the province. I was doing some calculations, and I will have the final figures very shortly which show, Madam Speaker, that our increases vis-a-vis education, health, compare well with other provinces, despite the fact that we've had pressures from Opposition members that have amounted to extra spending increases this year of amounts close to .5 billion in the Province of Manitoba, at the same time they've been asking for tax reductions.

I ask you, Madam Speaker, how that can be explained to the people of the Province of Manitoba.

VIA Rail - is Minister protesting cutback in jobs re rail car maintenance

MADAM SPEAKER: The Honourable Member for Kildonan.

MR. M. DOLIN: Thank you, Madam Speaker. My question is to the Minister of Transportation.

I would like to first thank the Minister for allowing me to attend the meeting with the VIA Rail officials. I'm also concerned whether the Minister has contacted Mr. Crosbie. Excuse me, Madam Speaker, I'm finding it difficult to hear.

MADAM SPEAKER: Order please.

MR. M. DOLIN: I would like to know, since VIA Rail is cutting about \$15 million to \$20 million investment in rail car maintenance and locomotive maintenance and about 40 jobs from Winnipeg, I'm wondering, has the Minister contacted his federal counterpart to protest this action to see whether or not the political football can be kicked back to Winnipeg.

MADAM SPEAKER: The Honourable Minister of Highways and Transportation.

HON. J. PLOHMAN: Well, Madam Speaker, I thank the member for that question and thank the members opposite for their compliments. I would like to see them start to address some of the causes of the problems, Madam Speaker, facing Manitoba.

Yes, I have sent a telex to John Crosbie, the Minister of Transportation, and I want to table copies of the telex in the House this morning, Madam Speaker. Unfortunately, harshly worded telexes from our government are having to become the norm, once again, because of actions by the Federal Government that are impinging on Manitoba in a very negative and harsh way for the people of Manitoba. I don't want to have to send those telexes, Madam Speaker, but we're seeing inadequate representation from federal representatives, Members of Parliament in this province.

The senior Minister from Manitoba, the Honourable Jake Epp, indicated to the press, Madam Speaker, just a few weeks ago, indicated that he didn't have the answers to this problem about VIA when this matter first arose. Well I wonder if he gave his answers yesterday, Madam Speaker. That's the kind of answers we're getting; it's the same as in health care. Those members sat silently while the Federal Government cutback in transfer payments . . .

MADAM SPEAKER: Order please, order please.

VIA Rail - provision of financial justification for cutback

MR. M. DOLIN: Madam Speaker, a supplementary question.

It seems that VIA Rail is justifying winding Winnipeg down because they don't need a hub in the west, yet Montreal serves as a hub in the east. They were at the meeting saying they would provide economic justification for this. Madam Speaker, will the Minister ensure that VIA Rail provides the economic facts to justify their decision, rather than just the political nature of these decisions?

HON. J. PLOHMAN: Madam Speaker, that is precisely one of the things that we asked of VIA officials when

we met with them on Tuesday, as they delivered this bad message from the federal members of Parliament from Manitoba. We indicated to them that we wanted economic justification for this decision because CN and CP repair their locomotives in Winnipeg. It's cost-effective to do that, but VIA is telling us that it isn't cost-effective to repair their locomotives in Manitoba, and we want to know why not. They tell us they have analysis to show that; we want to find out, we want proof.

We don't want this based on political decisions because of lack of clout by members of Parliament for Manitoba in the Federal Government, Madam Speaker.

VIA Rail - investment in 75 jobs in 1984

MR. M. DOLIN: A final supplementary, Madam Speaker.

The \$28 million investment in 75 jobs promised by VIA Rail in 1984, how is that affected? Is that just another pie-in-the-sky promise to keep us happy for a few years? I'm wondering if the Minister could tell me, has the Minister heard anything further on that investment.

HON. J. PLOHMAN: Madam Speaker, when the Federal Minister announced in June, 1984, that Winnipeg would be getting a new VIA Maintenance Centre for \$28 million, that would have created 75 jobs in Manitoba; those are lost.

In addition to this, because of the decision by the Federal Conservative Government in Ottawa, we are seeing the loss of another 40 CN jobs that are now engaged in repairing locomotives in Manitoba. That is the impact of that decision, in addition to the loss of capital expenditure of \$20 million in this province. That's the kind of treatment we're getting, Madam Speaker, for a transportation centre in this province, and we hear nothing from this Conservative Opposition in this province because they're trying to protect their brothers in Ottawa with these kinds of decisions on Manitoba.

MGEA - what amount of support from additional tax revenue

MADAM SPEAKER: The Honourable Member for Morris.

MR. C. MANNES: Thank you very much, Madam Speaker. I direct my question to the Minister of Finance.

Reports today indicate the Manitoba Government Employees' Association as an initial bargaining position toward a new contract want their fair share of the additional tax revenue taken from Manitobans as a result of the latest Budget.

Madam Speaker, my question to the Minister of Finance: What share of the \$369 million in additional tax revenue taken from Manitobans is being set aside in support of the Manitoba government employees?

MADAM SPEAKER: The Honourable Minister of Finance.

HON. E. KOSTYRA: Thank you, Madam Speaker.

As the member knows full well, the majority of money from the revenue measures that were introduced in the Budget go to maintain services in the Province of Manitoba. Most of the money is going to the areas of greatest spending in the government related to health, education and the social services. It's certainly not my intention, Madam Speaker, to engage in collective bargaining with the government employees in this House. We have just received their proposals. We'll be evaluating them and sitting down and negotiating in a normal fashion with our employees through their recognized bargaining agent.

MR. C. MANNES: Madam Speaker, can the Minister be a little bit more definitive? Can he give Manitobans, those who are now paying the new flat tax on net income, an additional 2 percent as of yesterday or two days ago, can he give Manitobans some idea of what percent of that tax is now going to be directed towards additional wages in support of the Civil Service?

HON. E. KOSTYRA: The member opposite will try any means to deal with what should be something that is dealt with in the normal fashion, through the collective bargaining process.

Again, I don't intend to engage in collective bargaining in this Legislature, when we haven't even had the opportunity of meeting and commencing bargaining with our employees. I don't think that's the way that the process has worked in the past. I don't think that's the way that most members opposite would want the process to work at the present time.

Again, let me remind the member. He makes mention of the tax increase that has gone into effect in paycheques this week and next week, a tax which was endorsed by the leader of his party, a tax which is also in effect in the Province of Saskatchewan.

At the same time, Madam Speaker, the revenue that we're taking from those tax measures is being used to maintain services in our province, to ensure that we have health care and education services, even though members opposite are suggesting we ought to be spending more money in those services, in excess of what already are healthy increases in those areas of government expenditures.

Flat tax - number of telephone calls re

MR. C. MANNES: A final supplementary, Madam Speaker.

Can the Minister be forthright and tell us how many calls he, himself, or his department have received from Manitobans who realized just now that the increases that they have received have been totally confiscated, as a result of the new flat tax on net income?

HON. E. KOSTYRA: You can't have it both ways, Madam Speaker. We've just heard members opposite talking about giving more monies, more money for health care, to give more money in excess of a 17 percent increase for doctors who have decided to withdraw their services at a hospital in Manitoba. We just heard from the other Opposition members, saying there should be more money for education, and somehow the member is saying that we should be getting less money in revenue. You can't have it both ways. You can't be a magician. Nonsense, real nonsense!

Workers Compensation Board - how much money loaned to claimant

MADAM SPEAKER: The Honourable Member for Arthur.

MR. J. DOWNEY: Thank you, Madam Speaker.

I have a question to the Minister responsible for Workers Compensation. Madam Speaker, there have been millions of dollars squandered by the operation of Workers Compensation and the handling of it by this particular government. Madam Speaker, there is a lot of employers' money that is being used to finance businesses through the rehabilitation program of the Workers Compensation.

Madam Speaker, I ask the Minister, how much money was loaned to claimant number 7762671? How much money was loaned to that individual, that claim number? Madam Speaker, a further question, did the rehab department of Workers Compensation recommend against or for the making of that loan?

MADAM SPEAKER: The Honourable Minister responsible for Workers Compensation.

HON. H. HARAPIAK: Madam Speaker, when the member refers to the money being squandered, the only place the money has been going to is to injured workers and widows and their dependants. There's a commitment made in that agreement that was made many years ago, and that money was not coming to them during the years of administration.

The member wants to talk about people going into business with their settlements. He wants to check back on the years when he was a member of the executive, when they were making decisions to invest into businesses, as well, the same as is still going on at this time.

MR. J. DOWNEY: Madam Speaker, he answers his questions like he tries to cover all the other mismanagement of his department.

MADAM SPEAKER: Order please.

The honourable member with a question.

MR. J. DOWNEY: Madam Speaker, I again ask the Minister as to what amount of money was loaned to that individual, and did the rehab department of Workers Compensation recommend for or against that loan.

HON. H. HARAPIAK: Madam Speaker, the Member for Arthur should remember, from the years when he was in government, that we do not discuss individual cases in the Legislature.

Mason Report - provide information in report as recommended

MR. J. DOWNEY: Madam Speaker, in view of the fact that Greg Mason of the University of Manitoba recently did a study of the rehab department of the Workers Compensation and the board recommended that this

document be made public, why is the Minister hiding it from the public and not providing it to the Legislature and for public information? Will the Minister provide the information that's in the Greg Mason Report, as recommended by the board of directors of Workers Compensation?

HON. H. HARAPIAK: Madam Speaker, the Board of Commissioners asked for this study to be carried out in the area of rehabilitation. Dr. Greg Mason has carried out the report; he has made a submission to the board of directors. When the Board of Commissioners are completed with their review of it, they will be tabling it with me. At that time, if it's their intent, I'll make it public.

MR. J. DOWNEY: Madam Speaker, I have a final supplementary.

Is the reason the Minister is not tabling it because there's condemning information of his government and, particularly, the reason is that the rehab department of Workers Compensation is being intimidated . . .

MADAM SPEAKER: Order please, order please.

MR. J. DOWNEY: . . . because the board overturns the decisions that they make?

MADAM SPEAKER: The honourable member knows a question should not suggest its answer.

The Honourable Member for Arthur.

MR. J. DOWNEY: Madam Speaker, is the reason the Minister is not providing the information in the Greg Mason Report is because it says that the rehabilitation department is being intimidated because the board overturns their decisions?

MADAM SPEAKER: Order please.

That question is not in order.

Ombudsman's Report re Manitoba Developmental Centre - steps taken re recommendations

MADAM SPEAKER: The Honourable Member for Portage la Prairie.

MR. E. CONNERY: Thank you, Madam Speaker. My question is to the Minister of Community Services.

On April 23, the Ombudsman released its report, a report that condemned this government's care of the residents at the Manitoba Developmental Centre, Madam Speaker. It cited overcrowding, understaffing, poor living and working conditions, and buildings in poor physical and environmental condition.

Since the Minister had this report a full month before it was released to the public, can she tell us now what steps she has taken to follow up on the recommendations of the Ombudsman?

MADAM SPEAKER: The Honourable Minister of Community Services.

HON. M. SMITH: Madam Speaker, I'd like to draw attention of the House to the fact that any problems

that existed in MDC had existed in greater measure when the Opposition were in power. I'm not aware of any major redevelopment program that they had.

Under this government, Madam Speaker, there has been a continuation of the fire and safety upgrade, the development of a new activities building, a refinement of the education program, and a gradual removal of anyone under age 18 from the centre, so that they would have an opportunity for community-based living. Madam Speaker, there is an ongoing repair and maintenance program; there is a program development project that we're currently working on that will greatly enrich the program opportunities of the members at the centre.

MADAM SPEAKER: The time for Oral Questions has expired.

The Honourable Member for Portage la Prairie.

MR. E. CONNERY: May I have leave, Madam Speaker, for a non-political statement?

MADAM SPEAKER: Does the honourable member have leave? (Agreed)

NON-POLITICAL STATEMENT

MR. E. CONNERY: Thank you, Madam Speaker. Yesterday I had the opportunity to take part in setting a new Guinness World Book of Records in Portage La Prairie.

In Portage La Prairie, they had the largest bowl of strawberries ever: 1,146.5 pounds of strawberries were in one bowl. Now, I wouldn't want to eat the ones that were on the bottom of that bowl after, but it was a world's record. All of the berries too came from the Portage area. Unlike one of the members opposite who suggested they came from Hadashville, they did come from Portage . . .

A MEMBER: What's wrong with Hadashville?

MR. E. CONNERY: . . . but the strawberries in Hadashville are also equally as good.

I think some credit should go to Mrs. Hogarth who came up with the idea, to the Kinsmen and the Kinettes who really undertook the project, and to the various Chambers of Commerce and all the rest of the people in Portage La Prairie who took part. Also for the members opposite, the Strawberry Festival is carrying on. It started yesterday and will carry on through Sunday of this week.

Thank you very much.

MADAM SPEAKER: The Honourable Minister of Culture, Heritage and Recreation.

HON. J. WASYLYCIA-LEIS: Thank you, Madam Speaker.

I seek leave to make a non-political statement.

MADAM SPEAKER: Does the honourable member have leave? (Agreed)

The Honourable Minister.

HON. J. WASYLYCIA-LEIS: Thank you, Madam Speaker.

I'd like to draw the attention of the members of this House to the outstanding achievement of a Manitoba film producer, who also happens to be a constituent of mine.

Norma Bailey, who is based at the National Film Board's Prairie Studio here in Winnipeg, recently walked off with the Alcan Prix du Public for her films, *IKWE* and *The Wake*, at the Third International Film Festival by Women.

These two films, members may know, are part of a four-part series, *Daughters of the Country*, which is a film series which explores the history of the Metis people of Western Canada through the portrayal of the eyes of four Metis women.

At this Third International Festival of Films by Women, Norma Bailey competed with twelve other films from countries like Argentina, Bulgaria, France, Sweden, Germany, Greece, Hungary and so on.

Madam Speaker, this achievement is a further indication of the high calibre of Manitoba-produced films and indicative of the fact that they are receiving international acclaim.

I hope that all members of this House will join me in sending congratulations to Norma Bailey for this achievement.

MATTER OF URGENT PUBLIC IMPORTANCE

MADAM SPEAKER: The Honourable Member for Pembina.

MR. D. ORCHARD: Madam Speaker, I beg to move, seconded by the Member for St. Norbert, that the regular business of the House be set aside to consider a matter of urgent public importance, namely, the closure of emergency services at the Grace General Hospital.

MADAM SPEAKER: The honourable member has five minutes to make his arguments in favour of urgency of debate.

MR. D. ORCHARD: Madam Speaker, it is obvious to everyone in this House and, if it isn't obvious to members of the government side of the House, it is certainly obvious to the residents of the West End of Winnipeg who, as of 6:00 p.m. tonight, will no longer have emergency care services provided to them at the Grace General Hospital because emergency staff is not available to ensure adequate and quality patient care.

Madam Speaker, emergency services are just that. They are not, as the Minister attempted to answer in question period, an admission by a physician. Emergency services are just that. You don't know when your child is going to injure itself. You don't know when your husband or your wife is going to have a heart attack or a stroke. You don't know when one of your children may be struck while riding his bicycle on the streets. You don't know when a member of your family may be involved in a car accident and seriously injured.

Madam Speaker, emergency services are just that and, when they happen, time is of the essence. Time is absolutely of the essence, particularly with heart attack victims. The Minister says they can go elsewhere,

to Health Sciences Centre, to Seven Oaks, to the Misericordia, which are the nearest hospitals availing themselves of emergency services.

I submit, Madam Speaker, that is not an adequate solution because those hospitals already have overcrowded emergency departments. Not only that, but when you are a heart attack victim - and this Minister of all people should recognize that time is of the essence - you do not have that extra 10 minutes to fight the traffic, to get from the west side of Winnipeg from Headingley to the Health Sciences Centre or to Seven Oaks or to the Misericordia. You need to be there within minutes or you may not live to see the next day.

Madam Speaker, I submit that this is an emergency that deserves the full attention and debate of this House because this Minister, in his answers and the questions taken as notice yesterday, we have everybody blamed for this problem. We have the hospitals blamed, we have the Federal Government blamed, we have the doctors blamed. We even have members of the Opposition blamed for this problem, but this government is clearly and solely - and this Minister of Health - is to blame for this emergency, because they had warning of this problem a number of weeks ago. This Minister started out by saying, Madam Speaker, that there was no emergency, that the hospitals could fund these doctors adequately from within their own budget. When that didn't work, this Minister turned tail, ran to Cabinet and got an extra .5 million to supplement the salaries of those emergency doctors.

Madam Speaker, we cannot allow the closure of the emergency hospital from 6:00 p.m. to 8 a.m. indefinitely to commence tonight. There is an urgency to this matter that demands immediate action. This Minister has rejected suggestions we've made in question period as to how to resolve this problem. This Minister has not taken advice, and he appears not willing to move on a very urgent and emergency situation.

Madam Speaker, given that, for instance, the members for Charleswood area in the City of Winnipeg, south of the river, use the Grace Hospital for emergency services by using the Perimeter Highway because they do not want to fight traffic to the Misericordia, to the Health Sciences Centre and to Seven Oaks. Complementing the problem is the fact that the St. James Bridge is now under construction. That is indeed enhancing the emergency nature of this closure at Grace Hospital. Madam Speaker, we have to, since this is the only opportunity that we have prior to the commencements of this closure of the emergency services at Grace Hospital, this is the only opportunity that we have to debate this.

In debating it, Madam Speaker - and this is probably the most compelling reason to let this debate go forward - in debating it today, we can tell the people of the West End of Winnipeg that their emergency services will not be available at Grace Hospital. This Assembly, in debating the issue, hoping it to be resolved, will communicate to the residents of the West End of Winnipeg that they must go elsewhere for emergency services so that they do not go first to the Grace Hospital and are turned away, wasting valuable life-saving time going to another hospital.

Madam Speaker, the Health Estimates have long since been passed in this House and we did not have this situation before us to be debated during the Health

Estimates. This afternoon, we have no bills which will allow us to debate this emergency situation at the Grace Hospital. We need to debate it today in this House; we need to debate the solutions; we need to inform the public of the emergency and urgent situation that's at Grace Hospital.

Madam Speaker, any effort on behalf of the government to refuse this emergency debate will prove what I have said, that these members of government will laugh and clap when we make the allegations of cutback in the health care system. That will prove it first and foremost more than anything else if this government does not allow an emergency debate into the closure of the emergency services at Grace Hospital.

MADAM SPEAKER: The Honourable Government House Leader has five minutes to address the urgency of debate.

HON. J. COWAN: Yes, Madam Speaker. First, I think it's appropriate to put the request by the Member for Pembina in the proper context, and that is to address it from within the rules under which we operate in this Chamber. He knows full well that the matter that is being suggested be debated on an emergency basis is not the issue at hand, but whether or not there is another opportunity within the normal procedures of the Legislature to debate that particular issue.

Madam Speaker, I would suggest to you that there are other opportunities under which that debate could take place today if members opposite so wished but, before outlining some of those opportunities, I would suggest to you as well that if the purpose of the Member for Pembina is to serve notice that there is a problem with a particular hospital to the residents of a particular section of the city, then that can be accomplished in much more effective ways than taking up the time of this Chamber to debate the issue. I'm certain that the hospital already has undertaken actions which will result in that notice being given. Certainly, there has been enough public debate and discussion already for that notice to be given. I think, if the Member for Pembina is basing his argument on the fact that notice is required, then the argument does not stand the test of time.

Secondly, the member suggested that we have to act today because the shutdowns may be indefinite. Well, he does not know if the shutdowns will be indefinite. We do not know if the shutdowns will be indefinite but, unlike him, this side of the House, the Minister of Health, is taking action to protect the interests of all Manitobans when it comes to their health care system which, Madam Speaker, is one of the best health care systems, if not the best health care system in the entire country. And it will stay that way as long as an NDP Government stays in power and protects that service.

So, let there be no doubt about the commitment of this government to the health care system. Madam Speaker, that system serves Manitobans well. We have a problem, and that is not to say that even the best system in the world will not have problems from time to time. We do have a particular problem. The Minister of Health has already taken decisive action on resolving that particular problem. They are entered into discussions with the parties that are involved in that

particular problem, and just yesterday announced what we believe to be one part of the solution.

MADAM SPEAKER: I'm having difficulty hearing the advice of the honourable member.

HON. J. COWAN: He has announced what we believe to be one part of the solution, and that quick decisive action on the part of this government reflects our long-standing commitment to the health care system in this province, Madam Speaker.

So, we don't need an emergency debate to protect that health care system; we don't need an emergency debate to improve that health care system. That's what we've been doing for the past five years, and that's what we will continue to do as long as we sit on this side of the House, Madam Speaker.

In respect to other opportunities, Madam Speaker, the Premier's Estimates have not yet been dealt with in this House. We're prepared to proceed immediately into the Premier's Estimates if members opposite wish that to take place, and I will just quote you, Madam Speaker, from last year's Estimates of the Premier, when the Leader of the Opposition addressed the issue of hospital bed closures. So in essence, by their own practice in the past, they have indicated very clearly that they feel comfortable in addressing hospital-related issues and MHSC-related issues in the Premier's Estimates. We are prepared to go into those Estimates and, if they want the debate in that manner, we're prepared to stand here and not only defend what we've done, because that is important, but also outline what we believe to be the vision of a medical system in this province that will continue to serve Manitobans well as it has in the past, Madam Speaker.

So, I would suggest to you that the record of this government in respect to protecting the health care system is one that is unchallengeable. Beyond that, Madam Speaker, if they do wish to take it upon themselves to challenge that record around this particular instance, there are other opportunities that they can undertake to do so and we're prepared to move into the Premier's Estimates immediately if that's what is required.

MADAM SPEAKER: There are several conditions to be satisfied for this matter to proceed. The first requirement is our Rule 27, states in 27.(1), "After Oral Questions in the routine business of the House and before the Orders of the Day, any member may move to set aside the ordinary business of the House to discuss a matter of urgent public importance, of which he has given prior notice to the Speaker not less than one hour prior to the sitting of the House."

I did not receive the required notice. Therefore, I ruled the motion out of order. However, there is also grave question about the admissibility -(Interjection)- The Honourable Opposition House Leader.

MR. G. MERCIER: Thank you.

If I may, Madam Speaker, interrupt you on a point of order . . .

MADAM SPEAKER: May I finish, and then the honourable member can comment?

However, there is also grave question about the admissibility of the motion based on Beauchesne's Citation 285 as to whether the matter is within the administrative responsibility of the government, in that the Grace Hospital is administered by the Salvation Army and not by the Ministry of Health.

The Member for Pembina also has another opportunity available to him as he could rise on a grievance under our Rule 26.1(1).

The Honourable Opposition House Leader.

MR. G. MERCIER: Madam Speaker, I'm a little unclear about your ruling. If your ruling is based on the fact that you received the motion from the Member for Pembina at 9:04 a.m. rather than 8:59 a.m., I would ask the Government House Leader to grant leave to waive that four-minute lateness in filing the motion. I'm sure he would not want the House to not have the opportunity to debate this matter simply because of a four-minute oversight.

MADAM SPEAKER: First may I state that yes, my ruling, the very first point in our Rules, 27.(1), the very first priority ruling is that the Speaker gets the required one hour's notice and, if I make exceptions on 9:04 a.m., then it's 9:10 a.m. and that ruling to me is no longer valid or is in deep question.

Now the Honourable Government House Leader in the House can choose to waive any rule, but it would take a unanimous consent of the House to waive our rulings. I do have other grave concerns about the motion, as I outlined.

The Honourable Government House Leader.

HON. J. COWAN: Madam Speaker, we would not want the decision as to whether or not to enter into this emergency debate to rise or fall on the matter of four minutes, and we would be prepared to waive that particular requirement in respect to the notice on this occasion only. We would not want it to set a precedent, but we understand that there are specific occasions on which one would want to rethink the time limits in order to allow the House a full opportunity to deal with matters.

However, Madam Speaker, in doing so, we would not want that to detract from anything else we said in respect to not only the other opportunities which the member might have and which therefore would mean that his motion was out of order, nor would we want it to detract from what we believe to be a very clear indication of our support of a very strong health care system, which is serving Manitobans well, which was indicated in my comments.

MR. G. MERCIER: Yes, Madam Speaker, I thank the Government House Leader for waiving the four-minute problem.

Madam Speaker, in view of the fact that the Minister of Health has spent much of his answers today talking about their increase in funding and the hospitals are funded directly by the government and therefore, in our view, they are responsible for the administration of the hospitals and the closing of the emergency facility in this case, we have no alternative but to challenge your ruling.

Friday, 3 July, 1987

MADAM SPEAKER: The question before the House is: Shall the ruling of the Chair be sustained.

All those in favour say aye; opposed say nay.

In my opinion, the ayes have it.

The Honourable Opposition House Leader.

MR. G. MERCIER: Yeas and Nays, Madam Speaker.

MADAM SPEAKER: Call in the members.

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

YEAS

Ashton, Baker, Bucklaschuk, Cowan, Desjardins, Doer, Dolin, Harapiak (The Pas), Harper, Kostyra, Lecuyer, Mackling, Maloway, Parasiuk, Pawley, Penner, Plohman, Santos, Schroeder, Scott, Smith (Ellice), Smith (Osborne), Storie, Wasylcyia-Leis.

NAYS

Blake, Brown, Carstairs, Connery, Cummings, Downey, Driedger, Enns, Hammond, Kovnats, Manness, McCrae, Mercier, Nordman, Oleson, Orchard, Pankratz, Roch.

MR. CLERK, W. Remnant: Yeas, 24; Nays, 18.

MADAM SPEAKER: The motion is accordingly carried.

ORDERS OF THE DAY

THIRD READING

BILL NO. 32 - THE RETAIL BUSINESSES HOLIDAY CLOSING ACT

MADAM SPEAKER: The Honourable Government House Leader.

HON. J. COWAN: Madam Speaker, would you please call Third Reading on amended bill, Bill No. 32.

MADAM SPEAKER: The Honourable Minister of Education.

HON. J. STORIE presented, on behalf of the Honourable Minister of Labour, Bill No. 32, The Retail Businesses Holiday Closing Act; Loi sur les jours fériés dans le commerce de détail, for Third Reading.

MOTION presented.

MADAM SPEAKER: The Honourable Minister of Labour.

HON. A. MACKLING: . . . I'd be closing today. Okay.

MADAM SPEAKER: The Honourable Member for Brandon West.

MR. J. McCRAE: Madam Speaker, it's really nice to be back in this Chamber and to offer my support and

the support of my colleagues for Bill 32, the bill dealing with The Retail Businesses Holiday Closing Act.

The bill received the support of our party from the beginning and, during the committee stage, there were some amendments brought forward which also received our support. I'd like to give credit where credit is due.

The amendment regarding exemptions for businesses in resort areas came from the government side and I would like to make that known, and to say that we support that amendment. We feel that resort areas should be exempted from this legislation.

However, the other amendment was an amendment that did come from this side, which was - I shouldn't say stolen - but adopted by the government and moved in the committee by the government. We did attempt to move our amendment respecting the number of people who should be counted when we talk about four people manning a store on a Sunday or personning that store, Madam Speaker.

That amendment did come from this side. Honourable members on the government side chose to vote our amendment down, for whatever reason I don't know, and then brought in one basically identical except using a whole lot more words and making it a little more difficult to understand. That is the amendment we have before us and the amendment we chose nonetheless to support because the principle is the same. We feel that all business operations operating on Sunday should be required to operate under the same rules. So, therefore, we accepted that amendment.

So, Madam Speaker, without further ado, we would like to see this bill passed.

MADAM SPEAKER: The Honourable Minister of Labour.

HON. A. MACKLING: Yes, Madam Speaker, I am very pleased that the Legislature has seen fit to advance this legislation through the two prior readings, and now is about to give its consent at Third Reading to legislation which we initially felt was unnecessary - that is, the change was unnecessary - because in effect the legislation that was passed many years ago was certainly designed with the full intent that there be a pause day in the life of Manitobans to accommodate the majority interest in having an opportunity to recreate, to having an opportunity to be with family, and to have a change in the normal working pattern in the lives of everyone.

The legislators, those many years ago when this legislation was passed, about a decade or just a little over a decade more ago, believed that for whatever reasons, some perhaps out of religious belief, that there should be a day on which families can practise their religion, have a break in their work time in order that they may practise and attend their particular religion.

I know that there were legislators, I'm sure, in those days, who argued that Sunday was not the religious day for all, that other religions followed a different day of the week in which they would practise their religious precepts.

However, there was a consensus in the Legislature then, a very strong consensus, that there ought to be a pause day in the lives of working people to accommodate their religious interests or their

recreational interests - to provide an opportunity - (Interjection)- Madam Speaker, the Honourable Member for Emerson wants to assist me in my speech and I appreciate his assistance, but it is somewhat distracting me.

So, Madam Speaker, the legislation which was passed by this Legislature some years ago had the clear purpose and intent of providing an opportunity for families to socialize and recreate and not have to be subjected to the same kind of work demands that otherwise are in existence every other day of the week, and it was with regret that we found that, through a court interpretation of that statute, we were bound to move quickly. Otherwise, as honourable members agreed, there would have been a very considerable number of commercial enterprises who would feel constrained, because of competitors being open, to have opened themselves, and it would have been much more difficult to have addressed the problem under the circumstances of many people being involved in commercial activity.

And so it was with unanimous consent of this House that we passed the earlier legislation in February, for which I, on behalf of government, indicated my appreciation. I again want to put on record my appreciation for the cooperation of all members in this House in again passing legislation which restores and does improve upon the legislation which we had before. It does improve some of the definitions; it does remove some of the archaic language that was found in the old statute; and does provide for the kind of flexibility that we agreed should be in the legislation, but strengthens the sections of the act that make it clear that the businesses who would be operating under exemption under the act are to be operated with a very limited number of employees.

So, Madam Speaker, I appreciate the cooperation of all members and I now wish to conclude by saying that I believe that the people of Manitoba, a strong consensus of the people of Manitoba, wanted this legislation, approve of this legislation, and therefore I certainly commend it to all members of the House.

QUESTION put, MOTION carried.

HON. J. COWAN: Madam Speaker, would you please call Bill No. 59, standing in the name of the Member for Pembina.

ADJOURNED DEBATE ON SECOND READING

BILL NO. 59 - THE MENTAL HEALTH ACT

MADAM SPEAKER: On the proposed motion of the Honourable Minister of Health, Bill No. 59, standing in the name of The Honourable Member for Pembina.

MR. D. ORCHARD: Madam Speaker, I have to say to the Minister of Health, in introducing amendments to The Mental Health Act, that he did it with some degree of flair which is not always normal in his style, and attempted to present to the House the amendments to The Mental Health Act as being really quite innovative, and quite futuristic.

Madam Speaker, in review of the amendments and in advance, I thank the Minister for the detailed explanation that he provided to myself, explaining the intent of the various amendments. I have to say that, after reviewing the amendments and after having some discussions with the various practitioners, if you will, who are associated with the delivery of mental health in the Province of Manitoba, and professional associations and individuals involved in caring for those in need of mental health treatment, if that's the terminology that's appropriate, one finds that this act is indeed seriously inappropriate for 1987, seriously inappropriate as being the foundation by which we carry the treatment of those needing care in the mental health field into the next decade and into the year 2000.

This act, Madam Speaker, simply addresses and cleans up basically language in the existing Mental Health Act to bring it into compliance with the Charter of Rights. That, by itself, is indeed necessary. There's no question about that, Madam Speaker. And for that, I do have to say to the Minister that he is moving ahead and that he has accomplished something. But, Madam Speaker, let's not let the Minister take copious amounts of credit for this, because the Canadian Charter of Rights has been in force and effect in this country now for almost five years and, five years later, we have this Minister of Health and his department and the staff coming up with compliance amendments which will make the existing Mental Health Act comply to the Charter of Rights.

There are a number of areas in there that bear comment, and I hope to be able to have time to deal with them today and certainly, if not today in Second Reading, then we will deal with them at the committee stage when they move through the bill clause-by-clause.

Madam Speaker, let us put The Mental Health Act into perspective of what is needed today, in 1987. The delivery of mental health in the Province of Manitoba is a very highly institutionalized service. It is confined, Madam Speaker, to basically four communities in the Province of Manitoba, that being Selkirk with the Selkirk Mental Health Centre; that being Brandon, with the Brandon Mental Health Centre; that being the psychiatric facilities within the City of Winnipeg; and the Eden Mental Health Centre in Winkler in Southern Manitoba.

Madam Speaker, that has been a serious area of discussion by all of those people involved in the delivery of mental health in the Province of Manitoba. And leaders in that discussion of whether a highly institutionalized system, as we have in Manitoba . . .

MADAM SPEAKER: The Honourable Member for Emerson.

MR. A. DRIEDGER: Yes, Madam Speaker, I wonder if there could be some order in this House. There seems to be a heavy-duty meeting and the echoes are coming right across here and we have difficulty understanding the member who's standing in front of us.

MADAM SPEAKER: Order please, order please.

If honourable members want to have private conversations, could they do so elsewhere so they're not disturbing the business of the House.

The Honourable Member for Pembina.

MR. D. ORCHARD: Thank you, Madam Speaker.

From time to time, in terms of debating in this House, I have learned a long time ago that you don't necessarily provide any message for the government who bring in the legislation. You attempt, when you're debating in this House, to inform the public of Manitoba as to what this government is doing. I, from time to time, would hope that members opposite would attempt to listen to debate, but it doesn't concern me that maybe they don't, because there are a great number of people out there in Manitoba who recognize some of the fatal errors in legislation that this government asks us to pass, and indeed pushes through with the weight of their majority.

Madam Speaker, of the groups who have been most involved in attempting to change basically the general approach of this government in terms of its delivery of mental health, has been the Manitoba Division of the Canadian Mental Health Association.

And for as long as I have had the opportunity to be health critic and involved in a more direct way with mental health services in Manitoba, I found the Manitoba Division of the Canadian Mental Health Association to be a group of people from all disciplines in delivery of mental health, all-encompassing, if you will, of the community, and they have come to some very definitive conclusions in that we in Manitoba, under successive governments - so I don't solely put the blame on the NDP administration for the current state of the mental health system and the delivery of mental health in Manitoba on the NDP, because we had a four-year window of opportunity as government in which we made probably some progress, but certainly not enough.

Now, Madam Speaker, the Member for Kildonan, in his usual expertise of all matters, says very little. And, Madam Speaker, if he would be as kind to indicate that, in the now 17 years that we have had governments in this Province of Manitoba - 18 years since 1969 - 14 of them have been NDP years of administration where nothing has been done. And if the Member for Kildonan wishes to be critical of our four-year interruption of the reign of socialism in the Province of Manitoba and say we did nothing then, Madam Speaker, surely he would be so forthright and honest to admit that, under the 14 years of NDP administration, nothing was done to change the mental health system in Manitoba.

Because basically, Madam Speaker, that is where we're at, and it is not as if the lobby groups like the Manitoba Division of the Canadian Mental Health Association have not pointed out the inadequacies of the system. They've done it consistently through two different political parties in government, and their examples become more and more demonstrative of how the system in Manitoba fails the people in need of mental health services.

Madam Speaker, there is no more dramatic example of the needs for a complete revamping of the mental health system in Manitoba than the example of the province immediately to the west of us, the Province of Saskatchewan, wherein they have had community-based services for better than 20 years, taken on by an innovative Premier of the Day who made a conscientious decision to close down the major mental

health facility in the Province of Saskatchewan, that being the mental health facility in the City of Weyburn, which was the then-Premier's constituency. He made the decision to reduce the population in that institution from something over 2,000 to something today less than 200. That was a courageous political decision.

We have in contrast today a Premier for five years representing Selkirk where one of the four major health facilities are, and this Premier does not have the courage of his NDP soulmate, the former Premier of Saskatchewan, to make a courageous decision and say that institutional care needs to be wound down in the Province of Manitoba and we need to provide a more community-based system, because that might mean the translocation of jobs from his constituency, the Premier's constituency in Selkirk, to other communities in the Province of Manitoba, to Dauphin, to Swan River, to other areas.

A point to be remembered is the point that my colleague, the Member for Portage la Prairie, so aptly reminds me of. That lack of action by the Premier in his own constituency of Selkirk contrasts sharply with what this government did three years ago in the constituency of Portage la Prairie where they didn't represent it, where there was no political downside to them. They arbitrarily, unilaterally, without consultation, closed the teaching hospital for registered psychiatric nurses in Portage la Prairie.

That was their answer. And what did they do? They transferred those teaching services where? To Selkirk, the Premier's riding, and to Brandon, the Member for Brandon East's riding, both Cabinet Ministers in the government that made that decision. That's the kind of courage that we see on this side of the House, anything to gerrymander operations in Conservative constituencies and protect at all costs, NDP ridings.

Madam Speaker, that simply is unacceptable today because mental health now doesn't need any demonstration projects as to how it can be more effectively delivered to the people of Manitoba.

Saskatchewan has provided the blueprint that works. The residents of Saskatchewan are served by some 10 different centres and, from those centres, other satellite communities have services available to them. That means that the delivery of mental health is spread throughout the length and breadth of Saskatchewan so that citizens in need of care to resolve mental health problems don't have to leave Thompson to drive to Winnipeg or to Selkirk to receive the attention and, in doing so, be removed from their families and their loved ones and the home environment where that home environment is so conducive to successful mental health treatment.

(Mr. Deputy Speaker, C. Santos, in the Chair.)

The people in the Westman region of Manitoba, bordering on Saskatchewan, know the level of service that Saskatchewan residents can avail themselves of. The people in Dauphin and Roblin and Swan River, they know that in Yorkton is a very fine facility for the delivery of mental health and it serves the people very well. But the people in Dauphin, in Roblin, in Grandview, in Swan River, have to drive to Brandon, leave their families to receive treatment for mental health problems.

That's not acceptable in the 1980's, and this legislation should be providing the blueprint of

government action into the 1990's. This legislation should provide the framework under which we deinstitutionalize the delivery of mental health in Manitoba and we put it into the smaller communities in Manitoba so that all Manitobans can have a reasonable access to mental health services.

Mr. Deputy Speaker, that is not an unusual request. That is a perfectly logical request. And if you wish to follow the Saskatchewan example of how they are administering the delivery of mental health, you will find a system that not only provides better care to the residents of Saskatchewan - indeed, the Saskatchewan system is a model used throughout North America for many jurisdictions contemplating change to the delivery of mental health. But what is important in this day of fiscal constraints is that the Saskatchewan system operates far more economically than the Manitoba system, than the highly institutionalized system in Manitoba.

Now how can a government blindly flounder along with a Mental Health Act that does not address those two basic inequities, comparing Manitoba to Saskatchewan? Why would this Mental Health Act not be here in this House showing a blueprint for the future of community-based mental health services? Why would this government, this activist government, this government of caring, sharing New Democrats, why wouldn't they choose this opportunity to make a fundamental move and a fundamental change in direction of the delivery of mental health?

I suggest that this government: (a) lacks the political courage to do it; and, (b) they have not listened to anybody in the mental health field who has knowledge and can provide them with ideas and guidance on how to implement a community-based system.

The Minister introducing this bill took great pride in going through, since 1985, the consultative process by which we arrived at this bill. I've discussed with some of the organizations who were allegedly part of this open discussion process, and they say, yes, we received notice that The Mental Health Act was going to be changed and we were asked for recommendations. But then they said, every single one of the recommendations was ignored and the Minister went to his closet group of advisors, whoever they were, and simply changed the act to comply to the Charter of Rights. And that's all.

There is nothing new and innovative in this act. There is nothing changing in this act and I suppose if I can take the liberty to quote directly from the brief that all members of this House have received from the Manitoba Division of the Canadian Mental Health Association, page 9 probably sums up the problem that we are faced with in this legislation that changes nothing better than anything I can say.

It says on the bottom of page 9: "The Canadian Mental Health Association considers that legal guarantees of civil rights are largely formal and ritualistic without the availability of a broad range of mental health services. A number of the procedural rights guaranteed by Bill 59 are useless," and I will underline "useless" - they didn't, "are useless without a solid community support system as an alternative to institutional care." That, Mr. Deputy Speaker, really does sum it up in two very succinct sentences, the total failing and lacking in Bill 59 to address the mental health issue.

Now, Mr. Deputy Speaker, there are other quotes that I intend to use from that brief, but let's consider that one. What are the rights that are being granted in this Mental Health Act? Well, there are guarantees of patient rights which say that one cannot be committed as a patient to an institution unless there is a second opinion. That's progressive, that's a good step. But it still relies on the institution as the vehicle for delivery of mental health. The very protection we put in for the patient protects him to still be insititutionalized and in that regard I think it might be appropriate to turn, I believe, to page 21 of the brief from the Canadian Mental Health Association, Manitoba Division, bearing in mind that the committal process is now presumably more in compliance with the Charter of Rights because a second opinion is needed. One simply cannot be committed on the basis of one individual's professional opinion.

The association on page 21 says, "committal," meaning committal to that institution does not guarantee that the patient will get appropriate care or any care. And isn't that, Mr. Deputy Speaker, the whole reason why we should have a Mental Health Act, to assure that someone in need of mental health treatment from the professionals should receive it, not simply have certain rights enhanced in terms of the committal process to an institution that may provide them with no help? That's very thin gruel on which to base amendments to The Mental Health Act which don't address the needs of today and project a plan for the future.

Now, Mr. Deputy Speaker, this is not a new issue. The Minister of Health will recall back in the Estimates of his department, I believe two Sessions ago - I guess it was the Session before the election - we discussed amendments to The Mental Health Act at that particular set of Estimates, and I recognize and the Minister recognizes that there is difficulty in getting the legal counsel and the Attorney-General's department to draft a new Mental Health Act because there is that subtle difference between what strictly complies with the law and what is needed to comply with the Charter of Rights as the Minister has brought forward here and the need to draft in a new concept into The Mental Health Act of community-based services, and how the quality of care to patients can be enshrined in legislation.

(Madam Speaker in the Chair.)

There's jeopardy in that. There's jeopardy in every piece of legislation that we pass that you raise the expectations of individuals beyond what is the fiscal capacity of the province to deliver. But surely this act should have addressed the future and not the past, as it has, because it has only addressed the event five years ago of the passage of the Charter of Rights and Liberties, that's all.

Madam Speaker, when we recognized two years ago in Estimates that there was difficulty in having the legal draftsman from the Attorney-General's Department come up with an act which would be appropriate for the new delivery system of mental health in Manitoba, I made the suggestion to the Minister that would he consider a farm-out by contract of the drafting of a new Mental Health Act to an outside organization. Maybe it would be the Canadian Mental Health

Association, and I suggested them specifically for the reasons I already alluded to earlier in debate, that the Canadian Mental Health Association is, more so than any other organization I'm aware of in mental health, an organization that is truly multidisciplinary.

You have psychiatrists, psychologists, you have social workers with training in mental health, you have medical physicians, family physicians with experience in assisting their patients in mental health problems in the family. You have registered psychiatric nurses, you have patients, you have workers in the mental health field, whether they don't fit into any of the other previous categories I've mentioned. This organization also includes the patients and their families, so that they provide a perspective that no legal draftsman can present as to the problems with the current mental health system.

Let me digress just for a minute if I may. The Mental Health Act, as it even is amended, contains enormous powers, enormous powers vested in the state. Now, that's fine in a democracy where we have associations like MARL, where we have the Ombudsman, where we have a number of built-in presumably protections through the courts. But The Mental Health Act has enormous powers of control over the individual. In here are powers to withhold records on treatment, to recommit people against their will; those powers are part of this act. I suggest to you, and I don't do this trying to stir up any philosophical difference across the floor, but I would suspect in totalitarian states that presume to have so-called "elected" governments, I'll bet you they have provisions in their mental health acts exactly as we have here. In the powers of states that don't care for the rights and freedoms of individuals, The Mental Health Act is used to detain dissidents, people who speak out against the state, used consistently and constantly in the Soviet Union for that very purpose.

So we are talking about an act that has enormous powers of control over the individual. And I mean, let's face it, there are many times - and here I will be slightly facetious - there are many times that I have said members opposite do very crazy things. That implies that they're mentally ill. Under the provisions of this act, I might be able to get you committed. Now isn't that an enormous amount of power that we vest in an act that is almost beyond reproach in many areas, and that is why this act is a very serious one to be debated?

A MEMBER: I don't think you're being facetious.

MR. D. ORCHARD: Well, I don't want to digress from that because I agree that, from time to time, it wouldn't be facetious to commit an odd member on the opposite side of the House.

But, Madam Speaker, that gets us, that detracts from the serious issue that we're trying to bring to the attention of this government today.

Madam Speaker, we can debate consistently, as we will next time we get to Estimates of the Department of Health, the recommendations of the Pascoe Report which the government accepted in 1983, an NDP Government I will say. We can debate the proposals put forward by the Canadian Mental Health Association and this multipage brief that they delivered to all

members of the Legislature; we can debate the comments from various professional associations, who believe that changes are necessary in this act in its fundamental approach, the delivery of mental health. But unless this government is willing to listen, unless this government is willing, this NDP Government is willing to make changes, we are nothing but voices in the wind that are not being heard.

Madam Speaker, the interesting thing about this act is that usually one would expect a New Democratic Party Government to be an activist government, one that cares about the individuals. Let's put in perspective the individuals who this act is controlling, if you will. These are some of our most vulnerable individuals in society. People with mental health problems are in need of more assistance than probably any other group in society. One would think that the New Democrats would find a natural avenue to be innovative, to be activist, if you will, and to make radical changes in the delivery away from an institutional-based system and into the community. One would think an activist government would welcome that opportunity.

But, Madam Speaker, we don't have them welcoming that opportunity and that puzzles me because, on this side of the House, we fundamentally would not object to the NDP making that move. We would, in many ways, support them in that effort, and they would have support from a broad group in the community to do it. But this socially active government chooses to dedicate the resources of this province to what? To nationalizing a gas company - \$180 to \$200 million.

Think, Madam Speaker, what that would do to get us through the transition period of providing community-based health care as opposed to the institution, to wind down the institution, and to end up with a system that's more cost-effective for the future, that will save this Minister of Health and his government dollars in the future. But no, we don't have any such social activism on behalf of the most vulnerable citizens in our society. I find that baffling, I find that baffling, because this act addresses nothing of that.

This act, and I remind the Minister, only complies with the Charter of Rights. There is no innovation in this act. There is no blueprint for the 1990's in this act. There is no mention of community-based services in this act. There is no mention of quality of health care, and what that means. That's a failing of this Minister and this government. It's a failing that's consistent with 14 years of government that they've had in this province. It's a failing that is not being unnoticed by those desirous of change.

You know, the Minister can debate this issue with me from time to time and he will. He'll say the demands of such a group as the Canadian Mental Health Association are beyond what is reasonable to implement from a fiscal standpoint. That's right. I mean, I've had disagreements with members of them as to what we realistically can accomplish. I don't accept carte blanche all their recommendations. But they have been strenuous and consistent advocates of the community-based service, patterned on the Saskatchewan model which works. Still this government doesn't respond and doesn't do anything. This government doesn't react to that.

Mr. Deputy Speaker, I want to deal with one other area out of the Canadian Mental Health brief, Manitoba

Division. We have a circumstance where, in this provision to this new act, there is a circumstance where a psychiatrist will make the decision as to what kind of mental health care an individual will need, and that psychiatrist will ultimately decide whether that patient should be institutionalized. Now bear in mind that broad public support is for community-based services. What decision is that psychiatrist faced with in trying to determine what type of care is appropriate for that patient?

With a system in Manitoba that's over 90 percent institutional-based, are the community options available for that psychiatrist to recommend? Well, from the Premier's seat, the Member for Kildonan is shaking his head in the negative, and he's right. They aren't available.

So, in effect, the protection provisions of commitment are really valueless in this act because the psychiatrist has no other alternative to provide psychiatric care than to commit that individual to an institution. To reinforce that in much more eloquent words, in words much better explanatory than ones I can offer, I quote from page 16 of the brief from the Mental Health Association: "We are also concerned that the judgment of the committing psychiatrist as to whether the care that can only be provided in an institution will be conditioned by the absence of community services. If there are no community services, a psychiatrist, strongly believing that a patient needs care, would be tempted to conclude that, if institutional care is the only care available, then it is appropriate."

In other words, Madam Speaker, the definition of appropriate psychiatric care becomes commitment to Brandon, Selkirk, Winnipeg hospitals or Eden Mental Health in Winkler because that's the only place where that care is available.

So appropriate care in this act, according to this government, is institutional care. And that flies in the face of everything we discussed in terms of progress in mental health over the last three years that I've been critic, and long before that. So, Madam Speaker, this legislation does nothing to advance the delivery of mental health in the Province of Manitoba. It is, from that standpoint, a most seriously flawed piece of legislation.

Now the recommendations that are made, I think have to be very seriously considered by the government, that this act only be passed if it has a sunset clause in it and is only enforced until The Mental Health Act is rewritten to provide the guiding framework by legislation of the innovative new system involving increased and greater emphasis on community services.

It is only when you provide the leadership through legislation that you can establish the kind of targets that the community needs, that the department needs, and its supporting organizations need to revamp the delivery of mental health in Manitoba. Unless the government's prepared to do that, then this act will fail and they will remain a dinosaur government in the delivery of mental health care in Manitoba.

Madam Speaker, there are a number of specifics that indeed I suppose - Madam Speaker, how much time do I have left?

MADAM SPEAKER: The honourable member has seven minutes.

MR. D. ORCHARD: Madam Speaker, I am sorry that I'm down to only seven minutes, because there are a number of areas that I wanted to comment on directly to put the Minister basically on notice of certain areas in this bill.

Some amendments I don't believe have been made that should have been made. One of the amendments is in terms of the definitions. In this particular definition, it's of psychiatrists. If the Minister refers to the definition section wherein "psychiatrist" is involved, it means a duly qualified medical practitioner who is duly certified as a specialist in psychiatry by the Royal College of Physicians and Surgeons of Canada or who has practical experience and training in the diagnosis and treatment of mental disorders that, in the opinion of the Minister, is equivalent to such a certificate.

Now, Madam Speaker, I question whether today, in 1987, we should still have that in the act. I realize the problem the Minister has in that psychiatrists are leaving this province for whatever number of reasons and psychiatrists are not numerous professionals in the province, and that's a problem. But surely, in 1987, we don't need the ministerial guidance to certify someone other than a psychiatrist.

Madam Speaker, the standards committee is another area that needs to be really, really seriously looked at. The standards committee is established by the Minister, and I'll read the old section because it remains the same: "Where the Minister considers it desirable that a standards committee be established in respect of any of the psychiatric facilities mentioned in subsection (1)" - and that includes Brandon, Selkirk and the Winnipeg hospitals and Eden Mental Health Centre - "(1) he may, in writing, request the College of Physicians and Surgeons of Manitoba to appoint members of the college to a standards committee for any or all of those facilities and thereupon the Council of the College of Physicians and Surgeons of Manitoba shall appoint the members of the committee and from time to time appoint members to fill vacancies on that committee."

Madam Speaker, I want to point out an extreme flaw to this. In the Brandon Mental Health Centre right now there is one psychiatrist. That's all. As the Minister well knows, because we've debated this, keeping a psychiatrist in Brandon has been difficult, but yet at the Brandon Mental Health Centre there are some 200 registered psychiatric nurses on staff. Why would the standards committee not allow them to appoint a qualified experienced person, knowledgeable in the operation of the Brandon Mental Health Centre, to the standards committee? Why would you not include that professional expertise when the psychiatric expertise is lacking by sheer lack of numbers? And I think that is something the Minister seriously has to look at.

Madam Speaker, a similar criticism I want to make in terms of the review panel, the three-member review panel which shall be, if I recall the legislation, consisting of a psychiatrist, a barrister and a third individual who is neither a psychiatrist or a barrister-at-law. Madam Speaker, a number of suggestions have been made in the Mental Health Association brief of individuals who could qualify in replacement of the psychiatrist, if unavailable, and I make that point, reinforcing what I've said just a few minutes ago, that the numbers of professional psychiatrists are decreasing in the Province of Manitoba.

One has to ask, with the new provisions of appeal to this board that are present in this act: Is a psychiatrist, who is in limited numbers in the Province of Manitoba, willing to take time away from his profession to sit on a board to make decisions? I suggest that you are going to have the greatest of difficulty staffing that appeal board.

So again, I suggest to you, Mr. Minister, why would you not consider membership on that board of a registered psychiatrist nurse. They have a professional code of ethics. They are professional people in the delivery of mental health. They are experienced not only with mental illness but with mental retardation. These people could adequately represent the government, but more importantly, not the government, the patient's interest, on a board of appeal. That qualification is much too restrictive, much too limited and has to be expanded, and I offer that suggestion of the registered psychiatric nurses to the Minister for his consideration.

Madam Speaker, there's another area of the bill that I want to deal with and, if you'll pardon me, I have to give the Minister the specific page number. I won't quote from the act itself but, on page 19 and 20 of the bill, there is a procedure in this bill regarding the application to the review board to give certification to a treatment process recommended by an attending physician, be it psychiatrists, psychologists, etc., etc. There is a whole review process that goes through and the review board will decide whether the treatment is appropriate or not appropriate. In the case where it's not appropriate, then the physician can, according to the last clause, suggest an alternate treatment.

Madam Speaker, the question that looms large out of that section of the act is the alternate treatment then referred to the same identical appeal process again through the review board because that's not clear in this act. What we could have is a circumstance where a treatment is recommended that may be inappropriate, is rejected, and then an alternate treatment is proposed which does not have to go through the review panel for agreement by that independent panel of experts presumably to say the treatment is necessary. That can be a significant infringement on the patient's rights, and that certainly has to be clarified.

There are a number of other areas, Madam Speaker, that loom large as inadequate in this bill, and I certainly don't have the time this morning with some three or four minutes remaining to address them. But, Madam Speaker, I simply reiterate to this Minister that this legislation is totally inadequate for 1987. This is not legislation of a progressive government; this is legislation which only allows compliance with The Mental Health Act, nothing more, nothing less. It enhances patient rights within the institution, but it is clearly

decided by us, by experts in the field, by the users in the mental health field, that the institution is not the most appropriate vehicle today to deliver mental health services. The community-based service route is the way to go. It provides the patient requiring mental health services those services in the home environment where they have the support of loved ones and family. That's why this act cannot be in a permanent place in the books of the Statutes of Manitoba and must be one year only and brought in with a completely new revamped act in tune with the future.

Thank you, Madam Speaker.

MADAM SPEAKER: The Honourable Member for River Heights.

MRS. S. CARSTAIRS: Thank you, Madam Speaker. I move, seconded by the Honourable Member for Gladstone, that debate be adjourned.

MOTION presented and carried.

MADAM SPEAKER: It is my understanding that His Honour the Lieutenant-Governor is approaching.

ROYAL ASSENT

DEPUTY SERGEANT-AT-ARMS (Mr. R. MacGillivray): His Honour the Lieutenant Governor.

His Honour, George Johnson, Lieutenant-Governor of the Province of Manitoba, having entered the House and being seated on the Throne:

Madam Speaker addressed His Honour in the following words:

MADAM SPEAKER: May it please Your Honour.

The Legislative Assembly, at its present Session, passed a bill, which in the name of the Assembly, I present to Your Honour and to which bill I respectfully request Your Honour's Assent.

MR. CLERK: Bill No. 32, The Retail Businesses Holiday Closing Act; Loi sur les jours fériés dans le commerce de détail.

In Her Majesty's name, His Honour the Lieutenant-Governor doth assent to this bill.

His Honour was then pleased to retire.

MADAM SPEAKER: Is it the will of the House to call at 12:30 p.m.? (Agreed)

The hour being 12:30, the House is now adjourned and stands adjourned until 1:30 p.m. Monday next.