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of the

**Legislative Assembly of Manitoba**

**DEBATES  
and  
PROCEEDINGS**

**Official Report  
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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Seventh Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
AGLUGUB, Cris	The Maples	N.D.P.
ALLAN, Nancy	St. Vital	N.D.P.
ASHTON, Steve, Hon.	Thompson	N.D.P.
ASPER, Linda	Riel	N.D.P.
BARRETT, Becky, Hon.	Inkster	N.D.P.
CALDWELL, Drew, Hon.	Brandon East	N.D.P.
CERILLI, Marianne	Radisson	N.D.P.
CHOMIAK, Dave, Hon.	Kildonan	N.D.P.
CUMMINGS, Glen	Ste. Rose	P.C.
DACQUAY, Louise	Seine River	P.C.
DERKACH, Leonard	Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary, Hon.	Concordia	N.D.P.
DRIEDGER, Myrna	Charleswood	P.C.
DYCK, Peter	Pembina	P.C.
ENNS, Harry	Lakeside	P.C.
FAURSCHOU, David	Portage la Prairie	P.C.
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GERRARD, Jon, Hon.	River Heights	Lib.
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HELWER, Edward	Gimli	P.C.
HICKES, George	Point Douglas	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
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LATHLIN, Oscar, Hon.	The Pas	N.D.P.
LAURENDEAU, Marcel	St. Norbert	P.C.
LEMIEUX, Ron, Hon.	La Verendrye	N.D.P.
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MACKINTOSH, Gord, Hon.	St. Johns	N.D.P.
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MALOWAY, Jim	Elmwood	N.D.P.
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MIHYCHUK, MaryAnn, Hon.	Minto	N.D.P.
MITCHELSON, Bonnie	River East	P.C.
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NEVAKSHONOFF, Tom	Interlake	N.D.P.
PENNER, Jack	Emerson	P.C.
PENNER, Jim	Steinbach	P.C.
PITURA, Frank	Morris	P.C.
PRAZNIK, Darren	Lac du Bonnet	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack	Southdale	P.C.
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ROCAN, Denis	Carman	P.C.
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SALE, Tim, Hon.	Fort Rouge	N.D.P.
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SCHULER, Ron	Springfield	P.C.
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TWEED, Mervin	Turtle Mountain	P.C.
WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

## LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, June 26, 2001

The House met at 1:30 p.m.

### PRAYERS

### ROUTINE PROCEEDINGS

### PRESENTING PETITIONS

#### Kenaston Underpass

**Mr. John Loewen (Fort Whyte):** Mr. Speaker, I beg to present the petition of Jack Blair, Roma Rajpal, Norm Cunningham and others, praying that the Premier of Manitoba (Mr. Doer) consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

**Mrs. Myrna Driedger (Charleswood):** Mr. Speaker, I beg to present the petition of Nikki Lonamuir, R. McNeil, D. Nelson and others, praying that the Premier of Manitoba consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

### READING AND RECEIVING PETITIONS

#### Kenaston Underpass

**Mr. Speaker:** The honourable Member for Fort Whyte (Mr. Loewen), I have reviewed the petition, and it complies with the rules and practices of the House. Is it the will of the House to have the petition read? *[Agreed]*

**Madam Clerk (Patricia Chaychuk):** The petition of the undersigned citizens of the province of Manitoba humbly sheweth:

THAT the intersection at Wilkes and Kenaston has grown to become the largest unseparated crossing in Canada; and

THAT the volume of traffic for this railroad crossing is twelve times the acceptable limit as set out by Transport Canada; and

THAT vehicles which have to wait for trains at this intersection burn up approximately \$1.4 million in fuel, pollute the environment with over 8 tons of emissions and cause approximately \$7.3 million in motorist delays every year.

WHEREFORE YOUR PETITIONERS HUMBLY PRAY THAT the Premier of Manitoba consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

**Mr. Speaker:** The honourable Member for Charleswood (Mrs. Driedger), I have reviewed the petition, and it complies with the rules and practices of the House. Is it the will of the House to have the petition read? *[Agreed]*

**Madam Clerk:** The petition of the undersigned citizens of the province of Manitoba humbly sheweth:

THAT the intersection at Wilkes and Kenaston has grown to become the largest unseparated crossing in Canada; and

THAT the volume of traffic for this railroad crossing is twelve times the acceptable limit as set out by Transport Canada; and

THAT vehicles which have to wait for trains at this intersection burn up approximately \$1.4 million in fuel, pollute the environment with over 8 tons of emissions and cause approximately \$7.3 million in motorist delays every year.

WHEREFORE YOUR PETITIONERS HUMBLY PRAY THAT the Premier of Manitoba consider reversing his decision to not support construction of an underpass at Kenaston and Wilkes.

\* (13:35)

### TABLING OF REPORTS

**Mr. Speaker:** I am pleased to table in the House the reports of members' expenses for the year

ended March 31, 2001, in compliance with section 38(1) of the Indemnities, Allowances and Retirement Benefits Regulation.

### INTRODUCTION OF BILLS

#### **Bill 47—The Budget Implementation and Tax Statutes Amendment Act, 2001**

**Hon. Greg Selinger (Minister of Finance):** I move, seconded by the Minister of Justice (Mr. Mackintosh), that leave be given to introduce Bill 47, The Budget Implementation and Tax Statutes Amendment Act, 2001; Loi d'exécution du budget de 2001 et modifiant diverses dispositions législatives en matière de fiscalité.

His Honour the Lieutenant-Governor, having been advised of the contents of this bill, recommends it to the House. I would like to table the Lieutenant-Governor's message.

**Mr. Speaker:** It has been moved by the honourable Minister of Finance, seconded by the honourable Attorney General (Mr. Mackintosh), that leave be given to introduce Bill 47, The Budget Implementation and Tax Statutes Amendment Act, 2001, and that the same be now received and read a first time. His Honour the Lieutenant-Governor, having been advised of the contents of the bill, recommends it to the House, and the message has been tabled.

*Motion agreed to.*

#### **Introduction of Guests**

**Mr. Speaker:** Prior to Oral Questions, I would like to draw the attention of all honourable members to the Speaker's Gallery where we have with us Sarjit Kaur from Melbourne, Australia.

Also, in the public gallery, we have, from Glenboro School, 16 Grade 6 students under the direction of Mrs. Marilyn Cullen. This school is located in the constituency of the honourable Member for Turtle Mountain (Mr. Tweed).

Also in the public gallery we have, from École Regent-Park, 20 Grades 5 to 8 students under the direction of Mr. Alain Fradet and Madame Lucienne Lavalée. This school is

located in the constituency of the honourable Member for Radisson (Ms. Cerilli).

Also in the public gallery we have, from Red River College, the Language Training Centre, 19 students under the direction of Ms. Blanche Kingdon. This school is located in the constituency of the honourable Minister of Family Services and Housing (Mr. Sale).

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

### ORAL QUESTION PERIOD

#### **Health Care System Hallway Medicine**

**Mr. Stuart Murray (Leader of the Official Opposition):** Mr. Speaker, Manitobans are only too aware that the Premier broke his main election promise that he was going to solve the health care woes of Manitoba in a mere six months. Since improvements that were made in 1999, the situation has only got worse. I would like to table these documents and read them into the record, if I might, please.

On these documents I am tabling, it shows that from the Web site June 4 to 10, in 1999, there were three patients, average number of admitted patients in hallways; in 2001, there are seven; June 11 to June 17, in 1999, there were five; in the year 2001, under the NDP, twelve. This morning, there were ten in the hallways at Concordia; there were nine in the hallways at St. Boniface Hospital; and there is a number at other hospitals still in the hallways.

\* (13:40)

My question, Mr. Speaker, to the Premier is: When will he keep his main election promise that he committed to Manitobans? He committed to solve hallway medicine. When will the Premier keep that promise?

**Hon. Gary Doer (Premier):** Mr. Speaker, it is on the Web site because we put it on the Web site. Members opposite have the statistics—

**Some Honourable Members:** Oh, oh.

**Mr. Speaker:** Order.

**Mr. Doer:** The statistics are released on a weekly basis, and we certainly believe that it is important for the public to be able to evaluate over the period of time, over the first 18 months and moving into the next 18 months and the third 18 months the full record of improvement.

The members opposite will know from information that is before them that, yes, there was an increase last week relative to previous years. There was also a major increase in the number of admissions to the emergency wards. As I indicated in the House previously, we are quite concerned particularly about the situation at the Victoria Hospital, where the minister has indicated that capital investment is needed. We have been finding over the past short term the most acute problems we have had are at the Victoria Hospital, and we are addressing those shortcomings.

**Mr. Murray:** Well, Mr. Speaker, we have heard from this Premier time and time again that a promise made is a promise kept, yet we know he cannot be trusted for his word. He has broken his promise when it comes to health care. He said that he would totally end health care, totally end hallway medicine in the health care system. That is what they said.

**Some Honourable Members:** Oh, oh.

**Mr. Speaker:** Order.

**Mr. Murray:** Thank you, Mr. Speaker. In the 1999 Throne Speech, the Premier promised to implement, and I quote, a quote right from the Premier. *[interjection]* Well, I hope he gets it right when he answers because this is what he said. He said: A strategy for ending the treatment of patients in hallways. We must end the indignity of receiving treatment in a hospital corridor.

Those were the words of the Premier. Yet we still see people in the hallways. When will the Premier-Manitobans know what he promised—live up to that promise?

**Mr. Doer:** Mr. Speaker, we made a number of commitments. There will be in the year 2002, based on the initiatives that we took in '99, implemented in 2000, it will be three times the

numbers of nurses graduating in Manitoba than in 1999 when the members left office. We have increased the enrolment of doctors in our medical school. The member may not realize it but it takes six or seven years to have a doctor graduate in Manitoba, but it is better to start today because we have to make up for the cutbacks in the medical entry in the early '90s.

**Some Honourable Members:** Oh, oh.

**Mr. Speaker:** Order.

\* (13:45)

**Mr. Doer:** Thank you, Mr. Speaker. The entries of patients to the emergency wards in the week indicated by members opposite are quite a bit higher than in the previous couple of years. Having said that, we recognize that we believe patients should be treated effectively outside of the hallways. Many of the patients that are in the hallways are released or given a bed within the period of time that they gain entry to the hospitals.

I think the Minister of Health and I, on our review of this matter, it indicates to us that the Victoria Hospital has consistently and systematically been the biggest problem for us in the last number of months. Over those last number of months, though, in the last year, as CIHI has said, the 80 percent of patients in the hallways is the best result in Canada. Still more work ahead, but we know where some of the problems are, and we are addressing them.

**Mr. Murray:** When it comes to health care in Manitoba, we have a Minister of Health who says he has no plan, no grand scheme, commonly referred to as "Doctor Dolittle." Then on top of that we now have a Premier who on health care promises gets "A" for rhetoric, but Manitobans have to suffer the dour consequences of his lack of action.

I make reference to the same Throne Speech in 1999. This is what the Premier said in a quote: We are committed to addressing the province-wide shortage of health professionals by hiring full-time nursing staff.

Another broken promise.

Can the Premier explain why there are fewer full-time nurses working today than there were in 1999, why his nursing shortage has doubled under his watch, and why his Government is refusing to release more recent figures on the real situation on the nursing shortage?

**Mr. Speaker:** Order. Prior to recognizing the honourable First Minister, I would just like to take this opportunity to remind all honourable members, when addressing each other, it is by constituencies, or ministers by the portfolio they hold.

**Mr. Doer:** I note that the member opposite did not raise questions in December, January. We were back in the Legislature in the last number of months over the winter. Instead of 60, 70, 80 patients in a hallway week after week relative to 1999 and 1998, we were down to 80 percent reduction in the number of those patients.

I recall two weeks ago when the member asked about Concordia, the same day two years ago there were 45 patients in the hallway. Is it all solved yet? No. Is there an 80% improvement? Yes. We are committed to serving patients in the most effective way. You know what? The public knows it.

Secondly, the public knows that members opposite fired 1000 nurses and decreased the enrolment by one-third.

#### Point of Order

**Mrs. Myrna Driedger (Charleswood):** The Premier knows full well that, of the 1000 nurses that were redeployed in the system, 830 were immediately rehired into other jobs. Accuracy, Mr. Speaker, is so important in this House.

**Hon. Dave Chomiak (Minister of Health):** The member knows full well that there was tabled in this House a report from the Manitoba Nurses' Union, and that report said that 1000 nurses had been fired by the previous government. I believe them before members opposite.

**Mr. Speaker:** On the point of order raised, I heard enough to make a ruling. On the point of order raised by the honourable Member for

Charleswood, it is not a point of order; it is a dispute over the facts.

\* \* \*

**Mr. Speaker:** The honourable First Minister, to conclude his comments.

**Mr. Doer:** On the issue of nurses, when you have a situation where you go from about 400 to 500 nurses graduating per year in the late '80s and early '90s down to 145 in 1999, you are going to have a shortage of nurses.

\* (13:50)

In the year 2002 there will be over 400 nurses graduating, almost three times more in our first full year of office of nurses will graduate, over the Tories. When the member opposite in his Freudian slip says: We are out to end health care, he has it right. The public know where the Tories stand on health care, and that is to never trust them again.

#### Health Care System Hallway Medicine

**Mr. Peter Dyck (Pembina):** The public know exactly where this NDP government sits on health care. Members opposite were elected on a promise to end hallway medicine in six months with \$15 million. Patients continue to lie in the hallways, providing more evidence they have broken their promise to end hallway medicine. Can the Minister of Health explain why hallway medicine in Winnipeg continues to persist while in fact directive is given to rural Manitobans not to send the patients to Winnipeg?

**Hon. Dave Chomiak (Minister of Health):** Mr. Speaker, first of all, we are not going to put in place the Tory plan to close rural hospitals. That is off. That is not Government policy.

The second issue is that we put in place the most comprehensive hallway medicine program in the country. CIHI, the national reporting agency, assessed the program. It was recognized as the best in the country. It resulted in an 80% drop.

I might add that the Conservative government of Ontario took our hallway

medicine initiative and put it into their plans in order to reduce their hallway situation. It has been recognized the last two years have been the best. There are periodic problems. The members did not stand up in January, February, March, April and May. For three weeks out of the past six months there has been some problem, three weeks out of the past six months, compared to members.

We will work at it every day, and we are continuing to work at it, but we are not doing what members opposite did and that was ignore the problem and pretend it was not there.

**Mr. Dyck:** And the problems continue to persist. This Minister of Health, is he instating a policy which is directing the rural hospitals not to send patients in for patient care when in fact they need it? What does he tell to the people of my constituency when they are told you need to have a heart attack first before you can move into Winnipeg?

**Mr. Chomiak:** Mr. Speaker, a couple of things in that regard. Members opposite asked that question before, the Member for Russell (Mr. Derkach), and I indicated that policy has not changed from the time when the members opposite were government, firstly. Secondly, we continue to hire more nurses and open more beds. How much worse would the situation have been if we would have allowed members opposite to close Seven Oaks Hospital, as they proposed, because they closed Misericordia Hospital? It will continue—

**Some Honourable Members:** Oh, oh.

**Mr. Speaker:** Order.

#### Point of Order

**Mr. Darren Praznik (Deputy Opposition House Leader):** Mr. Speaker, *Beauchesne's* 417 says that answers should be brief and not provoke debate. When the Minister of Health gets up and tries to attribute policy decisions that were going to lead to the closure of the Seven Oaks Hospital, I can tell the Speaker in the two years I presided over that department there were no plans to close the hospital. Not only that, we enhanced Seven Oaks Hospital within our

system. So the minister, by putting false information on the record, provokes debate in this House, which is against the rules.

\* (13:55)

**Mr. Chomiak:** I wonder why a thousand people attended a meeting at the Garden City Collegiate to discuss the closure of Seven Oaks Hospital and why 800 appeared on the steps of the Legislative Building to demand that Minister McCrae not close Seven Oaks Hospital. I do not understand. It was very clear. They managed to persuade the government not to do that.

**Mr. Speaker:** On the point of order raised by the honourable Member for Lac du Bonnet, he does not have a point of order. It is a dispute over the facts.

\* \* \*

**Mr. Speaker:** The honourable Minister of Health, to conclude his answer.

**Mr. Chomiak:** Mr. Speaker, as I have indicated over and over again, we continue to invest our efforts in rural Manitoba. As I understand it, Winnipeg hospitals are utilized about 30 percent by rural Manitoba. We have doubled the EMS funding, that was the worst in the country, to rural Manitoba. If members are aware of the announcement yesterday about equipment, all across Manitoba, particularly in rural northern Manitoba, new diagnostic equipment for all citizens of Manitoba.

**Mr. Dyck:** This Government continues to go down the track of broken promises. I would like to ask the Minister of Health whether in fact he has misled Manitobans in creating these policies where he is not allowing those who need health care to come into Winnipeg.

**Mr. Chomiak:** Mr. Speaker, as I indicated to the Member for Russell (Mr. Derkach), he asked me that question last session, the session previous to that. He has asked me that. I have checked. The policy has not changed from the time when members opposite were government.

The one thing that has changed is we provided more funding for EMS transportation,

double what members opposite offered. We have also done something that rural Manitobans have been asking for for some time. More rural doctors are going to be trained as a result of our new initiatives.

The diploma program is particularly welcome in rural Manitoba. Everywhere we go in rural Manitoba they welcome the diploma program that was opposed by members opposite and cancelled by members opposite.

### **Highway 21 Upgrade**

**Mr. Larry Maguire (Arthur-Virden):** Mr. Speaker, in giving lip service to the needs of rural Manitoba, a major company wants to undertake a \$15-million agricultural project in the Hartney area. This facility could also be built in Saskatchewan. The Doer government's failure to commit to the needed road improvements is jeopardizing this project. This is the same Government that recently cancelled a \$5-million improvement to the Trans-Canada Highway in western Manitoba, failed to implement the Rose report and failed to address the outstanding issues from the 1999 flood.

Will the Minister of Transportation (Mr. Ashton) today commit to the needed upgrade on Highway 21 north of Hartney in order to facilitate this and other rural development programs?

**Hon. Gary Doer (Premier):** The minister of highways and I met shortly after the meeting I had in Melita with the R.M. There is no question the Landmark investment is a very, very positive one, and I know members opposite feel it is important to locate it in Manitoba, southwestern Manitoba, preferably.

Mr. Speaker, I went back and met with the minister of highways, and the indication we had for the \$10-million capital investment in Landmark, the highways cost would be up to \$7 million at minimum, with the \$4-million direct capital and \$3 million in upgrades. That was slightly down from what we were first told of \$10 million. I have agreed to meet with the member and the community representatives that

I know are here today on the issue of what is affordable and what we cannot do.

### **Road Restrictions**

**Mr. Larry Maguire (Arthur-Virden):** We look forward to that meeting. Will the Minister of Transportation, since he will not commit or has not committed to date to the complete project in the expanse of the dollars that he feels his department is telling him this project is worth, instead agree to introduce road restrictions on this stretch of the road, knowing full well that would achieve nearly the same goal?

\* (14:00)

**Hon. Steve Ashton (Minister of Transportation and Government Services):** I think the member opposite is aware from our discussions of some of the challenges the department is faced with, with its overall budgeting. I will not go into any great detail in terms of that, but I can indicate to the member that we have had some discussions in regard to this and other suggestions. I can say to the member opposite the advice from the department, and these are people that have the direct experience, is that there are no easy fixes. In fact, a lot of the proposals that have been made would create damage to the road. So the only real option would be a significant upgrade.

I certainly will be discussing this with the member shortly and the representatives here from Hartney, but there are no easy solutions. Like anything else in Highways, it does take financial commitments. I can indicate, as well, there are many other proposals from the area, from southwest Manitoba, other communities that are involved as well and they have similar concerns.

### **Prairie Grain Roads Program**

**Mr. Larry Maguire (Arthur-Virden):** Will the Minister of Transportation concede to the reeve and the members of the council that are here today from Cameron municipality that the road projects such as these should be funded as part of the Prairie Grain Roads Program, and can he give them any indication as to what part of the



process they would be involved in, in that particular venue?

**Hon. Steve Ashton (Minister of Transportation and Government Services):** The Prairie Grain program is underway this year. It will be positive in the sense that there will be some federal money finally coming to this province.

I note on the record again that when it comes to Hartney or other communities in Manitoba, it would make a real difference if the federal government was involved far more significantly in putting back some of the gas taxes it takes out of this province. Certainly it will be one of the projects that will be put forward.

I would remind the member it is a joint federal-provincial program. Municipalities, KAP and others have a role to play in that as well, so it is not something that is directly within control, but it certainly would be one of the projects that would be eligible for the funding, however limited.

I want to stress again, we need more money from the federal government so that communities like Hartney and others can see those kinds of road upgrades in the future.

#### **Arena/Entertainment Complex VLT Revenues**

**Mr. Mervin Tweed (Turtle Mountain):** Today's Question Period seems to be about integrity and honesty. Yesterday, I tabled evidence that showed the Premier advising the people of Manitoba that the VLT revenue going to the new arena project would be capped at \$1.5 million. Again, the Premier's quote: The VLT money is up to \$1.5 million a year.

After having a chance to review the tape last night, my question to the Premier: Is he continuing to deny he told CBC news that the VLT money is up to \$1.5 million a year?

**Hon. Gary Doer (Premier):** In the same quote, Mr. Speaker, it says that all the details of the whole agreement would be released on Monday. I was doing a verbal briefing on about 38 or 39

articles in a terms of reference sheet. That was provided. It is obviously confusing enough that the Member for Fort Whyte (Mr. Loewen) said it was a minimum after he read the terms of reference sheet. The number utilized was based on lottery information and best average revenue per machine for the reallocation. It was relative to the comparison of the Jockey Club and, at the end of the day, of all the 39 or 40 articles that we were dealing with when this information first became public, we are confident the overall package, the overall set of proposals is good for the community.

If members opposite are—you know, maybe they can have a nitpickers convention. We are in favour of building a new arena.

**Mr. Tweed:** I take the Premier's comments in that he is denying the fact that he made those statements to the people of Manitoba.

My question to the Premier directly is, I mean, Mr. Speaker, everyone makes a mistake from time to time. Why can the Premier of this province, the Premier of Manitoba, not stand up and admit that he made a mistake? He made the wrong comments that were quoted accurately by CBC television.

**Mr. Doer:** Members opposite alleged that we were going to guarantee \$50 million from the Crocus Fund. They also alleged that the amount of money that would be—

**Some Honourable Members:** Oh, oh.

**Mr. Speaker:** Order.

**Mr. Doer:** The amount of money we indicated in this House and outside of this House we feel is very consistent with what we said in a verbal briefing to the media. I feel very confident that the information is not only available to the public, the terms of reference did not change before an election versus after an election like other proposals in the past. The basic investment, public investment in the new entertainment centre is very consistent. We were talking about comparisons between the Jockey Club that has no cap and the proposed arena site.

Mr. Speaker, at the end of the day, in the fall of 2004, you will know how much revenue is

gained or developed or generated by the lottery terminals.

**Mr. Tweed:** I wish the Premier would take the advice of the Minister of Family Services (Mr. Sale) when he says tell the truth. The Premier is misleading Manitobans. He put it on the record that the VLTs would be capped at \$1.5 million. I ask him again to stand and correct the record. That is all we are asking. We are not asking for the Premier to jump off a bridge. We are asking him to tell the truth.

**Mr. Doer:** Mr. Speaker, there have been a number of statements made about the proposed entertainment centre. The fact that we were guaranteeing \$50 million from this Legislature of the Crocus Fund, the fact that in spite of a legal opinion the Crocus Investment Fund was illegal, we feel that the term sheet is very, very consistent with what we have said verbally.

Obviously, it was not going to be in place, a system where you would unplug the VLTs after it reaches a certain amount of money. Then we would be criticized for turning the lights off on the new entertainment centre.

The fact of the matter is members opposite are bitter because they could not put together downtown redevelopment and a new complex in the downtown of Winnipeg.

#### **Arena/Entertainment Complex VLT Revenues**

**Mr. Jack Reimer (Southdale):** Mr. Speaker, I noticed the First Minister has made reference quite frequently in the last comments about the term sheet in regard to the entertainment centre downtown. I would like to just bring to his attention under Manitoba's obligation under the Manitoba Lotteries Corporation where the agreement, the standard agreement that will be entered into, the term "the annual gross revenues from the VLTs" is mentioned five times.

Is the First Minister aware that if he uses those figures and he looks at what the daily minimums are in regard to the VLT commitments by the Manitoba Lotteries Commission of \$432 per machine per day at 50

machines, extrapolated over one year, it is \$7.8 million? Is this First Minister saying, out of that \$7.8 million, \$1.5 million will be the maximum that the entertainment centre will realize?

**Hon. Gary Doer (Premier):** I will provide a written breakdown for the member opposite, and it has been provided to members of the media. As I understand it, they were pursuing some of the same investigation.

**Mr. Reimer:** Mr. Speaker, the Premier has stated that the cap is \$1.5 million.

My question to the Premier is: What will happen to the other monies that are above the cap on these VLT terminals that are proposed for the Convention Centre? As mentioned, if you extrapolate that over 25 years, that is almost \$67 million that they will realize.

The terms of reference for the commitment for the Government is 25 years, 25 years on that formula. Is the Premier aware of that?

\* (14:10)

**Mr. Doer:** You know, it is passing strange, Mr. Speaker, that 150 machines with a formula with no cap at Assiniboia Downs is producing a revenue of approximately \$5 million a year. If you were to multiply that by 25 you would get a certain amount of money, but 50 machines under the same formula with a cap on the formula, obviously, the results are quite different.

Let me explain this: 150 machines at Assiniboia Downs without a cap produce over \$5 million in revenue. The member opposite can do the math, and I will produce that, in writing, for him.

**Mr. Reimer:** Mr. Speaker, as an extension of what the Premier has said then, what he is saying then that the cap he has mentioned of 1.5 really is not in existence for the downtown area, because if you are using that type of rationale of-

**Mr. Speaker:** Order.

#### **Point of Order**

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, I wonder if you can ask

the member to ask a question without a preamble.

**Mr. Speaker:** On the point of order raised by the honourable Government House Leader, I would like to take this opportunity to remind all honourable members that *Beauchesne's* Citation 409(2) advises that a supplementary question should not require a preamble. I would ask the honourable member to please put his question.

\* \* \*

**Mr. Reimer:** I will ask the Premier: Is he saying there is no cap on this amount of money that is going to the downtown venture? He has mentioned 1.5. Is that yes or no? If the minister would like to take it under advisement and come back with the truth, I will accept that too.

**Mr. Doer:** Okay. Let me explain this. Members opposite, when they were in government—now I am sure the member opposite was in Cabinet—expanded the VLTs in the Capital Region by 150, allocated them at the Assiniboia Downs and provided an uncapped formula that produces approximately \$5 million a year.

**Some Honourable Members:** Oh, oh.

**Mr. Speaker:** Order.

**Mr. Doer:** Thank you, Mr. Speaker. The new proposed arena is reallocated VLTs; 50, in the manner that has been tabled in the Legislature. So we have expanded 150, reallocated 50. We have obviously a \$5 million revenue for the Headingley horse racing industry versus the revenue for this operation.

We believe in rebuilding downtown Winnipeg. We believe in this new entertainment centre. Members opposite may be so bitter that they want to nitpick this deal into the ground. We are in favour of it. We are going ahead with it, and it makes sense for Manitobans.

#### Point of Order

**Mr. Darren Praznik (Deputy Opposition House Leader):** Mr. Speaker, *Beauchesne's* Citation 417 says that answers should be brief and not provoke debate. Members on this side of

the House are asking the Premier a very straightforward question about the operation of a cap, a cap that he has publicly reported on CBC and with other media to have said that was the limit. Now he has indicated in a roundabout way that position is different from the reality of this deal.

Members on this side of the House are trying to get the Premier to tell us exactly what the situation is. We are not here to rehash other battles. We want a straightforward answer. If the Premier cannot answer the question, let him admit it.

If he is going to try to raise other battles to avoid the question, then he is provoking debate and he is in violation of *Beauchesne's*.

**Mr. Mackintosh:** Mr. Speaker, it is not a point of order. I would suggest that it is not even a point. The information was provided to members and to all Manitobans and the information speaks for itself.

**Mr. Speaker:** Order. On the point of order raised by the honourable Member for Lac du Bonnet, Manitoba practice has been to allow leaders' latitude. I will continue that practice until I am given directions that are jointly agreed to by both House leaders.

#### Arena/Entertainment Complex Environmental Review Process

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, my question is to the Premier. Some supporters of the arena have expressed to me a concern that the provincial government may not be following the ordinary due process and thereby puts at risk the procedure as a result of potential court actions or injunctions which would halt it because due process is not followed.

I would ask the Premier to clarify precisely what is the process for the environmental review of the True North arena proposal and the demolition of the Eaton's building.

**Hon. Gary Doer (Premier):** We will follow all the laws of the province, Mr. Speaker.

**Mr. Gerrard:** My supplementary: I would ask the Premier when he is going to set up the

appropriate hearings under The Environment Act as it applies to Class 2 developments so that due process can be followed with regard to the arena and the Eaton's building.

**Mr. Doer:** Mr. Speaker, the Premier does not set the environmental licensing processes and application under the law. There is a director of environmental licensing. Surely to goodness the member opposite would not want political interference in that process.

**Mr. Gerrard:** My second supplemental. I am pleased to hear that the procedure is proceeding. I am sure that the Premier will be following the strategy that was tabled so clearly last year, the COSDI process, and ensure that this process is followed. I would ask for some assurance from the Premier that the out-process outlined in COSDI will indeed be followed as is mandated under his Government's strategic plan for the environment.

**Mr. Doer:** Whether it is this facility, the Red River community college, the Big 4, the Brandon generating station that is being changed or the Selkirk station that is being proposed to be altered from coal to gas, whenever the government is both a proponent—and we are a proponent. There is public money going into this, and we support it. The members opposite do not. There are laws to be followed, and we will follow the laws.

#### **Manitoba Hydro PowerSmart Program**

**Mr. Jim Rondeau (Assiniboia):** My question is to the Minister responsible for Hydro. Mr. Speaker, I was pleased to hear in January of this year the minister, along with Manitoba Hydro, announce a new residential PowerSmart energy-saving program. This is especially important due to the increased cost of heat that has been going across North America.

I know that many of my constituents have taken advantage of the program and was wondering if he could provide the House with an update on how this program has been received across the province.

**Hon. Greg Selinger (Minister charged with the administration of The Manitoba Hydro**

**Act):** The energy experts at PowerSmart have received over 3000 calls from Manitobans looking for advice on how to cut their energy bills. Over 550 energy audits have been completed for Manitobans living in all corners of the province. Over 1600 loans, totalling about \$5.6 million, have been allocated for energy efficiency work. This is all as the result of the new program which has been launched for residential homeowners for the first time in 11 years.

As well, Manitoba Hydro has also launched a province-wide PowerSmart initiative for churches, synagogues and temples, and a Summer Student Employment Program has been launched to assist seniors to save energy in their homes.

\* (14:20)

#### **Arena/Entertainment Complex Private/Public Funding Levels**

**Mr. John Loewen (Fort Whyte):** On this side of the House, we support the construction of a new arena but we also support—

**Some Honourable Members:** Oh, oh.

**Mr. Speaker:** Order.

**Mr. Loewen:** Thank you, Mr. Speaker. Unlike the members opposite though, we support the notion that the public has a right to know the truth behind the financing of this project. The term sheet calls for \$38.5 million in public sector contributions in cash and improvements and only less than \$25 million from the private sector. The term sheet also calls for support of \$61.5-million worth of debt primarily from funding from VLT revenue, from amusement tax rebate and from other tax rebates.

My question is: In light of all these facts, why is the Premier still standing on his announcement that this project is 70 percent private sector backed?

**Hon. Gary Doer (Premier):** Mr. Speaker, there are about 2000 VLTs in hotels that were allocated by members opposite. Some hotel chains are making more money than the

proposed new entertainment centre, all owned by private interests by decisions made by members opposite. This is a public asset for the whole community. Yes, it is a mix of private and public investment, but it is very, very clear that there is a public investment and, most importantly, the private sector will take the risk for capital overruns and the private sector will take the risk for operating surpluses or losses. This was very much part of the agreement that we wanted to have. We did not want to have a situation which was negotiated by the member opposite to have the operating loss agreement of a hockey team carried on in perpetuity.

I need no lectures from the member opposite, who had a \$30-million infrastructure proposal publicly stated before the April 25 election and we found out later, in January of the same year, four months before, there was an application for \$85 million in public money. This term sheet is publicly disclosed, publicly tabled in this House and publicly available to any Manitoban. I am proud to mail it out to anyone.

**Mr. Loewen:** This First Minister puts so much misinformation on the record, it is unbelievable.

Mr. Speaker, in his last statement the minister said—*[interjection]* On a new question.

**Some Honourable Members:** Oh, oh.

**Mr. Speaker:** Order. For the information of all honourable members, I recognized the honourable Member for Fort Whyte on a supplementary question.

**Mr. Loewen:** I ask the Premier: Given the information in the term sheet, does he still stand by his statement that this project is 70 percent driven by private funds and 30 percent public funds? Does he stand by that statement?

**Mr. Doer:** Mr. Speaker, the member opposite knows there is a capital investment; the breakdown is well known to members opposite. It is \$125 million in its breakdown and then there is an operating component, and he can mix and match them all he wants in this House, but I think he will find everything is fully disclosed in this term sheet. I think the terms of the risk the

private sector is taking on is very important for us.

The most important number to me is once the agreement is publicly stated in terms of its actual capital investment for us. Now we have a \$13 million, including a \$10-million infrastructure grant. Members opposite thought it was okay to build a fountain in the back of the building. That was their priority. Not the Kenaston underpass, not a new arena. We think redeveloping downtown Winnipeg is our priority. Fountains behind the Legislature was his priority. A downtown arena and other projects downtown are our priorities, and we know that 100 percent of the risk will be carried after that by the private sector.

**Mr. Speaker:** Time for Oral Questions has expired.

## MEMBERS' STATEMENTS

### General Byng School

**Mrs. Joy Smith (Fort Garry):** Mr. Speaker, I would like to take this opportunity to recognize a wonderful organization that has worked very hard to improve the learning and recreational environment of the children of General Byng School in Fort Garry.

The Playground Improvement Committee held a ribbon-cutting ceremony on June 19 to officially open the new play structure and outdoor classroom. The task of replacing the existing structure has been two years in the making, and the result is credited to the tremendous efforts of many parents and volunteers.

The design for the new play structure was drawn from ideas that children themselves submitted. Children from kindergarten through Grade 6 were given the opportunity to submit their ideas about what their ideal play structure would include. Similarly, Mr. Carrol's Grade 6 enrichment students created the plan of the outdoor classroom, and their design ultimately won the Fort Whyte Centre's Wild Challenge during Earth Day 2000. Congratulations to all the students for the wonderful ideas.

I would like to send a special thanks to the core members of the Playground Improvement

Committee. Cathy Batten, Monique Bourke, Kathy Burchill, Jan Gilchrist, Caryn Larsen and Kim Mardero have worked extremely hard to make these projects a reality, and the results of their labours will be appreciated and enjoyed for generations to come. Thanks again to everyone involved.

### **Provincial Strategy on Disabilities**

**Mr. Cris Aglugub (The Maples):** Mr. Speaker, over the past month, I had the opportunity to travel to several communities to discuss the recently released paper *Full Citizenship: A Manitoba Provincial Strategy on Disability*.

These community consultations were chaired by the Member for Radisson (Ms. Cerilli) and provided a forum for many Manitobans to respond to this important initiative from the Minister responsible for Persons with Disabilities (Mr. Sale).

I was honoured to participate in this valuable process and I would like to personally thank all the participants for sharing their views, concerns and suggestions with my colleagues and myself.

In Winnipeg, Brandon, Thompson and Steinbach participants spoke of how glad they were to see a government that was actively interested in improving the way people with disabilities are treated in Manitoba.

They were excited to hear that finally a government was taking the lead in ensuring that all Manitobans, regardless of their abilities, are treated as full citizens.

For example, the Steinbach branch of the Association for Community Living believes that, I quote: "This announcement has the potential to set a very positive tone for how government supports persons with disabilities, and through its example, sets a more positive tone for how the larger society views and supports people with disabilities."

I have greatly enjoyed this opportunity to listen to Manitobans with disabilities. I hope that we can continue to work together to ensure that

everyone in Manitoba has full citizenship. Thank you, Mr. Speaker.

### **Ms. Linda Omichinski**

**Mr. David Faurshou (Portage la Prairie):** Mr. Speaker, it gives me great pleasure to have the opportunity to rise and offer congratulations to Linda Omichinski of Portage la Prairie for her innovative work in the area of dietetics. In recognition of Ms. Omichinski's accomplishment, the Dietitians of Canada and Kraft Canada awarded her the Speaking of Food and Eating Award at their annual meeting on June 9.

Ms. Omichinski is currently serving as president of Portage la Prairie-based HUGS International, which she founded in 1987. Through HUGS International, Linda Omichinski has been able to educate and assist people across North America with their questions on nutrition and proper diet.

The award-winning program called *The Celebrating Midlife Madness Workshop*, carried out with the help of her partner, Becky Chase, has taught women from Alaska to Nova Scotia about health changes related to menopause, and provides helpful advice on how to lead a healthier lifestyle.

\* (14:30)

In addition to her work at HUGS International, Ms. Omichinski has written two best-selling books on health and nutrition and has recently released her third book entitled *Staying Off the Diet Rollercoaster*. The dedication that Ms. Omichinski has shown towards improving the lives of people around her is truly commendable, and I sincerely congratulate her on her recent recognition and on her wonderful success in the area of dietetics. Thank you.

### **St. James Anglican Church**

**Ms. Bonnie Korzeniowski (St. James):** Mr. Speaker, I am pleased to rise today to celebrate an important historic milestone in my constituency. This month marks the 150th anniversary of the St. James Anglican Church located on Collegiate Street.

One hundred and fifty years ago, the original log church was built on Tylehurst Street. In 1998, it was partially destroyed by fire but was restored to its original state in the year 2000. It is still used for small services. Today, this little church is the oldest of its kind in western Canada.

The new church, built in 1922, is well-known for its 14 beautiful stained-glass windows. These windows were funded by the congregation during the Second World War and are each dedicated to the loved ones of congregation members. The amber glass that was taken from the windows and doors when new stained glass was installed was transformed into beautiful candleholders, angels and more by local artisan, Peggy Chapman, whose family has long been members of the parish.

Anniversary celebrations began on June 17 and included a pancake breakfast, the Mary Wright Lilac Tea, tours of the old church, a banquet featuring local entertainers and three special services. Two of the services were held at the log church and one was conducted by the Primate of the Anglican Church of Canada.

Former parishioners came from all parts of Canada and from England to join in the festivities. In addition, representatives from all levels of government lent support and respect with their presence. I was pleased to participate in a few activities and was deeply impressed by the historical knowledge and pride shared by all congregation members.

I would like to congratulate the congregation at the St. James Anglican Church for the hard work they have done in preserving and celebrating this wonderful piece of Manitoba history. Thank you, Mr. Speaker.

**Dr. Dennis Giesbrecht**

**Mr. Jim Penner (Steinbach):** Mr. Speaker, I would like to draw the attention of all members of the House to an individual in my constituency who has dedicated a number of years and a great deal of energy to the enhancement of education in our province. Dr. Dennis Giesbrecht was recently honoured by the Manitoba Association of School Trustees with a long-service award for over 20 years of public school board service.

Doctor Giesbrecht has served the students of the Hanover School Division with distinction and is deserving of the recognition he has received.

Members in this Chamber know the importance of education. Indeed, there is no tool we can provide our children with that better opens the door of opportunity and success. We often hear much about the pace of change in today's world. Education provides our young people with the ability to respond to the challenges of change and to succeed in an international environment.

Mr. Speaker, the success of the education system is directly associated with those individuals who serve as trustees and in our schools. Personally, as a member of a board of governors of a post-secondary school, I can appreciate the challenges that are a part of delivering high-quality education from the board level. However, I also know the rewards that one feels when they are able to provide young people with an asset, an education, that will serve them the remainder of their lives.

Doctor Giesbrecht is representative of the many education officials in our province who give of their energy to benefit the future of our province. On behalf of all members in this House, I would like to extend my congratulations to him and to thank him for the difference he has made in the lives of young Manitobans. Thank you.

**ORDERS OF THE DAY**

\* (14:30)

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, Happy Birthday.

*[Happy Birthday sung]*

**Mr. Speaker:** Thank you very much.

**Mr. Mackintosh:** For other business, Mr. Speaker, could you please call debate on second readings of bills in the following order: 31, 32, 34, 43, 48, 25.

**DEBATE ON SECOND READINGS**

**Bill 31—The Municipal Assessment Amendment Act**

**Mr. Speaker:** To resume debate on Bill 31, The Municipal Assessment Amendment Act,

standing in the name of the honourable Member for Gimli (Mr. Helwer).

Is there leave for the bill to remain standing in the name of the honourable Member for Gimli?

**Some Honourable Members:** No.

**Mr. Speaker:** Leave has been denied.

**Mr. John Loewen (Fort Whyte):** Mr. Speaker, I just want to comment briefly on Bill 31 prior to its passing on to committee, The Municipal Assessment Amendment Act. This bill makes a very significant change to the way that the appeal process is undertaken with regard to property assessment and taxation. In particular what it does is it allows the Board of Revision, the Municipal Board, to increase at their discretion the assessment that is dealt with on appeal. This has not been the case in history in Manitoba. I think it is important to note that this is a very, very significant change and will have some far-reaching effects on the process. Particularly people who are taking their property tax assessments to the Municipal Board or to the Board of Revision are doing so because they feel that they are being taxed at an unfair level, that their property assessment is too high and they are going to these bodies to argue for a reduction in the assessed value of their property.

We have seen a substantial amount of that being done not only in the city of Winnipeg but across this province in the last few years. In fact, in a large number of those cases the appropriate body found that the assessments were too high and in its wisdom decided to reduce them. In particular, the City of Winnipeg, I think, was stung quite badly by this, not only on residential, but on commercial property to the point that there are some companies in town and some individuals who have set up practices and set up offshoots of their business to deal with the unfair assessment activities, particularly within the city of Winnipeg.

It has been in the best interests of property owners, residential and commercial, in the city of Winnipeg to take a close look at the assessed value of their property when they get the notice and seek advice from those who are more

familiar with the workings of the system and in fact in many cases proceed to appeal the assessed value of their residence or their commercial property. I would say that it is safe to say that in the majority of those cases they have been successful on appeal and have had the values reduced.

\* (14:40)

Now the point here is that by changing the nature of what the Municipal Board or the Board of Revision could do, it will have an effect on people's attitudes about fairness and, possibly, impartiality. Particularly given that for the City of Winnipeg these boards are appointed, in the City's case appointed by City Council, one can certainly understand that council may have some self-interest involved when it appoints the members of the board of revision and that in fact we could see a board that will take a hard line against people who appeal their property tax simply to prove a point so that council can see its revenue base maintained.

It would only take five or six rulings where the board of revision decided to up the assessed value to have a substantial discouraging effect on people's ability to see their way clear to take their appeal forward. So we are looking forward to hearing from presenters on this bill. We believe that the onus should be on the assessors, people within the department, both at the City of Winnipeg and within the provincial jurisdiction, to get it right the first time, to do the assessment in a fair and equitable fashion, to do it in such a way as to reduce the number of appeals by the fact that, when people do receive their assessment, they will understand that it is not only fair but it is in fact equitable.

This legislation will lead to exactly the opposite situation, where the assessors can just put down a number without giving a lot of thought and due diligence to whether it is the right number, because they know that on appeal it can always be raised by the appropriate body.

Our preference would be to leave the bill, leave the law of the land the way it is, and to force the assessors to do the job right the first time, and to give an opportunity for those in our province who feel that their values, the values of



their property, have been wrongly assessed to appeal the process for the right reason and to not enter the process with that cloud hanging over their head, that in fact the value of their property may go up according to the whims of a board that was approved by the government in power.

I remind you the government in power always has a vested interest in maintaining its revenue base, and that is the concern that we have with this bill. I think we will express that concern at committee. As well, I am sure, a number of the presenters can determine at that time what the process will be with regard to amendment. Having said that, we are pleased to have this bill moved forward to committee.

**Mr. David Faurshou (Portage la Prairie):** I appreciate the remarks of the honourable Member for Fort Whyte. I just want to place upon the record one particular section, section 60(1.2), and that is in respect to: The Municipal Board shall not change an assessment with respect to any matter that was not put at issue by a notice filed under subsection 57(9).

The reason I bring this forward is that I have a question and have yet to have the opportunity to research this. I am concerned that potentially, if one property owner that has their assessment reduced, that in fact those properties either adjacent to or very near proximity to, that are of equal or similar construction, similar vintage, would not have notice that one individual has been in fact successful in reducing their assessment.

The Municipal Board is hamstrung by this particular section, that they cannot make public the successful appeal and that all homeowners, unless they in fact appeal their assessment, will go unknowingly overpaying their taxes. So this particular section does concern me, if I interpret it properly that this is restricting the information of a successful appeal and reduction of assessment when similar property owners will not have knowledge of this reassessment, and in that light, I do disagree with the Municipal Board not having that ability to make public, so with those short words, thank you very much, Mr. Speaker.

**Mr. Speaker:** Is the House ready for the question?

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is second reading of Bill 31, The Municipal Assessment Amendment Act.

Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed and so ordered.

### **Bill 32—The City of Winnipeg Amendment Act**

**Mr. Speaker:** Resume debate on Bill 32, The City of Winnipeg Amendment Act, standing in the name of the honourable Member for Fort Whyte.

**Mr. John Loewen (Fort Whyte):** Mr. Speaker, similarly with this bill we look forward to moving it on to committee to hear presentations and representations from the public on this bill. We do have concerns with the bill, although it does serve to clear up some technical issues and in fact does clarify the process under which the ward boundaries will be set in the city of Winnipeg and, in particular, sets out a time frame for that.

We are very concerned that the variance in the population base is being moved from its current rate of 10 percent up to 25 percent, and this could result in very, very significant differences in the sizes of the wards that result from any boundary review and redistribution. While the stated intent of the Legislature is only changing to the effect that the commission is being given explicit instructions to wherever possible include all of any particular historic community or a neighbourhood in the same ward, it is also being given the freedom to make this very large variation in ward sizes. I do not believe that the people of Winnipeg would find it fair if they were caught in a situation where the ward they were in was 25 percent higher than the ideal ward size, and the ward next door was 25 percent lower, which is what could happen under the conditions prescribed in this act.

So we could see very, very large and significant discrepancies in the size of these

wards, which leads back to the original premise of when is a vote a vote, and in fact, why would we allow the commission to determine wards that could see someone being in a ward that is possibly as much as 30 percent, 35 percent higher than a neighbouring ward when in fact the very premise of the commission should be to the extent possible, ensuring that all wards are relatively about the same size. That surely is the underlying factor when determining any boundaries for any elected body. That should be the case with The City of Winnipeg Act, and it should be the primary premise that is followed by the commission that will be re-examining the boundaries.

\* (14:50)

We do believe that this bill should be revisited and that, while we do agree that, to whatever extent possible it would be ideal to include all of a neighbourhood, particularly those historic neighbourhoods that are recognized throughout the city of Winnipeg, we do believe that with careful consideration by any commission that these boundaries could be fixed in such a way as to not vary by more than 10% plus or minus and, in fact, they could at the same time include historic communities and whole neighbourhoods in the same ward. We will speak to this at the committee, and we look forward to hearing from members of the public at the committee stage. We will be seeking an amendment to this act to maintain the variation at plus or minus 10 percent, as opposed to increasing it to plus or minus 25 percent as is indicated in Bill 32.

**Mr. Speaker:** Is the House ready for the question?

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is second reading of Bill 32, The City of Winnipeg Amendment Act.

Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed, and so ordered.

### **Bill 34—The Municipal Amendment Act**

**Mr. Speaker:** Resume debate on second reading of Bill 34, The Municipal Amendment Act, standing in the name of the honourable Member for Fort Whyte.

**Mr. John Loewen (Fort Whyte):** We are also prepared at this time to move Bill 34, The Municipal Amendment Act, on to committee. We are again looking forward to hearing from any members of the public who may want to make representation at committee regarding Bill 34. I have reviewed the minister's comments with regard to this bill that she made in the House on June 4. We will look forward to discussing this bill at committee.

**Mr. Speaker:** Is the House ready for the question?

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is second reading of Bill 34, The Municipal Amendment Act.

Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed, and so ordered.

### **Bill 43—The Auditor General Act**

**Mr. Speaker:** Resume debate on Bill 43, The Auditor General Act, standing in the name of the honourable Member for Carman.

**Mr. Denis Rocan (Carman):** I took this bill under my name the other day to have an opportunity to peruse it. My caucus and myself had an opportunity to look at it somewhat, and now we are prepared to move it on to committee. Thank you, Sir.

**Mr. Speaker:** Is the House ready for the question?

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is Bill 43, The Auditor General Act.

Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed, and so ordered.

**Bill 48—The City of Winnipeg Amendment  
(Pensions) Act**

**Mr. Speaker:** Resume debate on second reading Bill 48, The City of Winnipeg Amendment (Pensions) Act, standing in the name of the honourable Member for Seine River.

**Mrs. Louise Dacquay (Seine River):** Mr. Speaker, I believe our critic wants to put a few comments on the record, and we will be prepared to pass this through to committee.

**Mr. John Loewen (Fort Whyte):** As indicated by the Member for Seine River, we are prepared to pass this bill on to committee. At this stage, we will be interested in the discussions at committee with regard to this bill and in particular we will be looking for clarification from the minister as to why under section 79(2) the legislation proposes that the surpluses that may be withdrawn from this fund are not subject to prior written consent of the Pension Commission of Manitoba, which is as it stands right now.

So, with that one proviso, we are prepared to move this bill on to committee, hear public representation, and enter into dialogue with the minister regarding that one particular aspect of the bill and in particular try to have a better understanding of why, in her opinion, it is not to the advantage of both the City of Winnipeg and the employees union and non-union that are covered under the existing legislation, why it is not in their best interests ensuring that the Pension Commission of Manitoba has reviewed any attempt to take surpluses out of the pension plan without their opinion and written consent. Thank you.

**Mr. Speaker:** Is the House ready for the question?

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is second reading of Bill 48, The City of Winnipeg Amendment (Pensions) Act.

Is it the pleasure of the House to adopt the motion? Agreed?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Agreed and so ordered.

**Bill 25—The Health Services  
Insurance Amendment and  
Consequential Amendments Act**

**Mr. Speaker:** To resume debate on Bill 25, The Health Services Insurance Amendment and Consequential Amendment Act, standing in the name of the honourable Member for Charleswood.

**Mrs. Myrna Driedger (Charleswood):** Mr. Speaker, I appreciate the opportunity of rising to speak on Bill 25, although I am somewhat disappointed to see such a bill having to be put forward in front of Manitobans at a particular time when we see health care so seriously challenged in this province.

Something really struck me in remarks made by Dr. Albert Schumacher, who was the president of the Ontario Medical Association. In March he was speaking to the Canadian Club of Toronto. I would like to quote a few of his statements. As I sat reading them, I was quite affected by the words of somebody in another province who was feeling the same things I was feeling here. He said, and I quote: There is a crisis in health care now, and the future looks even more daunting. I want to make my case by outlining three propositions. The first is that our health care system faces an unprecedented crisis. The second is the need for dialogue about the kind of health care system Canadians want for themselves and their families, and the third is the urgent need to develop and implement the solutions needed to ensure a stable and sustainable system of care in future needs. End of quote.

Mr. Speaker, this is what the Tories are proposing in terms of addressing health care in Manitoba. We must invite and engage

Manitobans into a dialogue. We have a health care system whose sustainability we worry about. We do not support the fact that the NDP government has not promoted any dialogue with Manitobans in any way whatsoever. That is something that we very, very much believe in, because we feel it is extremely important for self-examination, serious debate and ultimately, meaningful reform. Instead what we have in Manitoba is a health care system that condemns ailing people to long waiting lists. I think as politicians we have a very, very serious obligation to address that issue.

\* (15:00)

In addressing that issue, however, it is interesting to note that scaremongering has taken the place of honest discussion over problems about our creaky health care system, that when people get up and want to talk about innovation and want to talk about health care reform, instead what we hear from this NDP government is nothing but scaremongering.

The truth is, Mr. Speaker, health care is in trouble, not just in Manitoba but right across this country. What we do need is honest, open discussion in a search for innovative ways to save medicare.

At the time a physician from British Columbia was thinking of coming into Manitoba and introducing a new clinic into Manitoba, we had a Minister of Health (Mr. Chomiak) that was introduced by the *Winnipeg Free Press*. In an article in that paper on February 7, 2001, it indicates in this particular interview with the Minister of Health that he has said he will block plans by a Vancouver health care firm to set up a private hospital in Manitoba.

It is interesting to note that this particular minister keeps choosing to throw out the words "hospital," "private hospital," when, in fact, the doctor from British Columbia had absolutely no intent that his clinic, his surgical centre would ever be considered a private hospital. That was not his intent. Those were not words that he ever used. Yet, Mr. Speaker, this Minister of Health continued then and continues now to infer quite blatantly that this particular physician was setting up a private hospital. That, in fact, is not true.

*Mr. Harry Schellenberg, Acting Speaker, in the Chair*

The Minister of Health also went on to say that such a centre would allow patients to jump the queue for insurable service. That also is not true. There is no queue jumping in publicly funded private clinics in Manitoba. The minister knows that full well. Yet, he has continued to always put this information forward about jumping the queue. That really again, Mr. Acting Speaker, is part of the problem with the scare mongering, the fearmongering that we see put forward when anybody new wants to come into Manitoba and provide health care to patients or when anybody even talks about the issue of innovation and much-needed reform in health care. We have this Government jumping forward with misinformation and scare mongering to the public.

In this particular article, February 7, 2001, I would like to just quote a couple of paragraphs from that. It says, and I quote: Health Minister Dave Chomiak said that is wrong, and he is prepared to bring in legislation, if need be, to block the company's plan. Chomiak declined to go into specifics, but indicated that could involve changing the definition of a private hospital. Chomiak said he is trying to reduce times for waiting lists, but he said moving to a user-pay system is not the way to do it.

That was never part and parcel of any of the intent of the physician wanting to come into Manitoba and set up service to take care of what he said were some of the longest waiting lists in Canada. Right from the beginning we can see that this minister was fearmongering on the issue, putting a lot of gross misinformation forward and, in fact, skewing the whole debate in a way that I do not believe will ever be healthy or helpful to what is needed to be looked at in Manitoba. I think what he has done is tremendously a disservice to Manitobans.

So we can accurately see now that Bill 25, based on the minister's comments from February 7, 2001, is a direct result of this minister's ideology, that he has absolutely no intent to address whether or not there is any possible good that can come from publicly funded private clinics. We certainly see from his comments that

Bill 25 is a knee-jerk reaction to this whole issue, this whole situation of the physician from British Columbia wanting to come into Manitoba. What a sad day for Manitobans when this particular Health Minister has not over many, many months even agreed to meet with this physician from British Columbia to find out if there were any opportunities to look at any form of collaboration. Instead, they immediately slammed the door on the debate, and they have refused to budge in any way whatsoever to looking at this particular situation.

Mr. Acting Speaker, this bill asks more questions than it actually answers. It causes me serious concerns, which I hope I can effectively articulate over the next short period of time. I think this bill is a very serious compromise in Manitoba to try to look at ways we can address improving health care for patients in this province.

Mr. Acting Speaker, publicly funded, private clinics have existed in Manitoba for years. They are not new. In fact, in 1998, legislation was passed in Manitoba, and it was passed for a particular reason. Back in 1979 and onward, we had three clinics, the Pan Am, the Western and the Midland, who had set up and were charging facility fees. In 1995, Ottawa decided this practice violated the Canada Health Act and fined the province \$68,000 a month in reduced transfer payments.

Therefore, our Government passed amendments to The Health Services Insurance Act in 1999, preventing physicians at private clinics from claiming payment under the act. Therefore, Mr. Acting Speaker, since 1998, we have had publicly funded, private clinics providing service to Manitobans. Manitoba Health now provides operating contracts to these private surgical clinics to replace revenue lost from the elimination of the facility fees.

In fact, Mr. Acting Speaker, in the year 2000, private clinics performed 3500 surgeries in Manitoba alone for which they received \$2.8 million from Manitoba Health. Manitoba Health has capped the number of surgeries the clinics are permitted to perform annually and has the ability to renegotiate this cap annually depending on need. It is totally controlled by

government to ensure that costs are monitored and controlled.

It is also up to the minister to determine if he will or will not enter into a contract with a private clinic, thus agreeing to publicly fund services. Of the approximately 16 private clinics in Manitoba, only 3 are publicly funded, which means they are allowed to provide insured service.

So, Mr. Acting Speaker, we do not have a situation here where, as the minister has claimed a number of times, private clinics, although they are publicly funded, compromise medicare. In fact, I would love him to be able to explain, and he has trouble explaining this, how 3500 procedures being done to alleviate pain, alleviate a lot of stressful situations for patients, which only cost \$2.8 million on an annual basis, how in fact that compromises medicare. The whole situation with publicly funded, private clinics are fully controlled and regulated by government. In doing so, cost can be controlled in the system. So for the Minister of Health (Mr. Chomiak) to talk about \$2.8 million out of a \$2.4-billion budget compromising medicare is such a stretch it is almost laughable if it was not such a serious issue.

\*(15:10)

In looking at the discussion too that the minister puts forward on the issue of publicly funded, private clinics, he continues to throw out the words "user fees" and "queue jumping," and I take huge offence to that because in Manitoba that is not happening. User fees in these publicly funded, private clinics are not charged, and there is no queue jumping, particularly if we want to look at the issue of cataract surgeries. The whole waiting list for cataract surgeries is centralized and controlled by the Misericordia Health Centre so that everybody who needs cataract surgery is on that list. Nobody has an opportunity to queue-jump, and nobody is asked to pay a fee.

So for the minister to be putting forward such information is very much a disservice to this whole debate. When we look at this issue of publicly funded, private clinics performing 3500 surgeries for which they received \$2.8 million from Manitoba Health, we have to wonder why

this Government would then move forward to take the whole Pan Am Clinic out of this particular system, nationalize it and actually take away the efficiencies and the ability it had to add to the positive aspects of what was happening in health care. Certainly I am sure a number of my colleagues will want to address this issue further with this particular Government as well.

To reiterate, publicly funded private clinics have existed in Manitoba for years. They are not new. Another clinic coming into Manitoba to provide service to Manitobans would have been fully able if the minister had been willing to speak with him at all instead of rudely ignoring the doctor's phone calls for a discussion with the minister, would have seen a situation where the minister, should he choose to develop a collaborative relationship, he could have. The Government then would have been in a situation where they had set up a collaborative relationship and in fact the clinic would in fact have fallen under the same rules as other clinics in Manitoba which are fully controlled and regulated by the Government.

Certainly what the Government did to try to address the issue of private clinics because of an ideological distaste for them, they decided that what they were going to do was change the definition. By changing the definition of a private clinic they have now made it so that private clinics are now considered private hospitals. In fact that is a very deceitful way to address the situation. It certainly skews the debate because private clinics, private surgical centres are not private hospitals. For the minister to change the definition of a private hospital so that private clinics with overnight beds are considered to be private hospitals, the Doer government is being deceitful and absolutely skewing the debate and creating a fearmongering situation in this province.

Mr. Acting Speaker, patient safety should be this Government's first priority. Allowing those few overnight beds would certainly ensure patient safety in the event that post-op care, which might only mean nausea lasting a little bit longer than normal, having the overnight bed there would certainly provide for the comfort and safety of the patients so that these patients could be allowed to stay a short while longer

than would be anticipated. One has to ask, is the Doer government so opposed to overnight stays that they would endanger patient safety to ensure that their ideology is not compromised? What we see is compromised patient safety. This Government will not do anything that might compromise their ideology. What a sad situation we have for Manitobans.

Bill 25 is so ideologically driven because of this Government's absolute distaste for private clinics and the opportunity and innovation and collaboration if they would choose to go down that road and what it could do to help Manitobans and the impact it could have on patient care. In fact, this particular bill will compromise access to care. I do not doubt that for a minute. It will compromise access to care by maintaining lengthy waiting lists. The NDP government appears to be very unwilling to consider any form of public-private collaboration in the delivery of health care, interesting when we see almost every other province in Canada looking to this kind of innovation.

When we look at other jurisdictions throughout the world, looking at this collaboration, Manitoba seems to be stuck in a time warp with an NDP government that is so ideologically stuck that they have such a narrow view to what good health care is all about. They have such a narrow-minded view as to how to address this issue of improving health care in this province. What they have done is they have reduced patient choice when it comes to meeting health care needs. In fact, I would even go so far as to say they are breaking the Canada Health Act by preventing access to care for patients in this province, because publicly funded private clinics are allowed under the Canada Health Act. They can help provide patients with health care options and choice, but instead what we have is a government that has absolutely slammed the door on any opportunity here.

We will continue to strongly support publicly funded private clinics as we have for the last several years. We feel that there is a role for public-private collaboration in health care to strengthen and sustain our health care system. These three clinics in Manitoba, for the last few years, have served Manitobans well, and

certainly we will continue to support strongly the publicly funded, private clinics that have existed in Manitoba.

There are a number of concerns that we have related to this bill. The changes in the definition, outside of ideology, this takes us into a whole other arena, because the changes to the definitions here really add to the vagueness of the act and ask far more questions than they even answer. For instance, the definition of a surgical service, which has never been defined in Manitoba before, now leads us to ask a number of questions because, if we were to interpret it the way we have, we will see that it will limit the ability to provide home birthing services. I mean, what is this going to do to midwifery in this province?

If you were to take the definition as it stands for surgical service, it certainly will limit the ability to provide home birthing service. It affects midwifery directly. It affects the development of birthing centres. It affects palliative care at home or in a hospital because, if, for instance, you had a bed sore that needed debridement and you were to use instruments to debride a wound and in debriding a wound you alter the shape of a person's body, you are actually doing surgery by this definition.

A huge question that is out there right now and of concern to physicians in this province is the outpatient procedures conducted in a doctor's office. Mr. Acting Speaker, we see a number of physicians performing scopes in their offices. When they do a scope, they take a small tag during their scope to send for analysis, so in fact they do a biopsy. If we were to look at the definitions within this act, it lays open all of the questions related to outpatient procedures conducted in a doctor's office.

Home care is another question that is just wide open here with tracheostomy suctioning, wound packing, urinary catheter insertion and care, care of and removal of a hemovac drainage tube, peritoneal dialysis. If we look at all of these things against the new definition, the newly minted definition of surgical service, all of these procedures may fall within that category. I am not sure the minister has fully done his homework on this issue because it

appears that every one of these could now be considered a surgical service.

It also appears with this act that surgical procedures done in doctor's offices that have tray fees involved make it so that tray fees are now illegal through this particular legislation. Yet the Minister of Health (Mr. Chomiak) has argued that tray fees will not be affected by this legislation. However, if that is so, then the Minister of Health, in effect, by saying yes you can keep tray fees, actually has endorsed user fees, and thus he has endorsed two-tier health care in this province. So which way is he going to have it? He is either going to support tray fees, or he is not going to support tray fees.

\* (15:20)

The answer within this bill to this, the definition of this is so sloppy that in fact we have a situation here where we have doctors in this province who are so worried about this that there have been threats out there that we will have doctors leave this province if in fact the tray fees are tampered with. Then we have the Minister of Health saying, no, they will remain in existence. Well, if they do, we certainly do have user fees being promoted by this Government, and that seems to be a whole new line we have not heard from them yet.

The other issue of concern is the prohibition of overnight stays in surgical facilities. We certainly feel and I, as a nurse, feel that having that option—you may never use it—of a few beds in a centre so that you can ensure patient safety and you can ensure patient comfort is absolutely critical to providing good patient care, and how in the world do a few overnight beds in the minister's mind compromise the issue of medicare? That is such a stretch, Mr. Acting Speaker.

So now we have in the bill post-op care in a facility is not allowed after 11 p.m. at night. So we have a patient that maybe needs two more hours to get rid of their nausea, because they have taken a slightly more adverse reaction to anesthesia than some people, but eleven o'clock at night, you can bet that any physician who is afraid of a \$30,000 fine is in no way going to allow that patient to stay there after eleven

o'clock at night, even if the minister is now giving some assurances that well, maybe once in awhile it is okay. You can bet that doctors in Manitoba are not going to have any confidence that a government minister is saying well, that is okay; this time it is all right. I guarantee you there will not be a physician in Manitoba that is going to be willing enough to brave this, to allow a patient, even if they have to stay one more hour to comfortably get over their nausea, because they are not going to risk a fine that can be fined upon them at the snap of a finger by this bill of \$30,000, and think that they are just going to sit there and allow that to happen.

So what happens to the patient? They end up having to go to a hospital. How do they go to the hospital? Do they go by an ambulance? Who then pays for that ambulance? Is that patient then going to have to pay several hundred dollars in an ambulance fee to go to a hospital? When they get to the hospital, is there going to be a bed in the hospital? I think not. We are going to see this patient sitting in an emergency hallway, as we have seen today, where we have 10 patients in one hallway. We have 9 patients at St. Boniface Hospital this morning. The last two weeks, we have had more patients in hallways in Manitoba than we did for that same period of time in 1999, and we do not have a flu epidemic right now. So what happens to these patients who end up having to leave the clinic for one or two hours and then end up in a hospital?

The minister then goes on to say we have enough bed capacity so the hospitals could accept them. Well, he says that out of one corner of his mouth and from the other corner of his mouth, he chastises us for closing beds and therefore we do not have enough beds in Manitoba, when in fact, Mr. Acting Speaker, we have more beds in this country per capita than almost every other province in all of Canada.

On April 3, Dr. Brian Postl has also acknowledged that the Pan Am Clinic might have overnight stays. Well, why is it okay now for the Pan Am Clinic to have overnight stays? Is it now going to be considered a hospital if they have overnight stays? The College of Physicians and Surgeons have indicated that if a private clinic meets staffing criteria, then in principle they support overnight stays.

Just for the record, Mr. Acting Speaker, The Maples Surgical Centre has 25 physicians signed up to work there and 20 nurses; 20 nurses, when we have a shortage in this province, wanting to work in a facility, I think speaks to both professions wanting to provide service to patients in Manitoba.

Why then does an NDP government not respect and support these experts? It really boggles the mind that, on the one hand, the minister says: We will listen to the experts, and when it does not suit him, he walks away from what the experts are actually saying, that in principle the physicians in Manitoba support overnight stays. I think that says a lot about their commitment to improving health care in Manitoba and the direction the minister is taking says a lot about his commitment in Manitoba.

Mr. Acting Speaker, this is truly an ideologically driven piece of legislation. The Minister of Health (Mr. Chomiak) states in his news release that an important goal of this legislation is to close the door on two-tier medicine in our jurisdiction, but maybe if the Health Minister had done his homework, he would already realize that 30 percent of health care in Manitoba and in fact across Canada is already offered through the private system. That has been in place for 40 years. That is not new.

Also, it is worth noting that the World Health Organization has ranked various countries in their provision of health care. The American health care system is rated 39th by the World Health Organization, Canada is ranked 30th, France is rated No. 1, and Italy is rated No. 2.

Certainly, when we are looking at strengthening our system here in Manitoba, we certainly are going to be looking to Europe and to what kind of a system they had set up. You never know what you might be able to learn if you open your mind to some of the changes that could actually improve patient care.

Mr. Acting Speaker, if we were to look at the French system which is rated No. 1 in the world, it is based on competition and the freedom for patients to choose their own doctors and treatment centres. Their compulsory health



insurance plan finances or reimburses for health care and pharmaceuticals. The French government has created a framework for health care in which public and private hospitals and clinics co-exist to provide the population easy access to required services. Both public and private hospitals and clinics are subject to government approval for their location, their development and major medical equipment. There is an accreditation evaluation process in which the results are published.

The results of all of that, Mr. Acting Speaker, there are virtually no waiting lists in France. In fact, three to four weeks are considered long. Instead, what does the NDP government in Manitoba find acceptable? Well, months and months and sometimes years, as we see with cataract patients. How can anybody condone waiting lists like that and not be willing to look at some of the innovation that could help fix our health care system?

The French health care system costs them \$200 per person per year less than the Canadian system. It achieves a higher disability-adjusted life expectancy, and their system is fairer to the poor as French citizens personally pay less through private insurance or out-of-pocket payments.

It is unclear to me why we have a government of Manitoba that is so embedded in their outdated, narrow-minded ideology that they would not even be willing to look at what France might have to show us, why we would not even be willing to have a closer look at what they have and find out whether what they have there is in any way something that we can bring to Manitoba? It certainly does not hurt us to look, and I would encourage this Government to consider not going forward with Bill 25. Have a look at ways that other countries are succeeding so well in health care where we are not succeeding.

This act preserves the status quo which is currently failing Manitobans. What does the status quo in Manitoba look like right now, Mr. Acting Speaker? We have a nursing shortage in Manitoba right now that has doubled under this Government from 600 to 1100 nurses. Those are numbers of a year ago. I would be very

interested to know why the minister is not releasing more current numbers. My only feeling is that those numbers could be so far higher than that that the minister may be afraid to actually tell people what those numbers are in Manitoba right now.

The minister had promised to create more full-time nursing jobs in Manitoba. Instead, we have seen that go down under this Government. Nurses have said morale has never been this low ever in this province. Nurses have also told me that in the last 20 years they have never been treated in such a disrespectful manner as they have been by this Government.

\* (15:30)

Doctors continue to leave. This is our status quo here that the NDP government seem to be satisfied with. We just heard that four physicians have left Brandon. In my own constituency, I have one physician per 4500 patients in a clinic, and I have two to three doctors in this particular clinic working with ratios like that. A lot of these patients of theirs are elderly and it is so hard for them to explain how this Government can condone the status quo when they are working in this kind of situation.

Other health care professionals are leaving Manitoba. Ultrasound technicians have indicated that the situation has never been this bad. I have heard from many of the other professions and they are also stating very serious concerns about what is happening in health care in Manitoba right now.

Hallway medicine I have already touched on, and certainly it was the biggest promise in the last election. It is the biggest disappointment from this Government, and now they have the gall to tell Manitobans that Manitobans misinterpreted their promise. Waiting lists have not been slashed despite the promises of this Government. In fact, waiting lists continue to rise in Manitoba.

Spending in Manitoba has gone up dramatically in the two years this Government has been in place, almost 22 percent. That is almost half a billion dollars. That is almost 40 percent of the provincial budget. It is the highest

amount of money spent per capita in Canada, and yet have we seen an improvement in health care? I think not. We still have all of the status quo situation that has been in existence for the last couple of years and no improvement in any of those areas.

We have rural health authorities in Manitoba who were set up by this Government to believe that they were going to see funding to the degree that they were promised by this Government. The promises were very obviously made to the RHAs, and then, when their budgets finally came in, they realized that they were deceived by this Government, that deficits were built into the amounts that were being forwarded to them, again not a very direct and open and integrous way to treat the rural RHAs. Then, on top of that, you see the WRHA midway through their year receiving \$75 million more, and then, lo and behold, they do not have to address a deficit.

Well, why are we seeing these discrepancies within the system? All we are looking for is fairness in how the system is managed.

We have seen the challenges in health care continue to grow under this Government, and yet they seem to be so content with the status quo. They introduce a bill, and I would like to just briefly comment, oh, there are so many editorials in the newspapers that I am not even sure which one to address, but, if I was to just pick up one called "Blocking Reform" in the *Winnipeg Free Press*, May 25, 2001, it indicates, and I will put some of this on the record from this editorial: The Health Minister knows better than anyone else what is best for Manitoba patients. The rest of the country, even fellow New Democrat and former Saskatchewan Premier Roy Romanow is at least looking at ways that private health care providers could play an increased role in the provision of improved service but not our Health Minister. He already knows that private health care solutions will destroy health care as we so well know it, which, despite runaway costs in waiting lists, is best. Ask the Health Minister.

Survey after survey finds that most Canadians, and this is a continuation of this editorial, think they should have access to private health care services should they want

them but not this Health Minister. He knows better than anyone that providing the same old health care with the same old philosophy is what is best. How the Health Minister knows this is unclear. It likely, however, was a conviction he acquired during those many long years that he sat on opposition benches and decried every effort to reform health care in Manitoba on the basis that change is dangerous compared with doing everything the same way as it has been done but with more money.

In Government, he has acted accordingly, opening the coffers but not the debate. Now, just to prove that he knows what is best, he is introducing legislation that will outlaw private hospitals in Manitoba. Unable to win the debate on private health care, he has chosen to simply cut it off. In doing so, the Health Minister is making Manitoba the Canadian bastion for doing the same old things the same old way at increasing costs in the absence of competition to the monopoly model that has failed to meet expectations both in quality of service and value for money spent and spent and spent.

It may eventually prove to be that this Health Minister, alone among Health ministers, has all the answers. Right now, however, stifling debate and outlying competition are not what is best for Manitobans, only what is best for the Health Minister and his outworn theory.

Mr. Acting Speaker, we certainly are not in support of this bill, not only because of the ideology but because of the many aspects within the bill that we think are going to seriously impact health care. This bill is such a reckless and irresponsible way to move forward. The minister has said he has no health care plan. It becomes more and more obvious with a bill like this being put forward. Thank you.

*Mr. Conrad Santos, Deputy Speaker, in the Chair*

**Mr. Glen Cummings (Ste. Rose):** I do believe that this bill is one that puts the current Government in a position that I presume they want to be in because they proposed the bill. It seems to me that by introducing this bill and ultimately enforcing this bill that they are going to portray themselves as ideologues. They are

going to do long-term systemic damage, in my view, to the delivery of health care services in this province. I hear a little chattering already.

The fact is that in changing the rules under which public-private relationship may occur in fact will have a long-term systemic impact. Now, you could argue, is it a good impact or is it a bad impact? I intend to make the point that by closing this door they have intentionally, I believe, decided that they think this is a defining moment in Manitoba history in delivery of health care and they are going to be on one particular side of this issue.

They are going to be on the side of the public and publicly funded, publicly owned, publicly run health care system. Fine. That is where they want to be. Then let me ask a couple of questions about: Why do they want to be there? Is that the only answer and the way in which they intend to manage it?

I believe that the job of government in delivering health care services is all encompassing, frankly. It does not bother me in the least that we have a fully funded medicare system in this country that should provide, and I use the word "should," it should provide access. It should provide quality service. It should be unrestricted according to a person's station in life, in other words, the amount of—and that is the wrong term, according to a person's wealth and their willingness to spend that wealth on their health care.

Those are grand and laudable goals and ones which should not be undermined, but the current Minister of Health (Mr. Chomiak) and I would suggest his entire Government, the entire Government bench, have lined up behind this thinking, as I described, about how they see Bill 25 and why Bill 25 has to happen. I just worry that they have lined up there because they think this is the politically astute thing to do, or are they lined up there because they believe this is the right thing to do for health care?

\* (15:40)

I am afraid that I have some suspicions, Mr. Deputy Speaker, that it is the former, that they think that by taking this political stance, the

public will embrace them and they will all go marching off hand in hand together to the next election. Right? I see some nods of agreement across. That seems like a laudable goal if you are a member of the NDP caucus and that is where you want to be in the next election.

I would suggest that governments have a larger responsibility. That is to do what is the best for the long-term delivery of health care services to the citizens of this province. It is not just what happens in Manitoba that will determine the future of health care in Canada. I appreciate that.

When Roy Romanow muses out loud—or I think he was past musing; he was in response to a direct question—that Bill 11 which Ralph Klein introduced was not on further examination and in its current iteration nearly as scary as first conceived, then I ask myself: Has Roy been fooling us all these years, or does Roy still think that the public health care system is the flagship of how we should deliver health care services in Canada and the rest of the world is emulating us? Or is Roy changed, as I hope and I believe? I use the term "Roy" endearingly, I guess, even though he was not of the political stripe that I support. He did have a reputation as a bit of an independent thinker, even though he was certainly to the left of the spectrum on many of his plans. But he is now charged with a very large responsibility that I think this bill is going to put this Government on the wrong side of.

If the Government has to introduce this bill, maybe they would be better off to have said: We believe that this is what should happen, but we are going to wait and see how this fits with the report that Roy Romanow is going to bring down, the national report, because after all, much as we would like to brag about how health care or education or agriculture, for that matter, in Manitoba can be marketed as of high quality, the fact is we are not imaginative, we are not progressive in some respects in how we look at the health care delivery system. I think this bill is a manifestation of that.

When I look at the fact, you tie this to the fact that the Pan Am Clinic has just been purchased, which the Premier (Mr. Doer) and the minister proudly proclaim that this is a new way

of doing business. It is the new wave. There is a private entrepreneur out there, we will buy him out and we will make it a private but not for profit, independent clinic, whatever words they want to attach to it, but essentially they are taking them into the public system under this new category of not for profit.

Well, when I look at what has happened over the last 10 or even 15 years in delivery of health care services in this province and the fact that Ottawa cut back on billions of transfer payments during the '90s, and everybody, I think, who gives any kind of sensible, rational look at cost and financing of delivering health care in this country understands that at the very time when the demands were beginning to peak, the very time when people were critically assessing their health care system and the very time when there needed to be some reform, Ottawa was in fact driving that reform by starving the system, particularly those who were looking for the transfer dollars and did not have access to the surplus of dollars of their own.

Who am I talking about? Obviously the province of Manitoba was one of the prime examples, but we did not have our own sources during the '90s to easily turn to to offset those dollars that we were losing. In fact, the very time that we lost \$600 million worth of revenue we put an additional \$600 million into the expenditures in health care in this province. You could argue that is a billion-two we put into health care, because we ate what was being cut back on the transfer as well as increased the expenditures in the province. That is a billion-two by anybody's calculation.

I know the teachers across the way there are frantically trying to figure out if this works with Grade 8 math or calculus. I am telling you, when you are counting the dollars and cents, that amounts to double counting. It was a painful realization that the citizens of this province and this country went through at that time.

When I take that as a background against Bill 25, why would this Government then simultaneously be taking out of the system operations that were businesses that were prepared to provide service where there were, indeed, waiting lists? Why were they prepared to

take them out of the system, because that is what they are doing? They are compounding it with Bill 25.

You do not have to like Doctor Godley. We do not even have to use him as an example, but the fact is he is probably a very skilled and intelligent practitioner of medicine. He has just received, as my colleague said, licensing, I believe, from the College of Physicians and Surgeons, which says that he has met their qualifications to operate in this province. But there is one problem. This Government says, no, no, you can do a little bit around the edges, but we are going to quietly tell the Workers Compensation Board, but do not do business with this guy, because he might be successful and make us look bad. Now that has got to be the most nearsighted, backwards approach to delivery of health care when people are demanding a shortening of the waiting lists.

Well, I would think there were a number of members over there who would be embarrassed to be associated with that in principle, but yet, in this bill, they are inadvertently doing it. They are holding this bill up, Bill 25; I have got it right here. They are holding it up as an example of how they are defending the public health system. If they really believe that, then move over, folks, because you are not even in the game. This is just ideologically driven crap. *[interjection]* Excuse me, you do not need to call me to order, Mr. Deputy Speaker. I withdraw that statement. I am sorry. I thought I was back home for a minute there. We were talking about Assiniboia Downs earlier. I was thinking about some of the side product that comes from there, and frankly that fits this bill pretty well, as well.

This bill, if it is the right thing to do, then I challenge this Government to say, okay, we believe so strongly in this, but we want to have it vetted against the national proposals and recommendations that will undoubtedly come out of Romanow's review. When Romanow opens up his itinerary—where is he these days? Does anybody know where Roy is? Is he in Sweden? I hear the Swedish countryside is quite—I am not sure that is why he is there. He is there looking at their health care system. If he is going over to look at their health care system, why would he be going over there? We believe,

and I say "we" collectively as Canadians. We believe that we have one of the best health care systems in the world, and we keep laughing at those dumb Yanks. I mean, we keep saying, ah, they all wish they had our health care system, but this Premier, just to verify that, he played it out in the election. The Premier went down and put a cover over the sign, the road to Grafton. This will be permanent. People will never see this sign again, because they will not go down this road to Grafton again, except maybe to go fishing or on a holiday or visit their American cousin, but not for health care. They are not going to go to Grafton anymore for health care. We are going to fix that.

\* (15:50)

Well, he is not going to fix it with Bill 25. He is not going to fix it with the expenditures distribution of dollars that has come in relationship to dealing with the implementation of the national program for additional high tech equipment. We see in today's paper that there is a sort of a distribution of some more of these dollars, and, to some extent, every one of those dollars can be justified. We can be pleased that they are going where they are being designated, but I am puzzled by the approach that this Government is taking to deal with the \$36 million that was allocated to this province. First of all, it was a big deal made about—*[interjection]* I said the dollars. The member across the way is thinking that I am being critical of expenditures of the dollars. I said the purchase of the equipment is needed and appreciated, but why is it that these monies were drawn down months, months before there was ever even a request sent out to the facilities about what equipment they needed or were looking for? That strikes me as maybe the Minister of Finance just needed a little extra to jingle in the kitty, and he was able to delay some of these announcements until they are getting a little closer to that next election window. Now, I would not say that that is necessarily the truth, but the timing strikes me as being a little bit suspicious.

Now, getting back to Roy Romanow and his travel plans, why would he be in Sweden? To look at their health care system. I mean, that is undoubtedly why he would go there. I presume

he will also go to France, maybe Italy, because where are those countries listed on the delivery of the best delivery of health care in the world? France is No. 1, not Canada. Italy is No. 2, not Canada. Do you know what? We always have great joy pointing to the Americans and saying: We have a better health care system than you do. We are 29 and they are 30.

**An Honourable Member:** No, 30 and 39.

**Mr. Cummings:** Oh, 30 and 39. It is not 3 or 9, that we know, it is a multiple of 10. So he is in Sweden, and the Swedish health care consumers are now in a situation where they can use the Internet to compare facilities and availability between public and private clinics to choose for having a service or procedures done. If their system is working as well as they appear to have been rated, then why is it that they are allowing these dreaded private clinics to be involved in the delivery of service?

Information is an important thing. The Premier (Mr. Doer) talked today about the fact that he had been quite prepared to provide certain information about numbers in the hallway. That is good, but he does not provide us with the numbers of nurses' vacancies right now. For some reason that is some kind of a confidential piece of information. I am not sure whether he is afraid there will be an influx of nurses from other jurisdictions if he actually lets it be known how many nurses are needed in this province.

We hear daily, open and transparent and willing to share information. Well, there is an important piece of information that is not being shared, and yet in Sweden where they are No. 1 apparently, they can even flip onto the Internet and find out how long the waiting lists are at various facilities. If it happens to be within a reasonable distance for them to travel or if they choose to travel or if it happens to be the one around the corner and down the street, they can make that decision. In Canada, we do not have that choice, and particularly, I believe we are losing that choice right here in Manitoba.

When I referenced the fact that we were now starting to spend some, and I emphasize "some," of the dollars that Ottawa set aside a couple of

years ago now for purchase of equipment in our hospitals, I wonder if Mr. Chomiak has ever thought—and I suspect he has not.

**Mr. Deputy Speaker:** Order, please. The member has to be referenced by title.

**Mr. Cummings:** Apologies, Mr. Deputy Speaker, I am getting far too familiar with the ministers across the way. I should be referring to him as the Minister of Health, and I apologize for that slip-up. But the Minister of Health, it seems to me, is getting far too ideological in his approach, because if he has thought about the shortage of equipment—and believe me, it was only about three years ago that this type of delivery of service came to my attention, but, in fact, there are companies who will bring in a CAT scanner and set it up. They will finance it. They will staff it, and they will provide the service at a fee for service. I would be willing to bet that this Minister of Health has never even considered that for more than a millisecond as being an alternative way of delivering some of those services in this province.

I am not necessarily an advocate of doing it because the limiting factor might well be the volume that is required to be guaranteed. Maybe we do not have the population. But I know it works in other parts of this country, let alone the United States. It works in other parts of this country.

So I worry that this Government is making an ideological statement that is in the long term going to impinge upon the ability to deliver health care in this province, because as I said at the beginning I believe in delivering health care. The responsibility of government has to be to provide access, to provide quality service and make sure that it is quality, but the public today is also demanding that there be timely service.

Let us look at the Workers Compensation files. I am very familiar with some of the files that used to show up in Manitoba Public Insurance where people are debilitated, where they are injured in such a way that it requires a lot of rehab to get them back into the workforce. But it is now widely accepted, in fact it has been accepted for decades, that if you provide the very best rehab to those people, if you allow

them to receive treatment for pain, well, first of all, to eliminate the pain, if you allow that they receive appropriate rehab for the injury that they have, allow them to return to an active lifestyle, not only does it, from the crass point of view, reduce the cost to the system, it in fact enhances the communities and the families where those people live and work because they can get back to a normal lifestyle.

It appears with the actions that are being taken with this bill that this Government is not seized of that high a standard in terms of how it wants to deal with access in this province. If waiting lists are only measured in who is waiting to get in for your standard procedures in a hospital setting, that is one thing, but to arbitrarily, because of a philosophical or ideological approach, use the Workers Compensation Board as a lever against an entrepreneur who would establish here and not allow that independent body, and they are independent in the main, to access the very best of service, whether it is public or private, then I suggest that not only are they allowing their ideology to get ahead of their thoughtful governance of the province, they are allowing their ideology to cause downright pain and hardship to the citizens of this province who may be waiting for services.

Bill 25, to the eyes of, I would suggest, the majority of people in this province is an illogical, unnecessary piece of legislation, but it will be used in a manner which says that this Government believes it has done what had to be done to protect medicare. Well, rather than protecting medicare, I continue to feel that they are in fact denigrating the opportunity for this country and this province in particular to continue with an actively growing and healthy service delivery in the health care field.

\* (16:00)

The Pan Am Clinic, the minister has argued that there were limitations on the number of services that could be handled. So now that he has bought it, of course, he can raise those limitations. Well, the fact is he did not need to buy it to raise the number of services that could be provided at the clinic. All he had to do was lift the cap, raise it. He did not have to lift it off,

just raise it to an appropriate number. *[interjection]* Well, the member says could he keep paying facility fees. Maybe he should take a look at the impact of what you are doing. You are buying bricks and mortar which is fairly well depreciated. You are buying the services of doctors that you were already getting their service, and you were getting it on a fee-for-service basis. There was a service, so there was a facility fee attached to it. Is anybody in this room saying that those facility fees were going to exceed what the maintenance, upkeep and depreciation on the facility would be? I am not so sure that anybody has even figured that out. Nobody has brought those numbers into this Chamber for debate, that is for sure. I do not think that they will ever be here in dollars and cents. We will deal only with the principle that here is a private clinic that is now going to be a not-for-profit facility.

It sounds nice. I mean, I come from rural Manitoba. I am a Co-op member. I am a Manitoba Pool member. I am a member of the United Grain Growers. All of them were established as co-operatives, not for profit, I think, or swing the slogan around, Manitoba Pool Elevators was service at cost. But you know what? It is a changing world. Perhaps it is not a perfect analogy, but Manitoba Pool, UGG, are both now share-owned corporations to do business in today's world.

I am not advocating that that needs to be the direction taken, but is it not unusual that at the very time when most of our economy is freeing up its entrepreneurs to deliver what they know best—in this case it would be health care services or procedures that they are expert at, delivering what they would know best and what they do well—all of a sudden our Government, on behalf of the people of this province, is changing that so that it is now embraced within the bureaucracy?

I have a high regard for those who work in the bureaucracy and deliver services in this province. The very nature of bureaucracy, however, is that it takes a while to make a decision. It takes a while to move information through. There are so many checks and balances on occasion that it raises a question about efficiency.

We have taken that private facility into the system and said: No, no, do not work out there freelancing for profit. You come into the system and you are for-profit now. I suggest that this Government has not yet demonstrated that facility being operated for profit was any more costly to the people of this province than it will be when they pay for the facility, pay for the upkeep of it and pay all of the other attributable costs, unless of course it is going to be something like the VLT arrangement that we see for the True North. I mean, it sounded pretty good when they said there was a cap on the revenues.

But, you know, the Premier (Mr. Doer) today skilfully avoided answering the question, and avoided answering it in what I consider a very deceitful way, when he compared it with the VLTs at the race track, which is an entirely different agreement. The agreement has that 80-20 split, not a total revenue. Again, I am arguing that this Government is doing what it is doing in order to assume a position in the debate in this country about health care, and at the same time it is not able to defend on an efficiency on a dollars and cents basis and on delivery to the public.

**Some Honourable Members:** Oh, oh.

**Mr. Cummings:** Mr. Deputy Speaker, I think I am losing it here—

**Mr. Deputy Speaker:** Order, please.

**Mr. Cummings:** I apologize to my colleagues, but what I really am concerned about is, in the delivery of what is considered a cornerstone of Canadian life, the national, portable health care delivery system, accessible, and, frankly, the accessible is starting to be challenged under the loads that our society is putting on health care today.—the Minister of Family Services (Mr. Sale) uses third parties on almost every form of delivery of the services that the Department of Family Services delivers.

The Department of Family Services uses community groups, they use private groups, they use private individuals. They embrace in many

respects—so it is called one of the more socialist thinking departments of government in many cases—the private entrepreneurs and the private system to deliver the services they have to deliver.

Why should we be any less so in health care? The fact is, a good percentage of the health care delivery system is private today and the one thing this Government will not admit, not only is there a good percentage of it that is privately delivered, there is a difference in how people with money and those without get health care in this province. It is a simple fact, and unless this Government gets away from the kinds of arguments that are associated with Bill 25, they are going to continue to perpetuate the fact that those who have some additional money that they are prepared to put into looking after their own health care will be able to jump the queue. It will continue and continue, and you know where they are jumping the queue is outside of our borders.

*Mr. Speaker in the Chair*

Go outside of the province with some money in your pocket and get your health care. That is what people who have some wealth in this province are saying when they become unwilling to wait any longer on the waiting lists that are there, and that is always, always what has happened to the publicly funded system. Eventually, the waiting lists start to grind.

It appears that the only offset that many people think will solve those waiting lists is to put more money into it, and I ask this Government the rhetorical question: How much money will be enough? We were over a third. We are approaching 40 percent. Will 50 percent be enough? There are premiers in this country today who are saying that they can foresee within the next decade, at the rate of growth that medicare and services are being consumed in this country, that we will be approaching 50 percent of the revenue of government to deliver health care in this country.

Now, if that is where we want to be, that is fine, but let us go to it with our eyes open. Let us not introduce these kind of bills, Bill 25. Let us not hide behind them as a façade to say that we

are the great defenders of the public health system in this province or this country. We are, in fact, burying our head in the sand, if that is the only response that we have to dealing with what is a very trying problem for almost every family in this province. Sooner or later, young or old, middle-aged or otherwise, we all have to resort to what we always believe and I think is a very competent health care system, but, once we get past that initial meeting with the health care system and we start to increase our needs because of either injury, because of long-term illness or because of age, all of those things are consuming the dollars that are going into health care, and they have to be husbanded carefully.

\* (16:10)

Now the fact that we are not willing to embrace alternative methods of delivery tells me that we are sentencing our future to only one way of having health care delivered. We are saying that it must be through the publicly funded system. It must only be through the publicly funded system, and if that is not good enough for you, then you sort of take—well, you cannot take the road to Grafton, because the Premier (Mr. Doer) said that he does not want us to use that one anymore, but we will take a road to either Alberta, Ontario or the United States to satisfy—[interjection] or Saskatoon—that demand on the system.

Mr. Speaker, if in fact we are unwilling to go, as I have said several times, beyond the simplistic approach that says there is only one way of delivering a system, I ask, as the writer of this article asked: Is it the proper role of government to limit choice and regulate all providers, regulate them so extensively that they cannot excel, or should it expand the range of services and the availability of information about them? Is it a publicly funded, competitive marketplace that will reward all stakeholders for effective service? Will it be better delivered than under a bureaucracy?

I think that, if this Government wants to go down in history as being progressive, if it wants to go down in history as having done what they said they could do, even though they cannot do it in six months or \$15 million, if they believe that they are going to solve health care in their



mandate, then I suggest that they have just taken the wrong fork in the road. They have abandoned one of the ways that they could have used to reduce waiting lists to deliver an increased service to some significant group of people out there who are unable to access that service as quickly and as proficiently, if you will, as they have a right to in the current system.

I am not a great historian of the health care system, but we do know history has shown that in Great Britain, when they fell on financial hard times, their economy was not rolling along as it should have been, the health care system became rationed, and it was rationed by the power of the dollar, in their case, the pound. The reduction of the budget that was available to the populace ended up rationing their health care. They ended up with a dual-track system.

I am not suggesting that we follow the British model. I am suggesting that if we keep the blinkers on and if we do not look to the side, if we do not look further than just St. Boniface or Emerson as to where the future will be for our health care system, then we are doing a disservice.

Mr. Speaker, the value of having a multifaceted system will be that people will in fact make choices. It will not bring the public system to its knees. It will not mean that all of your competent people go to the private system.

This minister has made a constant comment about the fact that you cannot run the two systems together. There are ways of dealing with that, but he does not want to look at what possibilities there might be about controlling waiting lists so they are not driven out of the public system into the private for profit.

I mean, to say that that happens and then say that they do not know how to fix it, I do not believe that. They know what the answer is to control that. They are just unwilling to do it, because this minister wants to put himself forward as the champion of medicare. I suggest that the public of this province will eventually see through that, because they will say, with the waiting lists that we are being faced with, that with the lack of choice in service that we are

being faced with, that we believe that it can be managed better.

Health care reform, which is an overused cliché, is in fact a real problem that a real government has to face. More of the same will not do it. It has to be coupled with reform. It has to be coupled with an open mind. Unless the Government is prepared to withdraw Bill 25, then I can only conclude that they are approaching it with a closed mind, that they are not open to innovation, they are not open to making sure that the services that are available in this province are the very best that we can afford and that we can attract people to come to this province because we are forward thinking. We have that capacity to deliver the very best in health and all of the other public services that people come to expect.

So, Mr. Speaker, I would hope that the minister would in committee reconsider this bill, that he would perhaps not move as aggressively as he seems to be planning on, and think about the fact that now is not the time to be closing doors to options that may be available to him. Much as I would assume it would be more beneficial to this side politically if he were to stumble, the fact is this bill is going to contribute to his stumbling.

### House Business

**Hon. Gord Mackintosh (Government House Leader):** Mr. Speaker, I would like to announce that, by leave, the Standing Committee on Municipal Affairs will meet on Thursday, June 28, at 10 a.m. to consider the following bills: Bill 31, The Municipal Assessment Amendment Act; Bill 32, The City of Winnipeg Amendment Act; Bill 34, The Municipal Amendment Act; Bill 43, The Auditor General Act; Bill 48, The City of Winnipeg Amendment (Pensions) Act.

By leave of the House, the House will not sit that morning, Thursday morning, because of the two committees.

**Mr. Speaker:** Does the honourable member have leave?

**Some Honourable Members:** Yes.

**Mr. Speaker:** Leave has been granted.

**Mr. Speaker:** It has been announced that, by leave, the Standing Committee on Municipal Affairs will meet on Thursday June 28, 2001, at 10 a.m., to consider the following bills: Bill 31, The Municipal Assessment Amendment Act; Bill 32, The City of Winnipeg Amendment Act; Bill 34, The Municipal Amendment Act; Bill 43, The Auditor General Act; Bill 48, The City of Winnipeg Amendment (Pensions) Act.

Also, is there leave for the House to not sit on Thursday morning?

**Some Honourable Members:** Agreed.

**Mr. Speaker:** Leave has been granted. The House will not be sitting on Thursday morning.

\* \* \*

**Mr. Speaker:** Resume debate on second reading.

**Mrs. Bonnie Mitchelson (River East):** I cannot say that it is a privilege to rise and speak on Bill 25 because, if I had the opportunity to look at this kind of legislation being brought into the House, I would much prefer that we did not have this kind of a bill on the table before us to debate today, but unfortunately this Government, in its ideological hidebound way of trying to ram through their ideology, have put forth a bill that I think is really going to impact in a negative way on Manitobans. It is on Manitobans' ability to access our health care system and make choices for themselves, that is what is going to be impacted by this kind of legislation. So it is a sad day for Manitobans that we do have to stand and debate this kind of legislation.

\* (16:20)

No one says that our health care system is perfect in Manitoba or in Canada, and we do know that we do not fare very well when it comes to international statistics that say we are 30th among countries around the world when it comes to delivering health care. There is a lot of work that needs to be done, and I think we all would agree on that point, but I do not see any way that a bill like Bill 25 is going to improve certainly Manitoba's status as far as delivery of health care. I might say that it will probably put

us far behind the rest of the provinces across Canada that appear to be thinking a bigger picture, have some sort of a vision and understand that health care, as we see it today, is not sustainable, and it will not be affordable for provinces. Something has to change; the status quo cannot remain.

I think we would all agree on that, and we need to look at broadening our minds and looking to different options and different ways of providing health care services to the citizens in Manitoba and in Canada that deserve to have their elected officials look very closely at what is working elsewhere and see whether there is not something that could apply right here in Canada and specifically in Manitoba. But what we see here is a government that is moving backwards not forwards. When everyone else is thinking differently, we have a piece of legislation in front of us today here in Manitoba that takes us backwards not forwards.

Mr. Speaker, this legislation is really limiting Manitobans' ability to make choices and to enter the discussion on how they would like to see their health care built using their tax dollars. Now, these dollars and the programs and services and the decisions that governments make are decisions that are made on behalf of Manitobans, Manitobans that put the money up, and it is governments that make the decisions. I am not sure that Manitobans that are sitting on longer and longer waiting lists under this Government are very happy about the NDP government and this Minister of Health (Mr. Chomiak) that would choose to use Manitobans' tax dollars to buy bricks and mortar, rather than to buy the kinds of needed procedures that Manitobans need and that Manitobans deserve.

The public in Manitoba has been hoodwinked; it has been hoodwinked by a party that sat in opposition for 11 years and was very frustrated in opposition and day after day after day brought to this Legislature issues around how our health care was not working. Mr. Speaker, certainly our health care was not perfect and it is not perfect, but during the last election campaign, this NDP government promised Manitobans that all they had to do was elect today's new NDP to government and, like magic, the system would be fixed. Within six

months after they took office, there would not be a patient in any hallway, in any emergency department, in any hospital, throughout Manitoba. That was their promise, and they indicated: Just elect us and we will make it happen. We have all of the answers. It is very simple. The government of the day just does not have the ability to manage the health care system.

Well, Mr. Speaker, what did we see? We saw the six months pass, we saw twelve months pass, we have seen eighteen months pass, and we are on to our second year. Are the hallways in Manitoba hospitals empty? No, they are not. We just have to go back. In November, right after this Government was elected in 1999, they restated that commitment: We are going to end hallway medicine in six months; that is what we are elected to do, and we will do it. Again, in January of 2000, we have the Minister of Health (Mr. Chomiak), and I quote, in a newspaper article, he says: We have done as much as we could do in the first three months in office, speaking for the first time on patients still in hallways. He said then, on January 7 of 2000, we are still on target with our initiative to end hallway medicine within six months.

Well, we have seen and Manitobans have seen how reckless that promise was and how this Government and this minister have failed miserably to deliver on that promise. Mr. Speaker, we know it is not simple. It was not a promise that we made because it was not a promise that was realistic, but they thought they could fool Manitobans into believing them and that Manitobans should just trust them. Well, Manitobans are saying: Should we have trusted this Government? And the answer is very clearly, no. They misled us. They used us during the election campaign and tried to sell us on a promise that they have not been able to deliver on. That is irresponsible government, and this Government will be held accountable by Manitobans for that promise.

Another thing during the 1999 election campaign, we heard, and there were radio and television ads and billboards, and the now-Premier, then Leader of Today's NDP, said in some of the television ads, he was criticizing Gary Filmon who was promising certain things

in health care, and he said, I quote the now-Premier: Ask yourself, why should you believe him this time? Well, Mr. Speaker, come next election campaign, these are exactly the kinds of words that will come back to haunt this Government, because we will be able to stand up and say to Manitobans: Ask yourself who should you believe this time. Four years ago, they promised to end hallway medicine. Three months later, they said: We are still on track. I have heard this minister stand up many, many times and say that they will deliver; that is what they were elected to do and they will do it. Well, Manitobans are still waiting. They are still waiting for this Government to live up to its promises. They are still waiting for all those nurses to be hired that they talked about during the election campaign. Just elect us, and we will hire permanent full-time nurses, we will have the beds all staffed and we will be able to fix health care.

Well, Mr. Speaker, have they delivered on that promise? No, they have not delivered on that promise. As a matter of fact, the shortage of nurses in the province of Manitoba has gone from 700 to 1100 under this Minister of Health's (Mr. Chomiak) watch, and they are not even sharing information anymore. They are hiding behind the numbers because they know that they are deteriorating on a day-by-day basis under their watch and under this Minister of Health. I say shame on the Minister of Health. Shame on him for using Manitobans and for using Manitoba nurses during the election campaign and attempting to convince them that they had all the answers, they had the plan and they would just fix things. It was very simple.

They are finding out when they are in Government and they have got to govern, things are a little more complicated than what they believed they would be in opposition. They do not have the answers and they have not delivered. We will be the ones that will be able to stand up in a few years time and say to Manitobans: You trusted them in 1999, when they said they would deliver and they would fix hallway medicine, and they would hire nurses and they would have more doctors, and the health care system would be wonderful. Well, we know that to use Manitobans in that fashion is wrong. It is irresponsible, and those words and

those actions will come back to haunt this Government.

\* (16:30)

Mr. Speaker, not only to add insult to injury, we see now that they have not delivered and they have not provided the health care service to Manitobans that they promised they would. We see lineups growing. We see those who can afford to use the American system and travel across the border and pay for their service still have that choice and have that option, but they are going to see less service not more in the province of Manitoba and less choice as a result of this piece of legislation, Bill 25.

We will see a deterioration and longer line-ups and longer waits for service as a result of this kind of mentality, this ideology, and it is ideologically driven. It is not just members on this side of the House that are saying that, but when you look to those that are a part of the editorial board for the newspapers and have a broader vision and some bigger thinking and bigger picture and they look at what is happening across the rest of the country, they look at what is happening in other countries that are doing much better and serving their citizens in a better way through their health care system.

Many of those systems that are one, two and three around the world have public-private partnerships. There is collaboration, there is discussion. Governments in those countries have found that they do not have all of the answers and that there is a need to work with everyone to bring the best possible supports and services around the table. There is not any other country that has looked at trying to push the private sector out of health care like we see this Government and this minister doing, Mr. Speaker.

We have an example of the Pan Am Clinic that served our province very well for many years, and they were a private clinic. As a matter of fact, there are several private clinics within our province that have done many procedures over the years and still continue to do procedures that relieve pain and provide health care services to Manitobans.

We have seen the Government, and it does not appear to be across the board. They have not

talked about buying all of the private clinics in Manitoba. They looked to the Pan Am Clinic. Might I say it appears they had some personal connection with individuals that ran the Pan Am Clinic that they felt they would like to do business with, and what do you know? Next thing we know there is one private clinic that is being bought by the Government of Manitoba, Mr. Speaker, \$7.3 million of Manitobans' dollars. They are not the Government's dollars. Hard-working Manitobans have paid taxes and have put confidence in this Government to spend their tax dollars wisely.

If you look at what issues Manitobans have on the top of their minds, it is getting good delivery of health care services on a timely basis when they need it. Now, Mr. Speaker, is one dollar of that \$7.3 million that is going to buy the Pan Am Clinic, to buy the bricks and mortar and the outdated equipment that will have to be upgraded, is one single dollar going to go to provide any one more procedure to any Manitoban that needs service? The answer is no. The answer is that this Government is looking, because of ideological reasons, at moving in a direction that says we want to take over, we want to control, we want to manage, Government knows best. You, as individual Manitobans that need health care, do not need to be a part of the process. We believe that we can deliver your health care services, and we will dictate to you how that service is going to be delivered.

Mr. Speaker, we are seeing, by this piece of legislation, the true New Democratic Party and today's NDP at its best. We are finding that they are no different than yesterday's old, tired NDP. They are no different from the New Democrats of old with the ideology that says the private sector is bad, that big, bad private sector, that for-profit; they are going to make millions of dollars on our health care system. The only millionaires that have been made are the millionaires that this Government has created by paying their friends millions of dollars for a private clinic.

Mr. Speaker, that is not using taxpayers' dollars wisely. That is not providing choice to Manitobans for health care, and it is doing a disservice. Maybe I cannot put words in as

eloquent terms as some of those who are following this issue and following this Government very closely. They really have indicated that this Government is quite suspect and that they are really denying Manitobans an opportunity to the quality of health care they deserve.

I just want to quote from some of the editorials that have been in the *Winnipeg Free Press* because I think these words are words that have been well thought out. I look to Friday, May 25, of this year and I quote: The Health Minister, and I will not use his name, knows better than anyone else what is best for Manitoba patients. The rest of the country, even fellow New Democrat and former Saskatchewan premier, Roy Romanow, is at least looking at ways that private health care providers could play an increased role in the provision of improved service. But not our Health Minister, Mr. Speaker. He already knows that private health care solutions will destroy health care as we so well know it, which, despite runaway costs and waiting lists, is best. Just ask the minister, because he knows it all.

Mr. Speaker, I will go on to quote from the article: Survey after survey finds that most Canadians think they should have access to private health care services should they want them, but, no, no, not our Health Minister. He knows better than anyone that providing the same old health care with the same old philosophy is what is best. How he knows this is unclear. It likely, however, was a conviction he acquired during those many long years that he sat on opposition benches and decried every effort to reform health care in Manitoba on the basis that change is dangerous, compared with doing everything the same way as it has been done but with more money.

In Government, he has acted accordingly, opening the coffers but not the debate, the single significant result of which has been a reduction in patients in hallways. They have been moved into some of the 600 new beds that our Health Minister opened but which were launched while he was still stewing in opposition. Now, just to prove that he knows what is best, he is introducing legislation that will outlaw private hospitals in Manitoba. Unable to win the debate

on private health care, he has chosen to simply cut it off, to make it illegal for anyone to practise anything other than what he preaches.

The immediate result of the legislation, he writes, will be to block the opening of a private surgical clinic that was to offer Manitobans elective plastic, eye and dental surgeries in a facility that the doctor who inspected it for the College of Physicians and Surgeons found to be better designed and equipped than city hospitals. Denying Manitobans better facilities, according to our Minister of Health (Mr. Chomiak), is best. In doing so, our Minister of Health is making Manitoba the Canadian bastion for doing the same old things the same old way at increasing cost in the absence of competition to the monopoly model that has failed to meet expectations both in quality of service and value of money spent, and spent and spent. He is blocking off the potential for reform or innovation in any terms other than the terms with which he is familiar.

It may eventually prove to be that our Minister of Health, alone among Health ministers, has all the answers. Right now, however, stifling debate and outlawing competition are not what is best for Manitobans, only what is best for our Minister of Health and his outworn theory. Well, Mr. Speaker, I do not know if anyone could have put it any better than that.

\* (16:40)

I will, Mr. Speaker, just move on. That was on May 25, and we will move to June 16 just of this year. There was an editorial in *The Winnipeg Sun* that I think needs to be read into the record, because this is not just an opposition party talking. This is members of our community that have listened to the health care debate, have seen the issues and the problems that face us in the health care system and are endorsing the kind of debate and discussion that we on this side of the House believe needs to take place and needs to happen so that Manitobans truly can be involved in the ability to make choices and decisions around the health care services that they believe should be provided.

So this editorial on the 16th of June is entitled "Get the job done," and it says that our

Health Minister "demonstrates time and time again that he's less concerned with quality health care and more interested in advancing his ideological beliefs.

"How else to explain why he refuses to allow a Winnipeg surgeon to eliminate, almost in one year, a pediatric dental surgery waiting list that's grown to 1,500?

"Dr. Robert Diamond says he could perform 1,200 procedures this year if the province allowed him to do them through Western Surgery Centre and the Maples Surgical Centre—both privately-owned facilities."

This kind of children's dental surgery has been going on in private surgical centres in the past.

"In fact, because 80% of the children on the waiting list happen to be aboriginal, the federal government—not the province—would pay the majority of the bill."

What is holding this minister back from approving this kind of service for children in need in our province?

"According to Diamond, it would cost Manitoba Health only \$450,000 in facility fees to do the 1,200 procedures.

"So what is the problem? We find it abhorrent"—Mr. Speaker, that is not my word; that is the word of those who understand the bigger picture. "We find it abhorrent that (our Minister of Health) for ideological reasons refuses to allow the private clinics to eliminate this waiting list.

"Manitoba Health already contracts out minor surgeries to private, for-profit clinics.

"The Western Surgical Centre performs 400 pediatric dental procedures per year." But our Minister of Health who knows best, "doesn't want to increase those volumes because he refuses to expand the use of private clinics.

"He cannot articulate why he opposes the expansion of private clinics," only to say that he prefers that they be done in public hospitals.

"Well, we have a message." This is *The Winnipeg Sun* talking to the Minister of Health: "The status quo isn't working. Public hospitals alone obviously cannot keep up with the growing demand for surgery.

"New and innovative ways must be sought within the health-care field to bring these waiting lists down.

"And it seems to us the use the private clinics, such as the Western Surgery Centre, is part of the answer."

Since our Minister of Health "cannot demonstrate what harm could come from expanding the use of private clinics, we strongly urge him to change his mind.

"We remind him that running a health-care system based on ideology is reckless and irresponsible.

"How in good conscience could [our Minister of Health] allow 1,500 aboriginal kids to wait months, maybe years, for dental surgery because he has some kind of personal aversion to private clinics?"

The Minister of Health "should start making decisions based on practicality, not ideology.

"If he can't, he should step aside and let someone else do the job."

Well, Mr. Speaker, those words speak volumes. They speak volumes about the direction that this Government and this Minister of Health are taking. They are taking a direction that is not in the best interests of Manitobans. They are taking a direction that says: We, with the heavy hand of government, will tell you as Manitobans what is best for you and for your health care. We believe it is best, rather than allowing or supporting private clinics, publicly funded, private clinics in our province of Manitoba that they should be shut down. They should not be used. We believe that you should sit on longer and longer waiting lists waiting for the needed surgery, the needed procedures that you should have, because we do not want that dirty for-profit word or that dirty for-profit facility to be involved in providing that health care.

Manitobans and Canadians are saying: Let us open the dialogue. Let us open the debate. Let us help make the choices on how our health care system should be run and what kinds of facilities or supports should be in place. We want to be a part of that decision-making process, but this Government is standing back and saying, no, no, we know what is best. We know what is best for you. If we have to block your ability as Manitobans to get the needed care that you deserve, we are going to do that. We are going to take your tax dollar that you gave to us and we are going to tell you what is best for you and what is best for your delivery of health care.

Well, Mr. Speaker, that is not good enough for Manitobans. That is not good enough for us as a province. I mean, we should be ashamed that we are sitting in a position today in this province where we are moving in a direction that no other province is going. When provinces and the federal government all have an open mind, and they are all looking to solutions that might take some of the good from the health care system in France, some of the good from the health care system in Italy, some of the good from the health care system in Sweden and incorporate that into a health care system in Canada, in Manitoba, that could provide the service in a more efficient and effective way and an affordable way that Canadians and taxpayers could afford and would be sustainable.

We have a government and a minister that has slammed the door on that debate, and it is unfortunate. It is unfortunate that this Government and this minister is wanting to move our province back into the dark ages while everyone else is moving forward. It is unfortunate that they used a very irresponsible message during the last election campaign. It is unfortunate that they used Manitobans and tried or, I guess, convinced them to believe that they had the answers, because we are seeing a health care system that has not got any better.

We are seeing patients still lining the hallways. We are seeing waiting lists growing for needed treatment and care. We are seeing people continue to go to Grafton for treatment, despite the promise that people would not have to cross the border to get their health care. We are seeing and we will see more and more, as a

result of the ideology and the decisions and legislation that this Government is bringing in around health care, greater use of a two-tier system, where those that can afford it will continue and probably increase in numbers in going across the border to get the health care that they need, rather than having any opportunity for any choice right here in our province of Manitoba.

\* (16:50)

Mr. Speaker, it is the citizens of Manitoba, the patients in Manitoba that need health care that are the ones that are going to suffer as a result of this Government and this Government's policies, this Government's legislation and this Government's inability to deal with the issues around health care. We will, I know, be able to stand up two years from now, or 18 months, two years, two and a half years from now, and point out that patients still line in the hallways in the province of Manitoba, that this Government cannot be trusted to live up to its election commitments. We will still have a significant shortage of nurses in the province of Manitoba. We will still have long wait lists for service. Nothing that Bill 25 is about will do anything in any positive way to try to address any of the issues in our health care system. It will set us back.

I would hope that the Minister of Health (Mr. Chomiak) not only listens to what we on this side of the House have to say during debate on this legislation, but will listen to other Manitobans. Hopefully he has been reading some of the articles in the newspapers. Hopefully, he has been listening to some of those that have called his office. I know some have called my office and many others on this side of the House saying that they are not able to access the kind of health care that they need. They are not able to get surgery when they need it, that the line-ups are growing, and that this Government is not providing the quality of health care service that they deserve. It is not going to get better. We only know that it is going to deteriorate with the mentality and the ideology that is driving the policy of this Government.

So, Mr. Speaker, I will close by saying that it is a sad day in Manitoba when we have to just

stand and debate this kind of legislation. I would much prefer to be standing up and having a debate on how we could all work together to try to find some of the answers to resolve the situation here in Manitoba and to help maybe in the Canadian context, but this does absolutely nothing to unite us. This does absolutely nothing to engage or involve Manitobans in having the discussion and the dialogue around the choice that they should have in the delivery of their health care system into the future.

So I would hope that the minister would have some second thoughts about this legislation. I would hope he would set his ideology aside and say to Manitobans: I really want to do what is right for you for the right reason.

Mr. Speaker, I am afraid we are not going to see that from this Government, from this minister, so it is a sad day for Manitobans that we must be debating this kind of legislation. I would hope that we will be able to. I know that we on this side of the House will engage in meaningful dialogue with Manitobans about what they want their health care system to look like. We are not prepared to dictate to them what we think is best. I think there are many within our health care system who have significant expertise that would not agree with this minister and this Government's direction.

Time will tell, Mr. Speaker, that this is a wrong-headed decision, a wrong-headed move, bad legislation for Manitobans. Ultimately, it will be the people of Manitoba, when they cannot get the health care that they deserve and that they need, that will truly lay the blame on this Government. Thank you.

**Mr. Harry Enns (Lakeside):** Mr. Speaker, I move, seconded by the honourable Member for St. Norbert (Mr. Laurendeau), that the debate be adjourned.

*Motion agreed to.*

**Hon. Steve Ashton (Deputy Government House Leader):** Mr. Speaker, could you please call Bill 38.

### **Bill 38—The Local Authorities Election Amendment Act**

**Mr. Speaker:** To resume debate on second reading of Bill 38, The Local Authorities

Election Amendment Act, standing in the name of the honourable Member for Fort Whyte (Mr. Loewen).

Is there will of the House for the bill to remain standing in the name of the honourable Member for Fort Whyte?

**An Honourable Member:** No.

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

**An Honourable Member:** No.

**Mr. Speaker:** Leave has been denied.

**Mr. Larry Maguire (Arthur-Virden):** I would just like to put a few words on the record in regard to Bill 38, The Local Authorities Election Amendment Act, as it has been amended by the Minister for Intergovernmental Affairs (Ms. Friesen) in this Legislature at this time. I would just like to take a few moments to say that the amendments that have come forward or the bill that has come forward as it is in regard to certain conditions about who qualifies to vote and how procedures take place within municipalities and the ward system that we have in the province of Manitoba really are not adequate in regard to finding responsible actions and eliminating or at least minimizing any kind of deterrents as we have seen in some jurisdictions in the province over the past decades, I guess, if you want to go back some time.

The minister has made an attempt here to try to appease some jurisdictions by bringing this bill forward. The key amendments that I think she has put forward in this act are around who can vote in certain wards. She has tried to deal with this situation by saying that it is okay to vote in a ward, provided you own land, even if it is in an undivided multiple system, multiple ownership land jurisdiction, by owning that land six months ahead of the time of the vote.

She has also put forward an amendment or bill, the part of the bill is that, instead of having one week to receive a mail-in ballot, a one-week period, she would extend that to a two-week period of receiving mail-in ballots from the jurisdiction or from that particular municipality. I put forth that the people involved in these



particular situations—one of the municipalities out of the eleven that I represent has had a particular concern in this area—and some situations that have taken place in regard to votes in their area. *[interjection]*

The Member for Thompson (Mr. Ashton) is indicating that it might have impacted me. Yes, it might have. There have been some changes taken place in that whole area in regard to voting. I would say that the bill that has come forward by his fellow minister does not rectify any of the situations that are out there today, and does not put any more credibility into the process of determining who is eligible to vote.

That is the key issue that many of these people feel needs to be addressed. That is why so many were lobbying, not just the municipality or those in the Association of Manitoba Municipalities and not just the R.M. of Winchester, who have made presentations to the minister on this, or concerned citizens in that area.

I would like to make it very clear that this is not just an R.M. of Winchester situation. This could happen to any ward in any municipality in the province of Manitoba. Other jurisdictions, other provinces and territories, have recognized the need to make changes in this kind of a structure that we presently have.

Having done a comparison of the intergovernmental jurisdictions and provinces and territories, I would submit to the Speaker that eight jurisdictions out of the thirteen we have in Canada dealing with non-resident voters in a ward, you simply just do not vote. If you are not a resident, you do not vote. If you are a Canadian citizen over 18 and a resident, you can vote in a municipal election or a school board election. That is the way it is.

I know that Manitoba has tried to be more amenable in that process by the present legislation that we have, but it can create problems. I would put forward that the province of British Columbia has a process at the present time that I find more acceptable to this whole process wherein, besides residents, they allow non-residents to vote, and in undivided properties of multiple ownership, they provide a

situation whereby one vote can come from that jurisdiction as long as that registration requires proof of ownership and authorization of a majority of the owners, and it must be done in advance of election day.

That is a change I would hope that the Minister of Intergovernmental Affairs (Ms. Friesen) would take a look at. I know that she is trying to address this. I know that she has had some presentations put forward that might call for two votes from an undivided property to come forward as an amendment in this Legislature. I know that there are those who have lobbied her for that change.

\* (17:00)

There are other areas that have felt that other changes might take place as well. One of those might be a minimum amount of tax payable by a resident or by a non-resident taxpayer in a municipality in order to obtain a vote as well, but that would not, at this time at least, unless somebody can prove to me otherwise, be my preference in regard to the kind of procedure that we should go forward with in Manitoba.

Why does this bill need to be amended? One of the issues that I think has not been dealt with by this Government is in leaving the legislation in its present form. It is up to other citizens to prove what the term "colourable" under sections 42 and 43 mean in regard to whether or not votes are being used to, shall we say, fix an election. No one finds that acceptable in the province in regard to doing it in that procedure. It is very difficult to define the term "colourable," but that has been done in legal precedents in the province of Manitoba in regard to this situation.

I would put forth that, so individuals are not placed in a position where they have to actually use their own funds to come forward and try to correct this kind of a situation, we try to clarify the rules and use the opportunity here to put credibility in the kind of legislation that we have and make it much clearer, so that we do not get into these kinds of situations in the future.

That is why I am speaking to this bill today. I believe that the Minister of Intergovernmental Affairs (Ms. Friesen) will look at this bill. I urge

her to bring forward an amendment to deal with the situation. I know that she has said that she will go this far this year and she would look at going further next year. We need a few more definitions of what further is because we have seen in other situations where there has been promises made that, if you pass this, we will do something else down the road. I do not think that is a very good way to leave this.

I think it is urgent that we have the opportunity to make this change this session because, if it is done in the fall or next spring, I would rather doubt that it is necessary to interrupt the rural municipal or the urban municipal associations in the province with this kind of a change. It would be good that they know where they are going into the 2002 fall elections municipally in the year 2001. Surely we can give them at least a year's lead time in regard to any kind of changes that would clarify this situation for them.

So I urge the honourable members on the Government's side of the House across the floor today to seek clarification on this particular situation and try to urge the Minister of Intergovernmental Affairs (Ms. Friesen) to go ahead and make some changes when they see her and hope that she is listening in regard to some of the changes that will be forthcoming. We are not asking her to withdraw any of the bill that she has presently put forward, only to add to it to make it into a stronger, more clarifying bill for the Province of Manitoba so that we do not see any other complications and jurisdictions and that individuals are not having to spend their good time and dollars to try to clarify these situations.

My final pitch, Mr. Speaker, is that the request that I have put forward is solely to bring us on speed with the other jurisdictions in Canada. It does not go quite as far as completely removing the vote as it was done in eight of the other thirteen jurisdictions in Canada, but it puts us more parallel to the one such as has been done in British Columbia, and I urge the minister to make those changes.

In closing, I would like to, I believe, say that we are prepared to move this bill on into committee.

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, I would just put a few words on record here in rising to speak to this Local Authorities Election Amendment Act. I believe that it is important to note that this is but one more example of where the NDP have failed to properly do their homework. To make a requirement that non-residents own property for at least six months in order to qualify to vote for a municipal election really does not change the fundamentals. It would allow the unfortunate circumstance which happened in southwestern Manitoba a couple of years ago to happen all over again, those who run for council now, that they just have to have it all lined up six months ahead of time instead of doing it just a few days before.

The NDP appear not to be able to think that anybody can plan six months ahead of time. I certainly can appreciate the way that they are running this Government that they do not think very much ahead.

**Some Honourable Members:** Oh, oh.

**Mr. Speaker:** Order.

**Mr. Gerrard:** Mr. Speaker, I believe I have made my point. Once again, the NDP cannot think except in front of their nose and cannot plan and cannot realize that others can plan six months ahead of time and that this is not a solution. It needs to go back to the drawing board or have major revision.

**Mr. Speaker:** Is the House ready for the question?

**Some Honourable Members:** Question.

**Mr. Speaker:** The question before the House is second reading of Bill 38, The Local Authorities Election Amendment Act.

Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Yes.

**An Honourable Member:** No.

**Voice Vote**

**Mr. Speaker:** All those in favour, say yea.

**Some Honourable Members:** Yea.

**Mr. Speaker:** All those opposed, say nay.

**An Honourable Member:** Nay.

**Mr. Speaker:** In my opinion, the Yeas have it. Is it the pleasure of the House to adopt the motion? Agreed?

**An Honourable Member:** No. A recorded vote.

#### Voice Vote

**Mr. Speaker:** All those in favour, say yea.

**Some Honourable Members:** Yea.

**Mr. Speaker:** All those opposed, say nay.

**An Honourable Member:** Nay.

**Mr. Speaker:** In my opinion, the Yeas have it. Does the member have support for a recorded vote?

**Some Honourable Members:** No.

**Mr. Speaker:** No, the honourable member does not have support for a recorded vote.

#### House Business

**Hon. Steve Ashton (Deputy Government House Leader):** Mr. Speaker, I wish to announce that in addition to the other bills referred earlier today to the Standing Committee on Municipal Affairs, on Thursday, June 28, 2001, at 10 a.m., the committee will also consider Bill 38, The Local Authorities Election Amendment Act.

**Mr. Speaker:** It has been announced that in addition to other bills referred earlier today to the Standing Committee on Municipal Affairs on Thursday, June 28, 2001, at 10 a.m., the committee will also consider Bill 38, The Local Authorities Election Amendment Act.

**Mr. Ashton:** Mr. Speaker, I believe there may also be willingness through leave to bring back Bill 25 for further debate.

#### Bill 25—The Health Services Insurance Amendment and Consequential Amendments Act

**Mr. Speaker:** Leave is not required to bring a bill forward. Resume debate on second readings

of Bill 25, The Health Services Insurance Amendment and Consequential Amendments Act, standing in the name of the honourable Member for Lakeside.

**Mr. Harry Enns (Lakeside):** Mr. Speaker, I appreciate that by adjourning the debate I actually contributed to the debate, and I likely do need leave for me to resume a few comments on this bill, but in any event, I do want to give my good friend, the Minister of Health, some advice, because this bill is going to be repealed. I think that is becoming very evident and I want to understand that this bill was conceived, I do not know the exact date, but probably introduced to this House prior to the appointment of former Premier Roy Romanow, as special commissioner for looking into Canada's health care system, and so it is just good experienced advice that I give the Minister of Health. Why not put this bill on hold at this particular time? There is no need to rush. Why not put it on hold, because it is my studied opinion that the recommendations that will be forthcoming to Canada will make this kind of legislation out of place and will call for its repeal?

\* (17:10)

It is not, in the final analysis, going to be ideology that dictates what we do with our health care system. It is just going to be sheer numbers, our capacity to do it. Currently, it is unsustainable. I will shock members, including of my own party here and members opposite. The first set of Estimates that I introduced for the department that I was responsible for, Agriculture, was considerably higher than those of Health. That happened in this Chamber. That was true of the Department of Agriculture; they were considerably higher than Health in '67, in '68, in '69.

Now, Mr. Speaker, I know that honourable members, as kind as they have been to me, particularly in the last few days—I am not really referring back to the Neanderthal years. I mean, people lived and thrived and worked in this community. Some stayed healthy in this community in those years, so you have to really ask yourself, you know, what path are we on? I have sat in this Chamber and have seen the Estimates of government spending come in this

House where health costs have risen from 13 percent of the total budget of the Government to 18 percent, to 22 percent, to 28 percent, to 33 percent and 34 percent and 35 percent in the Filmon administration, the last administration that I was part of. Now I am told under this minister, we are approaching 40 percent. You do not have to be a rocket scientist. You can be a modest little rancher from Woodlands to understand that at some point, if this progression keeps up, we will be into serious trouble.

Well, I also want to tell you and it does not give me a great deal of pleasure, because I know that, for instance, in the last 10 or 11 years of the Filmon administration, in order to get our fiscal house into some semblance of order, and in order to still maintain the priorities that the people of Manitoba insisted upon, health and education, a lot of the other services provided by government were squeezed.

The department that I was most involved with in the first part of the administration, natural resources, had its budget reduced from \$104 million, \$110 million, to \$84 or \$85 million. We imposed on our 15 000, 16 000 Manitoba civil servants a wage freeze. More than that, we even asked them for a contribution to help bring this province back into balanced budgets. Remember the Filmon Fridays? They fought us. They called it draconian, Nazi-like legislation in the committee when it was introduced, but, at the end of that period, it was a request that we made of our civil servants, and they complied with it. Amazingly, when that time frame, two years or three years, was over, many of them kind of got used to those Filmon Fridays, and it was put on the bargaining table by the same civil servants: could we not carry that on? For our short summer period in Manitoba, the idea of having an extended weekend was pretty attractive to many of them.

So, Mr. Speaker, it is these sheer numbers that I believe that the federal government, the Liberal government, Prime Minister Chrétien, is understanding that Canada has to do something. I think he was very astute and very clever in choosing the former Premier of Saskatchewan Roy Romanow in helping him in this area. There is a kind of historic touch to it, Saskatchewan being acknowledged in Canada as the birthplace

of medicare, a person not of his political party. Well, it is pretty hard to say who the Opposition is right now in Ottawa, but it certainly makes it kind of a non-partisan choice of a person with experience, and executive experience, of having to run a government's finances, that of Saskatchewan.

I say to my honourable friend, the Minister of Health, I believe that the recommendations that Premier Romanow will make to the federal government will be to seek—and I would like to introduce that word. I think we all should be using that word more often, get away from the kind of buzzword that seems to offend my socialist friends so much, "privatization" or something like that. Let us talk about collaboration. Let us talk about collaborating with those people who are equipped, those people who are knowledgeable, those people who have new and innovative ideas and can do things somewhat differently than a government bureaucracy can and the public sector but, at the same time, provide service to the people of Manitoba.

I have not made it a personal matter of study and travelled to these countries, but that is the course. That is what has happened in France, Germany, Sweden. I think Mr. Romanow, Premier Romanow will come back to Canada with that experience and make those recommendations. That will make this bill redundant.

It is always a mistake when we let our egos get in our way. It would be tough on the minister, this minister to repeal this legislation, if that in fact is the case, if in fact the Liberal government in Ottawa makes fundamental changes to the Canada Health Act, which I believe are coming, that would make this bill offensive, that would make this bill not applicable to the management of health care services in this country.

I advise the honourable minister that he should take this opportunity that I did not provide. He does not have to give the public appearances of bending to the pressure that is coming from this side of the House. No, he can take advantage of the fact of changed circumstances. The federal government has

instituted a fundamental major review of the Canada Health Act. They have appointed a respected, experienced person in public life, former Premier Roy Romanow from Saskatchewan, to provide them with recommendations. That seems to me a pretty good reason why to put this bill on hold. Do not ram it through right now. It would not be the first time that ministers have brought legislation to the House and then find that circumstances have changed or new information has come to their knowledge, and they say, well, this changes things a little bit. Before rushing through with the proposed legislation, we will sit back. We will see what kind of recommendations are coming forward, and we will make our decision then. That would be the kind of sensible thing to do if one were not driven totally by ideology.

\* (17:20)

As I said a few moments ago, in the final analysis, the solutions to our health care, the health care issue in this country, will not be so much dictated by ideology, you know, as much as we on this side might want to paint it that way. It will be dictated by sheer numbers. It should alarm all of us. It should begin a serious debate by all of us about how can we sustain, how unsustainable the current rise in health care costs are coming to be.

At what stage do we stop funding education? You have to ask that question. We know that we are cutting back on all kinds of other government services. We are not giving the minister of highways and transportation the money that he needs to maintain his roads. His wish list, his demand list, grows higher every year, as it did under our Government. We are not looking after our parks the way we should anymore because of the pressures of health and education. Now, when we reach 50, 60, 65, 70 percent of all government funding going to health and we have the hard decision to make to start closing universities, to start closing schools, are we going to do that? Of course not, but I will tell you what we are doing. We are cutting back on a lot of other things.

So why not begin that debate now, a serious debate, take advantage of the opportunity that the Prime Minister has given us. I believe the

Prime Minister of this country is seriously beginning, although understandably with some nervousness about some fundamental changes to the Canada Health Act that begin to address this issue, and we will see that transformation take place. He is going to be assisted by strong and powerful premiers in this country, Mike Harris from Ontario, Ralph Klein from Alberta and, I suspect, Premier Campbell from British Columbia. *[interjection]* Well, you call him whatever you want, but at some point in time this question has to be addressed.

I think this is an opportunity for us in this House to pull back on this bill and address that very question. Sustainability is the issue, and the path we are on, we simply cannot sustain it. I wonder, I mean, technology is exploding all the time. If it is determined that technologists can transplant our brains, you know, five years from now at a modest cost of \$300 million or \$400 million maybe and putting fancy computer jigs in there, do we all line up at the window and expect the public to pay for that?

Again, I can recall the first heart transplant surgery that took place in South Africa and then the first heart transplants that took place in Canada and in Manitoba. Now everybody is getting a heart transplant, even former football coaches, but, at some point, we have to ask ourselves what it is that we can sustain, what it is that we can afford.

Mr. Speaker, with those few comments, I register my concerns, my complaint. I think this minister has an opportunity—he has not shown any willingness to do that, as my colleague from River East mentioned in her remarks just a few moments ago—to challenge us to work with him in trying to resolve this pressing problem and not just throw ideological buzz words back and forth. Let us try and find a solution to what surely is the most pressing issue before this Legislature, what surely is the most pressing problem for our taxpayers. Understandably, when we are talking about health, we are always talking about patient care. That is, of course, the issue, but at the end of the day, somebody has to pay for it. Somebody has to pay for it.

I begin with where I started. You know, '66-67, health care was costing considerably less. I

might just throw in another little bit of trivia. It was a Conservative premier, Walter Weir, of course, that introduced medicare into Manitoba with a premium. The fact that that premium notice came out after the Writ was dropped in the '69 election did not help when the NDP promised to have a premium-free medicare. That is a battle that is long lost, but at least that premier structure was a monthly reminder to the users that medicare, health care, is not free, that we are paying for it. We are all paying for it.

It seems to me that we have to rethink. We have to be bold. We have to be innovative. I would not be at all surprised if our Prime Minister, who some accuse of getting old in his job, is going to surprise a lot of Canadians by doing some very bold, innovative things in the country's most critical issue, health care. Thank you.

**Mr. David Faurshou (Portage la Prairie):** Mr. Speaker, I rise today to address the debate on Bill 25, The Health Services Insurance Amendment and Consequential Amendments Act.

We are always reminded that without one's health, we do not have very much. I can certainly appreciate that when having spent a recent stint in Portage District General Hospital, I was reminded of the number of individuals that are unfortunately within that facility for lack of health. It is really a misnomer when we say the health care system, when one recognizes, in fact, it is caring for those that do not have their health.

I believe that we in this country take a great deal of pride, because poll after poll after poll reminds us that we as Canadians recognize our health care system as a very vital part of our identity. We believe ourselves to be leaders in the world in regard to showing our compassion and our caring for our fellow Canadians through our health care system. It is very near and dear to our hearts. So that is why when one is asked about our concerns and what concerns us most, we respond, our health care.

However, Mr. Speaker, I do want to say just a short few miles to the south of us here in the United States, when a poll of similar questioning is taken of United States residents, that in the top

five their concerns for health care are not there. They recognize that a climate of prosperity is one that they want to have for themselves and for their children, and within that prosperity, security of life and limb within the judicial system is of a concern. The ability to provide for education, which is a fundamental building block for the future of any great nation in providing not only for the children's education, who are the future of our nation but also to provide education for those of us that believe in lifelong learning and to continue our studies and build upon already the knowledge that we possess.

So there is a definite difference of opinion in a very small geographic area as it pertains to what we prioritize. So, not to lessen the point that health care is of a concern to Canadians, on the contrary, I personally believe that I would like to see the support that we all will need at some point in time within our own life. It goes without saying that all of us will have opportunity, hopefully a lot later in our lifetime, to come into contact with our health care system, and we want that system to provide the necessary technical, medical, pharmaceutical needs that we require to regain our health insofar that we are able then to carry on with our lives and to contribute to our Canadian society.

But I must say that I get extremely frustrated in listening to dialogue day after day that really does not get to the crux of the matter and that being to looking to the future so that we can sustain our health care in this great nation we know as Canada. We have discussion that the minister reiterates each and every day about that he does not want a for-profit health care system. I want to ask the minister: In fact does he not derive a salary on the basis of his involvement in the health care field as the Minister of Health? The minister does indeed because we just went through the process of Estimates and had discussion in regard to the premium to which the health care minister was going to derive from his activities as the Minister of Health. That, Sir, by definition, is profiting from the health care system because he is taking dollars from a system over and above the contributions or expenses that one has to sustain in the activity of supporting that particular activity.

\* (17:30)

I just recall the Social Planning Council of Winnipeg as giving us the dollar values of what really is needed to sustain ourselves in the cost of living within Manitoba and various locales. I would suggest that the Minister of Health is well above that. In fact, it is a given that the Minister of Health—so when one is over and above what it needs to sustain ourselves, then we are considered by definition to be profiting.

I would like to ask all honourable members as to the others that participate in our health care system in various capacities, that they are making a wage that is over and above again the Winnipeg Social Planning Council's benchmark of required dollars to sustain oneself. So again they are profiting. So it goes on and on up the line. I would suggest that those persons that are in the construction business that construct the bricks and mortars that go into our new facilities that provide our health care system, again have to make more than it costs to in fact build that building, so they profit, as does the pharmaceutical companies. I would suggest that, if the members wanted to look to the various annual reports of those such as Monsanto and Bayer and Pfizer, those are very profitable companies, and they derive their profit from the health care system that we are told is a not-for-profit health care system. There is profit generated by many, many individuals from this particular system. But, when it is convenient for the New Democratic Party, in fact, to say that it is a not-for-profit system, only in very small isolated defined, microdefined situations, they extol that they are wanting to preserve a not-for-profit system and cite very, very specific examples, not looking at the broad picture.

So I want to bring that point forward that when the Minister of Health (Mr. Chomiak) says that he is not in support of a for-profit system of health care delivery, that that statement is so far off the map that it shows a great deal of lack of perception and understanding of the big picture. We look to the minister as one that requires that astuteness and that vision in which to keep our health care system so that we can have that security of care when we need it.

Mr. Speaker, another misnomer is that all persons shall receive health care in our province

on an equal basis, in other words, more commonly known as a single-tier system. That is so far from the truth that it is almost laughable that those types of statements are still made, and in other discussions say that we will not want to go to a two-tier system where one sector of society has to pay more, or one geographical area has to pay more than another. We do not live in a two-tier system. We live in a multitier system. If you live 10 miles from Winnipeg, then you pay a different schedule than if you live in Winnipeg. If you live 60 miles from Winnipeg, you pay a different schedule again. It is a multitier system. The cost of an ambulance service out of Portage la Prairie is much greater than out of Headingley.

So to say that we are all on an equal footing and are receiving our health care benefits with equal expenditure is not true and not factual, and again, it is not something that I personally appreciate the Minister of Health (Mr. Chomiak) continuing to say that exists in our province, because it does not. Changes were made by this Government to provide for a more affordable transportation for required medical services to those persons who reside in the North. For that point, Mr. Speaker, I do not speak against that particular extension of our tax dollars to make certain that persons have access to health care.

But I ask the question: What about all those individuals who reside within the province that is not considered in the North? You know, what about those persons who reside in Dauphin or Brandon or Portage la Prairie or Selkirk? Why do those individuals have to, in fact, provide for their own transportation to required medical services, and those who live above the 53rd parallel do not? It is a real concern to many individuals in Portage la Prairie that have to travel almost on a daily basis—*[interjection]* There is commentary within the House that says that persons from north of the 53rd travel without cost. I did not suggest that. I suggested that it is not on par with what we experience in the South. If I was to examine a particular situation in Portage la Prairie where the hemodialysis unit is at capacity, according to the presently defined factors of operation, and there are numerous individuals that are having to travel to Morden, Brandon, Winnipeg to have that lifesaving process on an every second day

time timetable; that particular service is not on equal footing with those that are in northern Manitoba. I have to ask the question why.

Mr. Speaker, in continuing equal service and all of the above concerns, we recently witnessed a gathering at the Fort Garry Hotel, not many blocks from our Chamber here, where there was a reception hosted by the Mayo Clinic. The Mayo Clinic held that reception to recognize and thank those persons that travelled to the Mayo Clinic in Rochester, Minnesota, and were patients, clients, if you will, of the Mayo Clinic. This reception was just to say thank you for their consideration for attending and benefiting from some of the services they offer.

We have to recognize that those particular services do exist and thousands and thousands of Manitobans do participate in travel and use the services that are available south of the border. In fact, Manitoba Health is a supporter of those activities and continues to pay for services that are provided to Manitobans at various locations. Etched in our minds, as Conservative members of the House going through the campaign of 1999, is the very boldly lettered "closed" sign that was placed across the Grafton highway sign just south of the city.

\* (17:40)

Mr. Speaker, that activity right now is actually supported by Manitoba Health under the direction of the New Democratic Party's Minister of Health (Mr. Chomiak). So, when one stands in the House here and asks about broken promises and the hoodwinked activity of the spin doctors that are employed by the New Democratic Party that ended up with the New Democratic Party forming a majority government here in the province, it is not only disappointing to myself, but the electorate around the province recognize they have been hoodwinked. We very much look forward to the next provincial election when those persons that were deceived by the spin doctors employed by the New Democratic Party get an opportunity to show that they are astute electorate and will vote this New Democratic Party out of office.

I also want to say, Mr. Speaker, that we are very fortunate as Manitobans to have the

American system of health care so readily available to us. This is what really behooves me, to understand members opposite in the Government benches that take every opportunity to put the American system down. Yet they are the very first to participate in support of that American system by sending Manitobans into the United States to receive care. They are receiving that care through the support of Manitoba tax dollars.

*Mr. Conrad Santos, Deputy Speaker, in the Chair*

That brings me to this bill, this bill that says that private enterprise is not wanted in this province. Private enterprise is going to be banished from participating in providing service to Manitobans. So why would one government, on one hand, support that paying of Manitobans' way to take on services of private health care providers just a mere 70 miles south of Winnipeg, and yet they will not, on the other hand, allow that same service to be provided right here in the city of Winnipeg? If anyone can explain that to me and to the electorate of Manitoba, I invite them to try and do that. I know that there is heckling from abroad, but I do not see any person standing to take on that challenge by motion, Mr. Speaker, because they cannot. On one hand, they readily support private enterprise, and, on the other hand, they want to banish it. To anyone, I ask members opposite which grade level would you like to go to in our high schools to ask that question and challenge the members opposite to see what kind of reaction they get amongst our young people in Manitoba who are going to be the future of our province some day and are going to ask those very specific questions as to why. Why would you want to take out private enterprise which in fact generates the dollars that we as legislators end up divesting on their behalf and, to a very greater extent, in the avenue of health care support?

I have heard a little bit of interesting history from my honourable colleague for Lakeside who explained that, once upon a time and not so long ago, agriculture in fact received a greater portion of the provincial budget than did health care. It is not so long ago that the member cited this particular situation, and he also went on to cite



how the previous administration, when faced with the almost daunting task of balancing the books that had not been balanced for quite some time in this province, had to look at every department and request of those individuals within those departments to look at cost savings within those departments. I will say, at this point in time, that I know personally many civil servants that responded positively to that, and I believe there are many members of the Chamber that once were in the civil service that participated in helping the government of that time of Manitoba to balance the budget. For that, all Manitobans are appreciative.

This is with the understanding that the cutbacks that were sustained by many departments were not long-term, sustainable cuts. I like to cite the Department of Transportation which is responsible for our road network within the province, that we are using up the depreciation of our highway network in this province at a very, very substantive pace. In fact, the Transportation Department has cited the figure of \$40 million has been required as additional expenditures just to break even, with the wear and tear that occurs to our roads each and every year, Mr. Deputy Speaker. So \$40 million of depreciation is being used up in that department alone.

So one wants to recognize that the continued expenditures within the Department of Health is not sustainable. All additional expenditures in recent years have been going towards our health care system. So, when one wants to be able to look at the long-term stability of Manitoba Government recognized services, health care cannot continue to expand as a proportion of the provincial budget at the pace which we have seen over the last few years.

*Mr. Speaker in the Chair*

Now, Mr. Speaker, I know we all are looking for more from our health care system, but as I have just stated, there is not always going to be more and more dollars. So we have to look at the health care delivery system to be making better use of the dollars we already have. I want to draw the House's attention to a quotation by an individual that I believe our First Minister (Mr. Doer) wants to liken himself to,

and that is the Prime Minister of the United Kingdom. Prime Minister Tony Blair has stated that there should be no organizational or ideological barrier to the delivery of high-quality health care.

Mr. Speaker, this Bill 25 is in contradiction to this statement, and this First Minister (Mr. Doer) wants to, in fact, be seen in harmony with Prime Minister Tony Blair. So I question: Where is this coming from? Is it coming from the other ministers to which he has elevated to Executive Council service? Is it coming from the members of his caucus that sit in support of Executive Council? Is it coming from the individuals that we do not see in this Chamber that have come to serve this Government in unelected positions? Or is it, perhaps, those individuals that cite party affiliation, that have bestowed upon individuals that are elected here in this Chamber through their ideology that is reflected in their party's doctrine?

\* (17:50)

So, again, I ask the question. On one hand, it is stated by the First Minister that he supports Prime Minister Tony Blair, and then, on the other hand, his minister sits at his left hand, comes up with a contradictory bill that states that, no, ideology should, in fact, be a barrier to the delivery of quality health care. In fact, this particular bill does just that, because when you exclude those individuals with creative thought that you find in the private sector, you, sir, are selling our health care system short.

Mr. Speaker, I would like to continue with the quotation from Prime Minister Tony Blair of just one short year ago, where he stated: The best performers will be given greater freedom and flexibility and all will have access to additional funds tied to clear outcomes in performance. I hope honourable members opposite are listening because there are health care providers out there that do perform well, and they are not all within the ownership of the Department of Health. Why, then, is the department wanting to, in fact, disregard these performers?

I continue with the quotation: That will include a new framework.

I am trying to assess the quotation here, but I think it is a word, "conduit," with the private sector that should be—

**An Honourable Member:** Concordat.

**Mr. Faurschou:** Concordat—there should be and will be no barrier to partnership with the private sector where appropriate.

So I ask the First Minister: Where is he when he sits amongst his Executive Council and this particular bill is in discussion, when the First Minister of our province has time and time again stood in this Chamber and likened himself to Prime Minister Tony Blair in the activities to which Prime Minister Tony Blair's government is enacting legislation?

I continue with the quotation: Where the facilities of the private sector can improve care or help to fill the gaps in capacity, we should use it, but let one thing be clear, we will never permit people to be forced out of the health service for non-urgent care. That would destroy the National Health Service. Where the private sector is used, it will be fully within the National Health Service, free at the point of use to the patient.

Mr. Speaker, Prime Minister Tony Blair speaks of the harmonious environment in which the health care system operates within the United Kingdom. That involves a very, very significant component that is owned and operated by private health care providers.

We must never lose sight of the most cost-effective proviso of service in recognition of the hard work that goes into the generating of the dollars to which we as legislators are entrusted. I do believe, at this point in time, many of those persons on the government side of the House have lost focus, have lost touch with their constituents on this very fundamental point, that we are entrusted with those very hard-earned tax dollars. It is our responsibility, when we take the oath of office, to in fact safeguard the expenditures of those tax dollars.

This, Mr. Speaker, is a bill that speaks in contradiction to that oath of office which all of us, I believe, should hold very dear to us.

I notice that members opposite look with frown and disdain to some of the comments which I place upon the record this afternoon, but I hope they go home and have opportunity, when they put their head to their pillow this evening, to reflect upon some of the words of wisdom extolled by the Member for Portage la Prairie on this most important matter, the matter of health care, a matter which most Manitobans believe is the most important issue facing them in their daily lives.

We should not sell ourselves short in responding to those services that are considered by all Manitobans as necessary.

I have had opportunity this afternoon to participate in this debate. I appreciate that opportunity. I will reiterate the comments made earlier this afternoon by many of my honourable colleagues that this legislation is inappropriate, ill conceived and poorly timed. This legislation, in fact, does not contribute to the goal we all have in mind.

I will leave my comments today with a quotation from the former Premier, Roy Romanow, who has a daunting task which he has been requested to undertake by the Prime Minister of Canada, that being, to examine the health care system in Canada and around the world and to come forward with recommendations to bring us in step with providing for the best of health care services to Canadians. Premier Romanow said that his commission will look at the experience of other jurisdictions for ideas.

He said that Canadians have spent too much time fixated on the U.S. system as the only possible alternative. We need to get out of the box, he said. That quotation is so appropriate—

**Mr. Speaker:** Order. When this matter is again before the House, the honourable Member for Portage la Prairie (Mr. Faurschou) will have six minutes remaining.

The hour being 6 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow (Wednesday).

# LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, June 26, 2001

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